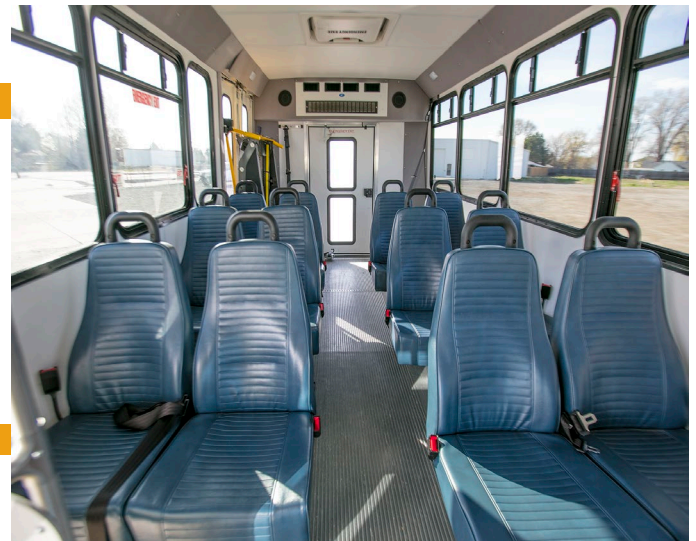




# IDAHO TRANSPORTATION DEPARTMENT PUBLIC TRANSPORTATION OFFICE



## 5310 PROGRAM COMBINED APPLICATION PACKET 2024 - 2026



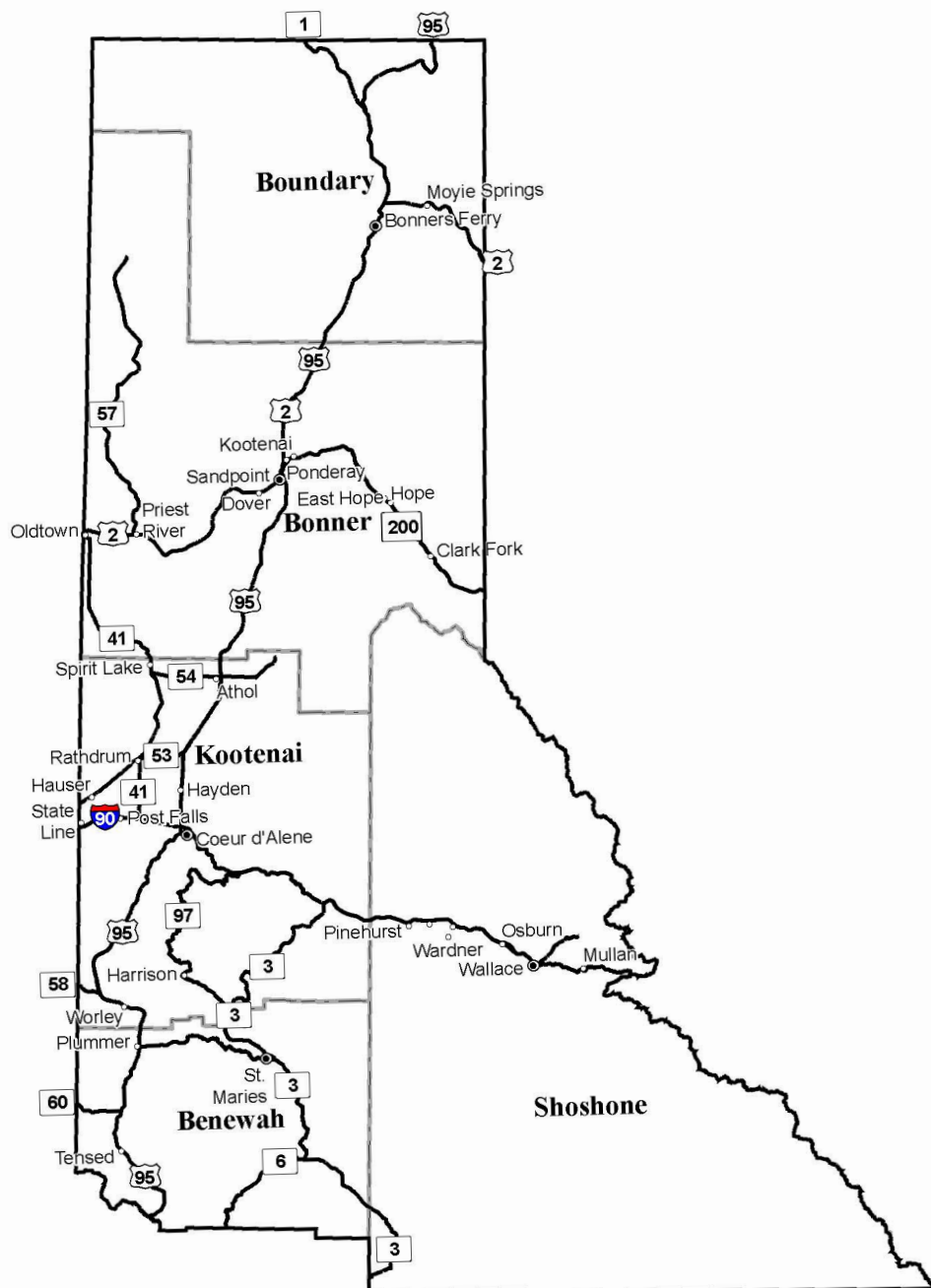
# 5310 COMBINED APPLICATION

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# District 1: North Idaho



**IDAHO TRANSPORTATION DEPARTMENT – PUBLIC TRANSPORTATION  
2024-2026 5310 Rural Congressional Application**

**PROJECT APPLICATION**

AGENCY INFORMATION:

Agency Name:

Kootenai County Public Transportation (KCPT) – Citylink North

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Authorized Project Representative:

Chad Ingle, Program Manager

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Address:

Physical – 2400 W Riverstone Dr., Coeur d’Alene, ID/ Mailing – PO Box 9000, Coeur d’Alene, ID 83816

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Phone:

208.446.2102

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Email:

[cingle@kcgov.us](mailto:cingle@kcgov.us)

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DUNS Number:

078207404

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Architect/Engineer/Planner if applicable:

N/A

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**Project Type:**

- |  |  |
|--|--|
| <input type="checkbox"/> Facility Construction       | <input type="checkbox"/> Replacement Vehicle Purchase                          |
| <input type="checkbox"/> Infrastructure Construction | <input type="checkbox"/> Expansion Vehicle Purchase                            |
| <input type="checkbox"/> Facility Renovations        | <input type="checkbox"/> Vehicle Rehabilitation                                |
| <input type="checkbox"/> ADA Accessibility           | <input type="checkbox"/> Transit Related Technology                            |
| <input type="checkbox"/> Planning                    | <input type="checkbox"/> Transit Related Equipment                             |
| <input type="checkbox"/> Marketing                   | <input checked="" type="checkbox"/> Other (specify) <u>Purchase of Service</u> |

**Project Cost:**

Federal Share: \$ 160,000

Local Match: \$ 40,000

Total Cost: \$ 200,000

## **Section 1: Project Description**

Kootenai County Ring-a-Ride, a shared-ride transport service designed to meet the transportation needs of seniors and individuals with disabilities, was launched in October of 2017. Since that time, the program has been widely embraced and ridership continues to grow.

The CDA/UZA is experiencing exponential growth in senior and disabled populations. A great majority of multi-family housing for these specialized groups is often placed on, or outside, the outskirts of the city limits where there are significant barriers to transportation services. People living outside the transportation service area are required to walk several miles to a bus stop or are stranded with no access at all to doctors, work or grocery shopping.

During meetings with our Social Services Advisory Group that includes representatives from United Way, Area Agency on Aging, Post Falls Food Bank, the Kroc Center (Salvation Army), Panhandle Health, North Idaho College, Tesh, Heritage Health's Homeless Outreach, Kootenai County Veterans Association and Idaho State Veterans Association, it became increasingly clear that a solution to effectively address access to medical appointments, jobs, school, and recreation opportunities would be a demand response program, such as Ring-a-Ride.

By collaborating with these strong partners, Kootenai County's Ring-a-Ride program meets the transportation needs of older adults and people with disabilities when transportation service is unavailable, insufficient, or inappropriate in meeting their needs.

- a. Federal Transit Authority Program Eligibility: The goal of the FTA 5310 Program is to improve the mobility of seniors and individuals with disabilities by removing barriers to transportation services and expanding the transportation mobility options available. This application for funding to support purchase of services will support the continuity of providing safe and reliable transportation for those individuals who live outside of the paratransit zone and where transportation is unavailable, insufficient, or inappropriate to meet their transportation needs. Our project request meets the goals and criteria for Section 5310 funding under FTA.
- b. Idaho Transportation Department Call for Project Priorities: ITD's strategic mission of **safety, mobility, and economic opportunity** is reflected in Citylink North's emphasis on providing mobility options to seniors and persons with disabilities; a significant portion of riders in our program are traveling to places of work (economic opportunity) or to dialysis (safety/life-saving) while the largest part of our trips are to healthcare and food shopping (safety/mobility).

Additionally, the services we are able to provide are in line with ITD's mission "Growing Idaho's Mobility Network by Providing Exceptional Customer Service and Leveraging Emerging Technology." As part of the IMI app menu of transportation options, the programs utilizing the demand response buses will be more accessible to riders, thereby improving the safety and mobility of residents.

- c. Scope of Work: Kootenai County Public Transportation will continue to provide professional transportation services related to meeting identified needs of seniors and individuals with

## ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

disabilities. These services will focus on the provision of safe and reliable transportation.

### **Service Hours**

Monday through Friday 6:00AM to 7:00PM

Saturday 9:00AM to 4:00PM

No service: Thanksgiving, Christmas, New Year's Day, Memorial Day, Independence Day, and Labor Day.

Project Duration (Term of Future Grant)

1 October 2024 through 30 September 2025

1 October 2025 through 30 September 2026

### **Service Approach**

Through our Intelligent Transportation System (ITS), we are able to coordinate Ring-a-Ride service delivery to qualifying clients where public transportation is unavailable, insufficient, or inappropriate to meet their transportation needs.

### **Ring-a-Ride Program Goal**

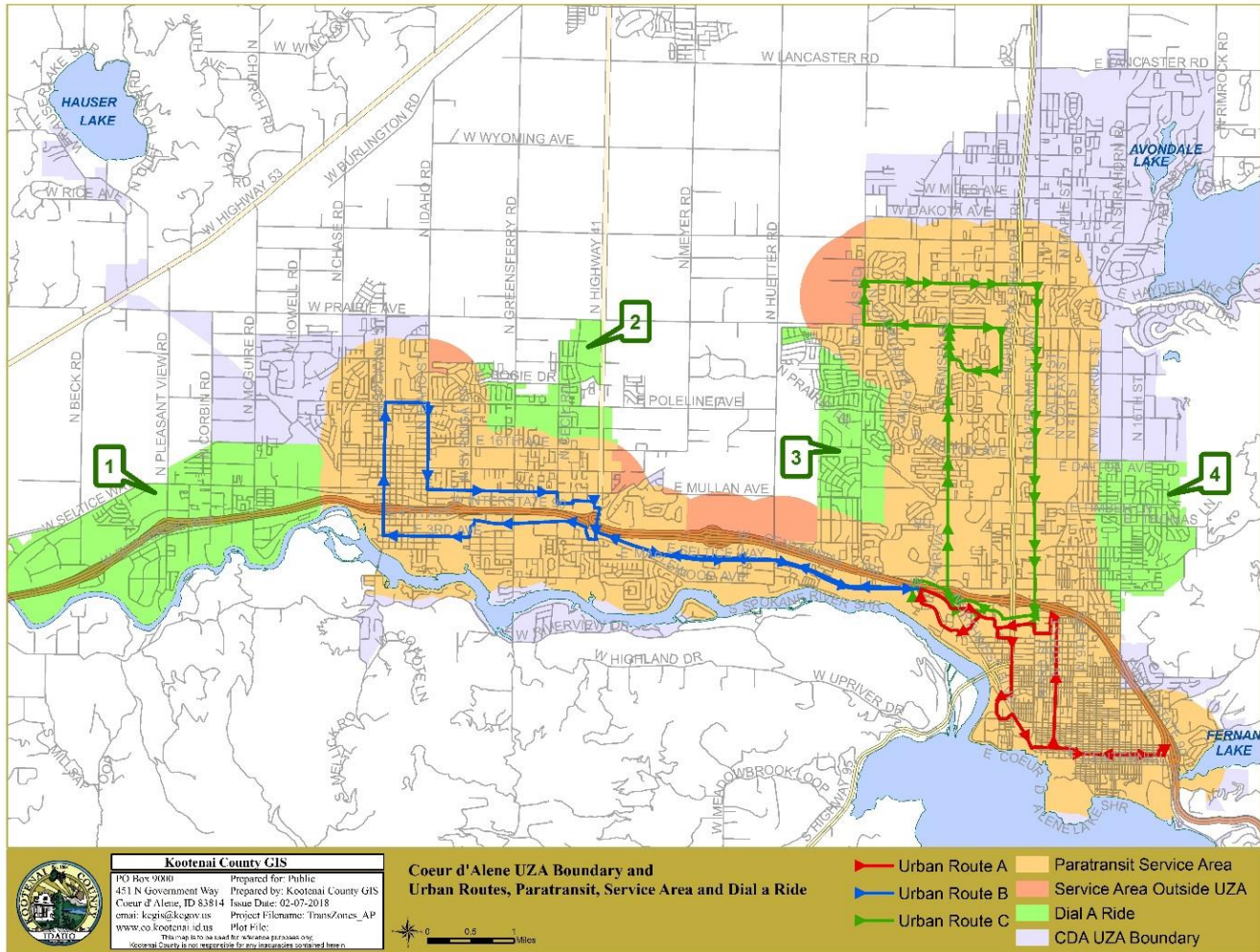
Our goal is to continue to improve mobility for seniors and individuals with disabilities by removing barriers to transportation services and expanding transportation mobility options. The Ring-a-Ride program meets with every applicant to determine their need and explain how the ride system works. Riders consistently express how invaluable the service is to them for their quality of life and their gratitude for the service. Kootenai County continues to plan, design, and carry out transportation services to meet the special transportation needs of older adults and individuals with disabilities.

### **Service Area**

Ring-a-Ride Service provides public transportation coverage in areas not served by public transportation or where public transportation is insufficient, unavailable, or inappropriate. In working with social services and responding to calls seeking transportation, four priority areas outside of the Paratransit zone were selected for the Ring-a-Ride program:

1. Several multi-family housing communities in Post Falls with large populations of disabled and seniors, many of which have fixed and/or low-incomes.
2. The area of Tullamore located in Post Falls contains a large number of mixed income housing, which includes low-income housing and a retirement community; many requests for transportation services originated in this area.
3. Straddling the Southern Hayden and Northern Coeur d'Alene areas there is a corridor, which contains Tesh and Community Action Partnership. These service agencies have repeatedly requested coverage.
4. An underserved residential area east Coeur d'Alene and south of Dalton Gardens, which contains elderly, individuals with disabilities, and low-income residents.

## Kootenai County Public Transportation (Citylink North) Service Area – Ring-a-Ride



### Ring-a-Ride Service

The Ring-a-Ride program provides transportation services to seniors and individuals with disabilities with limited or no transportation options, individuals who are reliant on the program for transportation to key life activities such as shopping and medical appointments. Kootenai County provides eight (8) round-trips or sixteen (16) one-way trips per month. Rides must be scheduled in advance and are based on availability.

### Eligibility

Riders must have limited access to transportation and must meet one of the following conditions:

1. Be over 65 years of age or older with proof of identification and mobility challenges.
2. Be certified by application, as having a disability and be outside of the current transit area. This includes people who because of illness, injury, age, congenital malfunction or other incapacity of permanent disability are unable to access the regular route bus system.



## ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

This project helps to ensure continuity of safe and reliable transportation for seniors and individuals with disabilities when public transportation is unavailable, insufficient, or inappropriate, and to provide reliable access to healthcare facilities for members of the public. Kootenai County plans, designs, and carries out transportation services and programs to meet the special transportation needs of older adults, individuals with disabilities, and members of the public seeking access to employment, health care, education, and recreation. Kootenai County's Citylink provides these services through ADA compliant complementary Paratransit Service, the Senior Ring-a-Ride program, and a health care industry partnership.

### **Tools and Technology**

Kootenai County Public Transportation is working to adapt to a swift and unprecedented population boom in North Idaho, and we are making great strides in utilizing technology to provide transportation access for all, particularly for senior and disabled populations. In the past two years, we have implemented available technology to ensure robust mobility options: we advanced rider access to transit information by making route and schedule available on Google and Apple maps, as well as through an app specific to providing bus schedules and route information in real time (Passio GO!). Our next technology project is the Kootenai Regional Mobility Platform, an Integrated Mobility Innovation (IMI) app currently in development and utilizing GTFS-Flex for demand response vehicle tracking. This will provide shared mobility options with convenient payment and advanced transportation search options. The platform will provide a menu of the most feasible mobility options to allow travelers to make informed choices that meet their needs.

### **Marketing**

Kootenai County was granted funds from the Idaho Transportation Department for marketing of the new Regional Mobility Platform and an associated website for user interface and travel information. Referrals from service agencies and health care professionals, outreach to social service groups, and the influx of residents have all contributed to an increase in riders requesting services; the upcoming marketing and IMI app will also undoubtedly increase the demand for transportation services. Kootenai County seeks this grant to ensure the availability of safe and reliable transportation services to continue to meet these rising needs for demand response transportation.

- d. Contractor Information: Kootenai County Public Transportation has a contract with MV Transportation to provide services for the Ring-a-Ride program, with oversight and vehicle purchase and maintenance performed by Kootenai County Public Transportation.
  - MV Transportation
  - 2711 N. Haskell Avenue, Suite 1500, Dallas, Texas 75024
  - Aaron Edwards: 909-615-0270

## **Section 2: Demonstration of Need**

In Kootenai County, most travelers currently have **no** access to wheelchair-accessible private

ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

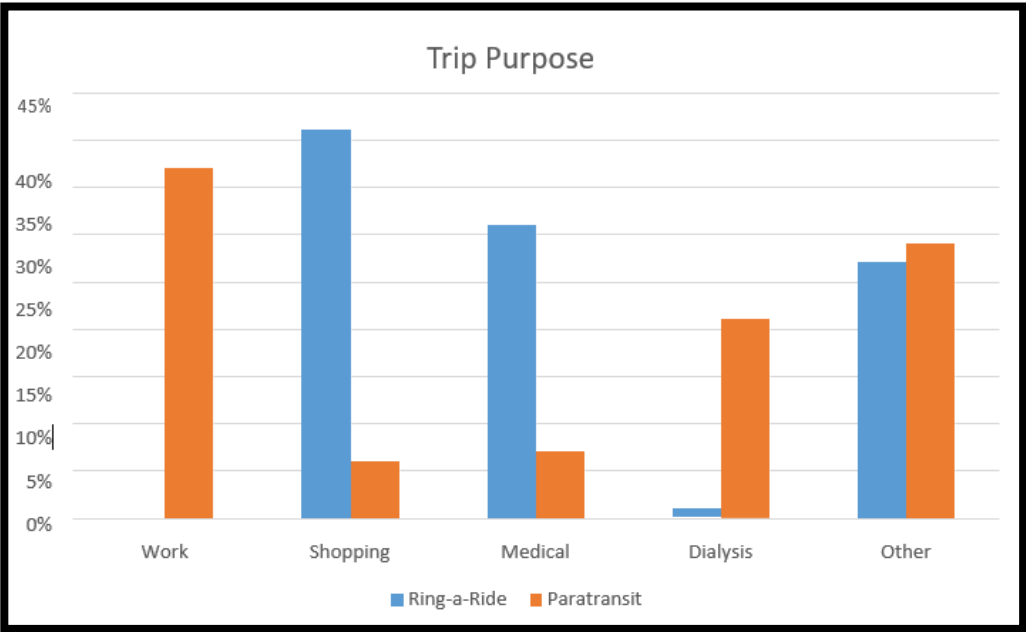
transportation options besides costly and sparsely available medical transportation services which do not provide transportation for daily life activities such as work, shopping, and socialization.

Kootenai County Demographic Milestones: Kootenai County’s population increased by 23.7% between 2010 and 2020. The population of seniors – who are more likely to experience health issues and require additional transportation options – increased by a significant 23.5% between 2015 and 2019. Countywide, seniors make up 19% of the population, about 20% higher than the State of Idaho and United States national average of 16%. According to the Department of Labor, the senior population will continue to be one of the fastest growing population groups in our area.<sup>i</sup>

Kootenai County Population with a Disability: As of the Census for 2020, the population of Kootenai County was estimated at 171,361, with 9.1% of the population experiencing a disability; this means approximately 15,594 people within the county are living with a disability. Additionally 20.1% of the population is 65 years and over. As detailed by Disability Action Center NW, independent living means that individuals with disabilities have the same choices and control in their everyday lives that non-disabled brothers and sisters, neighbors and friends take for granted.<sup>ii</sup>

Dialysis: The number of riders who utilize our service to go to dialysis treatment has increased exponentially. Because dialysis causes patients to be woozy, nauseated, and tired afterward, patients are unable or not allowed to transport themselves, are considered as having a disability, and are often conditionally eligible for our program. Access to safe and reliable transportation services is key to the wellbeing of the seniors and individuals with disabilities in our demand response ridership.

Kootenai County Citylink Paratransit and Ring-a-Ride Trip Purpose Top Four:



In meeting the transportation needs of seniors and individuals with disabilities, we provide transportation for purposes including: employment, healthcare services including dialysis, shopping, education, and access to facilities or opportunities for recreation and physical rehabilitation.

## ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

To meet the growing demand for ADA compliant demand response transportation, continuing our Ring-a-Ride services is imperative.

a. Service Area Level of Need: **Moderate – Affecting Access to Health and Safety Services**

Kootenai County Public Transportation conducts extensive outreach during planning and service phases of current programs, holding local and regional public transportation planning meetings, meetings with city planners, elected officials, city council members, state and local agencies, law enforcement, social services, employers, employees, health care providers, transportation providers, nonprofit entities, disability advocates, and riders. Our primary and secondary research identified public transportation service gaps for seniors and individuals with disabilities, which is particularly important in the key areas of access to medical/health care, necessary shopping such as for food and toiletries, and essential government services.<sup>iii</sup> If Kootenai County does not have the funding to provide Ring-a-Ride services, the agency would be forced to terminate the program until further funding could be procured, leaving many residents without transportation options and in critical need.

b. Sustaining Existing Services or Expansion Need: **Sustaining Existing Services**

Kootenai County's Coordinated Public Human Transportation Plan is based on an assessment of available services that identifies current public, private, and non-profit transportation providers along with an assessment of the transportation needs of individuals with disabilities, seniors, and people with low incomes. It includes the experiences and perceptions of the planning partners, sophisticated data-collection efforts, and current gaps in service. The Plan found that "considerable resources are committed to our transportation infrastructure and systems, however, transportation services for disadvantaged populations (individuals with disabilities, older adults, and people with low incomes), are often fragmented, underused, duplicative, costly, and difficult to navigate." Existing services are highly utilized and interruption of service would have significant impacts on community members, as seen below in "c. Ridership."

c. Ridership:

While ridership across much of the nation dropped substantially during the pandemic, our decrease in ridership was minimal. Ridership has not yet exceeded pre-pandemic levels, but we have been making gains towards previously established ridership numbers. We have seen a steady increase in applications and informational calls for demand response programs.

# ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

## Citylink

### 2018-2024 Total FYTD Ridership Comparison

#### PARATRANSIT

FY	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2018	1,213	1,177	1,170	1,072	1,147	1,116	1,114	1,168	1,107	1,122	1,208	1,055
2019	1,330	1,229	1,149	1,280	1,210	1,328	1,400	1,293	1,217	1,285	1,337	1,206
2020	1,463	1,387	1,397	1,653	1,582	1,202	752	858	1,222	1,167	1,112	1,140
2021	1,245	1,226	1,259	1,208	1,022	1,427	1,420	1,346	1,406	1,317	1,378	1,303
2022	1,312	1,238	1,281	1,124	1,246	1,506	1,294	1,273	1,323	1,187	1,278	1,216
2023	1,267	1,266	1,296	1,247	1,128	1,240	1,095	1,236	986	859	1,057	999
2024	1,139	1,113										

#### TOTAL FY

2018	13,669			
2019	15,264	2018 vs 2019	12%	change in ridership
2020	14,935	2019 vs 2020	-2%	change in ridership
2021	15,557	2020 vs 2021	4%	change in ridership
2022	15,278	2021 vs 2022	-2%	change in ridership
2023	13,676	2022 vs 2023	-10%	change in ridership

#### R-A-R

FY	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2018	153	183	198	225	196	187	158	202	190	159	247	233
2019	260	235	208	242	186	235	252	241	208	182	193	178
2020	234	201	187	206	208	161	78	66	134	122	128	153
2021	162	180	230	205	183	271	245	229	242	217	240	234
2022	264	245	237	195	248	355	315	299	318	263	313	312
2023	313	256	261	264	246	300	216	153	0	0	28	0
2024	82	108										

#### TOTAL FY

2018	2,331			
2019	2,620	2018 vs 2019	12%	change in ridership
2020	1,878	2019 vs 2020	-28%	change in ridership
2021	2,638	2020 vs 2021	40%	change in ridership
2022	3,364	2021 vs 2022	28%	change in ridership
2023	2,037	2022 vs 2023	-39%	change in ridership

#### KH

FY	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
2018	2,073	1,933	1,870	2,093	2,018	2,098	2,005	2,090	1,920	1,992	2,081	1,943
2019	1,935	1,978	1,837	2,420	2,419	2,420	2,146	2,272	1,953	1,937	2,033	2,059
2020	2,161	1,962	2,107	2,358	1,884	2,177	889	1,250	1,387	1,468	1,367	1,455
2021	1,313	1,388	1,354	1,201	1,155	1,725	1,594	1,477	1,595	1,637	1,666	1,532
2022	1,359	1,435	1,658	1,661	1,277	1,530	1,632	1,395	1,530	1,433	1,782	1,741
2023	1,695	1,764	1,737	1,773	1,737	1,913	1,599	1,823	1,879	1,633	1,985	1,715
2024	1,974	1,756										

#### TOTAL FY

2018	24,116			
2019	25,403	2018 vs 2019	5%	change in ridership
2020	20,465	2019 vs 2020	-19%	change in ridership
2021	17,637	2020 vs 2021	-14%	change in ridership
2022	18,433	2021 vs 2022	5%	change in ridership
2023	21,253	2022 vs 2023	15%	change in ridership

## Section 3: Project Planning

**Summary:** Kootenai County Public Transportation's goal is to advance mobility through creative partnerships and emerging technologies. This project will support that goal by sustaining existing services and ensuring vehicle availability to implement our new IMI technology to support community transportation needs, as well as leverage partnerships to provide transportation options for medical care. Maintaining our current Ring-a-Ride program will allow us to provide safe and efficient transportation for riders in a cost effective manner.

## ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

Coordination across providers is a high priority in order to provide a seamless system for public transportation users, as well as improve existing services and eliminate inefficient redundancy for each involved provider. Coordination strategies and implementation plans will continue to be developed by Kootenai County Public Transportation and local service providers.

The project has a proven and sound basis and we are **ready to implement if funded**.

a. Goals related to ITD Statewide Public Transportation Plan:

- i. The ITD Statewide Public Transportation Plan projects that **transit ridership in Kootenai County will increase by 57% between 2018 and 2028**. This projection shows the need to maintain our current Ring-a-Ride service ridership capacity and have tools prepared to assist the traveling public. Ridership projections indicate that rising needs will require a transportation service which is reliable and efficient.
- ii. The Idaho Department of Transportation Statewide Public Transportation Plan outlines four benefits of public transportation: economic development, health, connections, and environmental quality. Our project is in direct line with those benefits:
  - *Economic Development:* Increased transportation options allow community members to access jobs, stimulating economic development for business growth, and to access businesses and services, stimulating the economy. Many of the rides provided are trips to and from work for individuals with disabilities. Access to public transportation shared ride services saves riders an average of \$10,000 per year on vehicle ownership, or more for accessible vehicles with lifts.
  - *Connections:* Where there is a lack of connections to transportation, the IMI app will increase access to demand response services and will help to bridge transportation gaps, as well as make travel easier for individuals who may not have made a trip otherwise. This relies on maintaining an adequate program in order to provide such services.
  - *Health and Environmental Quality:* Access to health care makes up over 35% of the rides provided to community seniors. Additionally, shared transportation reduces vehicle emissions. Data collected by the IMI app will include the amount of emissions saved.

b. Project Development Process Description:

- i. *Coordination with local stakeholders on development and involvement:*

The Kootenai County Public Transportation Department continuously gathers information on public transportation needs and works closely with human service agencies. Kootenai County has conducted stakeholder interviews and surveys; held public workshops; validated previously identified gaps in transportation service; and updated goals, objectives, and strategies to address those gaps.

Citylink staff have spent many days riding the buses and speaking with our ridership,



## ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

administered several hundred face-to-face surveys, community-wide surveys online, and worked to gather information from health care, educational, and jurisdictional organizations to determine needs and feasible avenues to provide services meeting those needs. Additionally, staff have met face-to-face with representatives from Area Agency on Aging, Idaho Commission for the Blind, NIC, Kootenai Health, Heritage Health, Panhandle Health, Coordinated Services of Idaho, Post Falls Food Bank, Project Search, Kootenai County Veteran’s Services, Trinity Group Homes, Family Promise, Harmony House, Ability Works, Adult Probation, Union Gospel Mission, and local governments. The information we gain from this process gives us a tremendous sense of the individuals we serve, including unhoused, elderly, disabled, low income, and under-employed demographics along with the environmentally conscious.

The data gathered regarding employment and other current county demographics, including data identifying low-income housing and support services, is being actively used in conjunction with the transportation data gathered from our Intelligent Transportation System.

- ii. *Efforts undertaken to coordinate and include Minority and Low-Income Populations:*  
Kootenai County Public Transportation conducted a Title VI Service and Fare Equity Analysis (SAFEA), a comparative analysis of existing transit service, potential alternatives, and future needs to identify opportunities for improving the efficiency and effectiveness of service provision to minority, veteran, senior, low income and disabled populations, as well as the general population within the CDA urbanized area.

As part of the Service and Fare Equity Analysis, Kootenai County evaluated the impact of service on vulnerable populations, and conducted an analysis to identify mitigations for potential disparate impacts to disadvantaged populations consistent with the Federal Transit Administration’s guidance for Service and Fare Equity Analysis.

The SAFEA did not identify areas specific to Minority or Low-Income Populations, but it did recommend that seniors, Medicare members, persons with disabilities, and individuals in a qualified low-income category should all be eligible for reduced price fares when a fare is implemented.

- iii. *Disadvantaged Business Enterprise (DBE) plan:*  
Kootenai County has a full and robust Disadvantaged Business Enterprise Program and all Requests for Proposals (RFPs) are subject to our DBE Program. The DBE Policy Statement from Kootenai County states: “Kootenai County has established a Disadvantaged Business Enterprise Program in accordance with regulations of the United States Department of Transportation (DOT), 49 CFR Part 26. Kootenai County has received Federal Financial assistance from the Department of Transportation, and as a condition of receiving this financial assistance, the Kootenai County Commissioners have signed an assurance that it will comply with 49 CFR Part 26.”
- iv. *Local Labor Unions Identified:* Not applicable.

## ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

### c. Public Participation Efforts:

- Attached Letters of Support (7) – Attachment Section E (E1-E7)  
**Please note:** The letters were written specific to 5310 funding for Ring-a-Ride services. The letters illustrate the value of this project and the rides provided to community members.
- Formal presentations are made on a regular basis at local jurisdictional and transportation public meetings to update stakeholders and partners on the demand response programs and continued need for transportation, as well as data specific to vehicle use, miles, etc.
- Kootenai County continues to provide information and seek input from community members and service agencies via the Social Services Advisory Committee as we work toward updating our Service Fare and Equity Analysis (SAFEA) and our Human Transportation Plan.

### d. Milestone Reporting: Please see Attachment B “Milestone Reporting”

## **Section 4: Project Benefits/Evaluation**

Now more than ever, safe and reliable transportation to key life activities and healthcare is crucial. Older people want to age in place, remaining in their homes and communities; individuals with disabilities want the same choices and control in their everyday lives that is available to non-disabled individuals. This project will provide community members with transportation services to maintain or improve their economic, physical, and social well-being through access to medical appointments, employment, shopping, food banks, and recreation.

- a. Improved Safety: Kootenai County Public Transportation – Citylink North is committed to the highest practicable level of safety.
  - Both of the Citylink programs provided give staff the opportunity to meet each individual in Kootenai County who apply for one of the transportation programs. A substantial portion of the seniors and individuals who enroll in Citylink demand response programs express relief at gaining this transportation option; many state that they have been reliant on neighbors or family for essential trips to medical appointments and grocery stores, while those without similar resources are dependent on delivery services and often express a lack of awareness of any transportation options other than taxi services (which are often outside of their budgetary constraints). Providing safe and reliable transportation vastly increases safety and independence for the people enrolling in demand response public transportation programs.
  - We monitor operational and maintenance data, safety reports and concerns from contractors and partners, riders, and employees, and perform service delivery safety check activities (field observations and ride-alongs). Citylink North actively promotes safety to each operator and requires each operator to participate in monthly safety trainings.
- b. Improved Mobility: This project helps to sustain mobility options for persons with disabilities where travel choices are sparse, provides seniors with safe and affordable (currently no fare) transport to life activities, and enhances our partnership for medical transportation for all.

We will be able to continue to identify underserved areas and populations by tracking trip origins

## ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

and destinations, mapping demand to service availability, and matching transportation needs to local transportation options. Working with local jurisdictions, Disability Action Center NW, and other stakeholders, we will explore regional and localized solutions that work with public transportation and all other transportation providers. Kootenai County Public Transportation will continue working with transit providers, human service agencies, private institutions, businesses, volunteers and political leaders to broaden transportation options for all users; particularly those in vulnerable populations, the economically disadvantaged, older adults and people with special needs.

c. Support Local Economic Development and Expand Economic Opportunity:

- Providing transportation options allows community members to access jobs and frequent businesses, stimulating economic development and the economy.
- A robust transportation system with seamless additional transportation options is highly appealing to businesses considering expanding or relocating their business into the region.
- Additionally, the services will be part of the IMI app with resulting location data, which is more relevant and important than ever before. Location technologies power individuals, businesses, and cities to be more sustainable and get to places efficiently and safely.

### **Project Evaluation Methodology:**

a. Continual Evaluation: Kootenai County will continually evaluate the project success by monitoring passenger trips, revenue hours, revenue miles, cost per revenue mile and average trip time.

i. *What kind of data will be collected and specific measures:*

**Vehicles:** The Fleet Maintenance Manager, working with partners and contractors, will ensure the FTA requirements have been met and documented. The Manager maintains a complete vehicle file for each vehicle from the date of procurement to three years after the end of the vehicle's useful life. This file will have copies of all procurement records, vehicle activity, Preventive Maintenance Inspections (PMI), service and repair work invoices or in-house reports, and decommissioning paperwork.

**Ridership:** The Program Specialist collects data on ridership for all Kootenai County and partner programs on a monthly basis. Data also includes vehicle miles and revenue miles. The status of ridership and vehicle miles is reported monthly to transportation advisory committees, such as the Kootenai County Area Transportation Team (KCATT) and Kootenai Metropolitan Planning Organization (KMPO), as well as jurisdictional partners as needed.

ii. *How often will data be collected, used, and evaluated:*

Vehicle data is collected daily through the Fleetio maintenance tracking system and Daily Trip Vehicle Inspections (DVIRs). Any issue brought up on inspections is emailed immediately to the Fleet Maintenance Manager for investigation and resolution. Ridership data is collected daily through of dispatching software ParaPlan. Information will be evaluated on a monthly basis to ensure services are using funds in the most efficient and effective manner.

## ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

- b. Sustainability: Kootenai County has an approved Program of Projects in place to provide for financial planning. The funding for operations and capital projects to ensure sustainability of our programs. This financial planning makes the project sustainable with long-term benefits. At this time, the Ring-a-Ride program relies solely on 5310 funding provided by the State of Idaho and contributions made by the Area Agency on Aging.
- c. Demonstrated capacity to carry out the project and manage grant funding: Kootenai County is able to implement FTA and ITD funded projects in accordance with the grant application, agreement, and all applicable laws and regulations, to include 2 CFR 200, FTA Circular 5100, FTA Circular 5010, and FTA Circular 4220, using sound management practices. Kootenai County is currently a direct recipient of 5307 funds and a subrecipient of 5339 and 5310 funds. Our agency is eligible and authorized under state and local law to request, receive, and dispense federal and state funds and execute and administer funding projects. Kootenai County Public Transportation has demonstrated ability to match and manage FTA grant funds and conduct and respond to audits for more than a decade.
- Kootenai County Public Transportation received a clean audit with zero findings on our FTA Triennial Review completed in 2021 for FY2017 – FY2019.

*Expertise*: Chad Ingle serves as the Program Manager – Public Transportation Office, responsible for definition and implementation of all aspects of Kootenai County Public Transportation System’s strategy, goals, objectives, processes, and initiatives. This position includes working closely with federal, state, local, and tribal officials to effectively manage a transit system that utilizes millions of dollars. Manager Ingle’s oversight responsibilities include the planning, operations, maintenance, capital, and security of the Citylink North system, which includes setting and achieving overall performance goals. Chad’s extensive private and public sector work have given him a depth of knowledge regarding the performance, administrative, and regulatory requirements of federal and state awards. Chad obtained his Bachelors of Business Administration with a Minor in Entrepreneurship from Concordia University.

Name	Title	Area of Focus
Chad Ingle	Program Manager	Relationship Management and Collaboration.
Kim Riley	Financial Independent Contractor	Finance, Accounting, Short-term and Long-term Budgets, and Program Forecasting.
Marie Holmes	Program Specialist	Paratransit/Ring-a-Ride Applications, Outreach, Ring-a-Ride Programming. Safety training.
David Waterhouse	Program Specialist	Travel training seniors or individuals with disabilities. Operations oversight and Regular-Route Services.
Christopher Carlos	Fleet Maintenance Manager	Vehicle Maintenance and Asset Management.

## **Section 5: Project Budget**

**Summary**: A detailed line item budget is attached, see Attachment A: “Budget Sheet”

- a. Budget Narrative:

## ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

*Source and status of all funding:* In-Kind Match funding is provided by Kootenai County payroll and local organizations which prefer to remain anonymous. Cash match is provided by local jurisdictions, with agreements renewed annually and currently in place for FY24. We have sufficient funding banked to fulfill the match obligation. Records are maintained internally, and are available for review.

*Costs/Estimates determinations:* As a public transportation system, we are keenly aware that it is our fiduciary duty to serve people in the most efficient and effective way possible. We have spent many days riding the buses and speaking with our ridership. The information that has come out of this process gives us a tremendous sense of those we serve and making sure our services are positioned to meet their needs. This has helped us to be able to use historical financial data in order to predict future funding needs for the Ring-a-Ride program.

The Program Specialist, working with the Program Manager, oversees the Ring-a-Ride program to ensure compliance and cost effectiveness.

- i. *Scalability:* The project becomes scalable based on available funding. Any funding available will be utilized towards each fiscal years operational needs.
- ii. *Davis Bacon:* Davis Bacon wage rates do not apply.
- iii. *Financial Capability-Reimbursement Basis:* Kootenai County has the financial capability to operate on a reimbursement basis: [Kootenai County Financial Reports](#).

b. Itemized and Broken Down Estimated Project Budget:

Quantity	Service	Cost	Scalable?
One (1)	FY	\$ 100,000	Yes
One (1)	FY	\$ 100,000	Yes
Total		<b>\$ 200,000</b>	Yes

c. Attachment A: Project Budget Request form – please see attached document.

### Endnotes

<sup>i</sup> Sam Wolkenhauer, Idaho Department of Labor

<sup>ii</sup> Disability Action Center website: <http://dacnw.org/>

<sup>iii</sup> Kootenai County Coordinated Public Human Transportation Plan



## ITD-FTA Section 5310 Grant Application – Citylink North (KCPT)

### **Attachments:**

Attachment A - Project Budget Request Form

Attachment B - Milestone Reporting

Attachment C - NEPA Worksheet – N/A (Not included)

Attachment D - Demonstration of Need

Attachment E - Letters of Support (E1 – E7)

## Project Budget Request

Subrecipient	Kootenai County
Agreement Term	October 1, 2024-September 30, 2026
Contact Name	Chad Ingle
Address	PO Box 9000; Coeur d'Alene, ID 83816-9000
Phone Number	208-446-2102

FTA Grant	Operating (OP) 50/50			Purchase of Service (PT) 80/20			Capital (CP) 80/20		
	Total	Federal	Match	Total	Federal	Match	Total	Federal	Match
5310		\$ -	\$ -	\$ 200,000.00	\$ 160,000.00	\$ 40,000.00	\$ -	\$ -	\$ -

Total Project Cost	Total Federal Request	Total Match Needed
\$ 200,000.00	\$ 160,000.00	\$ 40,000.00

Chad Ingle  
Subrecipient Printed Name

Chad Ingle  
Subrecipient Signature

\_\_\_\_\_  
Date

### Scope of Work

Kootenai County Public Transportation will continue to provide professional transportation services related to meeting identified needs of seniors and individuals with disabilities. These services will focus on the provision of safe and reliable transportation.

### Local Match Source(s) for Project:

Cash provided by Area Agency on Aging; In-Kind provided by Kootenai County Payroll, Partner Agency Operating Expenses

## Attachment B: Milestone Reporting

Agency Name	Kootenai County Public Transportation (KCPT) – Citylink North		
Agency Contact	Program Manager Chad Ingle		
Phone #	208.446.2102	Email	cingle@kcgov.us
Grant Program	5310	Rural	One Time
Federal Award Amount	160,000		

Scope of Work:

**Milestone Progress Report:** Target of major tasks to be achieved by specific dates.

The report should include information such as: data for each activity line item within the approved project; a discussion of all

- budget or schedule changes; original, estimated and actual estimated completion date
- description of projects, status, specification preparation, bid solicitation, resolution of protests, and contract awards;
- breakout of the costs incurred and those costs required to complete the project; reasons why any scheduled milestone or completion dates were not met, identifying problem areas and discussing how the problems will be solved; and discuss the expected impacts of delays and the steps planned to minimize these impacts.

Add additional milestones to the table below as needed.

Name	Estimated Completion Date	Description
RFP/RFQ Issue Date	FY25	Social Services Stakeholder, Jurisdiction Review/Comment Performance Reporting Prior to FY25 Final Report
Award Date	FY25	Travel training to groups of seniors with a destination to spend time at (museum, events, shopping, etc.)
Start Date or Order Date for Rolling Stock, Equipment, and Technology Purchases	FY25 FY26	Semi-annual meetings w/ Social Services Advisory Team, Seniors and Individuals with Disabilities Stakeholders to Review/Comment on Performance Reports, Transportation Gaps, Program Value, Benefits, and Results
Construction Completion Date or Delivery Date for Rolling Stock, Equipment, or Technology Purchases	FY26	Social Services Stakeholder, Jurisdiction Review/Comment Performance Reporting Prior to FY26 Final Report
Contract Completion Date		

1. Type of Service (Check all that apply):

- ☐ Fixed Route
- ☐ Deviated Fixed Route
- ☒ Demand/ Response

2. Service Area (Check one)

- ☐ City
- ☒ County
- ☐ Multi-County
- ☐ Other (Please Specify):

3. Connectivity:

Do you connect with other modes of transportation? Check all that apply.

- ☒ Urban Public Systems
- ☐ Intercity Carriers
- ☐ Airports/ Trains
- ☒ Other transit operators in your region (please list below):

Kootenai County Citylink North connects with: Coeur d'Alene Tribe Citylink South.

---

4. Ridership:

Estimate the average number of rides: Per Day 108 Per Year 33,711

Briefly describe your ridership over the last two years: -

Ridership has not yet exceeded pre-pandemic levels, but is still increasing.

---

5. Days/ Hours of Service:

List days of the week and hours transit provider is in service

Monday through Friday 6:00 a.m. to 7:00 p.m. - Saturday 9:00 a.m. - 4:00 p.m.

---

(Exception of six (6) holidays per calendar year: Christmas, New Years, etc.)

---



January 3, 2024

Kootenai County Public Transportation (Citylink North)  
PO Box 9000  
Coeur d'Alene, ID

RE: Support for 5310 Funding Request

To Whom It May Concern:

The Area Agency on Aging of North Idaho (AAANI) has a vested interest in transportation for the senior population in the northern five counties of Idaho. In accordance with Section 306 of the Older American's Act, we are required to assure that continuing efforts are made to make transportation services available to older individuals residing within the geographical boundaries of our Area. We are also mandated to provide transportation services by the Idaho Senior Services Act, which states: "Transportation Services (IDAPA 15.01.01.013.03.I) designed to transport eligible clients to and from community facilities/resources for the purposes of applying for and receiving services, reducing isolation, or otherwise promoting independence."

Our agency supports the continuation of the services Kootenai County Public Transportation provides through the Ring-a-Ride program. The Ring-a-Ride program provides transportation services to seniors with mobility issues where transportation service is unavailable, insufficient, or inappropriate, as well as to people with disabilities who reside outside of the available paratransit service area.

In last two years (FY 2022 and FY 2023), the Ring-a-Ride Program provided over 5,000 rides to seniors and persons with disabilities. The need to provide rides for those members of our community will only continue to grow as our senior population booms in Kootenai County. This program makes it possible for members of our community to access vital life activities, such as grocery shopping, healthcare, and socialization.

Additionally, this grant will continue to support Travel Training to help members of our community learn how to access and use public transportation to gain independence and expanded mobility. Travel training offered by Citylink provides one-on-one interactive learning that focuses on the individual's needs and abilities. However, plans for the near future include group training that is centered on senior populations in a fun "outing" format.

Furthermore, information garnered through grant monies will afford us the opportunity to continue working toward establishing Mobility as a Service (MaaS). MaaS will increase transportation options and help identify transportation gaps and needs. Pinpointing these needs will allow public and private transportation agencies to partner in creating a more efficient transportation system with more mobility choices for both residents and visitors.

In short, our agency supports the expanded mobility Kootenai County Public Transportation provides via the 5310 funding. Our citizens rely on the current services for mobility to increase their quality of life, and future programs will continue to expand on these opportunities.

Sincerely,

Sage Stoddard, Director





## CITY OF COEUR D'ALENE

Office of the City Administrator

City Hall – 710 E. Mullan Avenue  
Coeur d'Alene, Idaho 83814  
208/666-5754

December 21, 2023

Kootenai County Public Transportation – Citylink North  
PO Box 9000  
Coeur d'Alene, ID 83816

Re: SUPPORT FOR 5310 FUNDING REQUEST

Dear Funding Agency:

The City of Coeur d'Alene supports the continuation of the services Kootenai County Public Transportation provides through the Ring-a-Ride program. The Ring-a-Ride program provides transportation services to seniors with mobility issues where transportation service is unavailable, insufficient, or inappropriate, as well as to people with disabilities who reside outside of the available paratransit service area.

In last two years (FY 2022 and FY 2023), the Ring-a-Ride Program provided over 5,000 rides to seniors and persons with disabilities. The need to provide rides for those members of our community will only continue to grow as our senior population booms in Kootenai County. This program makes it possible for members of our community to access vital life activities such as grocery shopping, healthcare, and socialization.

Additionally, this grant will continue to support Travel Training to help members of our community learn how to access and use public transportation to gain independence and expanded mobility. Travel training offered by Citylink provides one-on-one interactive learning that focuses on the individual's needs and abilities. However, plans for the near future include group training that is centered on senior populations in a fun "outing" format.

Furthermore, information garnered through grant monies will afford us the opportunity to continue working toward establishing Mobility as a Service (MaaS). MaaS will increase transportation options and help identify transportation gaps and needs. Pinpointing these needs will allow public and private transportation agencies to partner in creating a more efficient transportation system with more mobility choices for both residents and visitors.

In short, the City of Coeur d'Alene supports the expanded mobility Kootenai County Public Transportation provides via the 5310 funding. Our citizens rely on the current services for mobility to increase their quality of life, and future programs will continue to expand on these opportunities.

Sincerely,

Troy Tymesen  
City Administrator



DISABILITY ACTION CENTER

Kootenai County Public Transportation – Citylink North  
PO Box 9000  
Coeur d’Alene, ID

Re:

Support for 5310 Funding Request

Dear Funding Agency:

Our agency supports the continuation of the services Kootenai County Public Transportation provides through the Ring-a-Ride program. The Ring-a-Ride program provides transportation services to seniors with mobility issues where transportation service is unavailable, insufficient, or inappropriate, as well as to people with disabilities who reside outside of the available paratransit service area.

In last two years (FY 2022 and FY 2023), the Ring-a-Ride Program provided over 5,000 rides to seniors and persons with disabilities. The need to provide rides for those members of our community will only continue to grow as our senior population booms in Kootenai County. This program makes it possible for members of our community to access vital life activities, such as grocery shopping, healthcare, and socialization.

Additionally, this grant will continue to support Travel Training to help members of our community learn how to access and use public transportation to gain independence and expanded mobility. Travel training offered by Citylink provides one-on-one interactive learning that focuses on the individual’s needs and abilities. However, plans for the near future include group training that is centered on senior populations in a fun “outing” format.

Furthermore, information garnered through grant monies will afford us the opportunity to continue working toward establishing Mobility as a Service (MaaS). MaaS will increase transportation options and help identify transportation gaps and needs. Pinpointing these needs will allow public and private transportation agencies to partner in creating a more efficient transportation system with more mobility choices for both residents and visitors.

Our agency supports the expanded mobility Kootenai County Public Transportation provides via the 5310 funding. Our citizens rely on the current services for mobility to increase their quality of life, and future programs will continue to expand on these opportunities.

Sincerely,

Mark Leeper, Executive Director  
Disability Action Center - Northwest

505 N. MAIN ST.  
MOSCOW • IDAHO 113143  
InfoMos@dacnw.org  
218.183.0523 VOICE, r.f.  
1.800.475.N70  
201.113.1524 F U

330 5TH STREET  
LEWISTON, IDAHO 83501  
InfoLew@dacnw.org  
208.741.9033 VOICE, TTY  
1.800.741.9133  
208.746.1010 FAX

3726 E. MULUH AVE.  
POST FALLS, IDAHO 83854  
InfoPof@dacnw.org  
208.457.3891 VOICE, TTY  
208.573.3193 FAX

25 W MAIN, 3RD FLOOR, ROOM WEST 9  
SPOKANE, WASHINGTON 99201  
InfoWels@dacnw.org  
509.995.7155

[www.DacNW.org](http://www.DacNW.org)

January 2, 2024

Kootenai County Public Transportation – Citylink North  
PO Box 9000  
Coeur d’Alene, ID

Re: Support for 5310 Funding Request

Dear Funding Agency:

The City of Hayden supports the continuation of the services Kootenai County Public Transportation provides through the Ring-a-Ride program. The Ring-a-Ride program provides transportation services to seniors with mobility issues where transportation service is unavailable, insufficient, or inappropriate, as well as to people with disabilities who reside outside of the available paratransit service area.

In last two years (FY 2022 and FY 2023), the Ring-a-Ride Program provided over 5,000 rides to seniors and persons with disabilities. The need to provide rides for those members of our community will only continue to grow as the senior population booms in Kootenai County. This program makes it possible for members of our community to access vital life activities, such as grocery shopping, healthcare, and socialization.

Additionally, this grant will continue to support Travel Training to help members of our community learn how to access and use public transportation to gain independence and expanded mobility. Travel training offered by Citylink provides one-on-one interactive learning that focuses on the individual’s needs and abilities. However, plans for the near future include group training that is centered on senior populations in a fun “outing” format.

Furthermore, information garnered through grant monies will afford us the opportunity to continue working toward establishing Mobility as a Service (MaaS). MaaS will increase transportation options and help identify transportation gaps and needs. Pinpointing these needs will allow public and private transportation agencies to partner in creating a more efficient transportation system with more mobility choices for both residents and visitors.

In short, the City of Hayden supports the expanded mobility Kootenai County Public Transportation provides via the 5310 funding. Our citizens rely on the current services for mobility to increase their quality of life, and future programs will continue to expand on these opportunities.

Regards,



Lisa Ailport  
City Administrator  
Lailport@cityofhaydenid.us





January 3, 2024

Kootenai County Public Transportation – Citylink North  
PO Box 9000  
Coeur d’Alene, ID

Re: Support for 5310 Funding Request

Dear Funding Agency:

Our agency supports the continuation of the services Kootenai County Public Transportation provides through the Ring-a-Ride program. The Ring-a-Ride program provides transportation services to seniors with mobility issues where transportation service is unavailable, insufficient, or inappropriate, as well as to people with disabilities who reside outside of the available paratransit service area.

In the last two years (FY 2022 and FY 2023), the Ring-a-Ride Program provided over 5,000 rides to seniors and persons with disabilities. The need for this mobility option will only continue to grow as our senior population booms in Kootenai County. The program makes it possible for members of our community access vital life activities, such as grocery shopping, healthcare, and socialization.

Additionally, this grant will continue to support Travel Training to help members of our community learn how to access and use public transportation to gain independence and expanded mobility. Travel training provided by Citylink provides one-on-one interactive learning focused on the individual’s needs and abilities, however plans for the near future include group training centered on senior populations in a fun “outing” format.

Mobility as a Service (MaaS) will also increase transportation options and help identify transportation gaps and needs. Pinpointing these needs will allow public and private transportation agencies to partner to create a more efficient transportation system, with more mobility choices for both residents and visitors.

In short, our agency supports the expanded mobility Kootenai County Public Transportation provides via the 5310 funding. Our citizens rely on the current services for mobility to increase their quality of life, and future programs will continue to expand on these opportunities.

Sincerely,

Toby J Ruhs  
Kootenai Health  
Transportation Services Manager  
208-625-5031



Office of the Mayor

January 2<sup>nd</sup>, 2024

Kootenai County Public Transportation – Citylink North  
PO Box 9000  
Coeur d’Alene, ID

Re: Support for 5310 Funding Request

Dear Funding Agency:

The City of Post Falls supports the continuation of the services Kootenai County Public Transportation provides through the Ring-a-Ride program. The Ring-a-Ride program provides transportation services to seniors with mobility issues where transportation service is unavailable, insufficient, or inappropriate, as well as to people with disabilities who reside outside of the available paratransit service area.

In last two years (FY 2022 and FY 2023), the Ring-a-Ride Program provided over 5,000 rides to seniors and persons with disabilities. The need to provide rides for those members of our community will only continue to grow as our senior population booms in Kootenai County. This program makes it possible for members of our community to access vital life activities, such as grocery shopping, healthcare, and socialization.

Additionally, this grant will continue to support Travel Training to help members of our community learn how to access and use public transportation to gain independence and expanded mobility. Travel training offered by Citylink provides one-on-one interactive learning that focuses on the individual’s needs and abilities. However, plans for the near future include group training that is centered on senior populations in a fun “outing” format.

Information garnered through grant monies will help toward establishing Mobility as a Service (MaaS). MaaS will increase transportation options and help identify transportation gaps and needs. Pinpointing these needs will allow public and private transportation agencies to partner in creating a more efficient transportation system with more mobility choices for both residents and visitors.

The City of Post Falls supports the expanded mobility Kootenai County Public Transportation provides via the 5310 funding.

Sincerely,

A handwritten signature in blue ink that reads "Ronald G. Jacobson - Council President". The signature is written in a cursive, flowing style.

Ronald G. Jacobson, Mayor



St Vincent de Paul North Idaho  
201 East Harrison Ave. • Coeur d'Alene, ID 83814  
208-664-3095 • [Info@svdpnid.org](mailto:Info@svdpnid.org)

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12/20/2023

To Whom It May Concern,

My name is Donna Brundage, and I am the Community Outreach Advocate for St. Vincent de Paul North Idaho (SVDP). I would like to take this opportunity to express my gratitude for the innovative programs that are offered to our residents and the community at large by Citylink.

The population of our clients is at times fearful of navigating the public transit system, for many reasons. One being that they feel stigmatized and judged because of their illnesses. The Citylink staff are so supportive and respectful, providing a safe environment for our residents. Both the Ring-a-Ride and the Travel Training programs are key to helping our residents learn to navigate their community, and to assist them in getting to destinations that would otherwise be too costly or impossible to reach.

The Ring-a-Ride program provides transportation services to seniors with mobility issues where transportation service is unavailable, insufficient, or inappropriate, as well as to people with disabilities who reside outside of the available paratransit service area. Travel training provided by Citylink provides one-on-one interactive learning focused on the individual's needs and abilities.

These services provide necessary and invaluable avenues for a population that would otherwise be homebound and unable to reach shopping centers, food banks, and access to schools and medical facilities. SVDP also has a portion of their population that suffer from mobility issues. Continued development of the Mobility as a Service (Maas) will increase transportation options and help identify transportation gaps and needs. Maas is a much needed and valuable service for our vulnerable and aging residents.

We sincerely hope that Citylink receives much needed funding so that we can all benefit in the future. Please contact me if there is a need for any further comments.

If you have further questions or comments, please feel free to contact me at 208-416-4719 or email [donna@stvincentdepaulcda.org](mailto:donna@stvincentdepaulcda.org). I appreciate your consideration of our request.

# District 2: North-Central Idaho





**Application Information Form**

Applicant: Disability Action Center - Northwest, Inc.

Authorized Representative: Mark Leeper

Address: 505 N Main St., Moscow, ID 83843

Phone: 208-883-0523

Email Address: mark@dacnw.org or dac@dacnw.org

DUNS #: 939804456

Architect/Engineer/Planner if applicable: (Contact Name): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

PROJECT TYPE (MARK ONE)

☐ Facility Construction

☐ Infrastructure Construction

☐ Facility Renovations

☐ ADA Accessibility

☐ Planning

☐ Marketing

☐ Replacement Vehicle Purchase

☐ Expansion Vehicle Purchase

☐ Vehicle Rehabilitation

☐ Transit Related Technology

☐ Transit Related Equipment

☒ Other (specify) Elderly and/or people with a disability purchase-of-service

TOTAL PROJECT COST: \$246,960.00

FEDERAL SHARE: \$197,568.00 LOCAL MATCH: \$47,040



Rural 5310  
Annual Application Funding - October 1, 2024-September 30, 2026

Purchase-of-service project for Idaho's Transportation District 2

Submitted By: Disability Action center – NW, Inc.,  
505 N Main St., Moscow, Idaho 83843  
Mark Leeper, Executive Director  
[mark@dacnw.org](mailto:mark@dacnw.org)  
[www.dacnw.org](http://www.dacnw.org)



**Application Information Form**

Applicant: Disability Action Center - Northwest, Inc.

Authorized Representative: Mark Leeper

Address: 505 N Main St., Moscow, ID 83843

Phone: 208-883-0523

Email Address: mark@dacnw.org or dac@dacnw.org

DUNS #: 939804456

Architect/Engineer/Planner if applicable: (Contact Name): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**PROJECT TYPE (MARK ONE)**

☐ Facility Construction

☐ Replacement Vehicle Purchase

☐ Infrastructure Construction

☐ Expansion Vehicle Purchase

☐ Facility Renovations

☐ Vehicle Rehabilitation

☐ ADA Accessibility

☐ Transit Related Technology

☐ Planning

☐ Transit Related Equipment

☐ Marketing

☒ Other (specify) Elderly and/or people with a disability purchase-of-service

TOTAL PROJECT COST: \$246,960.00

FEDERAL SHARE: \$197,568.00 LOCAL MATCH: \$47,040

## Section 1: Project Description

Disability Action Center – NW, Inc. (DAC) proposes to continue its purchase-of-services program, an allowable use of 5310 funds, to provide a combination of demand-response accessible van services and private vehicle volunteer driver services that serves people that are elderly and/or have a disability in the most rural parts of District 2 with connections to communities and services inside and outside the service region. This service is critical to meeting the highest District 2 priority of maintaining existing services. It continues to be the only possible public transportation option for the most rural parts of the district, providing opportunities for people to access larger communities and connect with other services to do business and get the services they need to continue to live in their rural locations.

Contracted demand-response services have been provided through community-based ADA accessible vehicles stationed in rural communities and operated by a combination of paid and volunteer drivers. Volunteer driver services in private vehicles have been provided throughout the service region with drivers receiving mileage reimbursements for use of their private vehicles. An accessible mini-van has been operated from Moscow to serve the rural areas surrounding that community.

Upon notification of a successful award, DAC will open a bid process to invite applicants to provide the services. Bidders will be required to be able to offer a combination of volunteer services in privately owned vehicles supplemented with accessible van services as provided in prior years. In the past, there has only been a single respondent, COAST Transportation. COAST Transportation has expressed interest in bidding to continue the project. COAST successfully bid on a five-year project in previous cycles and will be completing the last year of that award this year. COAST has been providing services in Idaho and Washington for many years and is highly respected and well-known in the area. COAST services are currently managed by Craig VanTine (509-397-2935). They are located at South 210 Main St, Colfax, WA 99111. A copy of the current agreement is attached.

COAST has accessible vans stationed in the Grangeville/Cottonwood area and in the Orofino/Kamiah region that will be used to implement the accessible van portion of the services should they be the successful bidder. These vehicles serve those communities and the surrounding areas with local trips and trips into Lewiston. Since these vehicles and the one in Moscow are lift or ramp equipped, they are able to meet the needs of passengers with a mobility disability as needed to supplement the volunteer driver in private vehicles program.

Van trips will originate from the van locations and/or from nearby locations as needed. Primary trip purposes will remain as trips for medical services, shopping, and other services within the smaller community areas and to the larger communities. Volunteer driver trips will originate at the home or other community location of the rider and will travel to various locales including nearby urban areas when necessary for medical services, etc. that are not covered with other funding. Priority will continue to be given to trips for support services such as medical appointments, but trip purposes will not be limited to medical only.

All paid drivers will be hired and trained by the contractor. The contractor is responsible for ensuring that all necessary licensing is valid and up-to-date, and that drivers are adequately trained and supervised. Volunteer drivers must be vetted through an application process that gathers information about insurance, licensing, automobile maintenance, and so on to ensure suitability for transporting others.

All trips are to be organized and dispatched by the contractor. Dispatch hours of operation will be Monday through Friday, 8AM to 4:30PM. Transportation services will typically operate from 6AM to 6PM.

## Section 2: Demonstration of Need

District 2 rural transportation funded with 5311 general public transportation dollars remains focused in Moscow through SMART Transit and along the fixed route of Appaloosa Express in the Clearwater valley, leaving all of the rest of this large geographical area unserved. 5310 purchase-of-service funds combined with meager Area Agency on Aging funding have supported the only services for people with a disability and older residents throughout the more rural parts of the district.

When surveys have been done in the past, people in the district have expressed their desire for public transportation options that can connect them with services and supports in the more populated shopping and medical service centers of the inland northwest. When funding was not available a number of years ago, the Governor's office fielded many calls from residents that were upset at the loss of services. Maintaining these minimal services continues to be the highest priority in the Local Coordinated Plan. At a recent advisory board meeting of the Lewiston Area Agency on Aging it was shared that transportation is seen as a critical service to support people that are elderly and/or have a disability in District 2.

While there was a lag in services during the pandemic, demand would easily exceed the level of services that can be supported with the current 5310 funds received by Disability Action Center – NW, Inc. alone. DAC will continue to seek additional support to either pass through DAC or to go directly to the successful bidder that will provide the services.

Trip numbers have fluctuated up and down a bit over the years. Some other volunteer driver systems in the neighboring state of Washington have had difficulty finding an adequate number of volunteers. DAC will work with the successful bidder to recruit drivers as needed. The actual demand for services from the public would increase greatly with additional funding through expansion of service eligibility criteria. Currently, most of the services are limited to medical trips due to service capacity. DAC often fields call from people that would like to access transportation for purposes other than medical including accessing businesses, recreation, and work.

Information about the transportation service is published on the DAC website (<https://dacnw.org/programs-services/transportation-services/>) and shared on social media. COAST also promotes the services on their website (<https://www.coacolfax.org/transportation>). With more robust advertising and

promotion, there is little doubt that demand would far exceed the current capacity. Capacity limits have reduced the levels of promotion that DAC has done. With additional capacity, DAC will begin outreach through numerous methods including publication of information on various social media platforms, direct mailings to different community representatives, and connections with other disability and aging service providers. There is little doubt that people are eager for transportation options to access needed services, shopping, etc.

### Section 3: Project Planning

The 5310 POS project is in line with the state plan and local coordinated plan goals of maintaining current service levels. It works in cooperation with the other district providers, at times connecting riders with those other more localized systems.

The 5310 POS program involving paid drivers operating accessible van services combined with a robust system of volunteer drives driving their own private vehicles and/or agency vehicles has been in operation for some time and has been shown to work effectively. It has been the only model that has allowed for expansion of public transportation services beyond localized communities where vans are located to impact virtually the entire district. This continues to be true, as service with vans has become ever more expensive and simply does not allow for the long trips that are sometimes necessary for a person to access services in a larger, more urban location. It is not uncommon for a volunteer driver trip to cover over 200 miles to enable a rider to access medical services that are only available in Spokane, WA, the major urban center that serves the region.

Disability Action Center enjoys positive relationships and works cooperatively with various entities throughout the service district inclusive of minority and low-income communities. DAC's Title VI policy and complaint process are published on its website and is available otherwise on request.

In the years that this project has been in operation, there has only been one company that has been willing and able to provide the services throughout the district. That entity has increased its capacity to provide public transportation services in the district through acquisition of other funding including City of Lewiston 5310 funds and dedicated funds from the AAA. This has helped support and enhance the DAC funded portion of the services. This level of additional support will hopefully continue to be a part of future operations regardless of the successful bidder. There is value in pooling resources and effort to maximize potential reach.

The current contractor has qualified to receive funding through September, 2024 should funding be available. Disability Action Center will immediately go out to bid on the new project as soon as notification of award is received. Prior funding levels have triggered the small project solicitation requirements.

The new funding will allow for services to maintain at current levels. With stable funding services will continue at a slightly lesser level, largely due to the increase

in mileage reimbursements and fuel. On October 1, 2024 services will commence without pause unless there is a change in provider, in which case there may be a short startup delay.

The contractor will continue to determine its own staffing levels suitable for completion of activities agreed to in its contract and as described above. The contractor is responsible for driver recruitment, although DAC will assist in finding volunteer drivers. DAC staff will include the Executive Director, administrative assistant or similar, and the financial manager at approximately four hours per month for both the ED and the finance manager and up to two hours for assistant or clerical staff.

Title VI Requirements, etc.

DAC requires that its contractor operate in full compliance with all civil rights laws. DAC received other federal funds that add an external requirement for compliance with all civil rights laws that meshes with DAC's own policies on fair and equal treatment for all fully in keeping with federal, state, and local regulations. The contractor has information on its website about its obligations with respect to service provision (see:

[https://docs.wixstatic.com/ugd/794b6d\\_d6c22f841dc84bd68d230f3c922b5ec4.pdf](https://docs.wixstatic.com/ugd/794b6d_d6c22f841dc84bd68d230f3c922b5ec4.pdf))

DAC has also expanded its Title VI policy and it is now posted on the DAC website as well. The website is currently being replaced with an updated one, so the link is not available as of the submittal date for this application. DAC policies have also been updated to reflect vigorous compliance with all civil rights laws including the provision of reasonable accommodations related to religion, pregnancy, and disability.



## Section 4: Project Benefits/Evaluation

### Project Benefits:

As mentioned in other sections, the services purchased under this project are the only public transportation services available to a large portion of the district. Because of these services, people in remote areas are able to access the services they need and they are able to obtain the products they need to continue to live in their home locations without having to move to a larger community where housing costs, etc. may be overwhelming. The larger community businesses and services benefit, while the smaller communities are able to retain population and remain robust. Without this connection of people to businesses and services, economics and quality of life suffer.

Safety is enhanced simply through a reduction in vehicles on the road and through less people driving that may not be as comfortable driving long distances, in poor light, or in winter weather conditions. It allows for an alternative for someone that probably shouldn't be driving to do shopping or to access medical and other services.

Finally, as public transportation becomes more available, people that must commute for work may be able to do so, increasing their quality-of-life and providing economic support to the region.

### Project Evaluation:

The 5310 POS project in District will continue to collect data related to trips for elderly and people with a disability, hours of both paid and volunteer drivers, and mileage of all vehicles, private and agency.

DAC collects complete data sheets that include all trips, hours, and mileage according to the demographic served. The information from those sheets is summarized on the bill that DAC receives from its contractor, currently COAST. The bill also lists the set-up fee for the number of trips scheduled, the cost of mileage reimbursement, and the cost per trip for agency vehicle services.

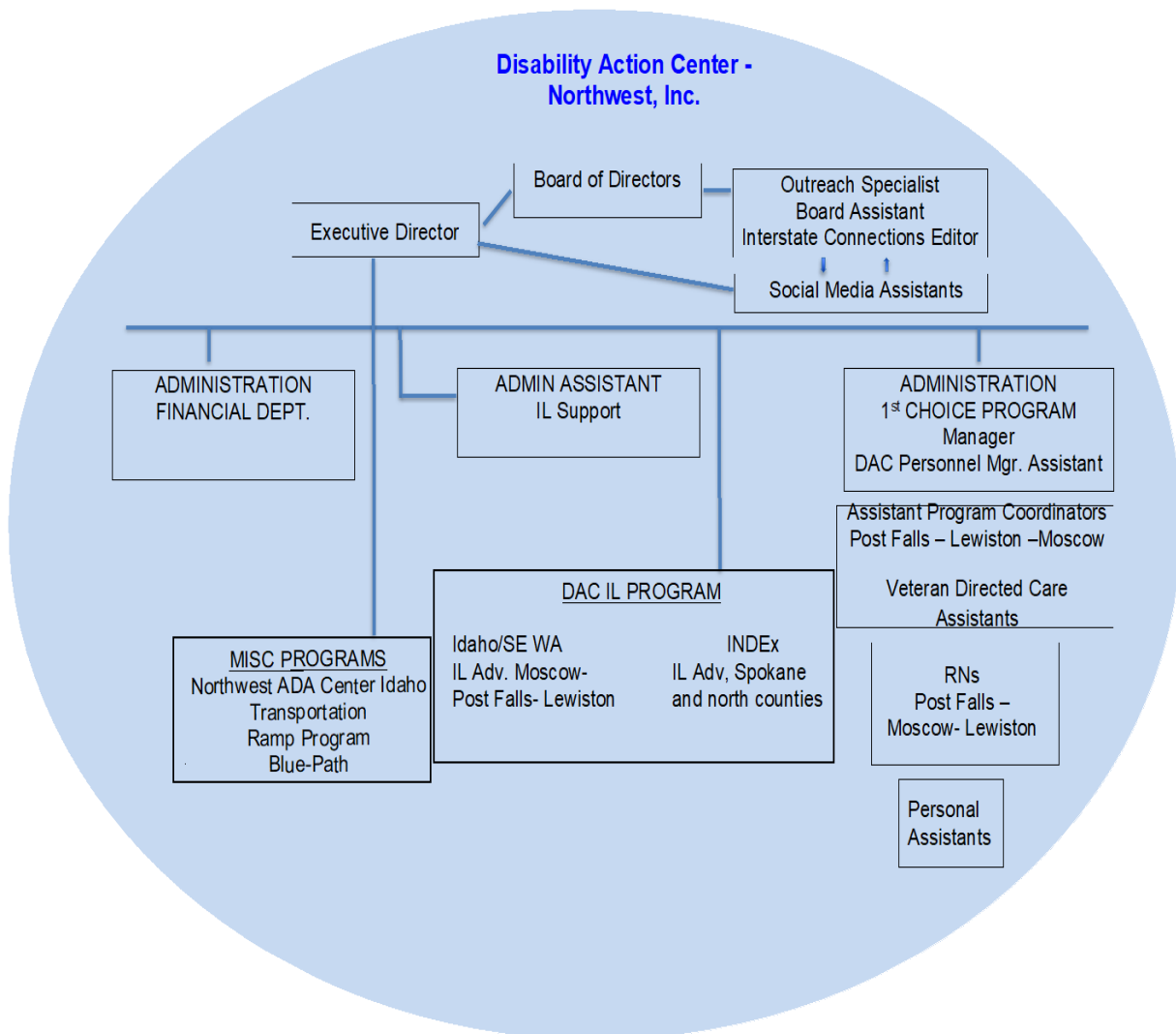
DAC staff inspects all documentation to match the bill to the data each month. On an annual basis, DAC staff will schedule to meet with contractor staff to inspect paperwork related to volunteer and paid driver payments, information on vehicle safety, information on vetting of drivers, and records that show eligibility of riders.

DAC will provide in-kind services, value of volunteer driver time, and non-medical Medicaid travel services as match. Staff time spent on the project is recorded on PARs and includes time spent doing billings, generating payables, promoting the project, and meeting with ITD, contractor staff, and others as necessary. All in-kind match is recorded and maintained electronically, with appropriate amounts being deducted and remaining balances being carried forward. DAC has steadily generated match that exceeds requirements.

Both DAC and the contractor will collect feedback from both riders and community members to ensure services are effective and efficient. DAC will request input via its extensive social media network and include transportation questions on its annual consumer satisfaction survey.

An ongoing effort will be made to connect with area policy makers and others to educate about the project and request increased local funding support to expand and continue services in rural District 2. DAC will also continue to seek additional funding from other sources to ensure long term viability. DAC will work closely with the contractor and other area providers to maximize community involvement and build increased public support. The DAC Organizational Chart is included on the next page.

## DAC Organizational Chart:



## Section 5: Budget

DAC is proposing to continue to project with a 5% increase to cover increasing operational costs. If a lesser amount is received, DAC will continue to purchase as much service as possible. The contractor has been accommodating in discounting operations when they are able to do so. This project is not dependent on a certain dollar amount; however, the level of service will be directly related to the amount of funding available.

Each paid driver van trip will continue to be paid at 32.00 and each volunteer trip will be charged an 8.00 set-up fee. Volunteer drivers are reimbursed for mileage at the federal IRS rate, which has increased significantly. Local match is addressed in the narrative above. DAC has always generated more match than is required.

Numerous years of operation support DAC's ability to operate on a reimbursement basis. Attached is a copy of our prior year 990 first page that shows our robust financial status. With cash reserves of over 1.5 million dollars, DAC is more than capable of managing cash flow of the transportation purchase of services project, and has dipped into its reserves in the past to help fund match for a vehicle and to purchase a new computer for the provider.

A copy of the 990 follows this page. Next is a signed .pdf copy of the Excel budget sheet. Neither of the items could be altered to match the text type and size requirements of the narrative section.

Form **990**

OMB No. 1545-0047

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2021 calendar year, or tax year beginning 10/01, 2021, and ending 9/30, 2022	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> <b>DISABILTY ACTION CENTER NW, INC</b> 505 N MAIN STREET MOSCOW, ID 83843  <b>F</b> Name and address of principal officer: SAME AS C ABOVE  <b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b)</b> Are all subordinates included? If "No," attach a list. See instructions. Yes <input type="checkbox"/> No <input type="checkbox"/> <b>H(c)</b> Group exemption number ▶
<b>D</b> Employer identification number 82-0458076	<b>E</b> Telephone number 208-883-0523
<b>G</b> Gross receipts \$ 2,278,920.	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ WWW.DACNW.ORG
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>M</b> State of legal domicile:

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>INDEPENDENT LIVING FOR THE DISABLED</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>	9
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a).....	<b>5</b>	150
	<b>6</b> Total number of volunteers (estimate if necessary).....	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11.....	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h).....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g).....	859,163.	951,020.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	1,758,037.	1,313,827.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	176,564.	14,073.
	<b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	2,793,764.	2,278,920.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4).....		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	1,976,280.	2,164,152.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e).....		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	446,015.	386,987.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,422,295.	2,551,139.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12.....	371,469.	-272,219.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16).....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26).....	3,067,429.	2,786,887.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.....	112,482.	104,159.
		2,954,947.	2,682,728.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

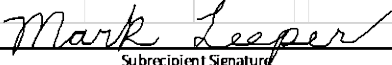
<b>Sign Here</b>	Signature of officer		Date
	MARK LEEPER		CEO
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	JACKSON E. DAVIS		
	Firm's name ▶ PRESNELL GAGE, PLLC	Check <input type="checkbox"/> if self-employed PTIN P00328549	
	Firm's address ▶ 609 S. WASHINGTON, SUITE 202 MOSCOW, ID 83843	Firm's EIN ▶ 20-1943775 Phone no. 208-882-2211	

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0101L 09/22/21

Form **990** (2021)

Attachment A (with signature):

Project Budget Request									
			<b>Subrecipient</b>		Disability Action Center - Northwest, Inc.				
			<b>Agreement Term</b>		October 1, 2024-September 30, 2026				
			<b>Contact Name</b>		Mark Leeper				
			<b>Address</b>		505 N Main St., Moscow, ID 83843				
			<b>Phone Number</b>		208-883-0523				
<b>FTA Grant</b>	<b>Operating (OP) 50/50</b>			<b>Purchase of Service (PI) 80/20</b>			<b>Capital (CP) 80/20</b>		
5310	<b>Total</b>	<b>Federal</b>	<b>Match</b>	<b>Total</b>	<b>Federal</b>	<b>Match</b>	<b>Total</b>	<b>Federal</b>	<b>Match</b>
	\$	-	\$ -	\$ 246,960.00	\$ 197,568.00	\$ 49,392.00	\$	-	\$ -
<b>Total Project Cost</b>				<b>Total Federal Request</b>		<b>Total Match Needed</b>			
\$ 246,960.00				\$ 197,568.00		\$ 49,392.00			
				<div style="text-align: center;"> Mark Leeper  Subrecipient Printed Name    Subrecipient Signature </div>					
				<div style="text-align: center;"> 12 Jan 24  Date </div>					
<b>Scope of Work</b>									
5310 Purchase of Services for private vehicle/volunteer driver and demand-response/ADA accessible van services for people that are elderly (over 65) and/or have a disability throughout rural District 2									
<b>Local Match Source(s) for Project:</b>									
Volunteer driver hours and value of Medicaid non-medical transportation									

## Attachment B – Milestone Reporting

### Attachment B: Milestone Reporting

Agency Name	Disability Action Center – Northwest, Inc.		
Agency Contact	Mark Leeper		
Phone #	208-883-0523	Email	mark@dacnw.org
Grant Program	5310	Rural	One Time
Federal Award Amount	Unknown; projected 197,568.00		

Scope of Work: Purchase of volunteer and demand-response public transportation services for people with a disability and/or elderly persons in rural District 2 of Idaho.

**Milestone Progress Report:** Target of major tasks to be achieved by specific dates.

The report should include information such as: data for each activity line item within the approved project; a discussion of all

- ☐ budget or schedule changes; original, estimated and actual estimated completion date
- ☐ description of projects, status, specification preparation, bid solicitation, resolution of protests, and contract awards;
- ☐ breakout of the costs incurred and those costs required to complete the project; reasons why any scheduled milestone or completion dates were not met, identifying problem areas and discussing how the problems were solved; and discuss the expected impacts of delays and the steps planned to minimize these impacts.

Add additional milestones to the table below as needed.

Name	Estimated Completion Date	Description
RFP/RFQ Issue Date	August, 2024	Bid process to determine provider. COAST has been sole bidder in the past.
Award Date	October 1, 2024	Contractual agreement signed and services start or continue uninterrupted if COAST is provider.
Start Date or Order Date for Rolling Stock, Equipment, and Technology Purchases	N/A	
Construction Completion Date or Delivery Date for Rolling Stock, Equipment, or Technology Purchases	N/A	
Contract Completion Date	September 30, 2026 or beyond with continued funding.	

Attachment C – NEPA Worksheet –

Not Applicable and not included.



## Attachment D – Demonstration of Need

### Congressional Application Attachment D: Demonstration of Need

1. Type of Service (Check all that apply):

- ☒ Fixed Route
- ☐ Deviated Fixed Route
- ☒ Demand/ Response

2. Service Area (Check one)

- ☒ City
- ☒ County
- ☒ Multi-County
- ☒ Other (Please Specify):

3. Connectivity:

Do you connect with other modes of transportation? Check all that apply.

- ☐ Urban Public Systems
- ☐ Intercity Carriers
- ☐ Airports/ Trains
- ☒ Other transit operators in your region (please list below):

Appaloosa Express, Smart Transit, Lewiston Transit, Pullman Transit, Spokane Transit (last two through volunteer driver trips)

4. Ridership:

Estimate the average number of rides: Per Day 18 Per Year 4,680

Briefly describe your ridership over the last two years: -

Ridership has averaged about 10 per day for about 2600 rides per year since the end of the pandemic.

5. Days/ Hours of Service:

List days of the week and hours transit provider is in service

8-4:30, M-F for dispatch; Service typically from 6AM - 6PM M-F, with occasional alternate times as needed.



January 8, 2024

Letter of support for the Disability Action Center's 5310 funding request and intent to apply for this funding, if awarded.

COAST Transportation, a program of the Council on Aging & Human Services, supports the Disability Action Center's request for 5310 funds to provide Transportation services for elderly and/or disabled persons living in Idaho's Transportation District #2. Knowing that D.A.C. would need a provider (or providers) to accomplish their transportation goals, COAST would apply to be one of those providers. This partnership will continue the on-demand services that exist under previously awarded D.A.C./ITD funding.

COAST has served the residents who live within District 2 for many years and supports D.A.C. in its efforts to obtain funding into the future, specifically for the elderly and disabled.

Sincerely,

*Craig H. VanTine*

Craig H. VanTine  
Contracts & Grants Manager





Mark Leeper  
Disability Action Center – Northwest  
505 N Main St.  
Moscow, ID 83843

Dear Mr. Leeper,

As the Transit Manager for the City of Lewiston, and a passionate advocate for mobility, I would like to express support for the continuance of the critical rural services that the Disability Action Center (DAC) supports with 5310 Purchase-of-service funding through Idaho Transportation Department. The DAC service provides a vital mobility role that no other organization can, ensuring rural, low income, elderly, and disabled rural citizens can access the goods and services they need for quality of life.

The funding that DAC receives is the only significant transportation funding available for the most rural parts of District 2. The combination of accessible van and volunteer driver services is the only service to which the most rural residents of the district have access, enabling them access to the services they need to stay in their homes, stay in their community, and not have to relocate. In addition, the Purchase-of-service also enables low income, urban elderly and disabled residents receive specialized medical attention in larger urban centers such as in Spokane and C'oeur d'Alene – no other service is able to do this.

Given the important role the DAC 5310 Purchase-of-service plays in keeping District 2 residents mobile, the City of Lewiston/Lewiston Transit strongly supports DAC's application for 5310 Purchase-of-service.

Should you have any questions, please feel free to contact me.

Sincerely,

Suzanne Seigneur

Transit Manager  
(208)298-1344  
sseigneurcityoflewiston.org



## Nez Perce Tribe Vocational Rehabilitation Services

116 Veterans Drive · P.O. Box 365 · Lapwai ID 83540 · 208-843-9395 · Fax 208-843-9396  
401 Idaho St Kamiah ID Ph 208-621-4817 Fax 208-935-0540 Toll Free 1-866-440-1109



January 11, 2024

Idaho Department of Transportation  
P.O. Box 7129  
Boise, ID 83709-1129

Re: Disability Action Center

Dear Idaho Department of Transportation,

Ta'c Léehayn! (Good day in Nimiipuutimpt), I am Feather Holt, the Nez Perce Tribe Vocational Rehabilitation Services Director. I am writing this letter to confirm our support for the Disability Action Center, Northwest Inc.

Disability Action Center and the Nez Perce Tribe Vocational Rehabilitation Services program have continued to build a strong partnership and resource to serve those with disabilities. I have been acting as Director since November 2022, and during this time I have relied on and collaborated with the Disability Action Center on building our knowledge of resources, soft introductions to other agencies, community, and holiday events, as well as direct services with people with disabilities. Our focus at the Nez Perce Tribe Vocational Rehabilitation Services is to provide services to Native Americans with disabilities.

Nez Perce Tribe Vocational Rehabilitation Services staff have constant and open communication regarding both Nez Perce Tribe resources that are currently available and comparable services and connecting with Disability Action Center for services and referral of available resources. I have been able to rely on assistance from the knowledgeable staff at Disability Action Center when it comes to past Nez Perce Tribe Advisory Committee meetings, and other previous collaborative events and agreements. I am very appreciative of the time and commitment that the Disability Action Center employees have given in their efforts to serve those with disabilities.

I look forward to continued partnership and collaboration between the Nez Perce Tribe Vocational Rehabilitation Services and Disability Action Center.

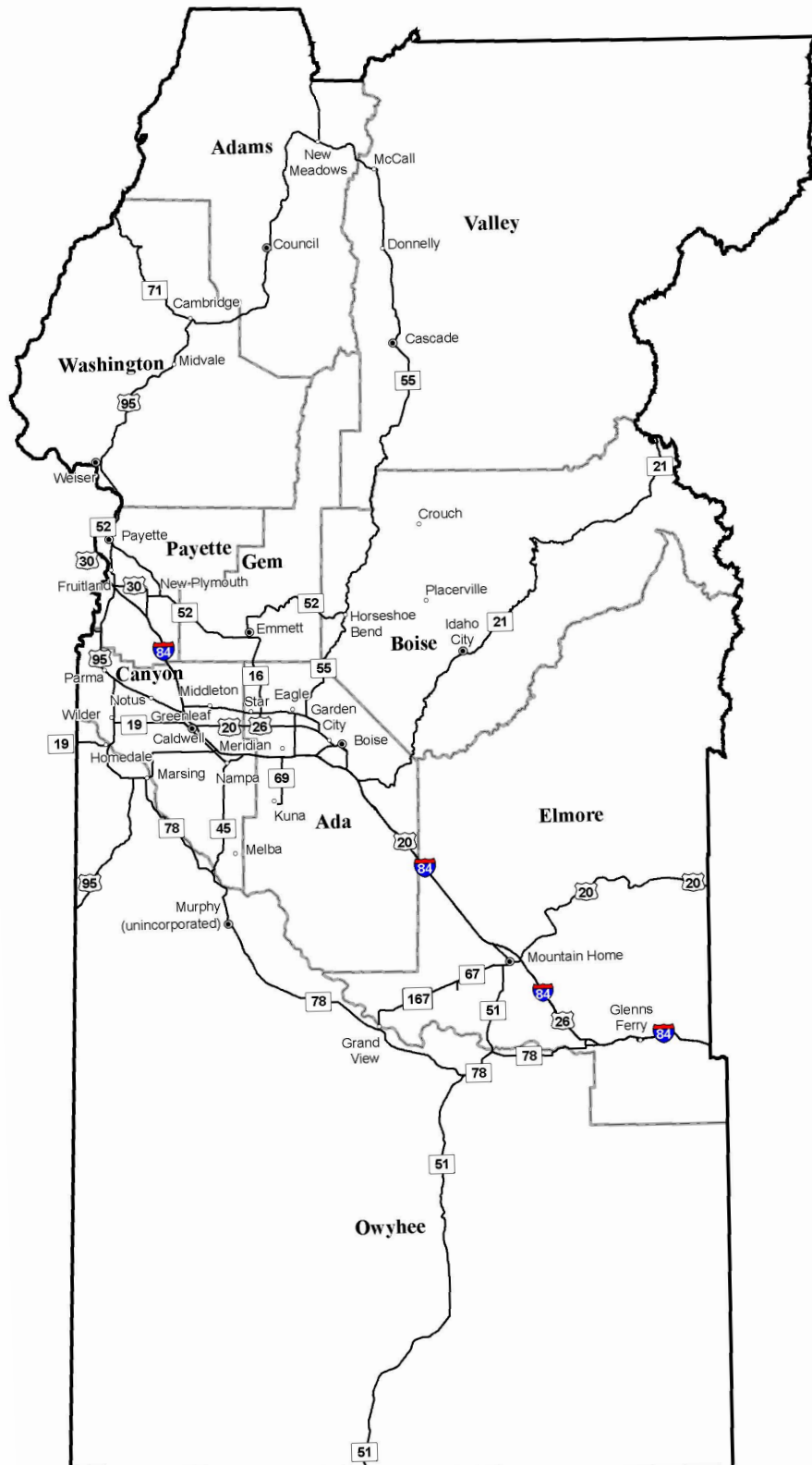
If you have any further questions or comments you can reach Director, Feather Holt, with the Nez Perce Tribe Vocational Rehabilitation Services at 208-621-4810 or [featherh@nezperce.org](mailto:featherh@nezperce.org).

Sincerely,



Feather Holt, Director

# District 3: Southwest Idaho



### **Application Information Form**

Applicant: Kuna Senior Center \_\_\_\_\_

Authorized Representative: Jill Talbot \_\_\_\_\_

Address: 229 N. Avenue B Kuna, ID 83634 \_\_\_\_\_

Phone: 208-922-9714 \_\_\_\_\_

Email Address: kunasenorcenter1@gmail.com \_\_\_\_\_

DUNS #: 967050035 \_\_\_\_\_

Architect/Engineer/Planner if applicable: (Contact Name): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### PROJECT TYPE (MARK ONE)

☐ Facility Construction

☐ Replacement Vehicle Purchase

☐ Infrastructure Construction

☐ Expansion Vehicle Purchase

☐ Facility Renovations

☐ Vehicle Rehabilitation

☐ ADA Accessibility

☐ Transit Related Technology

☐ Planning

☐ Transit Related Equipment

☐ Marketing

☒ Other (specify) Operating\_\_\_\_\_

TOTAL PROJECT COST:     \$106,065.23    

FEDERAL SHARE: 53,032.00 LOCAL MATCH: \$53,033.23\_

## **Section 1: Project Description**

Project Description: Up to 10 points (4 page maximum, single sided) Provide a concise project description, specifically detailing the proposed project for which funds are being requested and how the project addresses the scope and objectives of the FTA grant program and ITD-PT priorities. If the project was previously funded by ITD, explain how this funding request relates to that project.

- a. FTA Program Eligibility: Discuss how project meets the FTA funding source program purpose

**Kuna is considered rural with a population of approx. 31,000 residents. The Kuna Senior Citizens Association (Kuna Senior Center) transportation program is the only option for those in the area at an affordable rate and for accessibility. The nearest public transportation hub is in Meridian at eight miles away with main transportation in Boise at fifteen miles away.**

**The Association will strive to improve access and mobility for seniors and individuals with disabilities that have diminished during COVID-19 restrictions, re-establish base services and increase options for expanded hours and ridership to further meet the needs of seniors and individuals with disabilities in Kuna.**

- b. ITD Call for Project Priorities: Discuss how the project meets the ITD-PT call for project priorities

**With Kuna being considered rural and no other public transportation options available for targeted users, the Kuna Senior Association will be able to use the funding to fill a critical void in transportation structure with the continuation and expanded promotion of transportation for the seniors and individuals with disabilities in the Kuna area**

- c. Application Scope of Work: Describe in detail the scope of work for the project you are proposing

**The Kuna Senior Association will use the funds to pay for two years of salary for three drivers, auto insurance for the bus, fuel, drug and alcohol testing for the drivers, driver cells for pickups and scheduling as well as maintaining the bus.**

- d. Contractor Information: Will this project use third party contractors? If so, please provide necessary contractor information.

**No.**

## **Section 2: Demonstration of Need**

Demonstration of Need for Public Transportation Funding: Up to 24 points (3 page maximum, single sided) Applicants should demonstrate the specific need for the service/project in their local area. Points will be assigned based on the narrative and supporting documentation provided to substantiate the degree of need as defined below.

- a. Service Area Level of Need: Please discuss efforts, qualitative and quantitative that have been undertaken to determine the following levels of need.

**The Kuna Senior Citizens Association (Kuna Senior Center) transportation program is the only option for those in the area at an affordable rate and for accessibility. The nearest public transportation hub is in Meridian at eight miles away with main transportation in Boise at fifteen miles away. Our transportation is critical to many seniors that are relying on us for transportation to their medical appointments as well as crucial shopping trips and socialization for mental health.**

- Critical Need: Critical need is defined as an existing, officially identified violation of federal or state health or safety regulations. If the entity has critical need the regulations being violated must be documented (i.e. compliance order, consent order or notice of violation).
- Moderate Need: Moderate need is an officially identified problem related to health and safety regulations, but the agency is not in violation of any regulation.
- Potential Need: In order to be considered a potential need, the applying agency must illustrate that the current situation would become a violation if it is left uncorrected.
- General Need: General need is an improvement not related to health and safety, but is a major improvement in services and/or infrastructure.

- b. Sustaining existing services or expansion need: • Describe efforts, qualitative or quantitative, that were undertaken to determine need, the reason for sustaining current levels or expanding, and include any pertinent documents to supplement your answer (examples may include: surveys, studies, planning documents, route maps, ridership history and projected ridership, spending history etc.)

**Marketing & Advertising: In order to get access to as many people as possible we have several avenues for reaching the public. We have a Facebook page that posts our events and menus as well as phone numbers and contact information. We have our website which details all of the ways to access our services. The bus drivers have business cards that they can hand out to members, social workers and other professionals for direct access. We have promoted one of our bus drivers to a dispatch position for consistency in dealing with scheduling and answering questions. Our bus and drivers are visible in the community with our name and phone all over our bus. Our dispatcher is in contact with hospital social workers and other professionals seeking transportation for patients in need. We also publish our information in the local newspaper weekly, as well as digital newspapers. Word of mouth is a major factor in bringing our services to people. We also participate in local events and fairs.**



**When working with the senior citizen population on a daily basis they express their needs to us directly. We always listen and work to meet those needs. Our current staff is very positive and willing to meet these needs, sometimes, even the seniors didn't have any idea that this was something they could get help with, such as, getting to the bank to cash a check, getting to the library to have access to internet, getting to the grocery store to fill their cupboards, visiting with friends for critical socialization, getting to medical appointments. Another benefit of our operation is the personal level of interaction. For the seniors, knowing that there is someone who is in touch with them and cares about their well being gives them a sense of security that would not be there otherwise. Our ridership history proves that there is a need and we will continue to work hard to meet those needs and make the senior population aware of services that are available.**

**We have increased our hours of operation over the last two years to reach greater needs. Services are available Monday, Wed, Fri from 8am to 3 pm, Tuesdays 8-6, and Thursdays varies with potential for extended hours. Our targeted goal is to not only continue to reestablish and maintain this availability but to extend these hours to further meet the ongoing and increasing needs due to expanding populations of seniors and individuals with disabilities in the Kuna area. Ridership safety is paramount and providing this option through driver consistency secures a goal which brings about increased use by targeted individuals.**

**We have also hired one of our drivers to take a more active role as a dispatcher/driver, she is the one that coordinates with riders to get the services needed for each person. She also regularly coordinates with Social Workers from several area hospitals. This has been a huge improvement to our program.**

c. Ridership (Scoring is based on the most recently published ITD-PT Annual Performance Report) \*New providers please provide past 3 years of ridership data. • Decreasing • Staying the same • Increasing

**Our ridership has increased over the last several years as we have actively worked to encourage our seniors to take advantage of our program to have increased access to medical care, socialization, shopping trips for groceries and other needs. We have increased from a total boarding of 1790 in 2021, to 2602 in 2022 and 3229 in 2023. We are actively working to improve lives by making sure that the needs of senior citizens and disabled citizens are being met in a caring and considerate way, addressing concerns that seniors have regarding transportation and specific issues they have to be concerned such as mobility, oxygen tank time lines, and trusting of the transportation process. Fear with this population has increased with the COVID pandemic and still hinders many seniors. Many found that their needs were not being met during the COVID pandemic. We hope to increase our ridership again in 2024, therefore improving life experiences for many. These numbers also show the need for**

**consistent and dependable transportation for seniors and individuals with disabilities in Kuna.**

d. If applying for a vehicle: • Asset Condition (Scoring is based on the condition assessment parameters as outlined in an approved TAM plan) or by providing data on asset conditions. o Excellent condition o Good Condition o Adequate Condition o Marginal Condition o Poor Condition o Removed from services

N/A

### **Section 3: Project Planning**

Project Planning and Coordination: up to 24 points (5 page maximum, single sided) In this section, the applicant should describe how the proposed project was developed and demonstrate that there is a sound basis for the project and that it is ready to implement if funded.

- a. Applicant should tie project to specific goals in ITD Statewide Public Transportation Plan and for 5310 projects the Locally Coordinated Plan for your Districts.

**The Kuna Senior Citizens Association transportation program aligns with the statewide and district goals to use the vehicle and needed qualified staff to provide access and activities at the senior center, connectivity to other communities for medical and shopping trips, and provide those same level services to individuals with disabilities**

- b. Describe the Project Development Process
- Describe coordination with local stakeholders on project development and involvement

**The Kuna Senior Association transportation program has been in place for a minimum of ten years and is a priority for the Association as well as the city and community.**

- Describe efforts undertaken to coordinate and include the Minority and Low-Income Populations (Title VI)

**Marketing is targeted toward all who benefit from the busing program which include minority and low-income populations. Many users who are of the senior population and individuals with disabilities fall into low-income categories.**

- What is your plan to include Disadvantage Business Enterprises (DBE's) in this project?

**There is no specific plan to include or exclude DBE's and the Kuna Senior Association remains open to DBE's if the need and opportunity arises.**

- Identify any local Labor Unions (if applicable) as identified by the Department of Labor.

N/A

- Please list the public participation efforts of this project up to the time of application submittal. This can include letters of support, workshop agenda's, meeting minutes, and survey results, etc.

**Letters of Support are included in the application.**

- Provide Attachment B: Milestone Reporting**

- Be sure to include ITD-PT Application Award timeline. • Be sure to include procurement process timelines as well as ordering and manufacturing, architecture & design, construction, etc. At a minimum must include the following milestones: • Solicitation/RFP • Contract Award • Start Work • Complete Work • Close-out Contract

**Does not apply**

- Provide Attachment C (if applicable):**

- NEPA Worksheet if applying for a project that moves dirt. • Be sure to have all back-up environmental documentation, such as historical preservation, cities, counties, etc. • Sole Source Aquifer (SSA) • Rolling Stock Replacement Report

**Does not apply**

#### **Section 4: Project Benefits/Evaluation**

**Project Benefits:** up to 3 points (3 page maximum, single sided). In this section applicants should identify expected project benefits, including basic goals and objectives for the project. Applications should address how the project impacts the following areas:

- Improve safety;
  - What benefits will the general population receive from this project such as improved safety, easier accessibility to facilities/amenities or meeting health and safety regulation standards?

**Benefits to the general population include access to the bus if services are needed with an affordable and appropriate fee or no fee. Seniors will be safer due to having transportation tailored to their needs and specific challenges that they face, such as mobility and challenges around navigating medical equipment such as walker, or oxygen tanks. Another goal is to have seniors transported to other programs that improve the quality of their**

**lives, such as classes like technology, cpr, exercise, social media navigation and safety**

b. Improve mobility;

- What benefits will the general population receive from this project such as improved efficiency, increased ridership, improved mobility or improved service times/areas?

**The Kuna Senior Association will return level of service to pre-pandemic levels which will also be available to the general population as needed.**

**Ridership will continue to increase, more availability in times and locations for transport.**

c. Support local economic development and expand economic opportunity

- What benefits will the community and business community receive from this project such as increased ridership within community, improved service times to allow for appointment making, easier accessibility to businesses, etc.?

**The local benefits economically will include rides to local businesses that provide shopping and personal services to stimulate the economics. Examples are grocery, general goods, restaurant's, exercise and social opportunities as well as medical services within Kuna.**

**Project Evaluation:** up to 13 points (3 page maximum, single sided). In this section applicants should also describe the methodology that will be used to measure and evaluate the project and determine the project's value to the community.

- a. Describe how the applicant intends to continually evaluate success of the project.
  - a. Include in the description what kinds of data will be collected and discuss specific measures.
- b. How often will data be collected, used and evaluated?

**The Kuna Senior Citizens Association will maintain a list of riders, trip specifics such as locations, mileage, times and other applicable details. This data will be collected and evaluated monthly, quarterly and annually to forecast needed services or changes to existing services. Ridership numbers are tracked and recorded each month. This is a measurable way to track our success. (see attached graph)**

#### Boardings per Month

	2020	2021	2022	2023	2024
Jan		87	246	168	231
Feb		126	264	179	
Mar		135	430	213	
Apr		125	274	208	
May		90	205	259	
Jun	68	161	78	307	
Jul	63	156	114	347	
Aug	167	131	147	346	
Sep	138	137	233	265	
Oct	157	194	297	368	
Nov	100	183	155	311	
Dec	116	265	159	258	
Totals		1790	2602	3229	

Our ridership has increased over the last several years as we have actively worked to encourage our seniors to take advantage of our program to have increased access to medical care, socialization, shopping trips for groceries and other needs. We have increased from a total boarding of 1790 in 2021, to 2602 in 2022 and 3229 in 2023. We are actively working to improve lives by making sure that the needs of senior citizens and disabled citizens are being met in a caring and considerate way, addressing concerns that seniors have regarding transportation and specific issues they have to be concerned such as mobility, oxygen tank time lines, and trusting of the transportation process. We counteract stereotypes and misconceptions by continually having open discussions with our members. Fear with this population has increased with the COVID pandemic and still hinders many seniors. Many found that their needs were not being met during the COVID pandemic. We hope to increase our ridership again in 2024, therefore improving life experiences for many. These numbers also show the need for consistent and dependable transportation for seniors and individuals with disabilities in Kuna.

- b. Expecting the project under this grant to be successful, describe how the agency plans to sustain/maintain the asset/project after the end of the grant period.

The Kuna Senior Association will continue to maintain the bus and bus driver along with other services as funding and conditions allow. We offer a positive work environment that promotes a comradery between the drivers, riders and administration. Fundraising, other grants and donations will be funneled into our transportation program to continue to meet needs as

**necessary. We will to continue to re-apply for additional grants in the future to maintain the same level of services, as the grant money is a very important factor in our service to this vulnerable population and growing community.**

- c. Does the applicant have capacity to carry out the project as proposed?
- a. Demonstrate sufficient levels of capacity to carry out the project. Examples might include organizational charts, financial statements, local match commitment letters, etc.

**Yes, and the Kuna Senior Association has a board of directors that meet monthly to review all operations. The City of Kuna is supportive with resources both financially and with professionally experienced staff. The Kuna Senior Center has legal representation to review any necessary policies or documents. Our Bookkeeper /Grant Writer/Coordinator will collect and submit all required documentation by following grant guidelines for submission. Our Dispatcher/Driver will collect and review all trip paperwork and follow maintenance schedules, while continuing to encourage riders to take advantage of our program. Volunteers and members help with many aspects of our daily business.**

- b. Demonstrate the ability to manage grant funding and adhere to both FTA and State of Idaho rules and regulations. These regulations include 2 CFR 200, FTA Circular 5010; FTA Circular 4220, FTA

**The Kuna Senior Association is a long term 501c3 that has received funding from Valley Regional Transit and other funding sources for a number of years while always meeting funding requirements and documentation.**

**Section 5: Project Budget Project Budget:** Up to 11 points (2 page maximum, single sided)  
In this section applicants should describe how the project budget was determined. Applicants should detail any projections in estimates for longer-term projects. Applicants should detail all major milestones and methods to ensure on-time delivery of project.

- a. Budget Narrative: Describe the source and status of all funding for the project according to the instructions. Include description of how costs/estimates were determined.
- (if applicable) If this project has the ability to be scaled down, please itemize for each type of funding.

**This project cannot be scaled down**

- If Construction project, are Davis Bacon wage rates applicable to the project?

**N/A**

- Do you have the financial capability to operate on a reimbursement basis? Please provide documentation that supports your answer.

**Yes, the Kuna Senior Association can operate on reimbursement by using existing funds, membership dues from the senior association, BINGO funds from the weekly games, VRT funding, donations from local businesses, Association thrift store and other revenue sources.**

- b. Provide an itemized and broken-down estimated project budget

**Two years of Salary for Driver \$68,250.40, Auto Insurance \$6,110, Fuel \$10,400, Drug and Alcohol Testing for Driver \$600 and Driver Cell \$3,000 for pickups. – See attached spreadsheet**

- c. Provide Attachment A: Project Budget Request Form  
**Provided**

## Project Budget Request

Subrecipient	Kuna Senior Citizens Assoc
Agreement Term	October 1, 2024-September 30, 2026
Contact Name	Jill Talbot
Address	229 N. Ave. B Kuna, ID 83634
Phone Number	208-922-9714

FTA Grant	Operating (OP) 50/50		
5310	Total	Federal	Match
	\$ 106,065.23	\$ 53,032.62	\$ 53,032.62

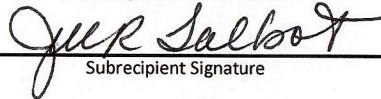
Purchase of Service (PT) 80/20		
Total	Federal	Match
	\$ -	\$ -

Capital (CP) 80/20		
Total	Federal	Match
	\$ -	\$ -

Total Project Cost	Total Federal Request	Total Match Needed
\$ 106,065.23	\$ 53,032.62	\$ 53,032.62

Kuna Senior Citizens Association, Jill Talbot

Subrecipient Printed Name



Subrecipient Signature

1/11/2024

Date

### Scope of Work

Two years Salaries for Drivers 68,250.40, Auto Insurance (2 years) 6110.00, Fuel \$10,400, Drug and Alcohol Testing for Driver \$400 and Driver Cell \$3,000 for pick ups. Required Bus Maintenance and upkeep 20,436, Operations for center to run. This will continue to sustain existing services to the senior and disabled population in Kuna. This bus is equipped with a lift to meet ADA requirements. Continuing this services will allow the seniors and disabled in the community to have access to medical care, obtain services, and meet personal needs. Service is gained through personal interactions, city website and media sites, senior social media sites, annual city mailer and reminders to the community. The bus is in adequate condition and needs maintained. Maintaining bus service meets state and local strategic goals. The Kuna Senior Citizens Assoc is experienced with ITD grant funds and also has the assistance of the Kuna City Clerk who administers the City grant program.

### Local Match Source(s) for Project:

Kuna Senior Citizens Assoc. (Kuna Senior Center) will match at 50%



# Attachment A - Project Budget

Bus - Fuel	\$ 4,753.70	100%	\$ 4,753.70	\$ 9,507.40
Bus - Auto Insurance	\$ 3,055.00	100%	\$ 3,055.00	\$ 6,110.00
Bus - Driver Cell Phones	\$ 1,462.77	100%	\$ 1,462.77	\$ 2,925.54
Bus - Maintenance	\$ 10,218.35	100%	\$ 10,218.35	\$ 20,436.70
Bus - Driver Per Diem	\$ 1,572.80	100%	\$ 1,572.80	\$ 3,145.60
Bus Driver Salaries	\$ 31,625.20	100%	\$ 31,625.20	\$ 63,250.40
Bus - Driver raises				\$ 5,000.00
Bus - Ridership Promtions	\$ 1,000.00	100%	\$ 1,000.00	\$ 2,000.00
Bus - Drug & Alcohol Testing	\$ 200.00	100%	\$ 200.00	\$ 400.00
Admin - Bookkeeper/Coordinator	\$ 25,545.00	75%	\$ 19,158.75	\$ 38,317.50
Admin - Building Maint	\$ 3,098.31	75%	\$ 2,323.73	\$ 4,647.47
Rent	\$ 3,600.00	75%	\$ 2,700.00	\$ 5,400.00
Phone	\$ 966.43	75%	\$ 724.82	\$ 1,449.65
Website	\$ 917.32	75%	\$ 687.99	\$ 1,375.98
Other Insurance required	\$ 3,566.00	75%	\$ 2,674.50	\$ 5,349.00

\$ 82,157.62 \$ 169,315.23

\$ (31,625.00) \$ (63,250.00) minus VRT reim budget

\$ 50,532.62 \$ 106,065.23

1 year

2 year

Julie Talbot 2/28/24  
Bookkeeper

1. Type of Service (Check all that apply):

☐ Fixed Route

☒ Deviated Fixed Route We have a semi- fixed route on certain days depending on needs of riders

☒ Demand/ Response We have limited demand/response on certain days with scheduling in advance.

2. Service Area (Check one)

☐ City

☐ County

☒ Multi-County We operate out of Kuna, but provide transportation to Boise, Meridian, and Nampa

☐ Other (Please Specify):

3. Connectivity:

Do you connect with other modes of transportation? Check all that apply.

☐ Urban Public Systems

☐ Intercity Carriers

☐ Airports/ Trains

☐ Other transit operators in your region (please list below):

---

4. Ridership:

Estimate the average number of rides: Per Day 8.85 Per Year 3229

Briefly describe your ridership over the last two years: -

Our ridership has increased from 1790 in 2021 to 2602 in 2022 and 3229 in 2023. We are actively working to make seniors aware of services and encouraging them to use these services.

5. Days/ Hours of Service:

List days of the week and hours transit provider is in service

Service is available Mon, Wed, Fri from 8-3, Tuesdays 8 - 6 and Thursdays varies with potential for extended hours.

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P.O. BOX 13  
KUNA ID 83634  
(208)922-5546  
[www.KunaCity.id.gov](http://www.KunaCity.id.gov)

**Mayor**  
Joe Stear

**City Council**  
**Members**  
Matt Biggs  
Chris Bruce  
John Laraway  
Greg McPherson

# City of Kuna

January 11, 2024

Subject: Letter of Support for the Kuna Senior Center

Dear Public Transportation Advisory Council,

I am writing this letter of support for the grant application for the Kuna Senior Center to sustain their bus service for the Kuna Senior and Disabled Population in our community to continue to remove barriers to mobility.

As our population grows, we remain a rural community. It is important to continue sustaining and reaching out to new residents who benefit from this important service which includes medical appointments, shopping needs, and personal interactions among many other daily and occasional transportation requirements.

As the Mayor of Kuna, I understand the value this vital service is for our citizens, and I ask for your support.

Regards,

Joe Stear  
Mayor



PO Box 13  
751 W 4<sup>th</sup> Street  
Kuna, ID 83634  
(208) 922-5274  
[www.kunacity.id.gov](http://www.kunacity.id.gov)

**Director**

Doug Hanson  
[jhellman@kunaid.gov](mailto:jhellman@kunaid.gov)

**Senior Planner**

Troy Behunin  
[tbehunin@kunaid.gov](mailto:tbehunin@kunaid.gov)

**Associate Planner**

Jessica Hall  
[jhall@kunaid.gov](mailto:jhall@kunaid.gov)



January 11, 2024

RE: Kuna Senior Center Bus Service

I am writing this letter of support for the Kuna Senior Center grant application to sustain their bus services for the senior and disabled populations that call Kuna home.

This grant would attribute to meeting the following goals established within Kuna's adopted Comprehensive Plan:

- Goal 2.D. – Maintain and Increase Citizen Access to Health and Wellness Services.
- Goal 2.H. – Provide Services to Special Populations within Kuna (Seniors, Youth, Individuals with Disability).
- Goal 4.E. – Increase Opportunities for Public Transportation and Ride Share Commuting.

As a growing rural community, public transportation that considers the needs of the special or vulnerable populations to ensure access to medical appointments, shopping needs, personal interactions, and other daily and occasional transportation requirements aids in creating a better quality of life for every resident that calls Kuna home.

Best,

Doug Hanson  
City of Kuna  
Planning and Zoning Director  
751 W 4<sup>th</sup> St  
Kuna, ID 83634



February 29, 2024

To Whom it May Concern,

I am glad to have this opportunity to demonstrate support for this project proposal by the Kuna Senior Center. The Southwest Idaho Area Agency on Aging contracts with the Kuna Senior Center to provide rides to homebound seniors. We believe this grant will supplement the funding the center receives and be able to help further expand their capacity.

The Kuna Senior Center has a positive record with our organization, and with the public. We will continue to support them in their efforts to find additional resources.

Please feel free to contact me if you need further information.

Best regards,

A handwritten signature in black ink, appearing to read "Brandi Waselewski".

Brandi Waselewski  
Fiscal and Contracts Manager  
Southwest Idaho Area Agency on Aging  
208-898-7077  
[brandi.waselewski@a3ssa.com](mailto:brandi.waselewski@a3ssa.com)

March 1, 2024

To whom it may concern,

As a bus driver/dispatcher for the Kuna Senior Center Bus Transportation program I am grateful for the opportunity to express my thoughts and gratitude for this much needed program.

I have been with the Senior Center for almost two years and have enjoyed my involvement watching this program grow and helping to implement new ideas to aid in the success for future growth.

Being interactive with many of the Seniors on an ongoing basis has helped tremendously to see the need and desires of our Senior Citizens. I hear many stories of the frustrations and the feelings of helplessness when these Seniors reach out for help to get to much needed medical appointments, shopping for essentials or even to get rides to see their loved ones confined to care centers or hospitals. Not only is the cost a financial burden, but availability is a problem as well as the extremely limited access to available vehicles that provide wheelchair access. Our program meets these needs.

The Seniors I have come to know in the last few years are more than thankful to have the Kuna Bus Program available to help meet their needs. It always warms my heart when they express their sincere thankfulness for our program. Not only for medical appointments, but the ability to have a ride to the Senior Center to interact with other Seniors, enjoy Bingo, lunch, music, crafts and many other activities that they would only be able to join in with the help of our transportation. Our weekly field trips enable them to partake in activities with other Senior Centers, movies, museums, swimming, restaurants and multiple outside activities that they most likely would not be able to attend.

I, personally, am truly blessed to be a part of this program to help our Seniors. As Kuna continues to grow, we will listen to the needs of our Seniors and continue to all work together to provide this much needed service and look forward to many years to come.

Christi Horton

February 28, 2024

To Whom it May Concern,

I am writing this letter of support for the Kuna Senior Center Transportation Program because they have really made a difference in our lives. I work as a care giver for a disabled person who is a double amputee and having access to their medical transportation programs has changed his life. Prior to finding Kuna Senior Center we struggled with obtaining transportation to medical appointments that is equipped to handle his unique situation, not to mention the extreme cost of those services. He never got out for anything other than doctor's appointments for years, but now he is starting to take advantage of some of the social activities provided by the Kuna Senior Center such as coming to the center for lunch or other activities and going on field trips for social interaction. The bus drivers have a very positive and welcoming attitude and they are flexible and willing to accommodate our schedules.

We are extremely thankful for the opportunities offered by the Senior Center and we look forward to their services in the future.

A handwritten signature in black ink, appearing to read "Kelly Lane", with a stylized, cursive script.

Kelly Lane

March 1, 2024

Dear Public Transportation Advisory Council

I am writing this letter of support for the Kuna Senior Center grant application. I can tell you that this transportation program has made such a difference in my life and the lives of many others in our community. I do not drive and was finding it very difficult to get transportation to medical appointments. I am also new to Kuna and thanks to this transportation program I have been able to attend activities at the Senior Center, make new friends, and take part in field trips and shopping.

All of the bus drivers have been so tremendously helpful and friendly. They have gone out of their way to help all of our riders, especially those who are disabled and need support. By the bus program providing transportation to the center am also able to now become a volunteer there. Without transportation there are many of us who otherwise would not have medical care or an interaction with others.

This program is of great value to many of us here in Kuna. Thank you for making it possible.

Sincerely,

A handwritten signature in black ink that reads "Kellie Roberts". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Kellie Roberts



February 29, 2024

Letter of Support for Kuna Senior Center

Dear Public Transportation Advisory Council,

I am writing this letter of support for the grant application for the Kuna Senior Center to sustain their bus service for the Kuna seniors and disabled population in our community to continue to remove barriers to mobility.

It is important to continue reaching out to new residents who benefit from this important service which includes medical appointments, shopping needs, and personal interactions; not to mention many other daily and occasional transportation requirements for those who have no other way of getting around.

As President of the Kuna Senior Center, I understand the value of this service for our citizens and I am asking for your support.

Sincerely,

A handwritten signature in cursive script that reads "Evelyn Cunningham". The signature is written in black ink and is positioned above the printed name.

Evelyn Cunningham

President, Kuna Senior Center

**2024-2026  
Rural Congressional application**

**Parma Area Senior Citizens Inc.  
410 N 8th St  
Parma Idaho 83660**

**Cover Sheet**

**1**





Application Information Form

Applicant: Parma Area Senior Citizens Inc.

Authorized Representative: Pam Garza

Address: 410 N. 8th St. Parma ID 83660

Phone: 208-722-5421

Email Address: parmasrctr@hotmail.com

DUNS #: 16-592-8698

Architect/Engineer/Planner if applicable: (Contact Name): Pam Garza

Phone: 208-941-7152

Address: 410 N. 8th St. Parma ID 83660

PROJECT TYPE (MARK ONE)

☐ Facility Construction

☐ Replacement Vehicle Purchase

☐ Infrastructure Construction

☐ Expansion Vehicle Purchase

☐ Facility Renovations

☐ Vehicle Rehabilitation

☐ ADA Accessibility

☐ Transit Related Technology

☐ Planning

☐ Transit Related Equipment

☐ Marketing

☒ Other (specify) Operation/Expansion

TOTAL PROJECT COST: \$100,000.00

FEDERAL SHARE: \$50,000.00 LOCAL MATCH: \$50,000.00



## **Section 1: Project description**

Our project is to increase the scope of our existing transportation program. We are requesting funds, because we have been and are currently working under Valley Regional Transportation, but this year our funds were cut just as we have acquired a second driver and another van and were preparing to expand our services. We are the only rural service that picks up seniors from their homes and takes them to medical appointments, or wherever they need to go. The services we provide by taking senior and disabled persons to the store, library, senior center, bank, pharmacy and post office is a holistic concept of “wellness” that allows the individuals to stay in their homes for longer before needing full time care. This benefits all aspects of the senior care industry.

### **a. FTA program Eligibility:**

The program we started many years ago has been working under the FTA program eligibility and meets the funding source purpose of providing financial assistance to improve, maintain, and operate existing systems. We have been operating under the 5310 grant for at least 7 years, that I know of. We report monthly, have yearly civil rights training and employees and volunteers sign non-disclosure agreements. We sign a certifications and assurances contract with ITD and have had no compliance issues.

### **b. ITD Call for Project Priorities:**

We are, and hoping to continue, to work under the 5310 rural grant in which we pick up senior and disabled persons and take them to where they need to go in order to maintain and better their health as well as be able to stay in their homes for longer instead of moving to a facility.

### **c. Application Scope of Work:**

The Transportation program through the Parma Senior Center partners with many entities both from the private and public sectors in order to fulfill our goal of helping seniors and disabled persons to stay in their homes. PCS Trans. Continues to grow as the only provider in our area that schedules for home pick-up and drop offs and caters to the individual needs of the seniors at no cost to them.

## **Section 2: Demonstration of Need**

We live in a rural farming community with absolutely no public transportation or any pay service like a taxi. We live 17 miles from Caldwell ID and 18 miles from Ontario OR, which are the closest bigger towns to us. The closest doctor's office to us is in Wilder 8 miles from Parma, too far for an elderly or disabled person to walk. Our transport service is the only way some of these people to be able to go to the DR. or go shopping for groceries and any other important places.

### **a. Service area level of need:**

Our need is of great importance to our town and the surrounding areas. We serve not only our town, but our closest small town neighbors, including Wilder, Notus, Homedale, and Fruitland. We work with elderly and disabled persons so we are very mindful and follow all ADA guidelines, we transport many people with walkers and wheelchairs, we have a few that are blind, that are driver assists as needed. We have transported their seeing eye dogs with them as well.

### **b. Sustaining existing services or expansion need:**

We have been working towards recovering from covid for the last few years. In the coming year we received a donated van for our home delivered meals program which frees up our old van for appointments. We have a 2nd part time driver, that has started doing pick ups on Tuesdays and Thursdays . We are working toward expanding even more this year. We have a website: [parmaseniorcenter.org](http://parmaseniorcenter.org) and a Facebook page: Parma Senior and Community Center and we have flyers and postcards that we leave at Doctors offices and the closer Medical centers to advertise our services . We have registered with St. Luke's and St Alphonsus as a Transportation provider and get a lot of referrals from the medical centers for patients that live in our area,.

### **c. Ridership**

In 2022 we gave 2089 rides and in 2023 we increased that to 2741 rides which is an increase of 652 and an average increase of 54 rides a month more. We currently report our rides to Valley Regional Transit and through tracking our rides over the last 3 years we have increased every year.

### **Section 3 : Project Planning**

The Parma Senior Center has always strived to help our members out by giving them rides to doctor's appointments when they could. In 2016 we hired a part time driver and started to expand our Transportation Dept. We have partnered with Valley Regional Transit to help us get our program started with flyers. We put flyers in Doctors offices and Hospitals and anywhere else we thought would reach our local seniors. We are trying to expand services but are running in to funding cuts and rising expenses. We are registered with the local Hospitals and get referrals from them.

#### **a. Specific Goals**

Our goal is to get seniors and disabled persons to their appointments, Working with VRT and Area 3SSA we provide a ride-share service which means, we try to take multiple individuals at the same time in hopes of cutting traffic and costs, coordination and referrals are key to district 3 providers future expansion.. We try if possible to integrate connections with public transportation. Many of our rural seniors can no longer navigate the traffic in order to get to busy shopping centers and other places they need to go, or have the stamina to drive so far. Our strategy is a demand response since we are rural, although in town we do have a "lunch run" which we have a route to pick up passengers

#### **b. Describe the Project development process**

The past 4 years we have received a community health grant from St Luke's to help continue our Transportation program and we work with them to get people to appointments. Most of our passengers are from a farming community and are low-income or minority, although that is not a requirement, and no one is ever turned down for a ride, except for scheduling conflicts.

#### **c. Public participation**

Our Town is very supportive of the Senior Center and our Transportation program included is a letter of support from the current Mayor-Angie Lee . We also have had donations and support from our local businesses'.

#### **d. Attachment B: Milestone Reporting**

We are applying for operational costs and if we are awarded we will be reporting monthly on expenses, rides given and improvements made

#### **e. Attachment C: Not applicable.**

## **Section 4: Project Benefits/Evaluation**

Our Goal is to expand/continue our program with expenses soaring and our budget reductions, we are struggling to keep up with the demand so we procured a second driver and a van, but now are concerned about funding, so are requesting operational funds.

### **a. Improve safety**

Our program benefits the general population by keeping elderly drivers from driving by themselves, they generally have slower reaction times and can become traffic hazards. It can also improve the health of the client by being able to have access to the facilities they need.

### **b. Improve Mobility**

With this grant we will be able to schedule more appointments and have more service times available instead of only have two days of having a second driver we will be able to have five which will then increase our ridership. This program also frees up the family members that currently have to assist in giving rides and therefore saves them money and gas.

### **c. Support local economic development and expand economic opportunity**

Small town businesses benefit from every patron in their facilities. When we give a client a ride we often make several stops within the town such as, the grocery store, library, bank pharmacy, and post office. With increased clientele, we will be able to allow more service time for the individuals which increases the business revenue.

## **Project Evaluation:**

We have daily tracking sheets for the driver to fill out when they pick up a client and every stop they make until they return to the facility. We then put it on a monthly sheet and a yearly tracking sheet. We keep track of how many veterans, stops (rides), mileage, small urban and drive time these all come together so we can determine how to improve our program.

### **a. Evaluate success:**

We will be able to track any increase/decrease from day to day and then monthly all data is put into a tracking report. I also use a quarterly and yearly tracking sheet to evaluate any slumps or success in our goal to continue and grow our program.

### **b. Data:**

Currently we keep track of rides, veterans, wheelchair, medical appointments, shopping trips, nutrition (Lunch), Other (post office-bank) Mileage, Driver time, and rural or urban. We collect a lot of data and then put it into a monthly recording sheet, so we can see where we need improvement. The data collected is then put into a quarterly and yearly report so we can evaluate any success or months when there are slumps and plan for the years ahead.

**c. How often:**

We are constantly collecting data we use daily sheets and then monthly reports, and Yearly on a chart. I have been tracking the transportation data for 6+ years and am confident in my abilities to carry out and expand this project/program and be able to report our progress. We have been working with the FTA and State of Idaho Dept of Transportation and signed our certifications and assurances, and have had no violations. I will be the Key manager, being the most familiar with grants and managing the program, but also work with the Board to ensure that we manage the program properly for success and sustainability, we are going into our 6th year having a paid driver and are looking forward to the years to come.

**Section 5: Project budget**

The project budget was determined by the expenses we had in 2023 and what we can estimate coming up in the next two years. There is always unforeseen expenses that could arise but we do a lot of fundraisers and try to cover with local match when we can.

**a. Budget Narrative:**

We work on a reimbursement basis now where we report our rides at the beginning of the month and get money according to how many rides we gave for that month.

**b. Itemized budget**

I included a itemized break down of expenses in attachment A with the budget request form.

**c. Budget request form**

Attachment A



## Tracking sheet

Month/Year	Vet	Rides	Miles	Small Urban	Drive time
Feb 2022	25	159	889	50	90
March 2022	17	284	1448	108	116
April 2022	14	214	1308	85	97
May 2022	8	157	1372	89	89
June 2022	2	139	1184	69	96
July 2022	6	95	729	-	53
Aug 2022	22	259	1474	-	126
Sept 2022	21	123	842	-	68
Oct 2022	16	182	1141	-	97
Nov 2022	22	182	1162	-	98
Dec 2022	12	127	917	-	70
Jan 2023	22	188	1008	-	96
Feb 2023	23	237	1210	40	109
March 2023	28	272	1457	32	135
April 2023	16	186	1504	56	117
May 2023	25	253	1629	97	140
June 2023	21	230	1451	49	130
July 2023	13	203	1026	34	113
Aug 2023	26	235	1244	32	127
Sept 2023	17	249	1344	110	132
Oct 2023	23	205	1367	30	140
Nov 2023	22	238	1149	47	113
Dec 2023	31	246	1098	61	101


Attachment  
A

## Project Budget Request

Subrecipient	Parma Area Senior Citizens Inc.
Agreement Term	October 1, 2024-September 30, 2026
Contact Name	Pam Garza
Address	410 N. 8th ST. Parma Id 83660
Phone Number	208-722-5421

FTA Grant	Operating (OP) 50/50			Purchase of Service (PT) 80/20			Capital (CP) 80/20		
	Total	Federal	Match	Total	Federal	Match	Total	Federal	Match
5310	\$ 100,000.00	\$ 50,000.00	\$ 50,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Project Cost	Total Federal Request	Total Match Needed
\$ 100,000.00	\$ 50,000.00	\$ 50,000.00

Parma Area Senior Citizens Inc.  
 Subrecipient Printed Name  
  
 Subrecipient Signature  
 1-12-24  
 Date

<b>Scope of Work</b>
We are wanting to expand our services with a second driver and our needing help with our funding.
<b>Local Match Source(s) for Project:</b>
Local business owners, Valley Regional Transit, Donations, Fundraisers

## Budget Sheet

Item	Quantity	Cost	Total Costs
<b>Fuel</b> Based on average fuel bills from 2023	24	550.00	13,200.00
<b>Insurance</b> Based on current insurance policy	24	435.00	10,440.00
<b>License</b> For 4 vehicles	4	102.00	408.00
<b>Maintenance</b> Estimated on quarterly oil change and tires	4	1,000.00	4,000.00
<b>Utilities</b> Split with our nutrition program, includes garbage, power, water, sewer, and heating.	24	1250.00	30,000.00
<b>Payroll</b> Based on one employee for 2 years	1	40,000.00	40,000.00
Total Estimate for 2 years			98,048.00

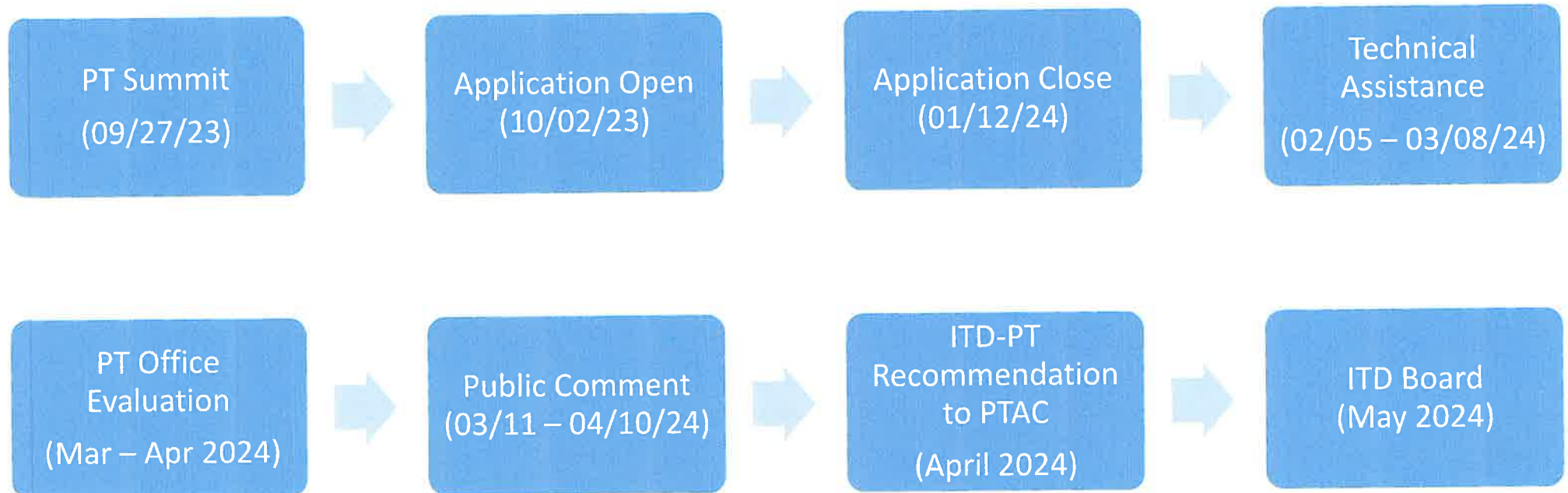
**Attachment  
B**

## Attachment B: Milestone Reporting

Agency Name	Parma Area Senior Citizens Inc.		
Agency Contact	Pam Garza		
Phone #	208-722-5421	Email	parmasrctr@hotmail.com
Grant Program	5310	Rural	One Time
Federal Award Amount	80,000.00		
Scope of Work:			
<p><b>Milestone Progress Report:</b> Target of major tasks to be achieved by specific dates. The report should include information such as: data for each activity line item within the approved project; a discussion of all</p> <ul style="list-style-type: none"> <li>• budget or schedule changes; original, estimated and actual estimated completion date</li> <li>• description of projects, status, specification preparation, bid solicitation, resolution of protests, and contract awards;</li> <li>• breakout of the costs incurred and those costs required to complete the project; reasons why any scheduled milestone or completion dates were not met, identifying problem areas and discussing how the problems will be solved; and discuss the expected impacts of delays and the steps planned to minimize these impacts.</li> </ul> <p>Add additional milestones to the table below as needed.</p>			

Name	Estimated Completion Date	Description
RFP/RFQ Issue Date	January 12,2024	Application submittal
Award Date	October 1,2024	
Start Date or Order Date for Rolling Stock, Equipment, and Technology Purchases	none	
Construction Completion Date or Delivery Date for Rolling Stock, Equipment, or Technology Purchases	none	
Contract Completion Date	September 30,2026	

# Application Timeline



**YOUR Safety** • • • ► **YOUR Mobility** • • • ► **YOUR Economic Opportunity**

**Attachment  
C**



Attachment  
D

# Congressional Application Attachment D: Demonstration of Need

## 1. Type of Service (Check all that apply):

- ☐ Fixed Route
- ☐ Deviated Fixed Route
- ☒ Demand/ Response

## 2. Service Area (Check one)

- ☐ City
- ☐ County
- ☒ Multi-County
- ☐ Other (Please Specify):

## 3. Connectivity:

Do you connect with other modes of transportation? Check all that apply.

- ☐ Urban Public Systems
- ☐ Intercity Carriers
- ☐ Airports/ Trains
- ☐ Other transit operators in your region (please list below):

We try but being we are so rural there is  
a lot of problems connecting.

## 4. Ridership:

Estimate the average number of rides: Per Day 13 Per Year 2741

Briefly describe your ridership over the last two years:-

the Ridership increase from 2022 being 2089 to 2023  
being 2741 an increase of 652

## 5. Days/ Hours of Service:

List days of the week and hours transit provider is in service

Monday - Friday 8-2pm currently

## City of Parma



P.O. Box 608  
305 N. 3<sup>rd</sup> Street  
Parma, Idaho 83660

phone: (208) 722-5138

email: [mayor@parmacityid.org](mailto:mayor@parmacityid.org)

January 9th, 2024

### LETTER OF SUPPORT

To whom it may concern:

The City of Parma would like to extend our sincere appreciation to the Parma Senior Citizens Center for their role in transporting our local seniors and disadvantaged citizens of Parma. Without their services many of our citizens would be left without any means of transportation to doctor appointments, basic grocery/pharmacy pickups and many other essential needs. The City of Parma no longer has a local medical clinic in town. Any medical appointments have to be scheduled in all of the other surrounding areas. The senior center also has a meal transport service. They will deliver food to those in the area who can't drive or are physically unable to get to a food source. The senior community of Parma would suffer tremendously if we ever lost their transportation services.

Sincerely,

Angie Lee  
Mayor of The City of Parma





PARMA RURAL FIRE PROTECTION DISTRICT  
PO Box 702  
29200 Hwy 95  
208-722-5716  
PARMA, ID 83660

March 6th, 2024

Letter of Support

To Whom It May Concern,

The Parma Rural Fire Protection District would like to extend our upmost appreciation to the Parma Senior Citizens Center. Without their services and dedication to the Parma area many of our citizens would be left without any means of transportation to be able to leave their homes. Being able to leave their homes even to something as simple as lunch at the Senior Center greatly improves their quality of life and overall health. The City of Parma no longer has a clinic so without the transportation services that the Senior Center provides there would be several people that would have no other means of getting to their appointments, which would lead them to calling the ambulance more often and incurring a cost that is unnecessary. I feel the senior community of Parma would suffer tremendously if we ever lost transportation services.

Thank You  
Fire Chief  
Jeff Rodgers



To Whom it may concern:

This letter is reference to the transportation Department at the Parma Senior Center. Without having access for transportation many of us rely on this service for Dr. appointment, grocery shopping, Banking, and the post office and pharmacy. I appreciate all that the center provides but I believe the Transportation Department is the most important for us seniors.  
Thank you so much.

Shelise M Keith



Arma Senior Center Transportation

To Whom it may concern,

Just wanted to let you know how very important your program is to me. Having no car and with so many medical issues I don't know how I would make my appointments. Also rely on your transportation for my grocery, bank, post office and pharmacy needs. I greatly appreciate the service you provide thru your transportation program.

Sincerely  
Virginia Kreigh

3-4-2024



**Section One: Project Description**

Category	Description and Metrics	Provider Score
FTA Program Eligibility	Scope does not meet FTA goals and/or is not clearly defined= 0  Scope meets FTA program goals and is clearly defined= 5	
ITD-PT Program Priorities	New Provider= 1 Expansion for existing services= 3 Continuation of existing services= 5	
<b>Max Points: 10</b>	<b>Section Total</b>	<b>0.00</b>

**Section Two: Demonstration of Need**

Category	Description and Metrics	Provider Score
Meeting ADA Requirements	Does applicant meet ADA requirements? Yes= 3 No= 0	
Marketing/Advertising	Applicant did not explain how people find out/gain access to service= 0 Applicant vaguely explained how people find out/gain access to service= 1 Applicant thoroughly explained how people find out/gain access to service= 3	
Replacement or Expansion	Expansion Asset/ Additional Expansion of Services= 2 Replacement of Asset/ Sustaining Existing Services= 4	
Ridership	This information is based on ITD-PT Annual Performance Report as well as information provided on the demonstration of need attachment:  Decreasing= 0 Staying the same= 1 Increasing= 3	
Asset Condition	This information is gathered though our asset management program:  Excellent Condition= 1 Good Condition= 2 Adequate Condition= 3 Poor Condition= 5 Removed from Service= 6	
<b>Max 19 points</b>	<b>Section Total</b>	<b>0.00</b>

### Section Three: Project Planning

Category	Description and Metrics	Provider Score
Statewide Plan/LCP	Did applicant tie project to specific Statewide Plan/LCP goals or action items? Yes= 3 No= 0	
Public Support	Level of Public Support Demonstrated: Applicant provided one letter of support for an eligible source= 1 Applicant provided 2-3 letters of support from an eligible source= 3 Applicant provided 4+ letters of support from an eligible source= 5	
Project Milestones	Milestones were not provided= 0 Milestones were provided but not adequate for scope= 1 Milestones were provided and adequate for scope= 3 Milestones not required for operating projects= 3	
Project Timeline	Project timeline is subject to change= 1 Project timeline is adequate and shovel ready= 3 Operating project timeline N/A for existing providers= 3	
<b>Max 14 points</b>	<b>Section Total</b>	<b>0.00</b>



#### Section Four: Project Benefits & Evaluation

Category	Description and Metrics	
ITD Strategic Goals: <i>Safety, Mobility, and Economic Opportunity</i>	Did not mention strategic goals= 0  Impacts 1 area of mission= 1 Impacts 2 areas of mission= 2 Impacts all three areas of mission= 3	
Measures of Success	Applicant did not mention measures of success and/or indicate specific measures to evaluate the success of the project= 0  Applicant vaguely outlined specific measures to evaluate success of the project= 3 Applicant clearly outlined specific measures to evaluate the success of the project= 5	
Sustainability	Applicant did not address sustainability/ maintenance efforts= 0  Applicant mentioned sustainability/ maintenance efforts= 1 Applicants clearly demonstrated ability to sustain/maintain project and/or assets= 3	
Grant Management Capacity Level	Applicant did not mention or indicate specific ability to manage funds= 0 Applicant vaguely outlined ability to manage funds= 3 Applicant clearly outlined specific ability to manage funds= 5	
Max 16 Points	Section Total	0.00

#### Section Five: Budget

Category	Description and Metrics	Provider Score
Itemized Budget	Is the itemized budget adequate for execution of scope? Yes= 3 No= 0	
Local Match	Did the provider indicate their ability to contribute local match? Yes= 3 No= 0	
Max 6 Points	Section Total	0.00

**Section Six: ITD/FTA Experience***This section is scored based off of info provided by the ITD-PT office*

Category	Description and Metrics	Provider Score
FTA	Low Experience (0-2 Years)= 0 Medium Experience (3-5 Years)= 3 High Experience (5+ Years)= 5	
ITD Technical Assistance Rating	High= 0 Medium= 1 Low= 2	
Funding Agreement Execution	Has not demonstrated the ability to complete previous projects on time, within scope, and/or within budget = 0 Has demonstrated the ability to complete projects with minimal deviation with scope, schedule and budget = 1 Has demonstrated the ability to complete projects on time or within scope = 3	
<b>Max 10 Points</b>	<b>Section Total</b>	<b>0.00</b>

**Section Seven: Presentation**

Category	Description and Metrics	Provider Score
Application Presentation & Professionalism	How was the overall look and content of the project application? Range from 0 - 5	
<b>Max 5 Points</b>	<b>Section Total</b>	<b>0.00</b>

**Attachments**

		Provider Score
Attachment A	Budget Worksheet	
Attachment B	Milestone Reporting	
Attachment C	NEPA Worksheet	
Attachment D	Demonstration of Need Worksheet	
<b>Max 20 Points</b>	<b>Section Total:</b>	<b>0.00</b>

<b>Application Total:</b>	<b>0.00</b>
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# Treasure Valley Transit

December 18, 2023

ITD-Public Transportation Office  
ATTN: Sam Carroll  
P.O Box 7129  
Boise, Idaho 83707

**RE: 5310 Rural Congressional Application for October 1, 2024 – September 30, 2026**

Dear Sam,

It is our pleasure to submit the attached application for the Public Transportation Services that Treasure Valley Transit, Inc., (TVT) currently provides in the Idaho Transportation Department's District 3. TVT is the rural transportation provider serving the 10-county area and has been since 1996. We have the staff in place with the talent, experience and dedication to continue to serve the general public, seniors, youth and persons with disabilities. We have demonstrated the innovation, leadership and capacity to achieve the goals, objectives and performance metrics outlined in this application.

**5310 Rural:**

Purchase of Service: This application purchases rides for seniors and persons with disabilities within the rural communities who are unable to access transportation through volunteer driver programs and limited senior center resources. Volunteer drivers do not begin to meet the need for transportation for the senior and disabled populations. TVT's contract(s) enable the eleven senior centers and/or communities (Boise Basin, Cambridge, Council, Emmett, Fruitland, McCall, New Meadows, New Plymouth, Payette, Rimrock and Weiser) to provide additional transportation. The funding remains limited in comparison to the need. The local match is provided by city, county and local fundraising efforts of the senior centers. The connection between the rural areas identified in the purchase of service contract(s) and TVT's rural public transit routes will improve mobility significantly.

I welcome the opportunity to continue the 5310 rural programs we provide.

Sincerely,

Terri Lindenberg  
Executive Director  
Treasure Valley Transit, Inc.  
[terri@treasurevalleytransit.com](mailto:terri@treasurevalleytransit.com)



**Application Information Form**

Applicant: Treasure Valley Transit, Inc.

Authorized Representative: Terri Lindenberg

Address: 1136 W. Finch Drive, Nampa, ID 83651

Phone: 208-463-9111

Email Address: terri@treasurevalleytransit.com

DUNS #: 88-487-2332

Architect/Engineer/Planner if applicable: (Contact Name): N/A

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**PROJECT TYPE (MARK ONE)**

☐ Facility Construction

☐ Replacement Vehicle Purchase

☐ Infrastructure Construction

☐ Expansion Vehicle Purchase

☐ Facility Renovations

☐ Vehicle Rehabilitation

☐ ADA Accessibility

☐ Transit Related Technology

☐ Planning

☐ Transit Related Equipment

☐ Marketing

☒ Other (specify) Purchase of Service

TOTAL PROJECT COST: \$562,500.00

FEDERAL SHARE: \$450,000 LOCAL MATCH: \$112,500

## **Section 1: Project Description**

### **A.) FTA 5310 Program Eligibility:**

5310 grant funds are intended to improve mobility and support rural transportation programs serving seniors over the age of 65 and persons with disabilities to include expanding mobility options. Treasure Valley Transit, Inc. is a private non-profit agency eligible for this funding.

### **B.) ITD Call for Project Priorities:**

Treasure Valley Transit, Inc. is requesting funding to **maintain the existing** Purchase of Service contracts in the rural areas of District 3.

### **C.) Scope of Work: The FY25 & FY26 Purchase of Service:**

This application purchases rides for seniors and persons with disabilities within the rural communities who are unable to access transportation through volunteer driver programs and limited senior center resources. Volunteer drivers do not begin to meet the need for transportation for the senior and disabled populations. TVT's contract(s) have enabled eleven senior centers and/or communities (Boise Basin, Cambridge, Council, Emmett, Fruitland, McCall, New Meadows, New Plymouth, Payette, Rim Rock and Weiser) to provide additional transportation. The funding remains limited in comparison to the need. The local match is provided by Title III-B supportive services, city, county and local fundraising efforts of the senior centers. The connection between the rural areas identified in the purchase of service contract(s) and TVT's rural public transit routes improve mobility significantly. The eligibility requirement under this funding is for seniors (65) and persons with disabilities.

The FY2023-2024 Contracts were awarded to the Elderly Opportunity Agency, Inc. (EOA) 134 N. Washington Avenue, Emmett, Idaho 83717 (Ex. Director, Breanna King 208-365-4461) and included the communities of Boise Basin, Cambridge, Council, Emmett, Fruitland, McCall, New Meadows, New Plymouth, Rimrock and Weiser. The Payette Senior Center, 137 N. Main Street, Payette Idaho 83661 (Director, Gregory Randleman 208-642-4223) contracted to serve Payette and Fruitland.

The EOA program, while serving many communities, had a gap in service for providing long distance transportation from our rural communities to critical services available in the Treasure Valley area. Many medical procedures and/or specialists are only available in the Treasure Valley area. Individuals with health issues are not comfortable or able to make this lengthy trip themselves and many, particularly seniors, are intimidated by city driving.

The Southwest Idaho Transit (SWIT) program directly addressed these barriers to access by providing transportation to these critical services and allowing individuals the ability to see health care professionals on a regular basis. SWIT program serves Emmett with a connection to critical health care and social services by providing safe, dependable, round trip transportation to the Treasure Valley. The SWIT program was incorporated into the Purchase of Service, and provided 3,904 rides in FY23 of the overall 8,346 provided by EOA.

During FY23, the Payette Senior Center provided 3,703 total for a combined **12,049** trips.

**Elderly Opportunity Agency, Inc.**

**Calendar Year 2023 (January 1, 2023 – December 31, 2023)**

<b>Location</b>	<b>CY23</b>	<b>Nutrition</b>	<b>Shopping</b>	<b>Recreation</b>	<b>Health</b>	<b>Other</b>
<b>Boise Basin Senior Center</b>	<b>639</b>	<b>9%</b>	<b>25%</b>	<b>17%</b>	<b>0%</b>	<b>48%</b>
<b>Cambridge Senior Center</b>	<b>1,652</b>	<b>27%</b>	<b>42%</b>	<b>24%</b>	<b>3%</b>	<b>4%</b>
<b>Council Senior Center</b>	<b>570</b>	<b>22%</b>	<b>67%</b>	<b>0%</b>	<b>0%</b>	<b>12%</b>
<b>SW Idaho Transit</b>	<b>2,964</b>	<b>11%</b>	<b>21%</b>	<b>0%</b>	<b>45%</b>	<b>23%</b>
<b>McCall Senior Center</b>	<b>452</b>	<b>34%</b>	<b>4%</b>	<b>46%</b>	<b>3%</b>	<b>12%</b>
<b>New Meadows Center</b>	<b>121</b>	<b>4%</b>	<b>0%</b>	<b>68%</b>	<b>10%</b>	<b>18%</b>
<b>New Plymouth Center</b>	<b>428</b>	<b>29%</b>	<b>33%</b>	<b>4%</b>	<b>13%</b>	<b>21%</b>
<b>Rimrock Senior Center</b>	<b>1,235</b>	<b>43%</b>	<b>47%</b>	<b>2%</b>	<b>0%</b>	<b>7%</b>
<b>Weiser Senior Center</b>	<b>2,316</b>	<b>83%</b>	<b>8%</b>	<b>8%</b>	<b>1%</b>	<b>1%</b>
<b>Total</b>	<b>10,377</b>					
<b>Total Vehicle Mileage</b>	<b>120,120</b>					
<b>Total Vehicle Hours</b>	<b>7,286</b>					

**FY23 2023 Budget (Actual)**

<b>POS (TVT)</b>	<b>\$126,855</b>
<b>Area 3 SSA</b>	<b>\$26,189</b>
<b>Grants</b>	<b>\$19,870</b>
<b>Reserves</b>	<b>\$20,000</b>
<b>Donations</b>	<b>\$7,276</b>
<b>Total Income</b>	<b>\$200,190</b>

The senior centers experienced significant challenges as a result of the pandemic in continuing to provide transportation. It was difficult finding volunteer drivers from FY21-FY23. In FY23, the ridership was increasing and currently in FY24 we anticipate drawing down all of the 5310 funding available to EOA prior to yearend. We have always exceeded our local match needs of 20%.

The SW Idaho Transit program, providing long distance transportation services across our service area into the Treasure Valley, was initiated on July 1, 2018. The first 6 months of this program cost \$112,932 traveling 75,900 miles. This service is very needed and extremely appreciated by residents in our rural communities. However, due to the cost of this program and lack of sustained funding, routes 1, 2 and 4 (Valley, Adams, Boise and Owyhee counties) were suspended in January of 2019. Our route 3 (Gem, Washington, Payette counties) has been limited to 40 hours a week. To fully reinstate the SWIT program across our service area would cost an additional \$265,000 annually.

## Payette Senior Center Transportation – October 22 – September 23

Month	Nutrition	Shopping	Recreation	Health	Other	Total
October	88	0	25	33	195	341
November	116	0	0	0	163	279
December	102	0	40	6	167	315
January	136	11	138	62	195	542
February	132	0	65	40	160	397
March	126	0	0	0	140	266
April	118	0	0	0	145	263
May	120	0	0	0	115	235
June	132	0	0	0	166	298
July	124	0	0	0	130	254
August	136	0	0	0	165	301
September	92	0	0	0	120	212
<b>Total</b>	<b>1,422</b>	<b>11</b>	<b>268</b>	<b>141</b>	<b>1,861</b>	<b>3,703</b>
<b>Percentage</b>	<b>38%</b>	<b>1%</b>	<b>7%</b>	<b>4%</b>	<b>50%</b>	<b>100%</b>

The Payette Senior Center serves Payette and the surrounding areas within Payette County including Fruitland. That populations of Payette and Fruitland combined is 12,799, and the transportation need has always been greater than the funding is able to provide.

The Purchase of Service provides transportation for seniors and persons with disabilities to access meals at senior centers and this provides nutrition and social interaction. Also noted in the chart above, there is access to medical appointments, shopping and recreation. The other transportation is for access to the library, salon, senior exercise classes or trips to a hot spring, the zoo, art museum and visits to other senior centers in the valley.

This transportation program allows seniors to stay in their homes longer and enjoy a higher quality of life. The small rural communities thrive because of meeting the needs of their citizens. This is well stated in the Payette Senior Center Mission Statement: “To provide programs and services which enhance dignity, support independence, and encourage community involvement.”

### **The RFB Process:**

The Purchase of Service program begins immediately after the notice of award of the funding. The funding covers the 10 county area of District 3. An agency can apply for one specific area or multiple areas. Historically there have been multiple contracts awarded. The preparatory work begins prior to the start of the funding on 10/1/2024. The RFB needs to be released and awarded in order to be in place when the funding of the 5310 Purchase of Service is available.

**Contractor Qualifications:**

Contractor shall permit, upon reasonable notice, TVT and/or ITD to inspect all vehicles, real property, facilities, and equipment used by Contractor in providing services under this contract. Contractor shall permit the above named persons to audit the records of Contractor as it relates to the services provided under this contract.

Contractor shall maintain records, documents, and other evidence which sufficiently and properly reflect the fixed unit rate expended in the performance of this Contract, and shall provide the same for review, inspection, copying, and audit upon reasonable request by TVT or ITD.

**Independent Contractor:** Contractor's relationship to TVT in the performance of this Contract is that of an independent contractor. Contractor shall be free to contract to provide similar services for others while it is under contract to TVT. Subject to the requirements of Section 1, TVT reserves the right to contract with one or more contractor(s). Nothing herein shall be construed to limit the independent nature of Contractor. No officer, employee or agent of Contractor shall be deemed an employee of TVT.

**Contractor Employment Standards:** The personnel performing services under this Contract shall, at all times, be under Contractor's exclusive direction and control and shall be employees of Contractor and not employees of TVT. All drivers of Contractor must receive a standard Passenger Assistance Safety and Sensitivity Course (PASS). Contractor will provide TVT with the training schedule and certificates of PASS Training. Contractor shall endeavor in good faith to employ or use volunteers skilled and qualified for the performance of the services assigned to them. Contractor shall require its employees/volunteers to adhere to the provisions of its employee handbook and perform all services hereunder in conformance with such policies and procedures.

**Drug and Alcohol Free Workplace:** Contractor will comply with FTA Drug and Alcohol rules and regulations and will maintain records of compliance. The contractor will provide TVT a copy of the most current drug and alcohol policy, make available all testing records from contract examination period; including random, pre-employment, post-accident, reasonable suspicion, return to duty, and follow-up exams if drivers operate a vehicle requiring a Commercial Driver's License or the program operates under the 5311 grant program.

TVT shall have the right to inspect and copy said records for a proper purpose during normal business hours and upon two business days' prior notice to Contractor, provided that TVT shall not be entitled to review privileged or otherwise confidential employee records.

Contractor's workplace shall be a drug and alcohol free workplace and shall have such policies and programs in place as required by 49 CFR Part 29, Subpart F; 49 CFR Part 40; and 49 CFR Part 655.



## **Section 2: Demonstration of Need**

Treasure Valley Transit, Inc. and the Elderly Opportunity Agency partnered in establishing the Purchase of Service for seventeen senior centers in District 3. The Purchase of Service expanded to include the independent senior centers of Kuna, Parma and Payette. The need for the service has been identified in the following plans.

### **ITD Local Mobility Management Network Plans: Last Updated in 2013**

District 3 had four separate plans 3A – 3D that identified values, needs, and gaps in each defined service area. The planning process included the local elected officials, health and human service agencies, the business community, and interested passengers. The #1 priority identified was to maintain existing services.

### **Idaho Public Transportation Plan: April 2018**

The project team held open houses and local coordination meetings in each of the six ITD districts and met with Treasure Valley Transit staff. Meeting participants and TVT identified the service gaps and unmet transportation needs. This included customer groups (elderly, dialysis patients, persons with disabilities, etc.), rural areas without service, infrequent service, bus stops and shelters, additional hours of service needed and funding limitations.

### **The History of the Purchase of Service:**

Seventeen senior centers had a vehicle that was purchased through 5310 dollars but the operating funding for transportation was very limited. The Title III-B supportive services provided a small amount of funding per trip along with some city and county dollars. In some areas the city or county would provide insurance on the vehicle. The senior centers raised additional funding through senior center events such as dinners, bake sales and rummage sales. This proved a great challenge and only provided a nominal number of trips where the priority was senior meals at the center itself and activities there.

In 2011, Treasure Valley Transit partnered with EOA and implemented the first Purchase of Service contract in December that restored critical transportation to 14 Senior Centers in ITD's District 3. This enabled the senior centers to expand the transportation service to include nutrition, shopping, recreation, health and other needs such as banking, salon/barber, library, and trips to visit a loved one in a long term care facility.

TVT provided the Purchase of Service for the cities of Kuna and Parma from 2012-2016. During the coordination meetings with the Valley Regional Transit Authority (VRT) it was determined the Kuna and Parma Senior Centers would benefit from additional small and large urban funding combined with the limited rural dollars. The funding for the Kuna and Parma Senior Centers was applied for by VRT.

The need for senior transportation has been demonstrated by the numbers who access the service with the limited funding that is available. The need for expanded service for communities along

the US 95 and ID 55 highways to gain access to specialized health care in Ada and Canyon Counties is a critical need. The senior centers are well positioned to meet this need and have the network to easily provide these trips throughout the district.

Transportation is an important social determinant of health in rural communities. The availability of reliable transportation impacts a person's ability to access appropriate and well-coordinated healthcare, purchase nutritious food, and otherwise care for him or herself. Rural transportation is critical in maintaining the health of seniors and persons with disabilities. The 65+ populations continue to increase and this trend will continue.

County	Population by County	%	#'s	% Age 65 +		%
		Poverty Level	Veterans	2010	2020	Disabled < 65
Adams	4,817	12.8%	538	20.8%	31%	13.6%
Washington	11,087	17.1%	734	20.5%	25.6%	11.6%
Payette	26,956	15.7%	1,983	15.3%	19.4%	11.1%
Valley	12,464	10.7%	1,037	16.8%	27.2%	13.1%
Boise	8,333	14.4%	892	15.9%	28.6%	12.3%
Gem	20,418	12.4%	1,598	18.6%	23%	10.7%
Owyhee	12,613	14.2%	766	12.4%	18.3%	13.4%
Canyon	251,065	11%	15,842	10.8%	14.6%	10.4%
8 County Average		13.6%		16.3%	23.5%	12.02%

The above chart shows the significant growth in the senior population from 2010 through 2020 for the rural counties we serve under the Purchase of Service.

### C. Ridership History

**FY21:** 11,595 boardings (EOA and Payette Senior Center)

**FY22:** 11,563 boardings (EOA and Payette Senior Center)

**FY23:** 12,049 boardings (EOA and Payette Senior Center)

**Service Level of Need:** General need is a major improvement in services and or infrastructure.

**Meeting ADA requirements:**

All 5310 vehicles awarded to the senior centers are ADA accessible and their facilities provide access for persons with disabilities including those confined to a wheelchair, required height and width for steps and ramps, accessible bathrooms, halls and doorways.

**Marketing and/or Advertising**

Our Contractors are required to develop a marketing strategy for the Purchase of Service. Senior centers have limited staff, volunteers assisting them and do not have a marketing budget. The primary source of advertising the transportation program is through the senior center at meals and social activities. Sadly, with driver shortages and volunteers aging out with private car service, the need is greater than what is available. Senior centers are creative in finding ways to secure the local match for transportation through bake sales and crafts. Seniors want to go places and be active in the community, and the senior centers offer this through transportation.

**Sustaining Existing Services or Expansion need:**

The need for sustaining the current Purchase of Service has been demonstrated by the ridership and contractor's ability to meet the local match requirements. The need for additional service has been demonstrated in the planning efforts but the funding has not increased to enable expansion. The cost of fuel and services in the past two years has been significant to these nine senior centers who a part of this purchase of service. There cost per trip is anticipated to increase in line with the rate of inflation. If there is not additional 5310 grant funding available, it will result in a reduction in trips to meet the increases in costs to provide the transportation.

*Attachment D:*

*Demonstration of Need Form*

## **Section 3: Project Planning**

### **A.) Tie Project to the specific goals in ITD's Statewide Public Transportation Plan:**

#### **1.) Ensure the Safety and Security of Public Transportation**

TVT's first priority is the safety and security of our employees and the passengers they serve. This is demonstrated through our policies and procedures that cover all aspects of operations from maintenance standards for the vehicles, training of employees, drug and alcohol testing program, etc. We have the same high standard for the Purchase of Service contractors.

#### **2.) Encourage Public Transportation as an Important Element of an Effective Multi-Modal Transportation System in Idaho**

TVT works closely with our contractors to encourage ridership on the local city buses such as McCall Transit and Snake River Transit in addition to the Purchase of Service transportation.

#### **3.) Preserve the Existing Public Transportation Network**

TVT is seeking continued grant funding in order to preserve the existing services we provide.

#### **4.) Provide Transportation System that Drives Economic Opportunity**

Providing transportation to seniors and persons with disabilities that allows access to nutrition, shopping, recreation, health and other destinations such as the hairdresser has a significant impact on the local economy. As more citizens reach the age of 65 and older this impact will only increase.

### **B.) Describe Project Development Process:**

1. The Elderly Opportunity Agency has quarterly meetings with representatives of the Senior Centers that they administer. This is an opportunity to discuss the transportation program and address any challenges that are faced and potential solutions.
2. Community involvement includes the cities, counties, local chambers of commerce, local businesses, health care agencies and the both existing and potential passengers.
3. Selection of the appropriate mode of transportation – in this case the Purchase of Service
4. Funding mechanism:
  - 5310 Grant Program
  - City and County Funding
  - Senior Center fundraisers
  - Seek State of Idaho funding

5. Assure sustainability through continued funding
6. Monitoring and Evaluation of the services in an on-going manner

For a successful service to be implemented and maintained by stable funding it is imperative that the planning process involve the community as a whole.

### **Minority and Low Income in Compliance with Title VI**

Treasure Valley Transit (TVT) created a Title VI Plan and submits the plan to Idaho Transportation Department as is required. There are eight elements contained in our Title VI Program, these are:

- Notice of rights under Title VI
- How to file a complaint, and a copy of the complaint form
- List of Title VI Investigations, complaints, or law suits
- Public Participation Plan
- LEP Plan
- Racial Breakdowns of Non-elected advisory councils
- Narrative describing sub-recipient monitoring
- Board of Directors Resolution or meeting minutes

TVT has published for the public a link on TVT's website for the USDOT disability law. In addition, you can find the Title VI plan, Public Notice Process, the Riders Guide, and the Complaint and Appeals Process.

TVT prominently and publicly displays Title VI information posters in all TVT facilities and on the revenue vehicles. During the new hire orientation, new employees are informed of the provisions of Title VI and TVT's expectations to perform their duties accordingly. Annually employees are provided Title VI information via an Open Enrollment Meeting.

TVT provides quality language assistance services to individuals with limited English proficiency to ensure meaningful access to transportation programs, services, and activities.

TVT holds public and stakeholder meetings to introduce possible pilot projects, routes or schedule changes when needed.

TVT Board of Directors meets the last Tuesday of every month, 9:00AM, and the public is invited to attend.

TVT also participates in community resource fairs and public marketing and outreach activities.

TVT does not have any past or current investigations, complaints or lawsuits alleging discrimination on basis of race, color, or national origin with respect to service or other transit benefits provided files with the agency in the past three years. TVT did not have any civil rights compliance reviews conducted by other local, state or federal agencies within the last three years.

**TVT's Plan to include Disadvantaged Business Enterprises (DBE's) in this project:**

TVT has a DBE Plan and Goal. ITD publishes the current DBE Directory which lists the companies by category of service they provide. This could be for landscaping, concrete work or architecture and design, etc.

**Identify Local Labor Unions as identified by the Department of Labor:**

TVT is not affiliated with any labor unions in the rural areas that we serve. The Valley Regional Transit Authority contracts out their large and small urban services. They are represented by Local 378.

**Please list the public participation efforts of this application:**

The general public is included in the planning activities noted in this application. TVT staff are available to talk about the projects and answer questions about the public transportation services we provide.

The statistics in the chart on Page 5 shows that overall our eight counties show higher statistics as compared to the State of Idaho as a whole. Of particular note, the population aged 65 and older has increased 4.6% over the course of a six-year period and will continue to grow. The 2020 census will give more data when it is released.

**Local Match:**

The 20% local match is provided by Title III-B supportive services, city, county and local fundraising efforts of the senior centers. Under the Purchase of Service contracts EOA and the Payette Senior Center are diligent in securing the local match by working closely with the Area on Aging as well as the cities and counties that they serve. In addition, each senior center has fundraisers to raise additional funds for their transportation costs. Historically, the local match requirement has always been met. This is demonstrated in the National Transportation Database for each center which shows the financial and operational information that is required.

**Staffing Levels:**

TVT staff will be overseeing the contract(s) for this purchase of service:

**Executive Director:** Terri Lindenberg has been with TVT since January 1992 when the Office of Rural Health Policy awarded a three year grant to develop a Coordinated Transportation System in Canyon County and secure sustainable funding. TVT now serves a 10-county area, has thirty-five employees and collaborates with multiple agencies. Terri's strength is in building partnerships and advocating for rural transportation on both the local and national stage.

**Certifications:** Certified Community Transit Manager CCTM and Certified Safety and Security Officer through the Community Transportation Association of America

***Assistant Director:*** Debbie Maxwell has worked over 11 years in public transportation management and has been with TVT since May 2016. She oversees all aspects of TVT operations including but not limited to, procurement, fleet management, driver training and supervision of operational staff. In addition to these responsibilities, she works closely with the Executive Director in the administration of TVT in the finance and grants departments.

***Certifications:*** Certified Safety and Security Officer through the Community Transportation Association of America, Passenger Assistance Safety and Sensitivity Certified

***Mobility Manager:*** Miranda Murray has been with TVT since January 2013 and brings extensive experience in dispatch, scheduling, and coordinating services with various agencies in the 10-county area. Miranda's role as Mobility Manager oversees the dispatch and scheduling component and monitors for efficiencies. She works closely with the statewide Medicaid broker and the Department of Health and Welfare Medicaid Division. In addition, her skills in marketing, print material and knowledge of technology (dispatch software and hardware) have been instrumental.

***Certifications:*** Certified Community Transit Supervisor; Certified Professional Dispatcher through the Community Transportation Association of America

***Finance and Human Resource Manager:*** Rebecca Soto has been with TVT since September 2019 and has worked in both the private and non-profit sector since 2009. She began her career as a Staff accountant, Senior Audit Associate and Accounting Supervisor. Rebecca's expertise is in grants management including the reimbursement process, accounting and human resources. She currently processes TVT's 5309, 5310, 5311 and 5339 grants with attention to detail and accuracy.

***Education:*** Bachelor of Business Administration (BBA) in Accountancy 2013 and member of the national Society of Human Resource Managers (SHRM) and the Local Chapter

***Day / Willis, CPA's:*** Tabbatha Willis prepares TVT's monthly financial statements for the TVT Board of Directors and provides direct oversight of the grant reimbursement process. TVT is proud to note a clean opinion without findings since we have been required to have a "Government Auditing Standards" Annual Audit done by an independent Accounting Firm.

## **Section 4: Project Benefits/Evaluation**

### **Project Benefits:**

The elderly or disabled passengers who depend upon rural public transit services often have limited or no other transportation options. Older populations, people with disabilities, veterans and others need effective mobility to avoid the stifling isolation that degrades their health, independence, employment, education and overall quality of life.

The growing population of older individuals in our rural communities absolutely depends on their local transit systems to be able to age-in-place and live out their years in the communities they call home. (See table in Section 2) From health care appointments to congregate meals to shopping and social outings, rural public transit is vital to the fastest growing segment of the rural population: seniors.

Populations of veterans are disproportionately rural and often require cost-effective connections to both local and regional VA health care facilities. With the VA moving toward a more regional, community-based and outpatient health care framework, veterans' transportation needs – particularly in the health care arena – will only increase.

Non-Emergency transportation services have been important to residents of all ages but especially to the elderly. Changes in the delivery of health care have major consequences for rural residents. Having more health care delivered in non-institutional settings – such as outpatient care, creates part of an increase in demand. It becomes more difficult for rural transit providers because many smaller hospitals and primary care providers have left smaller communities. Consequently, rural transit must take residents further from their homes to reach routine as well as specialized services. Rural public transit is often the only means that connect people to these services.

This project was developed to address barriers to access by providing coordinated, cost effective transportation that expands coverage and improves mobility district wide.

### **Improve Safety:**

TVT's priority is safety and that includes offering training programs that are required for our contractor(s) as noted in the qualifications section above.

### **Improve Mobility:**

This program improves access for seniors and persons with disabilities and this is demonstrated in the ridership figures.

### **Support Economic Development**

This program allows access to nutrition, shopping, recreation, health and other destinations that have a significant impact on the local economy. As more citizens reach the age of 65 and older this impact will only increase.



## **Project Evaluation:**

### **A.) TVT will continually evaluate the success of the project.**

The value to the community is access to nutrition, medical appointments, the grocery store, social and recreational events as demonstrated by the ridership.

Each senior center tracks data that includes, but is not limited to; service hours and mileage broken into revenue, deadhead and allowance along with ridership split into appropriate categories per mode (senior and disabled). These statistics are reported to the National Transit Data Base according to federal and state requirements. ITD-PT processes this information into District report cards that is a valuable document for the Public Transportation Advisory Council and others in understanding the benefit of public transit in Idaho. If you monitor these statistics it shows where we were, where we are today and will accurately reflect the ridership as we move forward. The funding allocations align with the ridership figures and demonstrate the impact of decreased funding and service reductions.

TVT will meet with each contractor on a semi-annual basis to review and evaluate the program.

### **B.) TVT will sustain/maintain the project after the end of the grant period:**

TVT will continue to work closely with the Idaho Transportation Department to secure 5310 funding to maintain the purchase of service. In addition, TVT will work with the contractors to advocate for state funding and to seek innovative funding opportunities to meet their local match requirements. State funding for public transportation operations is critical for future growth and the expansion of services.

### **C.) TVT has the capacity to carry the project forward as proposed?**

TVT has demonstrated the financial capability to operate on a cost reimbursement basis over the thirty years we have been in operation. There has been the rare occasion that reimbursements from ITD have been delayed and TVT has a line of credit established should this event occur. In addition, TVT has met or exceeded all of our local match requirements. Documentation to support this is provided in the FY23 Audit Summary which is attached.

*Attachment A:*

*Organizational Chart, FY123 Audit Summary & Letters of Support*

## Section 5: Project Budget

**TVT is applying for funding for the Purchase of Service Contracts totaling \$450,000:**

Contract #1 is currently held by EOA serving 9 senior centers and Southwest Idaho Transit.

**TVT is applying for \$200,000 annually to fund this contract for a total amount of \$400,000 in federal funding for the service with contractor meeting local match requirement.**

Contract #2 is currently held by PSC serving the cities of Payette and Fruitland Idaho.

**TVT is applying for \$25,000 annually to fund this contract for a total amount of \$50,000 in federal funding for the service with the contractor meeting the local match requirement.**

The Purchase of Service contract is done through an RFB process and the contractors bid the rate per ride that they can do the service for. When the amount of 5310 funding is awarded it will determine the number of rides that can be provided. This has worked effectively since the service began in 2011. Historically, the funding is limited and the contractors number of rides is determined by the amount awarded. TVT does not get involved in the contractors pricing as that is based on their internal costs. It makes sense though, to factor in an increase to maintain the existing level of service since there have been significant costs increases since the last grant application was written in 2021.

TVT was awarded \$320,000 in 5310 rural funding for FY23-24 and the increase in funding will provide much needed transportation to the eleven communities we serve in FY25-FY26.

*Attachment A:*

*Project Budget Request Form*

## ATTACHMENT A

Project Budget Request Form

Organizational Chart

FY23 Audit Summary

Letters of Support

## Project Budget Request

Subrecipient	Treasure Valley Transit, Inc.
Agreement Term	October 1, 2024-September 30, 2026
Contact Name	Terri Lindenberg
Address	1136 W. Finch Drive, Nampa Idaho 83651
Phone Number	208-463-9111

FTA Grant	Operating (OP) 50/50			Purchase of Service (PT) 80/20			Capital (CP) 80/20		
	Total	Federal	Match	Total	Federal	Match	Total	Federal	Match
5310		\$ -	\$ -	\$ 562,500.00	\$ 450,000.00	\$ 112,500.00		\$ -	\$ -

Total Project Cost	Total Federal Request	Total Match Needed
\$ 562,500.00	\$ 450,000.00	\$ 112,500.00

Terri Lindenberg  
Subrecipient Printed Name

  
Subrecipient Signature

12/18/2023  
Date

### Scope of Work

This application purchases rides for seniors and persons with disabilities within the rural communities who are unable to access transportation through volunteer driver programs and limited senior center resources. Volunteer drivers do not begin to meet the need for transportation for the senior and disabled populations. TVT's contract(s) enable the eleven senior centers and/or communities (Boise Basin, Cambridge, Council, Cascade, Emmett, Fruitland McCall, New Meadows, New Plymouth, Payette and Weiser) to provide additional transportation. The funding remains limited in comparison to the need. The local match is provided by city, county and local fundraising efforts of the senior centers. The connection between the rural areas identified in the purchase of service contract(s) and TVT's rural public transit routes will improve mobility significantly.

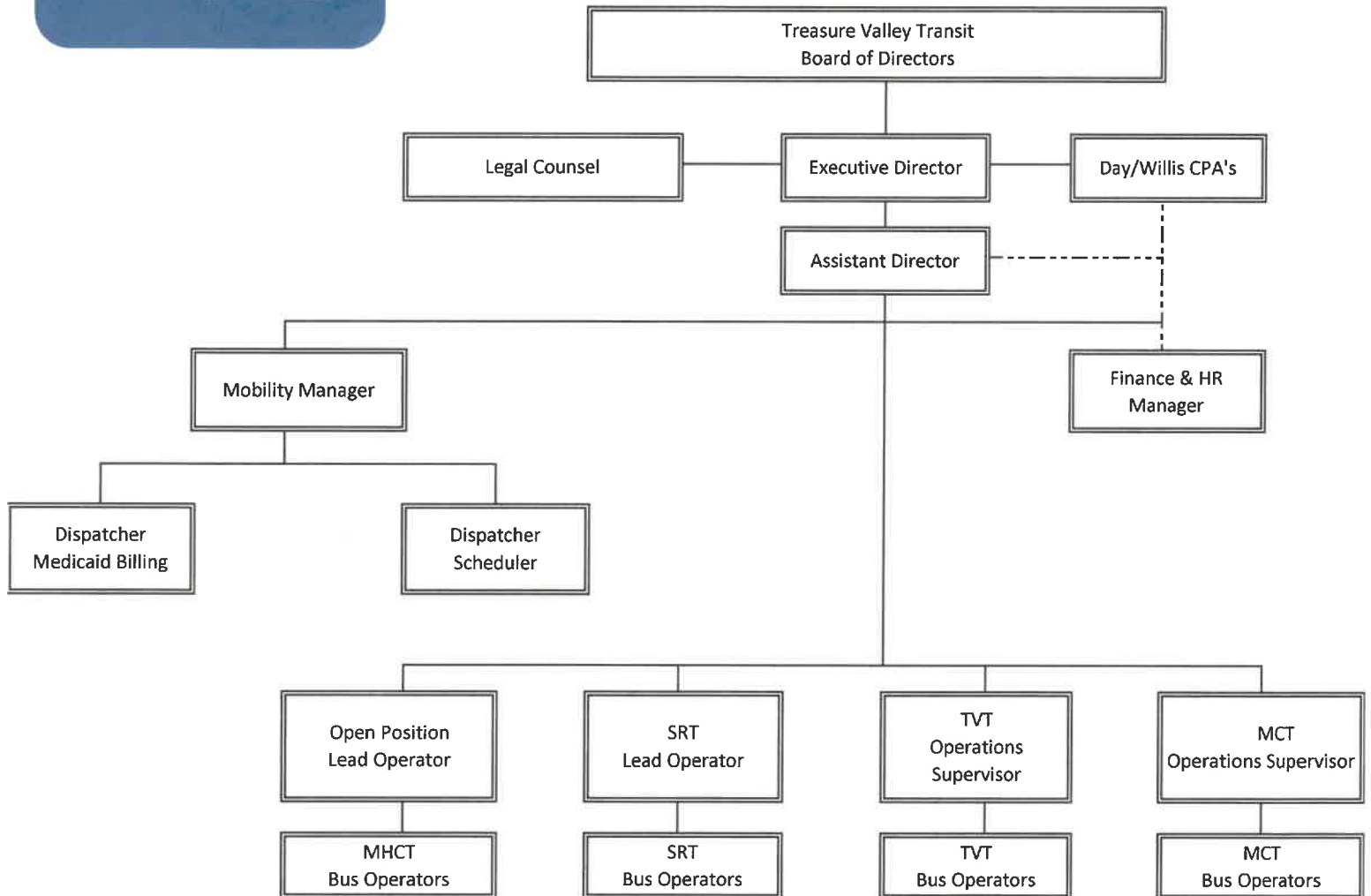
### Local Match Source(s) for Project:

The local match is provided by the contractor through Area on Aging dollars, City and/or County contributions as well as local fundraisers. All contractors have met or exceeded the local match requirement.



# TREASURE VALLEY TRANSIT

## Organizational Chart



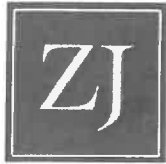
**TREASURE VALLEY TRANSIT, INC.**

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**Financial Statements  
and  
Supplementary Information**

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**For the Year Ended September 30, 2023**



## Independent Auditor's Report

Board of Directors  
Treasure Valley Transit, Inc.  
Nampa, Idaho

### Report on the Audit of the Financial Statements

#### *Opinion*

We have audited the financial statements of Treasure Valley Transit, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Treasure Valley Transit, Inc., as of September 30, 2023 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### *Basis for Opinion*

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Treasure Valley Transit, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Responsibilities of Management for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Treasure Valley Transit, Inc.'s ability to continue as a going concern for one year after the date that the financial statements are issued.

## ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Treasure Valley Transit, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Treasure Valley Transit, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Other Matters**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards is presented for the purpose of additional analysis as required by audit requirements of Title 2 U.S. Code of federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and is not a required part of the financial statements.



Management has also elected to include the accompanying Comparative Statements of Program Income and Program Expenses which are not required parts of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In our opinion, the Schedule of Expenditures of Federal Awards and the Comparative Statements of Program Income and Program Expenses are fairly stated, in all material respects in relation to the financial statements as a whole.

#### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated December 4, 2023 on our consideration of Treasure Valley Transit, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Treasure Valley Transit, Inc.'s internal control over financial reporting and compliance.

*Zwysart John & Associates, CPAs, PLLC*

Nampa, Idaho  
December 4, 2023

**Treasure Valley Transit, Inc.**  
**Statement of Financial Position**  
**September 30, 2023**

**Assets**

Current Assets:

Cash and Cash Equivalents	\$ 263,495
Grants Receivable	577,219
Contracts Receivable	28,939
Prepaid Expenses	9,184
Total Current Assets	<u>878,837</u>

Long-Term Assets:

Property and Equipment	6,975,182
Accumulated Depreciation	<u>(2,134,373)</u>
Total Long-Term Assets	<u>4,840,809</u>

**Total Assets**

\$ 5,719,646

**Liabilities and Net Assets**

**Liabilities**

Current Liabilities:

Accounts Payable	\$ 81,682
Accrued Wages and Payroll Liabilities	91,485
Credit Cards Payable	8,084
Refundable Advance	20,070
Current Portion of Compensated Absences	32,398
Total Current Liabilities	<u>233,719</u>

Long-Term Liabilities:

Compensated Absences	<u>43,035</u>
Total Long-Term Liabilities	<u>43,035</u>

**Total Liabilities**

276,754

**Net Assets**

Net Assets Without Donor Restrictions	<u>5,442,892</u>
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**Total Net Assets**

5,442,892

**Total Liabilities and Net Assets**

\$ 5,719,646

The accompanying notes are an integral  
part of the financial statements.

**Treasure Valley Transit, Inc.**  
**Statement of Activities**  
For the Year Ended September 30, 2023

	<u>Without Donor Restrictions</u>
<b>Support and Revenues</b>	
Program Fees	\$ 4,736,964
Gain (Loss) on the Sale of Assets	1,429
Advertising	16,210
Other Income	930
Interest Income	578
<b>Total Support and Revenues</b>	<u>4,756,111</u>
<b>Expenses</b>	
Program Services	2,653,355
Support Services	
Management and General	<u>1,278,642</u>
<b>Total Expenses</b>	<u>3,931,997</u>
<b>Increase in Net Assets</b>	824,114
<b>Beginning Net Assets</b>	<u>4,618,778</u>
<b>Ending Net Assets</b>	<u><u>\$ 5,442,892</u></u>

The accompanying notes are an integral  
part of the financial statements.

**Treasure Valley Transit, Inc.**  
**Statement of Functional Expenses**  
**For the Year Ended September 30, 2023**

		Support Services	
		Management and	
	Program	General	Total
<b>Expenses</b>			
Wages	\$ 1,247,479	\$ 463,006	\$ 1,710,485
Payroll Taxes	95,984	38,828	134,812
Employee Benefits	88,461	267,296	355,757
Unemployment Insurance	4,681	1,746	6,427
Workers Compensation	-	31,466	31,466
Dues and Subscriptions	-	2,672	2,672
Interest Expense	-	570	570
Liability Insurance	-	239,700	239,700
Miscellaneous	24,278	15,887	40,165
Per Diem - Rural	9,034	23,403	32,437
Professional Services	403	59,911	60,314
Acquisition Services	147,611	-	147,611
Postage	75	4,958	5,033
Telephone and Radio	-	21,620	21,620
Rent and Utilities	8,335	57,682	66,017
Snow removal	-	10,547	10,547
Supplies	-	18,503	18,503
Training	28,934	7,997	36,931
Travel	1,000	12,585	13,585
Fuel	278,408	-	278,408
Vehicle Maintenance	347,592	41	347,633
Uniforms	1,507	224	1,731
Depreciation Expense	369,573	-	369,573
<b>Total Expenses</b>	<b>\$ 2,653,355</b>	<b>\$ 1,278,642</b>	<b>\$ 3,931,997</b>

**Treasure Valley Transit, Inc.**  
**Notes to Financial Statements**  
**For the Year Ended September 30, 2023**

**6. PROPERTY AND EQUIPMENT**

The following is a summary of changes in property and equipment:

	Balance 9/30/2022	Additions	Disposals	Balance 9/30/2023
<b>Nondepreciable Capital Assets</b>				
Land	\$ 403,157	\$ 255,037	\$ -	\$ 658,194
Construction in Progress	283,712	118,047	-	401,759
<b>Total Nondepreciable Assets</b>	<u>686,869</u>	<u>373,084</u>	<u>-</u>	<u>1,059,953</u>
<b>Depreciable Capital Assets</b>				
Historical Cost				
Buildings and Improvements	1,755,747	1,004,617	-	2,760,364
Equipment	110,206	-	-	110,206
Vehicles	3,240,090		(195,431)	3,044,659
<b>Total Historical Cost</b>	<u>5,106,043</u>	<u>1,004,617</u>	<u>(195,431)</u>	<u>5,915,229</u>
Less: Accumulated Depreciation				
Buildings and Improvements	65,723	7,861	-	73,584
Equipment	191,848	63,021	-	254,869
Vehicles	1,729,364	298,691	(222,135)	1,805,920
<b>Total Accumulated Depreciation</b>	<u>1,986,935</u>	<u>369,573</u>	<u>(222,135)</u>	<u>2,134,373</u>
<b>Total Net Depreciable Capital Assets</b>	<u>3,119,108</u>	<u>635,044</u>	<u>26,704</u>	<u>3,780,856</u>
<b>Total Net Capital Assets</b>	<u>\$3,805,977</u>	<u>\$1,008,128</u>	<u>\$ 26,704</u>	<u>\$4,840,809</u>

Depreciation expense for the year is \$369,573.

**7. COMPENSATED ABSENCES**

The Organization provides compensated absences for vacation and sick leave, the balance of which is paid out when the employment period ends. Therefore, all accumulated personal leave represents a liability to the Organization. Personal leave accumulates based on accumulated years of service and actual hours worked. For the year ended September 30, 2023, changes in compensated absences consisted of the following:

Balance 9/30/2022	Earned	Used	Balance 9/30/2023
<u>\$ 90,032</u>	<u>\$ 114,380</u>	<u>\$ (128,979)</u>	<u>\$ 75,433</u>

**Treasure Valley Transit, Inc.**  
**Comparative Statement of Program Income**  
**For the Years Ended September 30, 2023 and 2022 and 2021**

	<u>2023</u>	<u>2022</u>	<u>2021</u>
<b>Support and Revenues</b>			
Cost Reimbursement	\$ 2,683,981	\$ 2,744,913	\$ 2,248,610
Cities-LOT and Counties	401,951	317,000	363,497
Capital Reimbursement	1,091,561	1,055,165	1,437,379
Small Contracts	47,378	22,816	30,274
Medicaid Contract	497,720	464,380	453,020
Fare Box	14,373	7,124	6,937
Advertising	16,210	15,000	15,000
Insurance	-	19,712	23,508
Other Income	930	2,710	5,907
Interest	578	85	68
Gain (Loss) on Sale of Assets	1,429	859	(1,807)
<b>Total Support and Revenues</b>	<u><u>\$ 4,756,111</u></u>	<u><u>\$ 4,649,764</u></u>	<u><u>\$ 4,582,393</u></u>

## **FEDERAL REPORTS**

**Treasure Valley Transit, Inc.**  
**Schedule of Expenditures of Federal Awards**  
**For the Year Ended September 30, 2023**

<u>Program Title</u>	<u>Federal Assistance Listing Number</u>	<u>Grant No.</u>	<u>Expenditures</u>
<u>U.S. Department of Transportation</u>			
Federal Transit Cluster			
Passed through the Idaho Transportation Department:			
Bus & Bus Facilities Formula Program	20.526	0620	\$ 1,019,401
Passed through Valley Regional Transit:			
Federal Transit Formula Grant	20.507		268,861
Total Federal Transit Cluster			<u>1,288,262</u>
Transit Service Programs Cluster			
Passed through the Idaho Transportation Department:			
Enhanced Mobility of Seniors and Individuals with Disabilities	20.513	0620	144,855
Total Transit Service Programs Cluster			<u>144,855</u>
Passed through the Idaho Transportation Department:			
Formula Grants for Rural Areas	20.509	0620	1,670,688
Formula Grants for Rural Areas - COVID	20.509	COVID	671,737
Total AL 25.509	20.509		<u>2,342,425</u>
Total U.S. Department of Transportation			<u>3,775,542</u>
Total Federal Financial Assistance			<u>\$ 3,775,542</u>



Treasure Valley Transit, Inc.  
Notes to the Schedule of Expenditures of Federal Awards  
For the Year Ended September 30, 2023

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1. BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Treasure Valley Transit, Inc. under programs of the Federal Government for the year ended September 30, 2023. The information in the Schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Treasure Valley Transit, Inc. it is not intended to and does not present the financial position or changes in Net Position of Treasure Valley Transit, Inc.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported using the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, where certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

3. INDIRECT COST RATE

Treasure Valley Transit, Inc. has not elected to use the 10-percent de minimis indirect cost rate.



**Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance  
and Other Matters Based on an Audit of Financial Statements Performed in Accordance with  
*Government Auditing Standards***

Board of Directors  
Treasure Valley Transit, Inc.  
Nampa, Idaho

We have audited in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Treasure Valley Transit, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2023, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements and have issued our report thereon dated December 4, 2023.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Treasure Valley Transit, Inc.'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Treasure Valley Transit, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Treasure Valley Transit, Inc.'s internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Treasure Valley Transit, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Zwygart John & Associates, CPAs, PLLC*

Nampa, Idaho  
December 4, 2023



**Independent Auditor's Report on Compliance for Each Major Program and on Internal Control  
Over Compliance Required by Uniform Guidance**

Board of Directors  
Treasure Valley Transit, Inc.  
Nampa, Idaho

**Report on Compliance for Each Major Federal Program**

***Opinion on Each Major Federal Program***

We have audited Treasure Valley Transit, Inc.'s compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Treasure Valley Transit, Inc.'s major federal programs for the year ended September 30, 2023. Treasure Valley Transit, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Treasure Valley Transit, Inc. complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2023.

***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Treasure Valley Transit, Inc. and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Treasure Valley Transit, Inc.'s compliance with the compliance requirements referred to above.

***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to Treasure Valley Transit, Inc.'s federal programs.

## ***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Treasure Valley Transit, Inc.'s compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Treasure Valley Transit, Inc.'s compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Treasure Valley Transit, Inc.'s compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Treasure Valley Transit, Inc.'s internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Treasurer Valley Transit, Inc.'s internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

### **Report on Internal Control Over Compliance**

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*Zwygart John & Associates, CPAs, PLLC*

Nampa, Idaho  
December 4, 2023

**Treasure Valley Transit, Inc.**  
**Schedule of Findings and Questioned Costs**  
**For the Year Ended September 30, 2023**

**Section I - Summary of Auditor's Results**

*Financial Statements*

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

Significant deficiencies disclosed? ☐ yes ☒ none reported

Material weakness(es) disclosed ☐ yes ☒ No

Noncompliance material to financial statements noted? ☐ yes ☒ no

*Federal Awards*

Internal control over major programs:

Significant deficiencies identified ? ☐ yes ☒ none reported

Material weakness(es) identified ? ☐ yes ☒ none reported

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2CFR SECTION 200.516(A)? ☐ yes ☒ no

Identification of major programs:

Federal Assistance Listing Number(s)	Name of Federal Program
20.526, 20.207	Federal Transit Cluster

Dollar threshold used to distinguish between  
Type A and Type B programs:

\$750,000

Auditee qualified as low risk auditee? ☒ yes ☐ no

**Section II - Financial Statement Findings**

None

**Section III - Findings and Questioned Costs for Federal Awards**

None





# Elderly Opportunity Agency, Inc.

Serving Southwest Idaho Seniors Since 1973

An Equal Opportunity Provider and Employer

Nutrition ♦ Housing ♦ Transportation ♦ Health Promotion  
[www.eoaidaho.org](http://www.eoaidaho.org)

Elderly Opportunity Agency, Inc.  
PO Box 457  
Emmett ID 83617

PH: 208-365-4461  
800-273-4462  
FAX: 208-365-0892

Breanna King, Executive Director  
Shari Kraus, Housing Manager

December 12, 2023

Terri Lindenberg  
1136 W Finch Dr.  
Nampa, ID 83651

Dear Terri:

I'm writing in support of your grant application for Rural 5310 Transportation funding for seniors and individuals with disabilities. Many of our rural senior and disabled individuals either don't have a car, are reluctant to drive on rural roads especially in inclement weather or can no longer drive at all. They are especially fearful of the thought of driving in the Treasure Valley where traffic is much heavier.

I cannot emphasize enough how crucial it is that safe and efficient transportation services be available for this group of individuals to access critical and essential services not only in their own communities but to the specialized services found in the Treasure Valley areas. It is also crucial that they can participate in the communities through shopping, socialization and wellness activities allowing them to remain independent and age in place.

On July 1, 2018, EOA piloted the SW Idaho Transit program and saw overwhelming responses to this service. Unfortunately, due to lack of funding this program had to cut back after six months. Currently we are only picking up in Emmett and transporting either in town for shopping and health/social activities and over the hill to the Treasure Valley for health. We would love to be able to open this service back up to those in Payette/Fruitland and transport over the hill for shopping again. The rural demand response program is expensive covering many miles and many hours, but so critical and essential to the well-being of our Rural Citizens.

Sincerely,

Breanna King  
Executive Director



WEST CENTRAL MOUNTAINS  
ECONOMIC DEVELOPMENT COUNCIL  
Valley County • Cascade • Donnelly • McCall • Shoshone Valley

December 21, 2023

Ms. Terri Lindenberg  
Executive Director  
Treasure Valley Transit, Inc.  
1136 W. Finch Drive  
Nampa, Idaho 83651

**Letter of Support for FY25 & FY26 Grant Applications**

Dear Ms. Lindenberg,

The West Central Mountains Economic Development Council supports the regional transit service that Mountain Community Transit provides within Adams and Valley Counties. The cities of New Meadows, McCall, Donnelly, and Cascade have access to multi modal transportation options.

TVT is applying for the 5311 rural grant to maintain this regional service. In addition, TVT is applying for a 5310 purchase of service grant that will restore transportation to the New Meadows Community Center serving seniors and persons with disabilities. TVT is applying for CARES Act funding through a one-time grant application. This grant is critical, as the cost of labor, fuel and services has increased beyond the level of rural grant dollars currently available.

The Idaho Public Transportation Plan 2018 identified needs, priorities, opportunities and potential solutions for public transportation within District 3, which includes Adams County. Maintaining existing service was the number one priority.

Mountain Community Transit provides a valuable service to the region and the need for transit will continue to grow. The ridership, community support, and local funding for the red, green, blue and gold line routes demonstrates this fact.

The West Central Mountains Economic Development Council strongly supports Treasure Valley Transit's FY25-26 5311 and 5310 rural grant applications and the CARES Act one-time grant application.

Sincerely,

**Dylan Martin**  
President  
West Central Mountain Economic Development Council

Date: 12/21/2023

WCMEDC P.O. Box 2365 McCall, ID 83638

[admin@wcmedc.org](mailto:admin@wcmedc.org)

[www.wcmedc.org](http://www.wcmedc.org)

**BOISE BASIN SENIOR CENTER**  
**102 BEAR RUN RD, PO BOX 393, IDAHO CITY, ID 83631**  
**PHONE # (208) 392-4918**

November 30, 2023

To Terri (TVT)

Boise Basin Senior Center in Idaho City gives their full support to EOA (Elderly Opportunity Agency) for their submission of a Request for Proposal to provide transportation services in our area. The center has had a working relationship with EOA for many years and has every confidence in EOA's ability to administer this program.

Thank You,

 11/30/2023

Alison Koteras, Coordinator

**CAMBRIDGE MIDVALE  
SENIOR CITIZENS**

P.O. BOX 57 / 40 SUPERIOR STREET  
CAMBRIDGE, IDAHO 83610  
(208) 257-3358

November 30, 2023

Terri  
Treasure Valley Transit

Re: Contract Renewal

Dear Terri:

The Cambridge Midvale Goodrich Senior Center, wishes to have the Elderly Opportunity Agency (EOA) continue to represent us in contracting with Treasure Valley Transit.

The Cambridge Senior Center, AKA, The Cambridge Midvale Goodrich Senior Center, has had a working relationship with EOA for the past 20 plus years, and we have every confidence in E.O.A.'s ability to successfully administer any contract.

Sincerely,



Janice Vuich-Cawyer, Coordinator/Director  
Cambridge-Midvale Goodrich Senior Center  
[Cambridgemidvalegoodrichsenrs@gmail.com](mailto:Cambridgemidvalegoodrichsenrs@gmail.com)  
208-257-3358

November 29, 2023

Treasure Valley Transit  
ATT: Terri

Dear Terri,

The Council Senior Center gives their full support to the Elderly Opportunity Agency for their submission on our behalf for a Request of Proposal for transportation services in our area. The Center has had a good working relationship with EOA for many years. We have every confidence in EOA's ability to administer this program.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Schwartz".

Nancy Schwartz, Coordinator  
Council Senior Center  
PO Box 495  
Council, ID 83612  
Phone: 208-253-4210

Payette Senior Center  
137 North Main Street  
Payette Idaho 83661  
208-642-4223

December 5, 2023

This is a letter of support for Treasure Valley Transit and the many services they provide for our community. This system is used by people who are going to and from work, shopping, eating meals at the Payette Senior Center, or going to local doctors.

Treasure Valley Transit system of transit has made it possible for many people to get around the community on their own and do things that they were not able to do without the bus.

Please continue to provide financial support for this service.

Gregory J Randleman  
Executive Director

Rimrock Senior Center

525 Main Street

PO Box 453

Grand View, ID 83624

208-834-2922

rrseniorcitizens@gmailcom

December 14, 2023

To Whom It May Concern:

Rimrock Senior Center is located in Grand View with support and services for the Bruneau, Grand View and Oreana communities lends their full support to EOA for their submission of a Request for Proposal to provide transportation services in our area. The Center has had a working relationship with EOA for many years and have every confidence in EOA's ability to administer this program.

A handwritten signature in black ink that reads "Sandy Skinner". The signature is written in a cursive, flowing style.

Nola Boone, President

Bruce Tucker Vice President

Sandy Skinner, Secretary/Treasurer

Jodi Jewett, Coordinator

# Weiser Activity Center for Seniors

Weiser Senior Citizens, INC  
Helping Seniors in our Community

115 E Main St  
Weiser, ID 83672

Phone: 208-414-0750

Fax: 208-414-0749

November 29, 2023

To Whom It May Concern:

Weiser Activity Center for Seniors utilizes our bus by transporting our seniors and disabled to:

- Our Center for lunch five (5) days a week
- Physicians and physical therapy appointments
- Some entertainment events, such as touring Christmas lights
- Advertising for our Center

These rides provide care friendship for our seniors and disabled riders in Weiser and our rural area. EOA transportation allows us independence and quality of life.

We would gratefully appreciate the ITD Transportation Planning and Marketing to provide grants to EOA, which effectively and efficiently care for Centers of western Idaho. It is a great friendship which we rural western Idahoans enjoy and depend upon from EOA.

Sincerely,

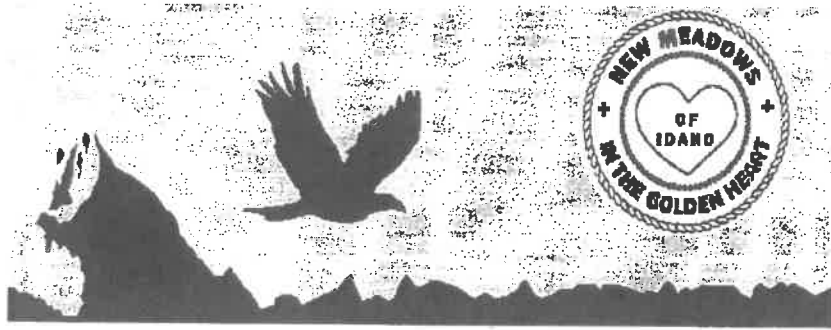
Karin

Ms. Karin L. Hoffer, President  
Weiser Senior Citizens, Inc.

President – Karin Hoffer   Vice President – Connie Lang   Secretary – Mark Greer   Treasurer- Linda Smith

WEISER SENIOR CITIZENS IS A NON-PROFIT 501 (C)(3) ENTITY - TAX ID#82-0438553





*This institution is an equal opportunity provider/employer*  
City of New Meadows \* P.O. Box 324 \* New Meadows, Idaho, 83654  
Phone (208) 347-2171 \* Fax (208) 347-2384

November 22, 2023

Ms. Terri Lindenberg  
Executive Director  
Treasure Valley Transit, Inc.  
1136 W. Finch Drive  
Nampa, Idaho 83651

**Letter of Support for FY25 & FY26 Grant Applications**

Dear Ms. Lindenberg,

The City of New Meadows has provided \$10,791 in local match for the FY24 fiscal year to Mountain Community Transit (MCT). MCT provides transit service within the City of New Meadows to McCall with a connection to the McCall Transit Center and the red, green, and blue line routes.

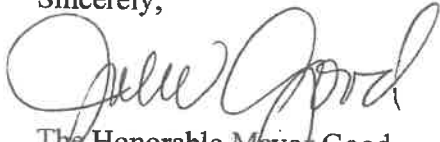
The 5311 rural grant provides funding to maintain the gold line route. This service has provided critical access to healthcare, groceries, and other services not available in New Meadows. TVT is applying for a 5310 purchase of service grant that will restore transportation to the New Meadows Community Center serving seniors and persons with disabilities. TVT is also applying for CARES Act funding through a one-time grant application. This grant is critical, as the cost of labor, fuel, and services has increased beyond the level of rural grant dollars currently available.

The Idaho Public Transportation Plan 2018 identified needs, priorities, opportunities, and potential solutions for public transportation within District 3, which includes Adams County. Maintaining existing service was the number one priority.

Mountain Community Transit provides a valuable service to the residents of New Meadows. The ridership, community support, and local funding for the gold line route demonstrates this fact.

The City of New Meadows strongly supports Treasure Valley Transit's FY25-26 5311 and 5310 rural grant applications and the CARES Act one-time grant application.

Sincerely,

A handwritten signature in dark ink, appearing to read "Julie Good". The signature is fluid and cursive, with the first name "Julie" written in a larger, more prominent script than the last name "Good".

The Honorable Mayor Good  
City of New Meadows  
401 Virginia Street  
New Meadows, Idaho 83654



December 11, 2023

Ms. Terri Lindenberg  
Executive Director  
Treasure Valley Transit, Inc.  
1136 W. Finch Drive  
Nampa, Idaho 83651

To Whom It May Concern,

St. Luke's McCall is writing today to provide our support for Treasure Valley Transit's 5311 rural grant and CARES Act grant applications to provide support for transit services within the city of New Meadows with a connection to McCall. This route also includes connection to the McCall Transit Center's Red, Green and Blue line routes that serve Valley County.

This service has provided critical access to health care provided by St. Luke's McCall medical center and clinics, and other medical services like pharmacies, dental and eyecare services not available in New Meadows. These transit services also connect individuals to their place of employment and services like grocery stores and other retail services.

Funding support for this grant is critical, as the cost of labor, fuel, and services have increased beyond the level of rural grant dollars currently available.

Lack of transportation has been identified as a community health need for our region. Those facing the biggest transportation challenges are often those who are economically and/or socially marginalized, including lower income families, children and older adults. Ensuring access to transportation also improves access to healthier food options, medical care and employment.

Maintaining and expanding Treasure Valley Transit service lines plays a critical role to those living in the West Central Mountain region. It provides a valuable service to the residents of New Meadows. The ridership, community support, and local funding for the gold line route demonstrates this fact.

St. Luke's McCall strongly supports Treasure Valley Transit's FY25-26 5311 rural grant application and the CARES Act one-time grant application.

Sincerely,

A handwritten signature in black ink that reads "Amber Green".

Amber Green, RN, BSN, MSN  
St. Luke's McCall Chief Operating and Nursing Officer

## ATTACHMENT B

### Milestone Reporting



Your Safety.  
Your Mobility.  
Your Economic Opportunity.

## Attachment B

### Milestone Reporting: Capital

Agency Name	Treasure Valley Transit, Inc.		
Agency Contact	Terri Lindenberg		
Phone #	208-463-9111	Email	terri@treasurevalleytransit.com
Grant Program	5310 Purchase of Service	Rural	Congressional
Federal Award Amount		Expended	Balance
<p>Scope of Work: This application purchases rides for seniors and persons with disabilities within the rural communities who are unable to access transportation through volunteer driver programs and limited senior center resources. Volunteer drivers do not begin to meet the need for transportation for the senior and disabled populations. TVT's contract(s) enable the eleven Senior Centers and/or communities (Boise Basin, Cambridge, Council, Emmett, Fruitland, McCall, New Meadows, New Plymouth, Payette, Rimrock and Weiser) to provide additional transportation. The funding remains limited in comparison to the need. The local match is provided by city, county and local fundraising efforts of the senior centers. The connection between the rural areas identified in the purchase of service contract(s) and TVT's rural public transit routes will improve mobility significantly.</p>			
Milestone Date		Milestone Quarter	Choose an item.
<p><b>Milestone Progress Report:</b></p> <p>The Purchase of Service program begins immediately after the notice of award of the funding. The funding covers the 10 county area of District 3. An agency can apply for one specific area or multiple areas. Historically there have been multiple contracts awarded. The preparatory work begins prior to the start of funding on 10/1/2024. The RFB needs to be released and awarded in order to be in place when the funding of the 5310 Purchase of Service is available.</p>			

Name	Estimated Completion Date	Description
Prepare RFB	6/1/2024	Prepare the RFP to cover 11 Senior Centers and/or service in the 10 County area of District 3
RFB Issue Date	7/1/2024	Issue the RFB
Award Date	9/1/2024	Award the services to the winning bidders
Start Date	10/1/2024	Start of the two year contracts
Contract Completion Date	9/30/2026	End of the two year contracts

\*Please add additional milestones if needed

ATTACHMENT C and D

NEPA Worksheet (Not Applicable)

Demonstration of Need Form

## Congressional Application Attachment D: Demonstration of Need

### 1. Type of Service (Check all that apply):

- ☒ Fixed Route  
☒ Deviated Fixed Route  
☒ Demand/ Response

### 2. Service Area (Check one)

- ☐ City  
☐ County  
☒ Multi-County  
☐ Other (Please Specify):

### 3. Connectivity:

Do you connect with other modes of transportation? Check all that apply.

- ☐ Urban Public Systems  
☐ Intercity Carriers  
☐ Airports/ Trains

☒ Other transit operators in your region (please list below):

Elderly Opportunity Agency, Inc., Metro Community Services, Inc., and the Valley Regional Transit Authority serving  
Canyon County.

### 4. Ridership:

Estimate the average number of rides: Per Day 425 Per Year 101,982

Briefly describe your ridership over the last two years: -

Ridership increased 16.5% from FY21 to FY22 combined for all systems.

Ridership increased 13.4% from FY22 to FY23 combined for all systems.

### 5. Days/ Hours of Service:

List days of the week and hours transit provider is in service

Mon - Fri 6 am - 6 pm for MHCT, SRT, and TVT. MCT Red Line Mon - Sun 7 am - 7 pm, Green Line Mon - Fri

5:55 am to 7:25 pm, and Blue Line Winter 7 am - 6 pm, Summer 11 am - 9 pm, Gold Line Mon - Fri 5:45 am - 5:45 pm.



December 21, 2023

Idaho Transportation Department  
Attn.: Sam Carroll  
3311 W. State St  
Boise, ID 83713

RE: 5310 Rural Annual Application

**Statement of Acceptance of State and Federal Requirements:**

Valley Regional transit (VRT) is in acceptance of and is willing to comply with all State and Federal transit administration (FTA) requirements pertaining to this application for FTA Section 5310 Rural funds.

**Executive Summary:**

This application is for a traditional 5310 project that will pay for the Purchase of Service in the rural areas of Ada and Canyon County.

The grant funds will contribute towards the cost of transportation for persons that are age 65 and older and persons with disabilities. The transportation providers will be private, non-profit agencies that participate in VRT's Community Link Network. VRT and each of the providers will offer effective mobility options in an efficient manner. Technology is being developed to coordinate trips and provide regional connectivity.

The trips originate in the rural parts of ADA or Canyon counties, including the communities of Greenleaf, Kuna, Melba, Notus, Parma, Star, Wilder or any of the unincorporated areas of either county.

Thank you for your consideration of this project. If you require any additional information, please contact me or Randy Reese.

Sincerely,

Elaine Clegg

Elaine Clegg (Dec 22, 2023 1:37 MST)

Elaine Clegg

Chief Executive Officer  
Valley Regional Transit



# Rural 5310 Annual Application

Funding for October 1, 2024 – September 30, 2026

# Section 1: Project Description

Valley Regional Transit (VRT), the regional public transportation authority for Ada and Canyon counties, began coordinating specialized transportation services for older adults (65 and over) and persons with disabilities in 2012. This includes demand response, door-to-door services in the large and small urban areas and in the rural regions of VRT's jurisdiction. Specialized transportation services are fully accessible in compliance with the Americans with Disabilities Act (ADA). This program serves people who, in many cases, have no other transportation options.

VRT builds partnerships with local providers to provide specialized transportation services. Organizations are nonprofits located within the communities they serve, have excellent safety performance, and demonstrate high-quality customer service. Qualified organizations demonstrate they possess the fiscal and operational capacity to support program activities and adhere to federal and state requirements. Multiple agencies can be awarded agreements to offer effective mobility options competitively and efficiently. Valley Regional Transit reimburses participating service providers based on a per revenue hour reimbursement. VRT works closely with providers through the budgeting process to ensure the program expenses are eligible and reasonable for the services provided.

VRT works closely with service providers on the overall management of the service; however, the majority of operational activities are assumed by the service provider. Service providers must:

- Dedicate staff members to process ride requests.
- Help promote the service to seniors and persons with disabilities in the surrounding area.
- Recruit, hire, and manage drivers.

Most service providers hire a Provider Administrator to facilitate the development and management of transportation program activities. As ridership demand and service increases, VRT offers service providers technology options and support to coordinate trips and provide regional connectivity.

The program envisioned in this grant is expanded from previous grant cycles. The program will support trips with at least one leg in a rural community in VRT's jurisdiction. The service area will include unincorporated Ada and Canyon Counties and the cities of Parma, Wilder, Greenleaf, Notus, Melba, Kuna, and Star. Previous grants had prioritized service in Kuna and Parma. However, with rapid growth anticipated in the rural areas of the Treasure Valley, particularly in the Star and Melba areas, this project will focus on the coordination of service in all the regions listed above.

In addition to funding support, VRT will also support rural providers, including access to shared vehicles, scheduling technology, training, and program administration. These supports demonstrated improved efficiency for those providers taking advantage of them. In a 2022 analysis VRT showed passengers per hour improved between 2017 and 2022 from 1.56 to 2.89. This translates to providing more trips for the same funding.

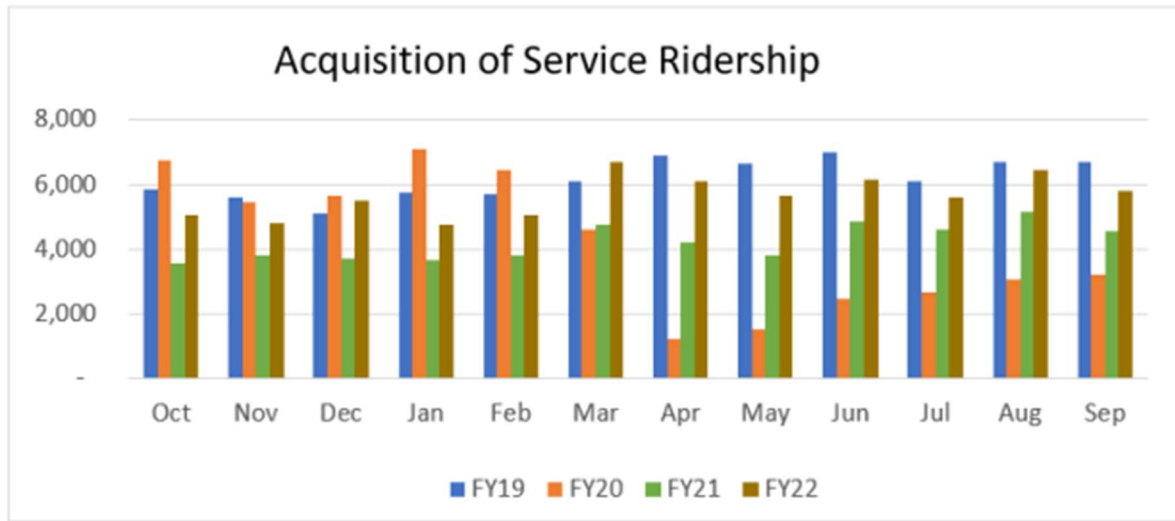
## Section 2: Demonstration of Need

VRT serves a geographically large area, including many rural communities within Ada and Canyon counties. Many seniors and persons with disabilities depend solely on services provided by local senior centers and public agencies to get them to their medical appointments, shopping, and social activities. These trips are essential to this demographic to sustain their health, nutrition, and overall quality of life. VRT partnerships allow these human service agencies (many who are fiscally constrained) to meet this growing need allowing these individuals the freedom to move. As these communities grow, the need becomes even greater. The rural areas in Ada and Canyon experienced an average growth rate of eight to nine percent across both counties. The agencies VRT partners with have the pulse on the needs of their community. The individuals served develop relationships and depend upon these agencies. As many of these seniors and individuals with disabilities are on a fixed income, this program is provided free of charge.

The United Way of Treasure Valley recently completed the Community Health Needs Assessment and the ALICE Report (Asset Limited Income Constrained Employed). Both of these documents find the outcomes for older adults and persons with disabilities in rural communities (access to housing, jobs, health, education, and recreation) have grown worse over the last three years. In addition, the region is in a housing crisis forcing many people to move from their urban housing into more affordable rural areas, leaving them with fewer transportation options. Health systems throughout the region have identified access to healthcare for rural communities as one of our region's greatest needs, which has only worsened due to the COVID-19 pandemic. According to the Department of Vocational Rehabilitation staff, lack of affordable transportation is a crucial barrier to persons with disabilities accessing employment prior to the pandemic. In addition, national studies indicate more veterans returning from recent deployments are coming home with more severe injuries and are choosing to live in rural communities over busier and more crowded rural areas. VRT works closely with these community stakeholders to ensure transportation solutions are designed and implemented to meet these growing needs.

The utilization of VRT's specialized transportation services in both rural and urban areas grew between 2017 and 2019 from 52,425 to 87,502, respectively. The utilization in 2020 and 2021 dropped significantly due to COVID-19 restrictions and the closing of senior centers, health services, and other vital destinations. Boardings in 2020 dropped to 75,183. Boardings were down in 2021 by another 27.4% compared to 2020 as of VRT's Q3 reporting period. Considering the rural trips provided by Star, Kuna, Parma, and Metro, ridership declined in 2020 and 2021 by 30 percent each year when compared to the year before. However, FY2022 saw an increase into almost pre-pandemic level ridership, with ridership levels projected to increase beyond those levels in FY2024 and beyond.

Below is a chart showing the growth of specialized transportation over the last 4 fiscal years.



FY19	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Totals
Hours	2,494	2,065	1,716	2,112	1,968	2,110	2,291	2,145	1,789	1,853	1,983	1,875	24,404
Passengers	5,859	5,611	5,116	5,752	5,682	6,117	6,922	6,664	6,986	6,102	6,704	6,707	74,222
Pass. Per Hour	2.35	2.72	2.98	2.72	2.89	2.90	3.02	3.11	3.90	3.29	3.38	3.58	3.04
FY20	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Totals
Hours	2,356	1,960	1,930	2,258	2,266	1,585	504	695	1,114	1,175	1,270	1,466	18,579
Passengers	6,763	5,455	5,643	7,099	6,442	4,620	1,236	1,538	2,493	2,651	3,073	3,212	50,225
Pass. Per Hour	2.87	2.78	2.92	3.14	2.84	2.91	2.45	2.21	2.24	2.26	2.42	2.19	2.70
FY21	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Totals
Hours	4,386	3,759	4,297	4,682	4,647	5,592	5,835	5,137	5,415	4,869	5,489	4,901	59,008
Passengers	3,547	3,827	3,733	3,682	3,800	4,737	4,200	3,805	4,858	4,585	5,182	4,578	50,534
Pass. Per Hour	0.81	1.02	0.87	0.79	0.82	0.85	0.72	0.74	0.90	0.94	0.94	0.93	0.86
FY22	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Totals
Hours	2,004	1,964	2,096	1,850	1,819	2,133	1,902	1,903	1,944	1,703	2,092	1,962	23,373
Passengers	5,038	4,804	5,527	4,758	5,049	6,677	6,114	5,651	6,149	5,611	6,455	5,803	67,636
Pass. Per Hour	2.51	2.45	2.64	2.57	2.78	3.13	3.21	2.97	3.16	3.30	3.09	2.96	2.89
Average Hours	2915	2561	2774	2930	2910	3104	2747	2578	2825	2582	2950	2776	2804
Average Passengers	5116	4695	4968	5180	5097	5345	3850	3665	4500	4282	4903	4531	4678
Aver. Pass Per Hour	1.75	1.83	1.79	1.77	1.75	1.72	1.40	1.42	1.59	1.66	1.66	1.63	1.67

## Section 3: Project Planning

The Community Planning Association of Southwest Idaho (COMPASS) supports VRT on the Coordinated Public Transportation and Human Services Plan for VRT's service area. VRT actively participates in this planning effort by assisting COMPASS in identifying transportation providers, attending meetings and work sessions when the draft plans are prepared, and providing information about ridership and the populations served in the region. Through this planning process, the mobility needs of Idaho's rural communities were identified as a priority. Once completed, these plans were adopted by COMPASS and the Valley Regional Transit Board of Directors. Fundamental characteristics of the Coordinated Public Transit and Human Services planning efforts are included in the 6-year transportation development plan, Valley Connect 2.0. Sections 4 and 5 provide more detail on the specific goals of these services in the Treasure Valley.

VRT's Operations Supervisor serves internally in the Operations Department and is the liaison between VRT and transportation service providers for technology, operational and safety training, and vehicle safety and inspection training. Maintaining positive relationships between transportation service providers and VRT is a core function of VRT's mobility management practices.

Valley Regional Transit has a history of working with Treasure Valley communities and deploying transportation services, and as a previous recipient of Rural 5310 funding, the foundation to support transit services is firmly established between VRT and local transportation service providers. With this strong foundation, VRT is poised to increase riders throughout the service area as communities emerge from the economic and social impacts of the pandemic.

There are no Labor Unions located in this project's District.

Local match for these services is provided in large part by the Southwest Idaho Area Agency on Aging. The AAA covers at least 20% of the cost for each ride provided by the two transportation service providers. Additional local match funding opportunities are being explored to reduce the program's dependency on Federal funding. VRT works with local governments to provide support to some of our Specialized Transportation services. These are funding sources VRT will be working to build over the course of this grant to achieve a higher local share rate by the end of the grant cycle. This allows VRT to expand services and stretch the limited federal funding further.

VRT's coordinated marketing program increases the awareness of services for seniors 65+, persons with disabilities, minorities, low-income populations, and veterans in the Treasure Valley Region. Additionally, for persons with limited English proficiency that need information in a language other than English, VRT's customer service representatives have access to a translation service called "LanguageLine Solutions." While the customer remains on the line, VRT's customer service representative conferences with an interpreter to translate information about VRT's routes, schedules, and fares or make a reservation for a ride. There are more than 200 different languages available from this translation service.

## Section 4: Project Benefits/Evaluation

In alignment with the Idaho Transportation Department's 5310 agency goals of Safety, Mobility, and Economic Opportunity, the rural project outlined here encompasses various objectives to enhance transportation services in the Treasure Valley region. These objectives include:

- Ensuring an efficient operational framework with a target of maintaining a 2+ rides per hour efficiency across all 5310 service providers to optimize Mobility.
- Sustaining cost-effectiveness by keeping the cost per ride under \$15 to promote Economic Opportunity.
- Expanding coverage to provide safe, high-quality transportation services throughout the Treasure Valley, thereby enhancing Safety.
- Coordinating efforts among local champions in the community to minimize duplication of services and maximize Efficiency.
- Increasing capacity on existing services, where available, to accommodate additional riders and improve Mobility.
- Implementing standardized software applications to enhance scheduling efficiencies and operational effectiveness, contributing to Economic Opportunity and Mobility.

Looking ahead, the longer-term goals involve:

- Developing a phased strategy to enhance local funding support, aiming for a 50/50 split across all programs to foster Economic Opportunity and Sustainability.
- Identifying opportunities for service consolidation to streamline operations and improve Efficiency.

Given the limited transportation options in the rural areas within VRT's jurisdiction, these measures are crucial to ensuring efficient and sustainable services. By closely monitoring key transportation metrics, such as rides per hour and cost per ride, VRT aims to uphold operational efficiencies and responsible use of public funds. Moreover, proactive engagement with the community, including soliciting public input and collaborating with local stakeholders, ensures that transportation programs meet evolving community needs effectively.

Overall, the overarching goals for all 5310 programs administered by VRT emphasize the delivery of value-driven services, expansion to more locations, and increased community involvement and financial support. Through strategic partnerships and a phased approach to funding, VRT endeavors to achieve a balanced cost-share arrangement between local and federal contributions, thereby fostering long-term sustainability and equitable access to transportation services.

## Section 5: Project Budget

VRT is adopting a per trip cost reimbursement for our rural service providers. VRT will be operating Beyond Access, which will service in and between Ada and Canyon Counties. Based on budgets and projections for FY2025-6 the projected expense budgets are as follows:

<u>Area</u>	<u>2025 Expenses</u>	<u>2026 Expenses</u>	<u>Total</u>	<u>% Rural</u>	<u>Total Rural</u>	<u>Annual</u>
Kuna	\$34,000	\$36,000	\$70,000	95%	\$66,500	
Parma	\$32,000	\$34,000	\$66,000	95%	\$62,700	
Melba	\$34,000	\$36,000	\$70,000	95%	\$66,500	
Beyond Access	\$1,187,764	\$1,199,624	\$2,387,406	5%	\$119,370	
Total				Two years:	\$315,070	\$157,535

VRT leverages funding across all the urbanized areas to ensure funds are being used in the most optimal way to deliver rides to customers and value to funding partners and the community. The expense table shows the percent of trips VRT estimates will be eligible as rural trips. The assumption is that the remainder of the trips are eligible for either small or large urban area funding. The table below shows how the revenues are combined to achieve the total budget required to coordinate the rural and urban services over the VRT service area.

## Section 6: Applicant Experience

The following are the key personnel that will be managing the projects that use 5310 funds.

Leslie Pedrosa – Chief Operating Officer - Time with VRT in a management capacity – 12 years

Jason Jedry – Chief Financial Officer– Time with VRT in a management capacity – 5 years.

Randall Reese – Grants Administrator – Time with VRT in an administrator capacity – 3 ½ years.

## Section 7: Application Professionalism

Application Presentation and Neatness: Up to 6 points (Internal scoring only - no response needed)

## Addendum

A rolling stock statement is not included as it's not applicable to Attachment C





February 23, 2024

Leslie Pedrosa  
Chief Operating Officer  
Valley Regional Transit  
700 NE 2nd Street, Suite 100  
Meridian, ID 83642

Dear Ms. Pedrosa,

I am writing on behalf of Meridian Senior Center, a vital community hub serving seniors in the Meridian area. It has come to our attention that Valley Regional Transit is applying for operating assistance funds, and we wish to express our wholehearted support for this endeavor.

As an organization deeply committed to the well-being and inclusivity of our senior population, we recognize the critical role that accessible transportation plays in ensuring our members can lead active, independent lives. Many of the seniors we serve rely heavily on public transportation as their primary means of getting to and from our center, accessing essential services, and participating in social activities.

Valley Regional Transit has consistently demonstrated a steadfast dedication to providing safe, reliable, and accessible transportation services to our community. From accommodating special needs to offering discounted fares for seniors, their commitment to inclusivity and service excellence is evident.

The operating assistance funds sought by Valley Regional Transit would undoubtedly bolster their capacity to maintain and enhance their transportation services, further benefiting seniors in our area. This investment would not only support the mobility needs of our aging population but also contribute to fostering a more connected and vibrant community overall.

We firmly believe that supporting initiatives like Valley Regional Transit's application for operating assistance funds aligns with our shared mission of promoting independence, social engagement, and quality of life for seniors. Therefore, we enthusiastically endorse their efforts and urge decision-makers to consider their application favorably.

Please feel free to reach out if you require any further information or testimonials regarding the invaluable impact of Valley Regional Transit's services on our senior community. We stand ready to offer our full support throughout this process.

Thank you for your attention to this matter and for your continued dedication to improving transportation accessibility for all members of our community.

Sincerely, 

Lisa Hansen  
Executive Director  
Meridian Senior Center  
208-888-5555

Parma Area Senior Citizens Inc.  
02/22/24

Leslie Pedrosa  
Chief Operating Officer  
Valley Regional Transit  
700 NE 2<sup>nd</sup> Street, Suite 100  
Meridian, ID 83642

Dear Ms. Pedrosa,

I am writing on behalf of Parma Senior Center, a vital community hub serving seniors in Parma, Wilder, Fruitland, Notus, and surrounding areas. It has come to our attention that Valley Regional Transit is applying for operating assistance funds, and we wish to express our wholehearted support for this endeavor.

As an organization deeply committed to the well-being and inclusivity of our senior population, we recognize the critical role that accessible transportation plays in ensuring our members can lead active, independent lives. Many of the seniors we serve rely heavily on public transportation as their primary means of getting to and from our center, accessing essential services, and participating in social activities.

Valley Regional Transit has consistently demonstrated a steadfast dedication to providing safe, reliable, and accessible transportation services to our community. From accommodating special needs to offering discounted fares for seniors, their commitment to inclusivity and service excellence is evident.

The operating assistance funds sought by Valley Regional Transit would undoubtedly bolster their capacity to maintain and enhance their transportation services, further benefiting seniors in our area. This investment would not only support the mobility needs of our aging population but also contribute to fostering a more connected and vibrant community overall.

We firmly believe that supporting initiatives like Valley Regional Transit's application for operating assistance funds aligns with our shared mission of promoting independence, social engagement, and quality of life for seniors. Therefore, we enthusiastically endorse their efforts and urge decision-makers to consider their application favorably.

Please feel free to reach out if you require any further information or testimonials regarding the invaluable impact of Valley Regional Transit's services on our senior community. We stand ready to offer our full support throughout this process.

Thank you for your attention to this matter and for your continued dedication to improving transportation accessibility for all members of our community.

Sincerely,

Pam Garza  
Coordinator  
Parma Area Senior Citizens Inc  
208-722-5421



Brad Pike  
Mayor

## City of Eagle

P.O. Box 1520  
Eagle, Idaho 83616  
208-939-6813

Melissa Gindlesperger  
Craig Kvamme  
Mary May  
Helen Russell

2/22/2024

Leslie Pedrosa  
Chief Operating Officer  
Valley Regional Transit  
700 NE 2<sup>nd</sup> Street, Suite 100  
Meridian, ID 83642

Dear Ms. Pedrosa,

I am writing on behalf of The City of Eagle Senior Center, a vital community hub serving seniors in Eagle. It has come to our attention that Valley Regional Transit is applying for operating assistance funds, and we wish to express our wholehearted support for this endeavor.

As an organization deeply committed to the well-being and inclusivity of our senior population, we recognize the critical role that accessible transportation plays in ensuring our members can lead active, independent lives. Many of the seniors we serve rely heavily on public transportation as their primary means of getting to and from our center, accessing essential services, and participating in social activities.

Valley Regional Transit has consistently demonstrated a steadfast dedication to providing safe, reliable, and accessible transportation services to our community. From accommodating special needs to offering discounted fares for seniors, their commitment to inclusivity and service excellence is evident.

The operating assistance funds sought by Valley Regional Transit would undoubtedly bolster their capacity to maintain and enhance their transportation services, further benefiting seniors in our area. This investment

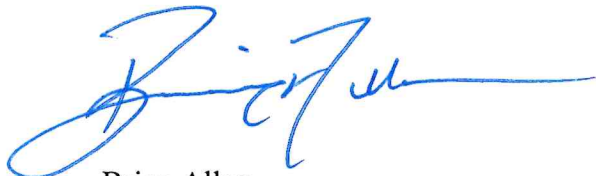
would not only support the mobility needs of our aging population but also contribute to fostering a more connected and vibrant community overall.

We firmly believe that supporting initiatives like Valley Regional Transit's application for operating assistance funds aligns with our shared mission of promoting independence, social engagement, and quality of life for seniors. Therefore, we enthusiastically endorse their efforts and urge decision-makers to consider their application favorably.

Please feel free to reach out if you require any further information or testimonials regarding the invaluable impact of Valley Regional Transit's services on our senior community. We stand ready to offer our full support throughout this process.

Thank you for your attention to this matter and for your continued dedication to improving transportation accessibility for all members of our community.

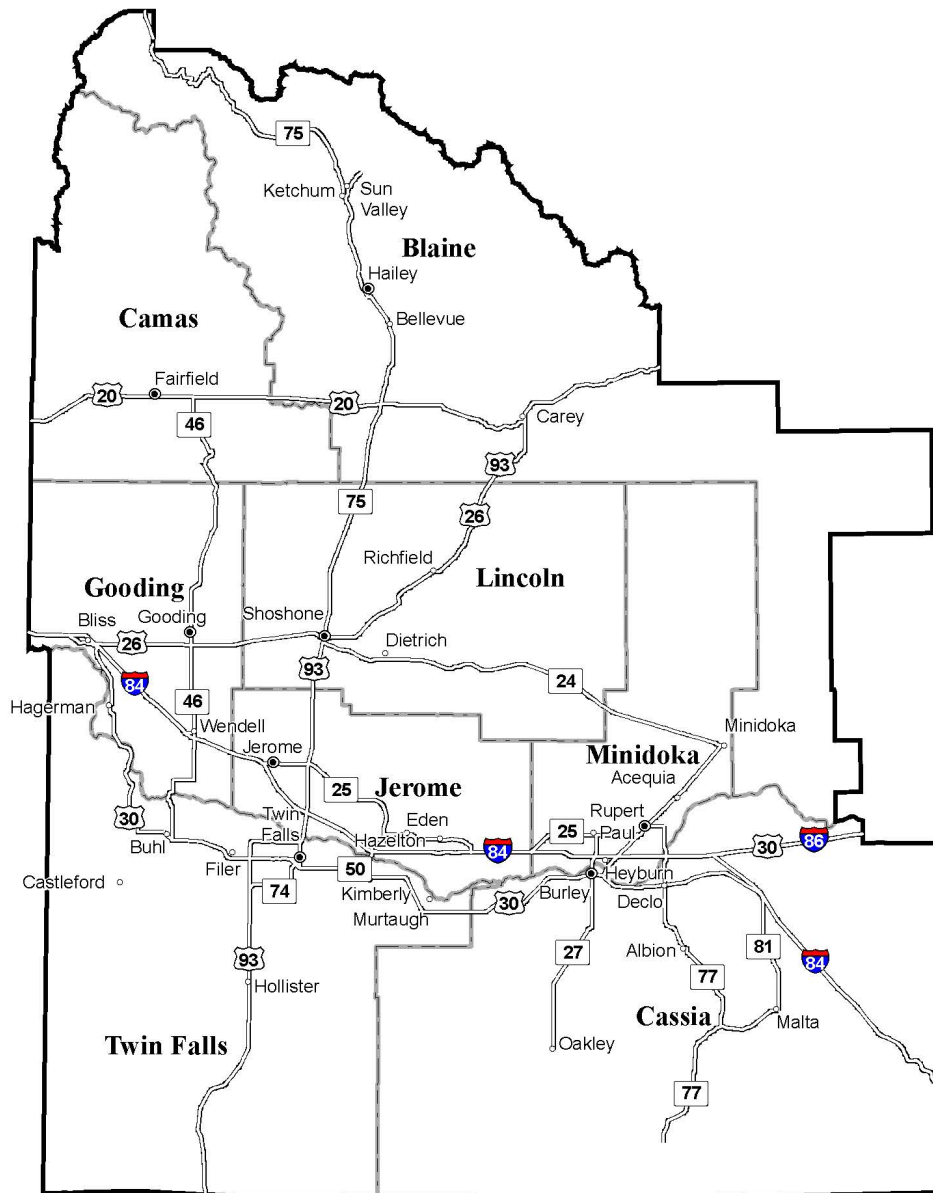
Sincerely,



Brian Allen  
Recreation Director  
City of Eagle Senior Center  
City of Eagle | 660 E. Civic Ln., Eagle, ID 83616  
d: 208-489-8784 | c: 208-866-3812 | f: 208-939-6827  
[ballen@cityofeagle.org](mailto:ballen@cityofeagle.org) | [www.cityofeagle.org](http://www.cityofeagle.org)



# District 4: South-Central Idaho





**Application Information Form**

Applicant: Living Independence Network Corporation (LINC)

Authorized Representative: Jeremy Maxand, Executive Director

Address: 1878 West Overland Road, Boise, Idaho 83705

Phone: (208) 336-3335 ext. 223 / (208) 391-8988 mobile

Email Address: jmaxand@lincidaho.org

DUNS #: 78-861-2927

Architect/Engineer/Planner if applicable: (Contact Name): N/A

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

PROJECT TYPE (MARK ONE)

☐ Facility Construction

☐ Replacement Vehicle Purchase

☐ Infrastructure Construction

☐ Expansion Vehicle Purchase

☐ Facility Renovations

☐ Vehicle Rehabilitation

☐ ADA Accessibility

☐ Transit Related Technology

☐ Planning

☐ Transit Related Equipment

☐ Marketing

☒ Other (specify) 5310

TOTAL PROJECT COST: \$462,514

FEDERAL SHARE: \$334,820 LOCAL MATCH: \$135,388 (40% match)

**2024-2026 5310 Rural Congressional Application**  
**Living Independence Network Corporation**  
**Sections 1-5**

**Section 1: Project Description**

The Living Independence Network Corporation (LINC) is requesting funding to support our rural, on-demand, door-to-door transportation program for people with disabilities and seniors (60+) in the Idaho Transportation Department's District 4 (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties.) With the exception of the City of Twin Falls, all of these counties and the communities in them are considered rural.

In order to qualify for the program, participants must complete an application and provide ID verification of age, or signed documentation from a licensed professional regarding a disability diagnosis. Application materials consist of a Consumer Eligibility Form, the Transportation Application, and an Independent Living Rights and Responsibilities Form. Application forms are in English and Spanish and can be returned to LINC via email, fax, mail, or in-person at our Twin Falls office.

Once an application is processed and approved, LINC mails the participant a LINC Transportation Card. This card looks and operates similar to a debit or credit card. On the first of each month, LINC add funds to participant cards (usually \$100-\$200 based on available funding.) If participants do not use all of their funds by the end of the month, the remaining balance will not be carried over, but each card will be reloaded to the monthly base amount. This card can be used like cash with approved transportation providers. Participants can use as much of their available funds as they like for each trip. It is up to participants how to manage their funds each month. Transportation providers can provide participants with a card balance using an app, or participants can check their balance online at: <https://getyourbalance.com/>.

LINC uses an online program management system called Factor 4. This system allows LINC staff to easily monitor card usage, reload cards, create usage reports, and track transportation provider payments each month. Transportation providers are paid via ACH, which is faster than printing and mailing checks.

The Transportation Program Manual for LINC's transportation program is attached to this application for your review (LINC Transportation Program Manual.pdf).

This program aligns with both the FTA and ITD-PT priorities in that it improves mobility for seniors and individuals with disabilities by removing barriers to transportation services and expands transportation mobility options. While funding for this program will support existing 5310 services, we are actively collaborating with ITD District 4 transportation agencies and providers to coordinate the expansion of these services in a more coordinated and integrated way across the District.

Furthermore, LINC is a regional Center for Independent Living, which is governed and staffed by people with disabilities across the lifespan. Our mission is to empower Idahoans with disabilities to live the life of our choosing. As such, we are intimately familiar with the barriers seniors and people with disabilities face every day – including with transportation – that make accessing basic services in the community difficult to impossible. LINC was founded in 1989 and our first office was located in Twin Falls. We have a strong staff, robust internal financial controls, and years of experience managing the 5310 program in ITD's District 4. As a Center for Independent Living, we also have a number of other services and programs beyond transportation that support independent living, which can be an additional value for program participants.

As a 501(c)3 not-for-profit organization in the State of Idaho, LINC is eligible to receive 5310 funding, and we exceed the 20% match through LINC investment in program operations and donations from community partners, including the City of Twin Falls, St. Luke's, and the College of Southern Idaho Office on Aging.

LINC provides the operational staffing for the program, which includes financial management, processing applications, fielding customer service calls, collecting participant feedback, managing any ADA and Title VI complaints, and ensuring compliance with grant requirements.

LINC uses third party contractors (primarily local cab and taxi companies) to provide the actual transportation services to program participants. Those third-party contractors are:

**LK Transportation**

1425 Cambridge Drive  
Idaho Falls, Idaho 83401  
(208) 360-4647  
[lktrans83@gmail.com](mailto:lktrans83@gmail.com)

**Eagle One**

233 Park Stret  
Hazelton, Idaho 83335  
(208) 751-2688  
[brandonherman@gmail.com](mailto:brandonherman@gmail.com)

**Snake River Yellow Cab**

238 Tyler Street  
Twin Falls, Idaho 83301  
(208) 731-4123  
[bethholley@live.com](mailto:bethholley@live.com)

**Twin Falls Transit**

203 Main Avenue E  
Twin Fall, Idaho 83301  
(208) 735-7347  
[mdurand@tfid.org](mailto:mdurand@tfid.org)



## Section 2: Demonstration of Need

The needs of seniors and people with disabilities for rural transportation services can be demonstrated using both quantitative data, and qualitative feedback collected by LINC staff. Based on our analysis, 5310 transportation services in District 4 meets the *Moderate Need* criteria. There are currently no violations of regulations, but the need for health and safety is clearly established.

### Quantitative Assessment

In Idaho, we know that 29% of the population identify as having some type of disability. Disabilities that can impact the ability to drive include mobility, vision, and cognition. While there is some overlap in types of disability (a person using a wheelchair can also have a cognitive disability, for example), we generally know based on 2021 Centers for Disease Control data that approximately 62,297 people fall into these three categories of disability in ITD District 4. Not all individuals who meet this disability criteria have barriers to transportation. Using 2023 Pew Research Data, we know that 24% of seniors identify as having a disability, and that based on national statistics, 45% of the population experiences transportation barriers. We also know that If we exclude this 24% (which is captured in the general disability statistics above), the number of seniors without a disability in District 4 and who experience transportation barriers is 15,624. Roughly speaking, there are 77,920 individuals with disabilities and seniors without disabilities who potentially experience transportation barriers in District 4.

The following table summarizes this quantitative analysis:

Counties	Population	Mobility	Vision	Cognitive	D-Total	Seniors	Total
Blaine	24,248	2,667	1,212	3,395	7,274	1,824	9,099
Camas	1,133	125	57	159	340	85	425
Cassia	24,859	2,734	1,243	3,480	7,458	1,870	9,328
Gooding	15,520	1,707	776	2,173	4,656	1,168	5,824
Jerome	24,474	2,692	1,224	3,426	7,342	1,841	9,184
Lincoln	5,203	572	260	728	1,561	391	1,952
Minidoka	21,626	2,379	1,081	3,028	6,488	1,627	8,115
Twin Falls	90,592	9,965	4,530	12,683	27,178	6,816	33,994
<b>Totals</b>	<b>207,655</b>	<b>22,842</b>	<b>10,383</b>	<b>29,072</b>	<b>62,297</b>	<b>15,624</b>	<b>77,920</b>

### Qualitative Assessment

In addition to the qualitative data demonstrating the potential population impacted by transportation barriers, community services, listening sessions, and general feedback also demonstrate need. The following are summaries of what was heard and learned:

### *State Plan for Independent Living Statewide Assessment*

Every three years, the Idaho State Independent Living Council, and the Independent Living Network (regional Centers for Independent Living and the Idaho Commission for the Blind and Visually Impaired) conduct a statewide assessment (listening sessions, one-on-one meetings, paper and online surveys, in English and Spanish) to collect information on the needs and barriers experienced by Idahoans with disabilities. Some of the feedback received concerning transportation is as follows:

- “Lack of transportation in my semi-rural area forced me to resign from my job this year.”
- “The bus system is too unreliable.”
- Attendees talked at length about their reduced ability to navigate their communities.
- Seventy-one percent of respondents indicated “some difficulty” getting to where they need to in the community.
- Of the 71% that indicated difficulty, 26% said they can never get where they need to go, while 21% indicated that sometimes they can get where they need to go.

### *Open House & Listening Session*

During LINC’s open house and listening session on Saturday, August 26 in Twin Falls, at which transportation providers and community organizations met with members of the public and learned the following:

Feedback from Transportation Providers and agency and organizational staff:

- Individuals ask strangers for rides, often inconsistent and unsafe.
- Individuals are not able to take advantage of classes, WIC, or health and welfare appointment simply because they cannot get there.
- Transportation is such a critical part of being included in the community.
- Biggest issue we face is those that live in rural communities cannot get to appointments in Twin Falls or are transported by emergency and unable to return home.

Feedback from the public:

- “It is desperately needed.”
- “There are too many cracks in the system to be successful for all.”
- “I do not think people know about it or how to use it.”
- “Fixed routes would be helpful for single car families.”
- “Rural is a huge problem, there are many people that can’t drive here.”

A summary of this open house and listening session is attached to this application (LINC Transportation Listening Session 08-26-23.pdf).

It is clear based on the qualitative and quantitative data that not only do we need to maintain the current program, but we need to begin planning how to better coordinate various transportation services between counties (Mountain Rides, Twin Falls Transit, and Lincoln County Community

Transportation) to better connect rural communities with rural communities, and rural communities to urban centers in District 4.

### **Ridership**

The following ridership data is from the most recent ITD performance report (2017):

<b>Year</b>	<b>Trips</b>	<b>Change</b>
2014	23,634	-21%
2015	23,841	1%
2016	8,799	-63%
2017	10,831	23%

There were some significant fluctuations in ridership, most likely a result of funding changes. The past three years of ridership have shown a steady increase (8,599 in 2021; 9,894 in 2022, and 12,649 in 2023), and with the new program structure, technology, community engagement, and partner collaboration, we anticipate ridership to continue to slowly increased.

### **Meeting ADA Requirements**

While LINC’s transportation program meets the basic requirements for ADA, there are opportunities for improvement. Several of our transportation providers do operate wheelchair accessible vehicles, particularly in the Twin Falls area. But not all providers have vehicles that can accommodate a wheelchair. We were awarded a VIP grant to purchase a new wheelchair accessible van and we hope to put that vehicle into service in Lincoln County with a community partner to expand accessible transportation options in some of the most rural areas of District 4. We have not provided “ADA training” to transportation providers to date, but this is something we can require as part our RFQ and contracting process moving forward.

### **Section 3: Project Planning**

LINC has been a recipient of 5310 funding for many years. In the past, participants were mailed a paper voucher with 8-12 “rides” worth a set dollar amount (\$8-\$10) that would be “punched” by the transportation provider after each trip. Last year, we transitioned to a more modern system using debit-style cards with the online management system, providing greater flexibility and consumer control by program participants. As a results of staffing changes and our annual ITD audit, we significantly modernized our entire program, from language access and app-based technology to an online information hub and more robust public engagement. We are confident that the state of our program is sound, and our project is ready for funding and success.

### **ITD Statewide Transportation Plan Alignment**

LINC’s transportation program aligns with the 2018 Statewide Transportation Plan’s input from the community, opportunities and potential solutions, and the overarching goals of ITD.

#### *Community Input*

The priority service improvements identified by rural respondents who completed the Design Your Transit System survey identified several needs in our rural communities. The following are needs that LINC has begun addressing:

- **Develop Mobile Apps** – Using Factor 4, our transportation program allows drivers to use an app to pay for and track funds digitally.
- **Expand Intercity Regional Transit** – LINC has initiated regional conversations with other providers to coordinate services and maximize use of limited dollars. With Twin Falls Transit in operation, our focus will now be on expanding service in more rural areas to enhance regional transit options.
- **More Online Information** – As part of our program overhaul, we create a page on our organizational website that provides all the information necessary to apply for and participate in our 5310 program, including filing ADA and Title VI complaints (in English and Spanish) and providing general program feedback. This page also includes information on other transportation services, including Twin Falls Transit and Non-Emergency Medical Transport.
- **Increase Demand Response** – LINC has always operated an on-demand program and will continue to focus on this model unless collaborative efforts identify other more effective modes of transportation service.
- **Clearer Printed Information** – We developed English and Spanish brochures for our 5310 program, which can be printed and are also available online.

### *Opportunities and Potential Solutions*

Several opportunities and potential solutions for District 4 are identified in the plan (Figure 26). Of those relevant to our program, the following are addressed by the existing on-demand service using local cab and taxi companies: extended hours of service, expand weekend service, and increased service frequency. The other items identified that we are actively working towards are:

- **Centralized Transportation Information** – We continue to build out our transportation program webpage to include as much relevant information about district-specific transportation programs and services beyond what LINC offers. If a higher-level information clearinghouse is developed on the regional or statewide level, we will contribute to that content as appropriate.
- **Branding/Marketing/Outreach** – We have already begun developing brochures and other information to better market our program. We have also been developing relationships across District 4 to promote our 5310 program beyond the City of Twin Falls, which is now considered a metropolitan area (more than 50,000 residents.)
- **Coordination and Mobility Management** – As we engage with stakeholders and partners in District 4 to identify opportunities to coordinate, we will also be looking at what technology, such as apps, that can help us seamlessly integration mobility services across providers and brands. Valley Regional Transit recently implement the “Beyond the ADA” program that puts unused vans from senior centers and churches into service,

coordinating ride requests and payments using a single app. We anticipate a similar model in District 4 in the near future.

### *Goals for Idaho's Public Transportation Network*

Finally, we believe our program is in firm alignment with the goals identified in the plan:

- **Coordination and Partnerships** – As mentioned above, we are actively bringing stakeholders and transportation providers together to facilitate conversations on improving coordination in District 4 in order to enhance service and maximize limited funding. We held our first planning meeting on January 11 (originally scheduled to be in-person in Shoshone, but was changed to virtual because of weather) that includes the Idaho Advocates for Community Transportation (IACT), Mountain Rides, Lincoln County, CSI Office on Aging, Salt Lake Express, Region IV Development Association (RIVDA), and the Idaho Transportation Department. The process overview and agenda for that workshop are attached to this application. The process overview and workshop agenda for the first D4 collaborative session are attached to this application (ITD D4 Process Overview.pdf and ITD D4 Workshop Agenda 01-11-24.pdf).
- **Customer Focus** – While sometimes constructive feedback can be hard to hear, we believe that regular input from the public and consumers of our services is at the heart of system improvements. Communication and listening to our customers are a central part of this focus. We conduct regular satisfaction surveys, hold listening sessions, meet one-on-one with partners, and offer ongoing feedback opportunities through our website to collect and inform our performance. If we receive complaints from riders, we address those with transportation providers directly, providing resources or training if necessary.
- **Education and Promotion** – The implementation of Twin Falls Transit has allowed us to shift our focus from rides within the City of Twin Falls, to rides for participants in more rural communities who need to connect to other rural communities or to the City of Twin Falls for shopping, medical appoints, and other community activities. As we develop the partnership to enhance and increase rural transportation coordination, we will develop and implement the educational and promotional campaign necessary to connect riders with our program. We anticipate this type of campaign in year two of the grant, if awarded.
- **Training and Technical Assistance** – We identify three different groups of people that may need training or technical assistance.
  - **Riders** – LINC staff are available to help riders navigate our on-demand system, from the application process, to using the card and scheduling rides.
  - **Providers** – Our transportation providers may need training specific to riders with disabilities, and LINC staff are available to either provide that training or direct providers to third-party training if necessary.
  - **LINC Staff** – We utilize the RTAP funding through ITD to access conferences, trainings, and other opportunities that increase our competency around technology, customer service, effective communications, and best practices in the implementation of 5310 programs.

- **Invest in Public Transportation Services within the Constraints of Available Funding** – This has been our reality since we began operating our 5310 program, and it is the reason for our focus on increasing collaboration and mobility management across District 4. While we will continue to advocate for increased funding for transportation on a number of fronts, the reality is that we have limited resources, and we must provide services in a way that meets our quality standards and is within the constraints of our funding.

## **Project Development Process**

While LINC has operated a program for many years, in the past two years we have undergone significant change. This change has been, in part, informed through collaborative discussions with various stakeholder groups across District 4.

For example, we piloted a project that connected Mountain Rides riders in Blaine County with LINC transportation services in Twin Falls, so that riders who are transported to Twin Falls had a way to transport themselves around the city.

LINC coordinated services with INTERLINK and their volunteer driver program so that trips provided by INTERLINK were paid for using a LINC voucher. This provided some financial stability for INTERLINK and ensured this critical transportation service to and from medical appointments was available.

LINC provide transportation services through a contract with the CSI Office on Aging. Consumers of the Office on Aging are directed to LINC to apply for a transportation card. We receive a set reimbursement for each trip from OSA, which helps support our program and services as a match for our 5310 grant.

LINC has always prioritized the underserved as part of our work but has been looking for new ways to engage these communities. Our Twin Falls Independent Living Specialist completed the Community Development Peer Mentor Program with APRIL (Association of Programs for Rural Independent Living), Montana State University, and IRLU (Independent Living Research Utilization). This provided us some tools and momentum to create outreach specific to rural areas of District 4. We also hired a Spanish-speaking staff member who coordinates our transportation program, which will help us access underserved minority populations with language access issues. Our program material (website, brochures, applications, feedback and complaint forms) is available in Spanish.

To include Disadvantaged Business Enterprises, we post our RFQ on the DBE website, as required by the terms of our ITD funding contract. We currently have one transportation provider owned by a woman, and another owned by a person of color.

There are no applicable Labor Unions related to this project.

## **Public Participation Efforts**

We conducted interviews with several area providers, riders, community organizations, and other interested parties. This assessment guided some changes to improve the program. One consistent

issue that we heard was the ‘per ride’ voucher did not provide adequate funding for those that lived in smaller and rural communities to get to urban centers. Another common issue was the need to add additional funds to an individual’s card to accommodate unique situations. In addition, many riders were having issues receiving their paper voucher in the mail.

The assessment guided some changes and updates to the program, including:

- Confirming rider addresses and assessing who was and was not using the program.
- Using a digital voucher system that uploads funds to a permanent reuseable card each month without the need to send monthly mailings.
- Shifting to a consumer-controlled model wherein riders can use as much or little of their allotted monthly funds on transportation.
- Providing additional funding for those with a unique need.
- Updating LINC’s Transportation Manual.
- Revamping our transportation program website.

In December, we solicited letters of support from riders, and received more than 150 signed letters from community members strongly supporting LINC’s program and our application for funding. The letters of support are attached to this application (LINC Rider Letters of Support.pdf).

We also administered a rider survey in December. In response, we received more than 100 responses to the survey. Of these surveys 112 provided positive and supportive feedback for our program, with only two identifying a problem or concern. The problems and concerns were specific to contracted transportation provider agencies, and we have identified opportunities for increased training and program modification to address the issues identified. The rider surveys are attached to this application (LINC Rider Surveys.pdf).

Both LK Transportation and the City of Twin Falls submitted letters of support, which are attached to this application (LINC Agency Letters of Support.pdf).

LINC will be hosting a “Rural Roadshow” in the late spring/early summer, which involves LINC staff visiting various rural communities, including communities in District 4. Staff will meet with community partners, leaders, nonprofits and government agencies, and host meet and greets for people with disabilities and seniors. We will be sharing information about our transportation program and signing up new riders as part of this project. The “Rural Roadshow” will be an annual activity to help us build deeper relationships in unserved and underserved communities in our service area.

## **Attachments**

Please find included with this application packet the following attachments: in the order they are referenced in this narrative:

- LINC 5310 On-Demand Transportation Program Application
- LINC 5310 On-Demand Transportation Program Application Sections 1-5
- LINC Transportation Program Manual

- LINC Transportation Listening Session 8-26-23
- ITD D4 Process Overview
- ITD D4 Provider Workshop Agenda 01-11-24
- LINC Rider Letters of Support
- LINC Rider Surveys
- LINC Agency Letters of Support
- LINC 2021 IRS Form 990
- Attachment A: Budget
- Attachment B: Milestone Report
- Attachment C: NEPA Worksheet
- Attachment C: Sole Source Aquifer
- Attachment D: Demonstration of Need

We did not include an attachment for Rolling Stock, as this did not appear relevant to this application.

#### **Section 4: Project Benefits/Evaluation**

The following describes how LINC's transportation program contributes to improved safety, mobility, and economic development for District 4. LINC's basic goal is to increase the health, wellbeing, and community integration of seniors and people with disabilities. Our objective is to operate a transportation program that is easy to navigate, affordable, accessible, safe, and moves people when and where they need to go.

##### *Improved Safety*

Access to transportation results in greater community integration and involvement, which enhances personal physical and mental health and reduces isolation. Rural communities, and even the City of Twin Falls, have sidewalks and crossings that are often inaccessible and/or dangerous for seniors and individuals with disabilities. Access to transportation may divert a disabled pedestrian to a vehicle to reach a destination, rather than traversing city streets because they cannot or do not feel safe using sidewalks. Additionally, senior drivers in rural areas are more likely to continue to drive even when they should not because of age-related factors like decision-making speed and vision.

##### *Improved Mobility*

LINC's on-demand, door-to-door transportation program significantly increases the mobility of seniors and people with disabilities. In fact, fixed route systems are less likely to be used by these populations than on-demand systems. Offering a consumer-controlled service that is affordable and accessible provides real and usable options for those who have the greatest need for transportation services in rural communities.

##### *Support Local Economic Development and Expand Economic Opportunity*

Connecting workers with job opportunities is a need statewide, not just in District 4. LINC's transportation program provides this needed service for those seniors or people with disabilities



who cannot drive but do want to work. Increasing the number of available workers is a key factor in strengthening economic development initiatives across Southern Idaho. In 2022, Idaho saw a shortage of 56,000 workers statewide. Southern Idaho is the fastest growing region in the state for manufacturing job growth, and second highest in the nation.

### **Project Evaluation**

We will evaluate our project's success using several methods. First, we will assess the quantity of rides and riders using internal reports. If we see the number of riders and ridership increase, we will consider this success. Second, we will conduct a satisfaction survey twice a year to collect specific feedback on the quality of rides and the overall program. If we see an increase in perceptions of quality, we will consider this a success. Finally, we will conduct annual listening sessions with riders and community partners to collect more information, ask follow-up questions, and use a more conversational style format to dive more deeply into barriers and potential opportunities and solutions.

LINC has the organizational experience and capacity to carry out this project and manage grant funding. We have managed a 5310 grant in ITD District 4 for several years. Our organization is financially sound with internal financial controls and a leadership team with the experience necessary to manage this project.

### **Project Sustainability**

LINC recognizes that our rural, on-demand transportation program exists almost exclusively because of the 5310-grant awarded by ITD. While we recognize that this core funding makes these transportation services possible, we also recognize that the long-term sustainability of the program requires continually expanding our collaborative funding partnerships. We have maintained strong partnerships and financial support from the City of Twin Falls and St. Luke's. We are looking to expand program support through partnerships with local businesses and private foundations. For example, the data we are now able to collect on rider destinations will help us solicit funding from businesses whose customers use our transportation services.

## **Section 5: Proposed Budget**

### *Budget Narrative*

Project expenses were determined by identifying the costs to operate the program (staffing, outreach and marketing, systems, and rides) and revenue (ITD funding, private and public grants, ancillary transportation contracts, and LINC general funds.) Staffing costs were based on time spent per position over the past two years. Marketing and outreach costs are a projection based on previous printing and mailing of consumer surveys and other outreach materials. System costs are fixed costs for rider tracking and provider payment systems, as well as the texting system used to communicate with riders. Participant cards are the costs associated with the monthly card loading of \$100-\$200 (depending on funding) for program participants.

Project revenue assumes the award of the 5310 grant, continued granting of funding from a number of community partners (City of Twin Falls, St. Luke's, etc.), income from the CSI Office on Aging transportation contract with LINC, and LINC general funds.

This project can be scaled to any funding source. Scaling down could mean less funds available each month to riders, or less riders accessing the program.

LINC has the financial capability to operate on a reimbursement basis, as we have under our 5310 grant for many years. Please find attached in the our most recent IRS 990 documenting our financial capability (LINC 2021 IRS Form 990.pdf).

The Project Budget Request Form is included with this application (Attachment A: Project Budget Request Form.pdf).

The following is a breakdown of project expenses and revenue.

*Expenses*

<b>Program Staff</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Total</b>
Transportation Coordinator	\$ 21,923	\$ 21,923	\$ 43,846
Transportation Specialist	\$ 7,547	\$ 7,547	\$ 15,093
IL Director	\$ 6,674	\$ 6,674	\$ 13,347
Billing & Payroll Clerk	\$ 5,932	\$ 5,932	\$ 11,864
Accounting Manager	\$ 3,869	\$ 3,869	\$ 7,738
Finance Director	\$ 2,515	\$ 2,515	\$ 5,029
Executive Director	\$ 2,895	\$ 2,895	\$ 5,789
<b>Staff Sub-Total</b>	<b>\$ 51,354</b>	<b>\$ 51,354</b>	<b>\$ 102,708</b>
<b>Marketing/Outreach</b>			
Printing	\$ 500	\$ 500	\$ 1,000
Mailing	\$ 250	\$ 250	\$ 500
<b>Marketing/Outreach Sub-Total</b>	<b>\$ 750</b>	<b>\$ 750</b>	<b>\$ 1,500</b>
<b>Systems</b>			
Factor 4	\$ 1,500	\$ 1,500	\$ 3,000
Weave (texting)	\$ 1,500	\$ 1,500	\$ 3,000
<b>Systems Sub-Total</b>	<b>\$ 3,000</b>	<b>\$ 3,000</b>	<b>\$ 6,000</b>
<b>Rides</b>			
Participant Cards	\$ 180,000	\$ 180,000	\$ 360,000
<b>Rides Sub-Total</b>	<b>\$ 180,000</b>	<b>\$ 180,000</b>	<b>\$ 360,000</b>
<b>Expense Total</b>	<b>\$ 235,104</b>	<b>\$ 235,104</b>	<b>\$ 470,208</b>

*Revenue*

<b>Sources</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Total</b>
ITD 5310 Grant	\$ 167,410	\$ 167,410	\$ 334,820
Grants	\$ 30,000	\$ 30,000	\$ 60,000
CIS Office on Aging	\$ 30,000	\$ 30,000	\$ 60,000
LINC General Funds	\$ 7,694	\$ 7,694	\$ 15,388
<b>Revenue Total</b>	<b>\$ 235,104</b>	<b>\$ 227,410</b>	<b>\$ 462,514</b>



# **TRANSPORTATION PROGRAM MANUAL**

March 2023

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## **INTRODUCTION**

The Living Independence Network Corporation (LINC) is a 501(c)(3) nonprofit organization that provides services to and supports community inclusion for people with disabilities. LINC's vision is a world where people with disabilities have access to the resources and opportunities to live the life of our choosing. Our mission is empowering people with disabilities to achieve our desired level of independence.

## **PROGRAM OVERVIEW**

LINC provides transportation through a voucher-based program in the following counties: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Shoshone, and Twin Falls counties. This program serves seniors over the age of 60 and individuals with disabilities. The program provides affordable and accessible on-demand transportation.

### **Eligibility**

In order to qualify for the program, a consumer must complete an application and provide ID verification of age, or signed documentation from a licensed professional regarding your disability diagnosis.

### **How It Works**

Once the application is processed and approved, we will mail the participant a LINC Transportation Card. This card looks and operates like a debit or credit card. If a participant loses their card, we may charge a replacement fee. On the first of each month, we will add funding to the card (usually \$100-\$200 based on available funding.) If a participant does not use all their funds by the end of the month, the remaining balance will not be carried over, but the card will be reloaded to the monthly amount. This card can be used like cash with approved transportation providers. Participants can use as much of their available funds as they would like for each trip. It is up to the participant how to manage their funds each month. Transportation providers can provide a card balance, or participants can check their balance online at: <https://getyourbalance.com/>.

### **Application Materials**

Applicants must complete and provide to LINC the following application materials:

- Consumer Eligibility Form
- Transportation Application
- IL Rights and Responsibilities Form

Application materials can be returned to LINC by either:

- Emailing scanned copies to the Transportation Coordinator
- Faxing to (208) 384-5037
- Mailing to LINC, 1878 West Overland Road, Boise, Idaho 83705, Attn: Transportation Program
- Delivering to the Twin Falls office at 1182 Eastland Drive North, Suite C

If a participant has questions or needs assistance completing application materials, they can contact LINC's Transportation Coordinator.

## **Fare Collection Procedures**

Each transportation provider sets their own trip rates and decide how fares and relevant co-pays are collected (i.e., cash, credit card, vouchers, etc.) At the time of scheduling, providers inform the rider of the total trip cost. The rider can use as much of their available funds on their LINC Transportation Card as they wish.

## **Safety & Security**

All third-party transportation providers must have a valid operator's license, have a safe driving record, and have been trained in first aid. All safety devices must be maintained in operative condition. All vehicles must be outfitted with a blood-borne pathogens kit, first-aid kit, fire extinguisher, bi-directional reflective triangles, and web cutters. Drivers and passengers must wear seat belts. Smoking is prohibited on all vehicles. Drivers must focus on driving and limit distractions when vehicles are in motion.

Third-party transportation providers who operate vehicles that meet certain thresholds (gross vehicle weight, number of passengers, type of materials transported) may be required to register with the Federal Motor Carriers Safety Administration (FMCSA), as well as meet certain safety and security requirements. Each third-party transportation provider is responsible for their compliance with these requirements, and LINC is responsible for ensuring, through documentation, that requirements are met.

## **ROLES & RESPONSIBILITIES**

**Transportation Coordinator:** Responsible for the overall management of the transportation program. They are the initial and ongoing point of contact for consumers.

**Transportation Specialist:** Responsible for processing rider applications and ensuring transportation cards are mailed to new riders.

**IL Director:** Supervises the Transportation Coordinator, develops contracts and RFPs, promotes the program, develops community partnerships, approve exceptions to card reloads, and co-development of reports to funders.

**Billing & Payroll Clerk:** Maintains possession of inactive (new) cards, receives requests for new and replacement card activations, they deactivate cards that are no longer used or needed, and they produce weekly invoices for provider payments.

**Accounting Manager:** Responsible for paying invoices from transportation provider agencies.

**Finance Director:** Serves as the admin for Factor4, generates billing payments and funder reimbursement requests, and co-development of reports to funders.

**Human Resources Administrator:** Serves as the point of contact for any Equal Employment Opportunity (EEO), Title VI of the Civil Rights act of 1964, and Americans with Disabilities Act (ADA) complaints.

**Executive Director:** Review and approve final reports to funders.



## **CONSUMER ENROLLMENT**

### **Initial Consumer Contact**

Consumers contact LINC in several ways to find out more information and/or enroll in the transportation program. Contact includes mail, fax, email, website chat, phone calls, texts, and walk-ins. Consumers contact or are referred to by other LINC staff to the Transportation Coordinator. When contacted by a consumer, the Transportation Coordinator will conduct a brief informal pre-screening and provide the consumer with basic eligibility requirements. If the consumer believes they are eligible, the Transportation Coordinator will either direct the consumer to the LINC transportation webpage to download the application materials, or will mail or email the materials if requested. Materials can be requested in large print, braille, and in other languages, such as Spanish. If a consumer is not eligible for the program, the Transportation Coordinator will provide information and referral support to identify other transportation resources.

### **Processing Applications**

Applications are received by LINC either by mail, email, fax, or hand delivery to a physical office. The Transportation Coordinator reviews the application to ensure it is complete. If the application is missing information, the Transportation Coordinator will contact the consumer to complete the application. Once the application is complete, the Transportation Coordinator enters the consumer into CILSuite, indicating the consumer is enrolled in the transportation program. The application materials are scanned and uploaded to the consumer's CILSuite record, and the application material hard copies are shredded. The LINC Transportation Card unique identification number is also included in the CILSuite record of the consumer. This allows for the pulling of accurate numbers of consumers in the program.

As part of the application materials, consumers can choose to develop an Independent Living Plan (ILP) or they can waive it. The development of an ILP for transportation consumers will be consistent with the ILP process.

Once the data is entered in CILSuite, the Transportation Coordinator will request a card from the Billing Specialist by providing a copy of the consumer application sheet. The Billing Specialist will activate the LINC Transportation Card in Factor4. Once the card is activated, the consumer's LINC Transportation Card is attached to the consumer application and returned to the Transportation Coordinator, which is then mailed to the consumer. The Transportation Coordinator also calls the consumer to let them know they have been approved (or not approved) and that they should expect the LINC Transportation Card in the mail. The Transportation Coordinator will also provide information on the Non-Emergency Medical Transportation program, which may pay for trips to medical appointments, saving funds through LINC's transportation program for non-NEMT trips.

### **Consumer Support**

Once a consumer is enrolled in the transportation program, the Transportation Coordinator provides ongoing program support, such as managing a request for additional funds on a card, lost card replacement, and changes to contact information. For those consumers who do not have access to the internet, and the Transportation Coordinator may need to assist the consumer registering the new card online. The Transportation Coordinator regularly monitors card usage and identifies potential issues, such as use of funds early in the month.

## **Program Feedback**

The Transportation Coordinator also manages general feedback or complaints about the program. The LINC transportation webpage includes a link to an online feedback form (in English and Spanish) where consumers can share information about what is or is not working. A feedback submission through the form will send a task in Asana through the Transportation Feedback Project assigned to the Transportation Coordinator. The Transportation Coordinator will review the task, set a due date to resolve any specific complaints, and if requested through the form, contact the consumer who submitted the feedback to gather more information. If the feedback is significant, such as a complaint regarding safety, the Transportation Coordinator will escalate the complaint to the Independent Living Director.

## **CARD SETUP, MAINTENANCE, & PAYMENTS**

### **Initial Setup**

Initial setup of a LINC Transportation Card in Factor4 involves the Billing Specialist accessing Factor4, searching and locating the card number for a new card, and assigning the consumer's name, address, email, phone number, and birthdate to the card. The Billing Specialist will provide the activated card attached to the consumer's application to the Transportation Coordinator.

### **Balance Loading**

The first business day of the month LINC Transportation Cards will be "reloaded" with funds, which will be available to the consumer for use within 24 hours. Cards will be reloaded to the approved monthly balance based on available funding. Reloading of cards will occur once per month.

### **Exceptions**

Under extenuating circumstances, a consumer may spend down their monthly balance before the end of the month, but still need transportation resources for critical appointments. For example, someone may be in the process of securing Medicaid coverage, and in the interim, may need support getting transportation to mental health counseling. A consumer who requests an exception must complete a Transportation Exception Request Form. Exceptions will only be granted with pre-approval from the IL Director. All exceptions must be documented in CILSuite.

### **Monitoring**

Monitoring of consumer transportation card usage will be consistent with the ILP process. The Transportation Coordinator will also conduct routine spot checks of consumer usage throughout the month.

### **Card Deactivation & Reactivation**

If a consumer fails to use their card in a 90-day period, the Transportation Coordinator will contact the consumer to inquire about their card usage, confirm their contact information, and determine if they are experiencing problems using the card. If they simply are not using the card and do not plan to in the future, the Transportation Coordinator can request the Billing Specialist deactivate the card. If a consumer requests reactivation of their card, and their application is no more than five years old and complete, the Transportation Coordinator will request that Billing Specialist reactivate the card. If the consumer no longer has their card, the Transportation Coordinator will go through the established process for requesting a new card for the consumer.

## **Replacement Cards**

If a consumer's card is lost or stolen, the consumer must notify the Transportation Coordinator. The Transportation Coordinator will document the lost or stolen card in CILSuite and submit a new card request to the Billing Specialist. The lost or stolen card will be deactivated immediately by the Billing Specialist. Consumers will be notified that it may take up to two weeks. Consumers may be charged a fee for replacement cards.

## **Invoicing & Payments**

Every Tuesday, the Billing Specialist will pull the previous week's Factor4 report for each transportation provider and creates an invoice. These invoices are provided to the Finance Director who creates a payment in QuickBooks which is paid by direct deposit within 2-3 business days. QuickBooks will generate an email notification that is sent to each provider with date the payment will hit their accounts, the payment date range, and the payment amount.

## **GRANTS MANAGEMENT**

### **Grant Reimbursements**

LINC receives funding for the transportation program from several different funding sources. Reimbursements from grantors will be requested on a monthly basis by the Finance Director as required by each funding source.

### **Grant Management & Reporting**

The Finance Director and IL Director will work together to produce and submit required reporting to funding sources. All reports will be reviewed and approved prior to submission by the Executive Director.

## **TRANSPORTATION PROVIDERS**

### **Request for Qualifications**

LINC will maintain an ongoing Request for Qualifications that is posted on the ITD Contractor Bidding page and the Disenfranchised Business Enterprise (DBE) page. The RFQ is also available on the LINC Transportation webpage.

### **Contracts**

Provider contracts will be entered into annually. The contract will be reviewed and approved by the Executive Director prior to submission to providers. A signature by the provider will acknowledge roles, responsibilities, and required documentation in order to participate in the transportation program. Once signed, original contracts will be maintained by the Finance Director and a copy will be scanned and uploaded to LINC's file storage system.

### **Provider Training & Support**

Participating in the LINC Transportation Program requires use of the Factor4 app (smartphone or desktop.) Online training in the use of Factor4 is available and will be provided to new transportation providers once contracts are signed. Support for providers (Factor4 app, billing process, etc.) is available

from the Transportation Coordinator, and issues can be escalated to the Finance Director or IL Director if necessary.

## **IL REFERRALS**

LINC operates a 5310 transportation that crosses into the IL service area for LIFE, A Center for Independent Living. If a consumer using LINC transportation services who lives in LIFE's service area is in need of IL services beyond LINC's 5310 program, the Transportation Coordinator will connect the consumer with the appropriate IL staff at LIFE.

## **AMERICANS WITH DISABILITIES ACT**

The Americans with Disabilities Act (ADA) is a civil rights law prohibiting discrimination against persons with disabilities. Under Title II of the ADA, public transportation must be accessible to and usable by people with disabilities, including wheelchair users. The U.S. Department of Transportation (U.S. DOT) regulations pertaining to transportation, 49 CFR Parts 27, 37 and 38, are written to ensure non-discrimination so that people with disabilities will not be excluded from, or denied participation in, using transportation systems or facilities.

### **Personal Care Attendant**

The ADA guarantees people with disabilities equal access to public transportation. LINC and third-party transportation providers will not refuse services because a person has a disability. Furthermore, no requirement that an individual with disability be accompanied by a Personal Care Attendant (PCA) is allowed. If a person has a PCA with them, the attendant is not expected to provide assistance related to the transportation service. PCAs are typically tasked to perform highly personal functions unrelated to transportation. Likewise, transit personnel will provide assistance with boarding and disembarking but are not required to perform tasks typically provided by the PCA.

### **Accessible Vehicles and Equivalent Service**

LINC or third-party transportation providers will provide accessible vehicle service to the same destinations, at the same cost, and at the same time for individuals with disabilities. Services will be provided in the most integrated setting appropriate that meets the needs of a rider with a disability and the general public. If a transportation provider does not operate a wheelchair accessible vehicle, the rider will have access to an equivalent service through an alternate transportation provider that does operate a wheelchair accessible vehicle.

### **Passengers with Mobility Devices**

LINC will provide transportation for people with disabilities, including the wheelchair and rider if the lift and vehicle can accommodate them. Transit providers must be aware of the weight and capacity of the lift/ramps for each vehicle. Lifts must have a minimum design load of 600 pounds, and lift platforms must accommodate a wheelchair measuring at least 30 inches by 48 inches. If a vehicle has a lift with a higher design load and a wider platform, the provider must accommodate the heavier and/or larger occupied mobility device.

## **Driver Assistance and Training**

LINC will ensure that third-party transportation providers ensure that their personnel are trained to properly assist individuals with disabilities using the service in a respectful and courteous way. Drivers must operate vehicles safely and be trained to properly use wheelchair lifts, ramps, securement systems and related equipment.

All relevant LINC staff and third-party transportation provider staff responsible for the provision of transit services must be trained on LINC's accessibility policies and procedures, including ADA requirements, and is recommended to include people with various disabilities as part of any training. By providing inclusive training opportunities, staff can learn directly from people with disabilities and hear about their experiences with transportation.

## **Boarding Time**

Third-party transportation providers will allow adequate time for people with disabilities to board and exit from vehicles and be sensitive to individual needs and preferences, keeping in mind functional ability is unique to each individual rider.

## **Securing Wheelchairs**

LINC does not require wheelchairs to be secured during transit. Individual third-party transportation providers may have a policy requiring wheelchairs to be secured during transit. If a third-party transportation provider requires wheelchairs to be secure, the provider may deny transportation if the wheelchair cannot be secured, or the rider refuses to allow the wheelchair to be secure.

## **Service Animals**

LINC and third-party transportation providers accommodate service animals, which are described as animals that are "individually trained to work or perform tasks." Under § 37.3 of the U.S. DOT regulations, a service animal is any guide dog, signal dog, or other animal individually trained to work or perform tasks for an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items. There are no national certification processes for identifying service animals.

LINC and transportation providers cannot require:

- A certificate
- An identification card
- A note from a physician
- The animal to wear a vest or other identifying gear

Riders do not need to provide documentation for their service animal before boarding a transportation vehicle, but personnel may ask riders two questions: (1) is the animal a service animal required because of a disability? and (2) what work or task has the animal been trained to perform?

Third-party transportation providers may have a policy that service animals do not occupy a seat. In general, service animals are trained to stay at a rider's feet on the floor or under a seat. Service animals can ride on lifts but must be under control of the rider to protect the animal and harness away from

moving parts of the lift. Furthermore, there is no limit to the number of service animals that a rider could bring onto a vehicle as each animal may provide separate types of assistance.

## **Accessible Communication**

LINC and third-party transportation providers will make all communication available in accessible formats and technology such as Braille, large print, flash drive, email, Telecommunication Relay Service such as 711, etc. These formats are required to support riders and potential customers with various disabilities in getting usable information about transportation services. It is best to ask what type of accessible format that a person with a disability prefers to receive their information.

For web accessibility, it is critical to ensure that when developing, procuring, maintaining, or using electronic and information technology, web developers consider the needs of all end users, including people with disabilities. This means that all presented information, along with tables and charts, is usable by screen readers including text that can be accessed through key commands.

## **Reasonable Modification to Policy**

A “Reasonable Modification to Policy” is a U.S. DOT requirement that places an obligation on LINC or third-party transportation providers to modify their policies and practices to accommodate persons with disabilities unless those modifications would result in an undue burden or a fundamental alteration of the program.

Examples of reasonable modifications to policy include:

- Transportation entities allowing food or drink on a vehicle for a customer who is diabetic.
- Transit operators may be allowed to handle fare for a customer who has a disability that makes fare payment difficult or impossible.
- Demand response service providers may need to adjust their policy of curb-to-curb service to door-to-door service for the customer that needs assistance to the door to complete their trip.

If a reasonable modification request is denied, LINC or the third-party transportation provider will consider other ways to ensure the individual with a disability receives transportation services.

## **Suspension Policy**

The suspension of any rider should be time-limited, and a rider must have an opportunity to appeal a suspension. A rider must have a chance to resume service unless providing service is clearly deemed to be too dangerous to others. Service cannot be denied to individuals with disabilities because their disabilities result in appearance of or involuntary behavior that may offend or annoy others. If a rider acts to harm another person, LINC or the third-party transportation provider should consider contacting law enforcement, as local statutes may have legal bearing. LINC or transportation providers must backup their decision to suspend service to a rider with documentation of current and prior events and any action taken, along with follow-up discussion and/or training with drivers.

As outlined in FTA’s 49 CFR Section 37.3, a “direct threat” is defined as “a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices or procedures, or by the provision of auxiliary aids or services.” This definition is consistent with the Department of Justice’s regulations and focuses solely on whether an individual poses a significant threat to others and does not include threats of self-harm. LINC or third-party transportation providers must demonstrate and document efforts that were made to modify practices and procedures so that the person could continue

to ride – direct threat should be considered in circumstances where a rider is suspended or when service is refused.

## **TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin in any program or activity that receives Federal funds or other Federal financial assistance. LINC's transportation program receives Federal funds and is required to comply with Title VI.

### **Public Notifications**

LINC will provide notice of the public's rights under Title VI, including how to file a complaint, in the following ways:

- Information on LINC's website, including complaint form
- Poster in all LINC offices with contact information
- Poster in third-party contractor offices with contact information

### **Service Changes**

If LINC makes changes in the type, frequency, or geographical coverage of our transportation services, we will consider the impacts of these changes on populations protected under Title VI. We will use information and feedback from the following:

- Feedback from the Public Involvement Plan
- Information collected during public outreach
- Rider surveys (printed and electronic)
- Discussions with community organizations serving minority and LEP populations

Any person who believes that they have been discriminated against because of their race, color, or national origin, or because of a disability, may file a complaint by completing LINC's Title VI/ADA Complaint process below.

## **TITLE VI & ADA Complaints**

### **Complaint Process**

Upon receipt of a Title VI or ADA complaint, LINC will review the submitted information and send the complainant an acknowledgement letter informing them whether the complaint will be investigated. LINC will mail this letter within 10 business days of receipt.

LINC may require up to 30 calendar days to investigate a complaint. If additional information is required in order to resolve the complaint, LINC may contact the complainant. The complainant will have 10 business days from the date of the letter to submit the requested information to the LINC official investigating the complaint. If the LINC investigator is not contacted by the complainant or does not receive the additional information within 10 business days, LINC has the right to administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case. A complainant may ask for an extension beyond the 10 days if needed.

Once the investigator has reviewed a complaint, they will issue one of two letters to the complainant: 1) a closure letter, or 2) a letter of finding (LOF). A closure letter summarizes the allegations stating that no

violation occurred and that the case will be closed. A LOF summarizes the allegations and the interviews concerning the alleged incident, and explains what, if any, corrective action, additional training of staff members, or other action will occur.

If a complainant disagrees with LINC's determination, they may request reconsideration by submitting a request in writing to LINC's Executive Director within 7 days after the date of LINC's closure or LOF letter, stating with specificity the basis for the reconsideration. The Executive Director will notify the complainant of their decision either to accept or reject the request for reconsideration within 10 business days. In cases where reconsideration is granted, the Executive Director will issue a determination letter to the complainant upon completion of the reconsideration review.

## **How to File a Complaint**

A complaint can be filed in one of several ways. The complainant can submit a complaint using LINC's online Title VI/ADA complaint form located on the transportation page on LINC's website. The complainant may also print a paper copy of the complaint form, complete it, and then mail, email, or fax the complaint to the LINC Title VI/ADA Complaint Officer below. A copy of the Title VI/ADA complaint form can be found in Appendix I. The complaint process and form are available in accessible PDF, in English and Spanish, on the transportation page on LINC's website.

Title VI/ADA Complaint Officer  
Living Independence Network Corporation  
1878 West Overland Road  
Boise, Idaho 83705  
[lsullivan@lincidaho.org](mailto:lsullivan@lincidaho.org)  
(208) 384-5037 fax  
(208) 336-3335 ext. 211

Complaints can also be hand delivered to LINC's Twin Falls office at 1182 Eastland Drive North between the hours of 9am and 5pm, Monday through Thursday.

A person may also file a complaint directly with the Federal Transit Administration, at:

FTA Office of Civil Rights  
1200 New Jersey Avenue SE  
Washington, DC 20590

Complaints must include contact information. LINC will make information available in another language if requested. No one may intimidate, threaten, coerce, or engage in other discriminatory conduct against anyone because they have filed a complaint to secure rights protected by the nondiscrimination statutes that are enforced by LINC. Any individual alleging such harassment or intimidation may file a complaint with LINC and/or the Federal Transit Administration and an investigation will be conducted.

## **ONGOING FEEDBACK**

LINC regularly collects rider feedback to improve program quality and address performance issues by LINC staff or our transportation providers. Information on how to provide feedback is available on the transportation page on LINC's website. Riders can provide feedback via phone, mail, email, fax, in-



person, or by using an online feedback form. Feedback is reviewed on an ongoing basis and issues are addressed as they are received.

## **EQUAL EMPLOYMENT OPPORTUNITY**

LINC and third-party transportation providers may not discriminate against any employee or applicant for employment because of race, color, creed, national origin, sex, age, or disability. LINC and third-party transportation providers will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, color, creed, national origin, sex, age, or disability. LINC and third-party transportation providers will post in conspicuous places and make available to employees and applicants for employment notices setting forth in LINC's EEO policy.

LINC's designated EEO Officer is:

Human Resources Administrator  
Living Independence Network Corporation  
1878 West Overland Road  
Boise, Idaho 83705  
[lsullivan@lincidaho.org](mailto:lsullivan@lincidaho.org)  
(208) 336-3335 ext. 211

## **Ensuring EEO Compliance**

LINC ensures third-party transportation provider EEO compliance in the following ways:

1. The third-party transportation provider contract includes requirements relating to nondiscrimination in employment, and this section is reviewed annually with all providers.
2. LINC regularly screens complaints and takes relevant action with providers.
3. LINC provides an EEO public notice to each provider to post in offices.

## **THIRD PARTY CONTRACTS**

LINC will ensure third-party transportation provider compliance with state and federal requirements by including all requirements in third-party contracts; by thoroughly reviewing all requirements with all third-parties engaged under contract; and, by conducting mid-year check-in of third-party contractors, or annual check-in if contracts extend beyond one year.

## **PUBLIC INVOLVEMENT PLAN**

Grant subrecipients are required to develop and implement a Public Participation Plan (PPP). Your PPP should include a description of how your organization interacts with minority and limited English proficient (LEP) populations. Efforts to involve minority and LEP populations can include both comprehensive measures as well as targeted measures to address linguistic, institutional, cultural, economic, historical, or other barriers that may prevent minority and LEP persons from effectively participating in your organization's decision-making process.

## **Program Marketing and Outreach**

To ensure we are communicating effectively with minority and LEP populations, we will perform regular marketing and outreach. This outreach includes:

- Maintain the transportation page on LINC's website
- Produce and distribute transportation program materials
- Publish information through our social media channels
- Share printed and electronic information with community partners
- Conduct outreach to community organizations that serve minority and LEP populations

In all the above activities, we will produce content and communicate in languages identified in our LEP plan.

## **Annual Listening Sessions**

Each year, we will hold community listening sessions that focus on minority and limited English proficient populations. The purpose of these sessions is to receive feedback and input on the needs of this population, barriers they may experience in accessing services, and strategies to improve services, including effective communication.

Listening sessions will include the following:

- Public notice for meetings at least two weeks in advance
- Provide materials in languages other than English
- The use of in-person and virtual meeting opportunities
- Meetings scheduling during times convenient to minority and LEP populations
- Coordinating with community organizations and agencies that work specifically with minority and LEP populations
- Advertising on radio, newspaper, email, text, website, and social media
- Meeting locations that are accessible by public transportation as much as possible and in compliance with the ADA
- Provide language translators
- Provide opportunities to comment that are other than written
- Make available ASL interpreters if requested

## **Program Monitoring**

To ensure continual feedback from our transportation consumers, we will conduct regular and ongoing surveying in the following ways:

- Administer an annual satisfaction survey to transportation consumers electronically and in paper form upon request.
- Make available a satisfaction survey on the transportation page on LINC's website year-round.
- Every 90 days contact will be made with all transportation card holders inquiring about their usage, problems encountered, etc.

## **LIMITED ENGLISH PROFICIENT (LEP) PERSONS**

Per Federal Transit Administration (FTA) requirements and Executive Order 13166, LINC must assess and address the needs of limited-English proficient (LEP) persons and take reasonable steps to ensure meaningful access to benefits, services, information, and other important portions of our programs and

activities for LEP persons. Federal guidance states that “meaningful access” is “contingent on a number of factors.” Those factors are included in the Four Factor Analysis described below. “Reasonable steps” to provide oral and written services in languages other than English is to be determined by LINC on a case-by-case basis through a balancing of all four factors.

## **Four Factor Analysis**

The analysis includes the following:

1. The number or proportion of LEP persons eligible to be served by your transportation program
2. The frequency with which LEP persons come into contact with the program
3. The nature and importance of your organization’s transportation program, activity, or service to people’s lives
4. The resources available to your organization for LEP outreach as well as the costs associated with the outreach

### **Factor 1: The Number or Proportion of LEP Persons Eligible to Be Served by LINC’s Transportation Program**

**Summary of federal guidance:** The greater the number or proportion of LEP persons from a particular language group served or encountered in the eligible service population, the more likely language services are needed.

#### **Steps:**

1. Analyze Census Data to identify the number or percentage of LEP persons within your organization’s program service area.
2. Supplement the data collected from the Census Data with prior experiences with LEP persons in your service area.

#### **Questions to guide the analysis for Factor 1:**

Describe the LEP population in LINC’s service area.

- How many LEP persons are eligible to be served by LINC’s program? (Or, what percentage of the population in LINC’s service area are LEP persons?)
- Are there any concentrations of LEP persons within LINC’s service area that we are aware of? (Include the Census Data collected to support the answer as well as a map or a description of LINC’s service area.)
- Are LEP persons underserved by LINC’s transportation program due to language barriers?
- What are the literacy skills of LEP populations in their native language? Would translated materials be an effective method of communicating with LEP populations?

### **Factor 2: The Frequency with Which LEP Persons Come into Contact with the Transportation Program**

**Summary of federal guidance:** Your organization should assess, as accurately as possible, the frequency with which you have contact with LEP individuals from different language groups seeking assistance. The more frequent the contact, the more likely enhanced language services will be needed.

**Steps:**

1. Identify the number of LEP persons that contacted your organization and the percentage of total contacts that are LEP persons
2. Assess the frequency with which LEP persons access your transportation program

**Methods to determine the frequency with which your organization comes in contact with LEP individuals may include:**

- Customer service interactions with LEP persons
- Ridership surveys
- Participation of LEP persons in public meetings

**Questions to guide the analysis for Factor 2:**

- How frequent do LEP persons come into contact with LINC?
- How did we come to this conclusion? Outline the methods LINC used to answer this question.

**Factor 3: The Nature and Importance of Your Organization's Program, Activity, or Service to People's Lives**

**Summary of federal guidance:** The more important the activity, information, service, or program; or the greater the possible consequences of the contact to the LEP individuals, the more likely language services are needed. Your organization needs to determine whether denial or delay of access to services or information could have serious or life-threatening implications for the LEP individual.

**Steps:**

1. Review the relevant programs, activities, and services your organization provides and their importance to the population group served.
2. Determine the transportation needs of LEP persons and the role transportation plays in their day-to-day lives

There are several methods that may be used to determine the transportation needs of LEP persons and the frequency with which they access our program. The following are some examples:

- Customer service interactions with LEP person
- Outreach to community organizations that serve LEP person
- Partnering with these organizations to perform one-on-one interviews or focus groups
- Ridership surveys

**Questions to guide the analysis for Factor 3:**

- What is the transportation needs of the LEP persons eligible to be served by our program?
- What role does transportation play in the lives of these LEP persons?
- How did we come to this conclusion? Outline the methods we used to answer this question.

**Factor 4: The Resources Available to Your Organization for LEP Outreach as Well as the Costs Associated with the Outreach**

**Summary of federal guidance:** An organization's level of resources and the costs imposed may have an impact on the nature of the steps it should take in providing meaningful access for LEP persons. Smaller agencies with more limited budgets are not expected to provide the same level of language services as

larger agencies with larger budgets. In addition, “reasonable steps” may cease to be reasonable where the costs imposed substantially exceed the benefits. Your organization should carefully explore the most cost-effective means of delivering competent and accurate language services before limiting services due to resource concerns.

**Steps:**

1. Inventory language assistance measures currently being provided by your organization and their associated costs.
2. Determine if any additional services are needed.
3. Analyze your organization’s budget.
  - a. Determine what percentage of the budget can be devoted to language assistance expenses
  - b. Determine if the budget for these expenses will remain stable over time or may be subject to reduction
  - c. Estimate the cost of providing new or additional language assistance by getting price quotes from translating and interpreting firms or by consulting with other transit agencies who have implemented language assistance measures
4. Consider cost effective practices for providing language services. Possible cost-effective practices may include:
  - a. Access to language assistance products that have been developed and paid for by local, regional, or state government agencies
  - b. Bilingual staff that could provide language assistance on an ad hoc or regular basis
  - c. Pre-established arrangements with qualified community volunteers to provide written or oral language translation
  - d. Telephonic and video conferencing interpretation services
  - e. Translating critical documents using a credible website
  - f. Pooling resources and standardizing documents to reduce translation needs
  - g. Centralizing interpreter and translator services to achieve economies of scale
  - h. Adding the Google translate toolbar to our website

**Questions to guide the analysis for Factor 4:**

- What resources (both financial and services) are available to LINC to perform LEP outreach as well as provide language assistance to LEP persons?
- What are some cost-effective practices that LINC uses or plans to use to provide language assistance?

**Assisting LEP Transit Riders**

To assist riders who are Limited English Proficient, LINC will do the following:

1. Provide information on our website in multiple languages, as identified in our LEP plan.
2. Provide forms in languages, as identified in our LEP plan.
3. Make available LINC staff or third-party translators who are fluent in languages, as identified in our LEP plan.
4. Provide one-on-one training for riders who are LEP.

## **DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM**

The Department of Transportation's Disadvantaged Business Enterprise (DBE) program is designed to remedy ongoing discrimination and the continuing effects of past discrimination in federally-assisted highway, transit, airport, and highway safety financial assistance transportation contracting markets nationwide. The primary remedial goal and objective of the DBE program is to level the playing field by providing small businesses owned and controlled by socially and economically disadvantaged individuals a fair opportunity to compete for federally funded transportation contracts.

### **Good Faith Efforts**

LINC will access the DBE Directory maintained by the Idaho Department of Transportation located through the following link: <https://itd.idaho.gov/civilrights/>. Potential providers will be identified and contacted about bid opportunities, and bid opportunities will be posted on the DBE website.

### **Reporting**

LINC is required to report semi-annually the Uniform Report of DBE Awards or Commitments and Payments to the Idaho Department of Transportation. These reports are generally due in May and November. LINC staff will identify any DBE Providers and include them in these semi-annual reports.

### **Statement of Agreement**

Each year, LINC is required to sign the Statement of Agreement recognizing the Idaho Department of Transportation as the agency authorized to manage the Disadvantaged Enterprise Program for the State of Idaho.

## **APPENDIX I – TITLE VI/ADA COMPLAINT FORM**

Please complete and mail, fax, or email this form to LINC. If you need language translation or other assistance, contact LINC.

Title VI & ADA Complaint Officer  
Living Independence Network Corporation  
1878 West Overland Road  
Boise, Idaho 83705  
Phone: (208) 335-3335 ext. 211  
Fax: (208) 384-5037  
Email: [lsullivan@lincidaho.org](mailto:lsullivan@lincidaho.org)

Complaints can also be hand delivered to LINC's Twin Falls office at 1182 Eastland Drive North between the hours of 9am and 5pm, Monday through Thursday.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Type of Complaint:**

- ☐ Title VI of the Civil Rights Act of 1964
- ☐ Americans with Disabilities Act (ADA)

### **Basis of Complaint (check all that apply):**

- ☐ Race Color
- ☐ National Origin
- ☐ Sex/Gender
- ☐ Age
- ☐ Disability (ADA)
- ☐ Retaliation
- ☐ Other: \_\_\_\_\_

### **Who discriminated against you?**

Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**How were you discriminated against? (Attach additional pages if more space is needed):**

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**Where did the discrimination occur?**

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**Dates and times discrimination occurred?**

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**Were there any other witnesses to the discrimination?**

Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**How would you like to see this situation resolved?**



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**Have you filed your complaint, grievance, or lawsuit with any other agency or court?**

Who: \_\_\_\_\_

When: \_\_\_\_\_

Status (pending, resolved, etc.): \_\_\_\_\_

Result, if known: \_\_\_\_\_

Complaint number, if known: \_\_\_\_\_

**Do you have an attorney in this matter?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_

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



**Transportation Listening Session  
Twin Falls, Idaho  
August 26, 2023**

**Notes**

CASA/Fostering Parents – MTM is so bad we can use them. This forces people to get rides from strangers and this is often not the safest choice. Even the reimbursement program is too time consuming for parents to navigate.

South Central Public Health – often individuals can't get to the classes they need or even pick up other resources. People that need vaccines or to get to WIC are often unable to access those simply because they can't get there.

CSI Refugee Center – We are the only refugee center that had no public transportation until recently. We had to purchase a fleet to assist individuals in getting in the community. Transportation is a critical to being a member of the community.

Family Health Services – Getting rural transportation is the biggest challenge for the individuals that we serve. Often people can't get to appointments with MTM. People get left at appointments and never picked up.

General Public – What is your opinion on Public Transportation in this community?

I have mixed opinions. TFT will not help people in and out of the vehicle. Rural citizens are unable to get to Twin Falls. There are just too many cracks in the system to be successful for all

The new program is helpful, love the price!

Desperately needed, as a retired social worker I know just how bad it is.

More consistent, fixed routes would be nice. Problems for people outside of Twin Falls

I love that there are finally options

Could be more available for people, I don't think people know about it, or know how to use it. The wait times are a problem too

It is better but I would like to see a bus. We are a single car home and when my husband is at work, I am stuck with 2 kids. TFT will not allow car seats, a fixed routes would be helpful for my family.

I really don't think it is needed, but I guess for some communities I think that it could be useful. This community is too spread out. How do people outside of the city get to it.

Rural transportation is a huge problem, there are too many people that can't drive here.

Good to have it finally. There are a lot of families that need it.

All I have heard is rumors or people talking about it. It is really needed; I use to work in foster care and often those families can't get to all needed appointments making it hard to support those children.

More is still needed. At CSI our nontraditional students can't get around to where they need to in the evenings etc. The wait times are a problem as well. Students living outside of Twin Falls can't use it.

Never used it, don't need it.

The good, people need it. The bad, what about those that do not have phones?

It needs more time to iron out problems, it is not well understood.

Wasteful, I don't really think it is needed.... But I guess some people might need it. I need more information.

Don't know anything about it. I have no opinion.

Don't use it but I think it is good for people. People not in Twin Falls it is a problem.

It is a good idea. I know people would benefit.

Don't need or use.

Fixed routes from CSI for students

Using it a lot, it would be nice to have it on the weekends and evenings.

### ***What is the District 4 Mobility/Access Initiative?***

In the south central Idaho region, access and mobility are the keystones to socioeconomic well-being. Over the past two decades, southern Idaho, along with the rest of the state, has experienced significant change. From population to economic development, the Magic Valley, Wood River Valley and surrounding communities<sup>1</sup> are growing. With this growth comes both challenges and opportunities. Two major challenges include affordable housing and transportation – issues that are closely related. The more expensive and limited housing options become in Twin Falls, for example, the further away employees live and must travel for work and other services. For seniors living in smaller, more rural towns, moving to a larger community for medical and other services can be financially unrealistic, but the need to travel to larger communities remains. With the establishment of the Metropolitan Planning Organization and the creation of public transportation options in the city of Twin Falls, southern Idaho has an opportunity to rethink transportation and potentially invest our limited transportation dollars to smaller outlying communities desperate for better connectivity and access.

This project will bring stakeholders together to reimagine how mobility and access to important life activities in southern Idaho works. This initiative will seek to answer the following questions:

- What might happen if we can harness our efforts in a collective and coordinated way?
- How can we remove barriers to problem solving?
- What innovative tools can be used to engage the broadest cross-section of the region to help us understand the needs our community faces and the gaps to meeting those needs?
- How can we strengthen the community partnerships in a way that aligns our collective time, treasures, and talents to achieve the future results we all hope to see for the Magic Valley and surrounding communities?

One thing we know for sure is that there isn't one level of government or one sector of our community equipped with the resources or know how to do this alone.

We believe solutions can be found by bringing together a broad-based collaboration, engaging all levels of the community through effective communications strategies, defining clear results and measures for success, and developing, evaluating and implementing solutions desired by the residents, feasible to implement, and financially viable over time.

### ***How will the District 4 Mobility/Access Initiative move forward?***

There are four distinct stages in this important initiative. Each stage has a specific focus, building on previous stages.

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<sup>1</sup> The "Magic and Wood River Valleys" lie within Idaho Transportation Department's District 4.

1. **Be Curious:** the first stage focuses on understanding how we define success and the outcomes we want to see while gaining a deeper and clearer understanding of needs and gaps as they are experienced by all demographics in the region.
2. **Be Imaginative:** the second stage focuses on designing solutions, both low- to no-cost and big and bold, that community partners think meet the needs of the region.
3. **Be Explorers:** the third stage focuses on testing assumptions about the solutions and the resources required to ensure they are feasible and sustainable over time.
4. **Be Builders:** the fourth stage focuses on refining and addressing funding and implementation steps for the best, most feasible, and most sustainable solutions.

### **Why you?**

The District 4 Initiative is all about implementing solutions desirable to the stakeholders in the Magic Valley and surrounding communities. Engaged community partners are the key to a successful initiative and reaching the solutions we all seek. A cornerstone to the initiative is to establish and engage key community partners in a unique and specific way throughout the engagement process.

The specific role for Community Partners includes:

- Defining the future vision and results we want to see for the region and ensuring we have a clear challenge question we are all working to address;
- Connecting through the partners' networks to the populations, sectors, and areas that ensure everyone has a voice in the initiative;
- Helping us understand the data collected and shared in the design of solutions to address the needs and gaps we uncover; and
- Exploring the systems' changes, available and needed data, networks, and assets required to achieve the desired results.

### **What comes next?**

Below is a high-level overview of the process being proposed for the initiative with more detail on the phases described above. We are reaching out to a few key leaders and influencers to ensure the project the team has envisioned will achieve the expectations we have set for bringing the community together and determining and evaluating potential solutions.

<b>Be Curious</b>  <b>“Discover”</b>	<b>Be Imaginative</b>  <b>“Ideate”</b>	<b>Be Explorers</b>  <b>“Test”</b>	<b>Be Builders</b>  <b>“Implement”</b>
<ul style="list-style-type: none"> <li>→ Define the challenge</li> <li>→ Engage the community</li> <li>→ Determine desired results</li> <li>→ Collect data and report</li> <li>→ Workshops</li> <li>→ Sector leader interviews</li> </ul>	<ul style="list-style-type: none"> <li>→ Make sense of data</li> <li>→ Community workshops</li> <li>→ Develop design criteria</li> <li>→ Brainstorm solutions</li> <li>→ Define “make or break” assumptions</li> </ul>	<ul style="list-style-type: none"> <li>→ Stakeholder and sector leader engagement</li> <li>→ Test assumptions on desirability, feasibility, and viability</li> <li>→ Refine and report out final solution</li> </ul>	<ul style="list-style-type: none"> <li>→ Finalize budget</li> <li>→ Define value proposition</li> <li>→ Research funding sources</li> <li>→ Engage leaders and partners</li> <li>→ Finalize implementation plan</li> </ul>



***IACT (Idaho Advocates for Community Transportation)***  
*is a statewide 501c3 nonprofit that promotes mobility freedom for everyone in Idaho. The ability to go places is critical to both individual and community success, but challenges and barriers persist. IACT's leadership and associates bring a wide range of experience and passion to help Idahoans ensure their freedom to move.*

*IACT's Access/Mobility Initiative includes community and regional projects that target specific mobility concerns. Community members, leaders and partners identify the issues and solutions related to their transportation challenges, with IACT serving as a convenor and facilitator. Because each community's challenges are unique, IACT helps develop tailored strategies to address them. IACT contacts:*

Kelli Badesheim - 208.860.9810, [kelli.badesheim@gmail.com](mailto:kelli.badesheim@gmail.com)  
Jeremy Maxand - 208.391.8988, [jmaxand@lincidaho.org](mailto:jmaxand@lincidaho.org)  
Scot Oliver - 208.342.1818, [oliver.scot@gmail.com](mailto:oliver.scot@gmail.com)

**D4 Provider Workshop Agenda**  
**Golden Years Senior Center**  
**218 N Rail Street W**  
**Shoshone, Idaho**  
**January 11, 2024, 1pm to 4pm**

**Participants:** Karma Fitzgerald (Lincoln County) Jennifer Whitesell (Lincoln County), David Thompson (CSI OOA), Kim MacPherson (Mountain Rides), Ron Duran (ITD), Sam Carroll (ITD), Jeff McCurdy (RIVDA), Mariana Espinoza Garcia (LINC), Jeremy Maxand (LINC), Maxine Durand (City of Twin Falls), Kathy Pope (Salt Lake Express), Kelli Badesheim (IACT), Scot Oliver (IACT)

**Facilitators:** Kelli, Jeremy, Scot

**Recorders:** Kelli and Scot

**Context:** There are big changes in the last few years in demographics, economics and the mobility landscape throughout the south central Idaho region known as ITD District 4 (D4). The population of Twin Falls has grown enough to bring about the creation of a Metropolitan Planning Organization (MPO). This designation also brings additional federal funding to the urban area. Two new transportation systems have launched in Twin Falls and Lincoln County, and there are new and evolving services in the Wood River area. The District 4 region has an opportunity with these changes to ensure that the region's providers and funders optimize their investments in services and offer the best level of service available to customers.

**Meeting Intent:** This meeting brings key transportation leaders, stakeholders and providers together to begin forming a future vision for services in the district and to identify existing resources and gaps that need to be filled in order to achieve the collective vision for quality mobility and to ensure adequate access across the district in rural and urban communities. This work will serve as the foundation for an initiative in the D4 region designed to engage a broad cross-section of the sectors and stakeholders within the region.

**Intended Outcomes:**

1. Gain a shared understanding of the customers and organizations working to improve mobility and access in the district's region
2. Gain a shared understanding of the D4 initiative and the role providers will play in moving the work forward
3. Discuss and document a shared vision for mobility and access in the district including a clear outline of challenges and gaps to be addressed to achieve that vision
4. Develop and document clear next steps with assignments and deadlines



5. Participants are energized and supportive of the shared vision with clear and actionable next steps

**Agenda:**

When/Ti me	Topic/What	Process/How	Topic Leaders /Who						
1:00 pm (5 min)	Check In and Welcome	Participants will gain a shared understanding of how the workshop supports the interest of ITD and PTAC.	Ron Jeff						
1:05 pm (5 min)	Review meeting design	1. Present/review meeting design 2. Questions and clarifications	Kelli						
1:10 pm (15 min)	<i>Introductions and Ice Breaker</i>	1. <u>Round Robin</u> : Participants learn who is involved in the meeting, what they do in their organization and what excites them about what they do, and how they define the barriers they face to their work. 2. Document a list of barriers	Kelli						
1:25 pm (20 min)	<i>Review D4 Initiative</i>	1. <u>Presentation</u> : Participants will gain a shared understanding of the D4 Initiative and how this workshop supports the Initiative’s broader objectives 2. Questions and Answers	Jeremy						
1:45 pm (45 min)	<i>Future State of Mobility - Part 1</i>	1. <u>Breakout Group</u> : Participants will discuss and document a vision for mobility as if there were no fiscal constraints 2. Assign a scribe and spokesperson 3. Complete a report out	Kelli Jeremy Scot						
2:30 pm (45 min)	<i>Future State of Mobility - Part 2</i>	1. <u>Group Discussion</u> : Participants will develop a shared understanding of the future vision from the breakout groups 2. Participants will discuss and document a shared vision for the future	Kelli Scot						
3:15 pm (30 min)	Next Steps and Assignments	Review/Generate action items <table><tr><td>What</td><td>Who</td><td>When</td></tr><tr><td></td><td></td><td></td></tr></table>	What	Who	When				Kelli
What	Who	When							

		<table><tr><td></td><td></td><td></td></tr></table>				
3:45 p.m (10 min).	Check Out	<u>Round Robin</u> : Participants will share their thoughts and insights about the meeting and the path forward.	Kelli			
3:55 p.m.	Adjourn					

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Tammy Emerson

Printed Name Tammy Emerson

Date Dec. 9, 2023

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Signature Chandra Minick Chandra Minick

Printed Name Chandra Minick

Date 10-11-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

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Signature Hope Nauman

Printed Name Hope Nauman

Date Dec 9, 2023

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Signature Melanie Bazzone

Printed Name MELANIE BAZZONE

Date DEC 12, 2023

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Signature Shirley Luke

Printed Name Shirley Luke

Date December 19<sup>th</sup> 2023

To whom it may concern;

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Signature



Printed Name

Maria Van Borch

Date

12/16/2023



To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

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Signature Marlene C Jenks-Patchin

Printed Name Marlene C Jenks-Patchin

Date 12-12-2023

The LINC card  
provides an essential  
service. The quality of  
service by the timeliness and  
gracious character of drivers  
and dispatch is not one  
I have spent years in elder  
care and am well aware  
of how much these qualities,  
and the riders themselves  
matter when you need help.  
So thank you to all

Sincerely,  
Susan Kuntzer

11-11-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

*& visiting my husband he is in a*  
My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature *Gayleen Zambic* *Rehab*  
*his name is Frank Zambic 1945* *bell & split a*  
Printed Name Gayleen Zambic *themon in 3 places*  
*from knee to hip*  
Date 12-12-1993 *(3-28-42)* *DOB*

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Signature

Ellie Kennedy

Printed Name

Ellie Kennedy

Date - 12-10-23

Ellie Kennedy  
401 Diamond Dr  
Kimberly ID 83341  
12/10/2023

Keep  
up  
the  
good  
work! 🙌

To whom it may concern;

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Signature Marilyn E. Stevens

Printed Name Marilyn E. Stevens

Date 12/24/2023

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Signature June Standlee

Printed Name June Standlee

Date 12/29/23

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Signature Anzhela Khandzhian

Printed Name Anzhela Khandzhian

Date 12-23-23

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Signature Karen M Lopez

Printed Name Karen Lopez

Date 12/18/20<sup>2</sup>3



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Signature Holly Heywood

Printed Name Holly Heywood

Date 12/9/23

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Signature Nicole Parker

Printed Name Nicole Parker

Date Dec 17, 2023

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Signature Donna J B McDrummond

Printed Name Donna J B McDrummond

Date Dec. 11<sup>th</sup> 2023

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Signature Barbara Parker

Printed Name Barbara Parker

Date December 18, 2023

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Signature 

Printed Name DAVID W KEEVER

Date 12-10-23

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Signature X

Printed Name Michael K DAVIS

Date Dec 9 - 2023

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Signature Denise Escamilla

Printed Name Denise Escamilla

Date 12-11-23

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Signature Virginia Welby

Printed Name VIRGINIA Welby

Date 12-12-2023



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Signature 

Printed Name Terry Bodley

Date 12-11-23

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Signature Norma Kunz

Printed Name Norma Kunz

Date Dec 11 2023

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Signature Lloyd Blackburn

Printed Name Lloyd Blackburn

Date Dec 9th 2023

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Signature Shirley Davis

Printed Name Shirley DAVIS

Date Dec 9-2023

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My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Linda Towne

Printed Name Linda Towne

Date 12/11/23

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Signature

Jose Aguirre, Jr

Printed Name

Jose Aguirre, Jr

Date

12-11-23

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Signature Nancy M. Hark

Printed Name NANCY M HARK

Date 12-11-23

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Signature Charrie Faulk

Printed Name Charrie Faulk

Date 12-9-2023



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Signature Marlene A Quesnell

Printed Name MARLENE A QUESNELL

Date Dec 9-2023

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Signature Tim W Rogers

Printed Name Tim W Rogers

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Signature Fontella Christensen

Printed Name Fontella Christensen

Date 12 - 11 - 2023

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Signature Tonja Baktila

Printed Name Tonja Baktila

Date 12-11-23

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Signature Denise Elison

Printed Name Denise Elison

Date 12/11/2023

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Signature  \_\_\_\_\_

Printed Name ALISA HEJNY

Date 12/09/23

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Signature Gloria Mendoza

Printed Name Gloria Mendoza

Date 12-11-23

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Signature

A handwritten signature in cursive script, appearing to read 'Tiffany Ballard', written over a horizontal line.

Printed Name

Tiffany Ballard

Date

Dec. 9<sup>th</sup> 2023



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I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

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Signature Elisa Newman

Printed Name ELISA NEWMAN

Date 12-9-2023

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Signature

Alfred Reyes

Printed Name

Alfred Reyes

Date

12-8-23

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Signature Pearl M Skinner

Printed Name Pearl M. Skinner

Date 12-09-23

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Signature



Printed Name

Brenda K. Harper

Date

12-09-2023

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Signature Rose A Simonson

Printed Name ROSE A SIMONSON

Date 12-11-23

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Signature Tina Lynn

Printed Name Tina LYNN 12-10-23

Date Dec/10/2023

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Printed Name Carolyn Anne Jensen

Date 12/10/2023

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Signature 

Printed Name ROLAND STEVENS

Date DEC 11, 2023



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Signature Melody Wilkinson

Printed Name Melody Wilkinson

Date Dec 9, 2013

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Signature Donna J. Maerz

Printed Name DONNA J. MAERZ

Date 11/10/23

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Signature Donna L McIntyre

Printed Name Donna L. McIntyre

Date 12/12/2003

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Signature Debbie Hawkins

Printed Name Debbie Hawkins

Date 12/9/2023

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Signature Sharon L. Lee

Printed Name SHARON L LEE

Date Dec. 9<sup>th</sup> 2023

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Signature Paul Tillman

Printed Name Paul Tillman

Date 12/9/55

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Signature Skyler Thomas

Printed Name Skyler Thomas

Date 12-11-23

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Signature Ralph D. Lopez

Printed Name RALPH D. LOPEZ

Date 12/9/23



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Signature Phyllis Badesieky

Printed Name PHYLLIS BADESIEKY

Date DECEMBER 9, 2023

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Jeanne Malatesta

Printed Name

Jeanne  
Malatesta

Date

12-11-2023

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Signature Bonnie Stone

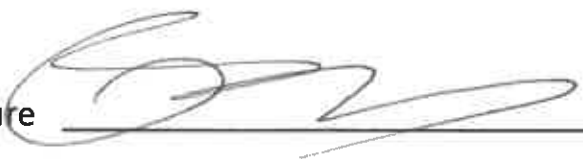
Printed Name BONNIE STONE

Date 12-11-23

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Printed Name David Gurley

Date 12/10/23

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Signature Barbara Williamson

Printed Name BARBARA WILLIAMSON

Date 12-11-2023

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Signature Dona M. Herman

Printed Name Dona M. Herman

Date 12-11-23

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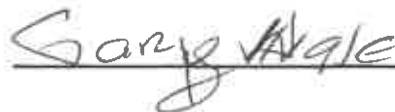
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Signature

A handwritten signature in dark ink, appearing to read "Gary Hale", written over a horizontal line.

Printed Name

A handwritten name "Gary Hale" in dark ink, written over a horizontal line.

Date

A handwritten date "12-11-23" in dark ink, written over a horizontal line.

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Signature M. M.

Printed Name MUSHIY ESTHER MALU

Date 12 / 11 / 23



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Signature  12-14-23

Printed Name Shane Newman

Date 12-14-23

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Signature Hugh D Brown

Printed Name Hugh D Brown

Date 12-13-23

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Signature Marilyn Fournier

Printed Name Marilyn Fournier

Date 12-11-2023

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Signature Eldon Jorgenson


Printed Name Eldon Jorgenson

Date Dec 15, 2023

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Signature 

Printed Name Dana Lyn Jorgenson

Date Dec 15, 2023

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Signature Judy Riba

Printed Name Judy Riba

Date 12/12/23

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Signature Robert T. Qualls

Printed Name Robert Qualls

Date \_\_\_\_\_

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Signature Cynthia Brown

Printed Name Cynthia Brown

Date 12 - 12 - 23



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Signature Doris Campbell

Printed Name Doris Campbell

Date 12/13/2023

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Signature Glen S. Martin

Printed Name Glen S. MARTIN

Date Dec 12, 2023

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Signature

Sharon R. Zuckor

Printed Name

Sharon R. Zuckor

Date

12-13-23

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Signature Susan Woodbury

Printed Name Susan Woodbury

Date 12/23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Mary Hollon

Printed Name Mary Hollon

Date 12/14/23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

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Signature Dorita Roach

Printed Name DORITA Roach

Date 12-14-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

I am blind!

Signature 

Printed Name Annette Hill

Date 12/12/23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Phyllis Sgkara

Printed Name Phyllis Sgkara

Date Dec 9 2023



To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Jerry W. Hebbel

Printed Name Jerry W. Hebbel

Date December 18, 2023

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Patricia McInight

Printed Name Patricia McInight

Date 12-15-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Kurt M. Wakkure

Printed Name Kurt M. Wakkure

Date 12-18-23

~~\*~~ Address correction on envelope

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Cynthia R Brown

Printed Name Cynthia R Brown

Date 12-18-2023

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Mike Lopez

Printed Name Mike Lopez

Date 12/18/23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature JANET RANTA

Printed Name JANET RANTA

Date 12/12/23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Snow Van Horn

Printed Name Snow Van Horn

Date 12-15-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Shannon Van Horn

Printed Name Shannon Van Horn

Date 12/17/23



To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Larry Buckland

Printed Name Larry Buckland

Date 12-20-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Cindy Ledbetter

Printed Name Cindy Ledbetter

Date 12/15/2023

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Barbara Silcock

Printed Name Barbara Silcock

Date 12-11-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Bonnie Smith

Printed Name Bonnie Smith

Date 12-14-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Kim Kinney

Printed Name Kim Kinney

Date 12-11-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Lorri Riddle

Printed Name Lorri Riddle

Date 12-17-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Zoe Ann Vazquez

Printed Name Zoe Ann Vazquez

Date 12-16-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments. *Thank you so very very much! God Bless you!*

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Elaine Brightwell

Printed Name ELAINE BRIGHTWELL

Date 12/19/23



To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Susan M Draper

Printed Name Susan M Draper

Date 12/18/23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature MaryAnn Whittaker

Printed Name MaryAnn Whittaker

Date 1-17-2023

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Everett M. Nickerson

Printed Name Everett M. Nickerson

Date 12-18-23

To whom it may concern;

I am a rider in the LINC transportation card program. This program helps me to remain independent, in my home and in my community. As a person with a disability, transportation is a constant challenge in a rural community such as mine. I depend on this resource to get to the grocery store, church or to other critical appointments.

My community has limited public resources and vast areas to cover. Many of my community's partners, like the City of Twin Falls and St. Lukes Hospital, have come together to help fund this program. I strongly support them in their efforts to receive additional funding to continue the LINC transportation program.

Signature Dorothy Taylor

Printed Name Dorothy Taylor

Date 12-22-23



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping? *doctors*

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

*I do not drive, so could not get any where if it wasn't for my card. I am so grateful for LINC.*



## LINC Card Survey

Please take a moment to help us secure more funding by answering these four questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes  
☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.  
☐ Yes, but I don't feel safe or comfortable using them.  
☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely  
☐ Sure  
☐ Maybe  
☐ No

Any additional comments:

My LINC card helps me get to Doctors appointments & shopping when a ride is not available otherwise. I really appreciate the help, as I am on a fixed income & could not afford to pay for rides otherwise. Thank you.



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☒ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

Linc has helped me out so much. I'm  
glad that it was brought to my attention.  
Thank you



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*Thanks for getting me to cancer treatments*

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☒ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

Thank you So Very Much for this vital Service in a DAY  
AND AGE OF TIME WHERE KINDNESS IS HARD TO FIND.

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

This has been a God send to the  
ones who can't see.



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them. T#T Transit
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

I'll be eighty years old 12-26. I've been using the Linc since 2016. Had to give up car and gave up driving license. The Twin Falls Transit only allows so many bags on board. I use Snake River yellow cab and my Linc Card. The transit takes an hour or so at times for pickup, so I use Snake River Cab + Linc. The Linc Card has been a big help for me. Thanks



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*Keep up the good work + I really like it.*

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

I AM VERY GRATEFUL FOR LINC.  
ITS HELPS TO GO PLACES, I AM ELDERLY  
SPECIALLY IN THE WINTER TIME.  
THE PEOPLE AT LINC ARE THE BEST.  
THEY DO A GREAT JOB, HELPING. THANK YOU



## LINC Card Survey

Please take a moment to help us secure more funding by answering these four questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*Linc is an extremely valuable program to me. I would not be able to go get groceries + other errands without it. I am grateful for them*



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I love using LINC. The Drivers are so professional, yet I consider them my friends.*



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

To Hospital and Medical Clinic Appointments

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☐ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☒ Yes, but they are not around when I need them.

Yes, Twin Falls Transit can't always come when I need them. Snake River Yellow cab is much more punctual.

How Likely are you to recommend LINC and this transportation program to others?

☐ Definitely

☒ Sure

☐ Maybe

☐ No

Any additional comments:

Issuing that New LINC plastic user card was a big improvement over the old monthly cardboard cards.





## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☒ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*the people at LINC are  
wonderful always on time  
always happy are very patient.*



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

Yes, I value my LINC Card, it helps me shop also SWAKE Taxi helps me to the door with my groceries, more timely. Public Transit is not so timely, longer wait time only 1 way.



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☒ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I live at Heritage Assisted Living and I give your phone number to any new resident for them to call and get an application. Your Linc Card is a blessing to me. I don't know what I would do without it! -THANK YOU!*

*There is a young man that is a resident here (48 years old) that filled out an application & has never heard back. He had a stroke & cannot drive. What can I do? His name is Amos Amero*



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☐ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

Must y driver are rely kind to truly  
one lady I like to get her use this card  
good to ride with



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

I particularly want to commend Snake River Yellowcab and their kind, friendly drivers. No matter how busy they are, they always manage to get me to my destination. I would be lost without LINC and Snake River Yellowcab.



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I would be very happy if LINC provided transportation after 6 PM and on week-ends.*

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

The LINC card has given me the ability to do things I have not been able to do on my time, not waiting for a ride from some other person or taxi.



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

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- ☐ No

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- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

THANK you!





## LINC Card Survey

Please take a moment to help us secure more funding by answering these four questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

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☒ No, my LINC card is all I have.

☒ Yes, but I don't feel safe or comfortable using them.

☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

If I need them they come  
Linc is all I want they  
are safe and affordable



## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

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- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

I appreciate the Nice Drivers and the Service that You provide! Everyone is very kind. Thank You!!  
Tiffany



## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

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☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

the LINC card has allowed me to get to and from my appointments safely and worry free that I won't make it. I have also used it <sup>shopping</sup> for groceries that is needed and I don't have to worry if I will have enough to get through the months. thank you! I helps a lot!



## LINC Card Survey

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- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

This program with rides  
help me a lot. For appointments doctor visits  
I love the LINC.  
Thank you.



## LINC Card Survey

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- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I can not write what I would to say  
because I have demien'sha, but it's  
been a great help to me.*

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## LINC Card Survey

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- ☒ Definitely
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- ☐ Maybe
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Any additional comments:

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- ☒ Definitely
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Any additional comments:

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- ☒ Definitely
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- ☐ Maybe
- ☐ No

Any additional comments:

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☐ Sure

☐ Maybe

☐ No

Any additional comments:

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- ☐ Definitely
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Any additional comments:

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☐ Maybe

☐ No

Any additional comments:

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- ☐ Sure
- ☐ Maybe
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Any additional comments:

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☐ Maybe

☐ No

Any additional comments:

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- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

\* CAN YOU UPDATE MY ADDRESS? \*

572 TERRY CTS TWIN FALLS IDAHO 83301



## LINC Card Survey

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- ☒ Definitely
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- ☐ Maybe
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Any additional comments:

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- ☒ Definitely
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Any additional comments:

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- ☒ Definitely
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Any additional comments:

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How Likely are you to recommend LINC and this transportation program to others?

☐ Definitely

☒ Sure

☐ Maybe

☐ No

Any additional comments:

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How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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- ☒ Definitely
- ☐ Sure
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- ☐ No

Any additional comments:

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- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

At Suak-River Lab; the people  
there are five people.



## LINC Card Survey

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- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

all the Drivers are Respectful and  
on time. They are Nice to Me  
Thank You  
TIM



## LINC Card Survey

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- ☒ Yes
- ☐ No

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- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*They care about the people in community.*

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## LINC Card Survey

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- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

My Linc Card is the way I get to doctors appointments and counseling  
without it I wouldn't be able to go anywhere.

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## LINC Card Survey

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- ☒ Yes
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- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

I have told many people about the LINC program. I recently fell. Have been to physical therapy for 3 months. LINC has been a wonderful help to me for transportation & many other ways also. Thank you for your help.

Donna J McEwen 12-11-23



## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

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- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

All the employees of Linc. and Snake River Yellow Cab  
are awesome!



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

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- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

Thank you for your service. I moved to Idaho Falls do you have this service here? I appreciate your service.



## LINC Card Survey

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- ☒ Yes
- ☐ No

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- ☐ No, my LINC card is all I have.
- ☒ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

I am dissatisfied in the service of Twin Falls Transit. It is entirely unreliable and has failed to pick me up in Camco Mobile Home Estate multiple times.

On the other hand, the service of Snake River Yellow Cab is excellent.



## LINC Card Survey

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- ☒ Yes
- ☐ No

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- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I am very thankful for LINC and the services they provide. a year ago I decided I didn't see well enough to be driving and LINC has been a real help.*



## LINC Card Survey

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- ☒ Yes
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- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*Great Service! Thank you!*

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## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

*I use other transportation when LINC isn't around*

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

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- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

If it wasn't for Linc my brother and mom would not be able to get to the grocery store or to much needed appointments. It is the only service available to them.





## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping? *Yes! Dr.*

- ☒ Yes *Thank you Thank you I thank you*
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*Broken Hip. RA, inverts hands-neck. Donna has helped me so very much. I appreciate Donna so much. I could not have made it without her help. God Bless and Thank you*



## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

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- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I really like*

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## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

When I am out I do talk to people and I tell them about Linc transportation helps me get to the store and they can help others to.

Kim Kinney



## LINC Card Survey

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- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I love your willingness to work with me.*

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping? <sup>#1</sup> Medical Appts.

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

It would help to not have to wait an hour or more for a taxi when I'm finished. If I go to the store, I have to wait another hour or more, I'm disabled, and the stores do not have anywhere to sit. This is NOT the fault of  
I'm very grateful for the LINC program. LINC.



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☐ Definitely
- ☒ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

thank you

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☒ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

Twin Falls Transit sometimes takes  
a long while to get a return ride  
home.



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☒ Yes  
☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

Thankful for the program

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these four questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

Thank you so much LINC.

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

*they sure help when needed to go to  
doctors and husband to chemo for cancer  
Thank everyone.*



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☐ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

DISCOUNTED RIDES HELP VERY MUCH  
WHEN LOW INCOMES PERSONS NEED  
ASSISTANCE



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

This program really helps out.



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping? *Doctors + Therapy*

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☒ Yes, but I don't feel safe or comfortable using them. *wait time bad*
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I liked it very much when I had it. It was very good!*

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have. *I also have A to B.*
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these four questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?



Yes



No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☐ Definitely



Sure

- ☐ Maybe

- ☐ No

Any additional comments:

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## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

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- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☐ Definitely
- ☒ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

Works well for me



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☐ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

*The Linc program is a much needed resource in Twin Falls. I don't use it often, but I can count on them when needed. This program gives us independence. Thank you to the Linc program.*



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☐ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these four questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

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- ☐ No, my LINC card is all I have.
- ☒ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

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- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these four questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes  
☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.  
☒ Yes, but I don't feel safe or comfortable using them.  
☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely  
☐ Sure  
☐ Maybe  
☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☒ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*Need more drivers.*

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have. *the best*
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I also use T&T (Twin Falls Transit)  
they are not as reliable*





## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*Could use more drivers and be Available by 7 or 8 A.M.  
so we could use it to get to work. Right now its  
limited in both AREAS.*



## LINC Card Survey

Please take a moment to help us secure more funding by answering these four questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*Sorry for my anger but TFT SUCKS*  
*only 1 wal-mart Bag of*  
*groceries*  
*I Love you Link*  
*will never ride with them*  
*ever again*  
*(Merry Christmas) and I am very*  
*Happy New Years } handy capped*



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☒ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☒ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

I have used Linc for many years and They have always been dependable. To give me my cards, Now They are digital and others are unable to accept it. But Linc is on Top of it. But other Transportation is Not, LVC is The only one I can be sure of. The New Twin Falls Transportation is a farce, they hide behind Thier inadequacies with saying they a (Public) Transport so it leaves us Seniors out- only one grocery bag at Wal-Mart, Pick up at 8:30 to appt at 9Am and get There at 9:30Am Doctors Do Not like That, we need a dependable Transportation and do not get it. Do not qualify for low-income so left out in The Cold. Please Keep funding Linc They are very much Needed Thank you



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☒ Yes

☐ No

Are you aware of any other transportation options that would be useful to you in your community?

☐ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

Partner with cab companies that have more than 2 cabs and 2 drivers and are available in Twin Falls at least 6 days a week. UBER would be great to partner with ~~the~~ Snake River Cab can't cover all the area by itself.



## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

☐ Yes

☒ No

Are you aware of any other transportation options that would be useful to you in your community?

☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

I am very Pleased with Service

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☐ Yes
- ☒ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☐ Yes

☒ No

Are you aware of any other transportation options that would be useful to you in your community?

☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

I am very pleased with  
Service.



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☐ Yes

☒ No

Retired disabled

Are you aware of any other transportation options that would be useful to you in your community?

☐ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☒ Yes, but they are not around when I need them.

Never received a card that I'm aware of.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

As far as I know I've never received a Linc Card.  
My wife came down this summer & took me to my appointments.  
She is gone back to Montana now.





## LINC Card Survey

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Does your LINC card help you to get to work, school or shopping?

- ☐ Yes
- ☒ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☒ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

Ride + F+ never use  
it

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☐ Yes
- ☒ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☒ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☐ Definitely
- ☒ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I have used them twice & they are on time courteous & friendly.*

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☐ Yes

☒ No

*not at this time I'm 81 yr old  
on SSI*

Are you aware of any other transportation options that would be useful to you in your community?

☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

*wright now all are Booked in  
Twin Falls Id*

Any additional comments:

*I sure could use then what is your price?*

---

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☐ Yes

☒ No

I get my groceries delivered didn't know I could go shopping  
Are you aware of any other transportation options that would be useful to you in your community?

☐ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

Yes I use A to B transportation

How Likely are you to recommend LINC and this transportation program to others?

☒ Definitely

☐ Sure

☐ Maybe

☐ No

Any additional comments:

You can't get T&T to take the Linc card if you have a debit card on file, they charge the card!



## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

- ☐ Yes
- ☐ No

Are you aware of any other transportation options that would be useful to you in your community?

- ☐ No, my LINC card is all I have.
- ☐ Yes, but I don't feel safe or comfortable using them.
- ☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

- ☒ Definitely
- ☐ Sure
- ☐ Maybe
- ☐ No

Any additional comments:

*I appreciate the LINC card -  
but have Molina Inc. - they pay my cab  
fare & tips - THANK -*



## LINC Card Survey

Please take a moment to help us secure more funding by answering these four questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☐ Yes

☒ No

Are you aware of any other transportation options that would be useful to you in your community? *Yes*

☐ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☐ Definitely

☐ Sure

☒ Maybe

☐ No

Any additional comments:

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## LINC Card Survey

Please take a moment to help us secure more funding by answering these three questions! Your participation is greatly appreciated!

Does your LINC card help you to get to work, school or shopping?

☐ Yes

☒ No

Are you aware of any other transportation options that would be useful to you in your community?

☒ No, my LINC card is all I have.

☐ Yes, but I don't feel safe or comfortable using them.

☐ Yes, but they are not around when I need them.

How Likely are you to recommend LINC and this transportation program to others?

☐ Definitely

☐ Sure

☐ Maybe

☒ No

Any additional comments:

My line driver cancels or just  
doesn't show up.

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640 S. State St.  
Shelley, ID, 83274

To whom it may concern,

I am writing to highly recommend LINC, a transportation service company that has been providing invaluable assistance to our business and the community. LINC's dedication to making transportation accessible and affordable through their voucher-based program has had a significant impact on the residents of Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties.

LINC's program serves seniors over the age of 60 and individuals with disabilities, ensuring that they have access to reliable and on-demand transportation services. This has greatly improved the quality of life for many individuals in our community who may otherwise face challenges in accessing essential services, such as medical appointments, grocery shopping, and social activities.

The voucher-based system implemented by LINC has proven to be highly effective in meeting the diverse needs of the community. By providing affordable transportation options, LINC has not only improved the mobility of individuals but has also fostered a sense of independence and empowerment among its beneficiaries.

In addition to their commitment to the community, LINC has been an invaluable partner to our business. Their support and assistance in getting trips, providing helpful tips, and sharing industry-specific information have significantly contributed to the growth and success of our business. Their expertise and dedication to customer satisfaction have been instrumental in enhancing our services and ensuring a positive experience for our clients.

I wholeheartedly recommend LINC for any individual or organization seeking reliable and accessible transportation services. Their commitment to the community, coupled with their professionalism and expertise, make them an exceptional choice. I am confident that LINC will continue to make a positive impact on the lives of many individuals and businesses in our community.

Should you require any further information or have any questions, please do not hesitate to contact me. Thank you for considering my recommendation.

Sincerely,

Larry Standfield

Lk Transportation





# TWIN FALLS Idaho

People Serving People

203 Main Ave East, PO Box 1907, Twin Falls, ID 83303-1907

December 20, 2023

Living Independence Network Corporation (LINC)  
1878 W Overland Rd  
Boise, ID 83705

**RE: Letter of Support for LINC**

To Whom It May Concern,

I am writing this letter in my capacity as the Transit Coordinator for Ride TFT, the public transit service operated by the City of Twin Falls, to express our strong support for the Living Independence Network Corporation (LINC). Our partnership with LINC is a testament to our shared commitment to creating a more accessible and inclusive community, particularly for individuals with disabilities and seniors.

LINC's 5310 Southern Idaho Transportation program is a shining example of how targeted, community-based initiatives can significantly impact people's lives. By providing prepaid transit cards to eligible individuals, LINC has opened doors to greater mobility and independence. These cards, accepted as payment on our Ride TFT system, empower users to access essential services, attend medical appointments, and participate in community activities, thereby fostering their active engagement in society.

As a public transit provider, we understand the importance of accessible transportation in enhancing the quality of life for all community members. LINC's approach aligns perfectly with our mission, as they not only provide financial support for transportation but also ensure ease of use and dignity for the program's beneficiaries. The LINC Transportation Card, functioning like a debit or credit card, is a thoughtful solution that respects the independence and discretion of its users. We are proud to be a part of this valuable program and to assist in making transportation more accessible to those who need it most. Our collaboration with LINC reflects our shared values of inclusivity, independence, and community support.

We look forward to continuing our partnership with LINC and supporting their endeavors to enhance the lives of individuals with disabilities in Southern Idaho. Their work is not only

commendable but essential in building a more inclusive and accessible world for everyone, and we see them as a vital partner as we strive to build and develop transit services for the City of Twin Falls and as part of the larger region of south-central Idaho.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Maxine Durand', with a long horizontal flourish extending to the right.

Maxine Durand  
Transit Coordinator  
City of Twin Falls  
[mdurand@tfid.org](mailto:mdurand@tfid.org)  
(208) 735-7347

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Harris & CO., PLLC  
Certified Public Accountants  
1120 S. Rackham Way, Suite 100  
Meridian, ID 83642

Living Independence Network Corporation  
1878 W Overland Rd  
Boise, ID 83705

Dear Jeremy,

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2022.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Cheryl Guiddy

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
September 30, 2021

Prepared for	Living Independence Network Corporation 1878 W Overland Rd Boise, ID 83705
Prepared by	Harris & CO., PLLC 1120 S. Rackham Way, Suite 100 Meridian, ID 83642
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2022.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021**2020**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**LIVING INDEPENDENCE NETWORK CORPORATION****82-0426465**

Name and title of officer or person subject to tax

**JEREMY MAXAND  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>5,102,724.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **HARRIS & CO., PLLC** to enter my PIN **26465**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**82172112345**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **CHERYL GUIDDY**Date ▶ **05/11/22**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A** For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**LIVING INDEPENDENCE NETWORK CORPORATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1878 W OVERLAND RD**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**BOISE, ID 83705****F** Name and address of principal officer: **JEREMY MAXAND****SAME AS C ABOVE****D** Employer identification number**82-0426465****E** Telephone number**208-336-3335****G** Gross receipts \$**5,115,131.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **LINCIDAHO.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1988****M** State of legal domicile: **ID****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PROVIDING SERVICES TO DISABLED CITIZENS SUCH AS INDEPENDENT LIVING PROGRAMS, PEER COUNSELING AND</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>6</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>351</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 673,757.	<b>Current Year</b> 971,906.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	4,192,390.	4,035,680.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448,587.	85,298.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,281.	9,840.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,320,015.	5,102,724.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,095,516.	4,385,808.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	644,006.	691,181.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,739,522.	5,076,989.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	580,493.	25,735.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 5,249,063.	<b>End of Year</b> 5,763,506.
	<b>21</b>	Total liabilities (Part X, line 26)	330,644.	334,883.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	4,918,419.	5,428,623.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>JEREMY MAXAND, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHERYL GUIDDY</b>	Preparer's signature <b>CHERYL GUIDDY</b>	Date <b>05/11/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00266294</b>
	Firm's name ▶ <b>HARRIS &amp; CO., PLLC</b>	Firm's EIN ▶ <b>26-4022510</b>	Phone no. (208) 333-8965		
	Firm's address ▶ <b>1120 S. RACKHAM WAY, SUITE 100</b> <b>MERIDIAN, ID 83642</b>				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ **X****1** Briefly describe the organization's mission:

LIVING INDEPENDENCE NETWORK CORPORATION (LINC), A NON-PROFIT ORGANIZATION, EMPOWERS PEOPLE WITH DISABILITIES TO ACHIEVE THEIR DESIRED LEVEL OF INDEPENDENCE. LINC PROMOTES PERSONAL GROWTH AND FREEDOM OF CHOICE THROUGH ADVOCACY, NETWORKING, PUBLIC AWARENESS, AND

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ **X** No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ **X** No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 4,622,401. including grants of \$ ) (Revenue \$ 4,045,520.)

PROVIDE SERVICES TO DISABLED INDIVIDUALS BY PROVIDING INDEPENDENT LIVING CENTER PROGRAMS, COUNSELING AND INDEPENDENT LIVING SUPPORT SERVICES, ADVOCACY, PUBLIC AWARENESS, PERSONAL ATTENDANTS AND OTHER. 2,147 PEOPLE WERE ASSISTED DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2021. 186 WITH COGNITIVE DISABILITIES, 348 WITH MENTAL/EMOTIONAL DISABILITIES, 1,037 WITH PHYSICAL DISABILITIES, 30 WITH HEARING DISABILITIES, 116 WITH VISUAL DISABILITIES, AND 430 WITH OTHER DISABILITIES.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **4,622,401.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	X	
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b> 351		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country ▶ .....			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	6			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	6			
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
<b>6</b> Did the organization have members or stockholders?	6			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	8a		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 208-336-3335**  
**1878 W OVERLAND RD, BOISE, ID 83705**

Check if Schedule O contains a response or note to any line in this Part VII

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	415,289.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	556,617.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 75,929.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		971,906.			
<b>Program Service Revenue</b>	<b>2 a</b>	MEDICAID REIMBURSEMENT	Business Code 621610	3,993,024.	3,993,024.		
	<b>b</b>	COPAYMENTS AND PRIVATE	621610	42,656.	42,656.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		4,035,680.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		83,361.		
<b>4</b>		Income from investment of tax-exempt bond proceeds					
<b>5</b>		Royalties					
<b>6 a</b>		Gross rents	(i) Real (ii) Personal				
<b>b</b>		Less: rental expenses					
<b>c</b>		Rental income or (loss)					
<b>d</b>		Net rental income or (loss)					
<b>7 a</b>		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
<b>b</b>		Less: cost or other basis and sales expenses					
<b>c</b>		Gain or (loss)					
<b>d</b>		Net gain or (loss)		1,937.			1,937.
<b>8 a</b>		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
<b>b</b>		Less: direct expenses					
<b>c</b>		Net income or (loss) from fundraising events					
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19					
<b>b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	CONSULTING	Business Code 541610	9,840.	9,840.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		9,840.			
	<b>12</b>	<b>Total revenue.</b> See instructions		5,102,724.	4,045,520.	0.	85,298.



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	201,513.	186,447.	15,066.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,448,163.	3,195,772.	252,391.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,484.	41,439.	12,045.	
<b>9</b> Other employee benefits	418,500.	402,147.	16,353.	
<b>10</b> Payroll taxes	264,148.	244,025.	20,123.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	27,201.	24,619.	2,582.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	24,425.		24,425.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	4,652.	3,931.	721.	
<b>13</b> Office expenses	84,724.	74,518.	10,206.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	122,427.	105,682.	16,745.	
<b>17</b> Travel	18,561.	15,573.	2,988.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	140.		140.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	52,070.		52,070.	
<b>23</b> Insurance	42,610.	35,819.	6,791.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a CONTRACT LABOR</b>	141,323.	133,430.	7,893.	
<b>b DISTRIBUTED AT EQUIPMEN</b>	56,617.	56,617.		
<b>c UNCOLLECTIBLE ACCOUNTS</b>	29,990.	26,371.	3,619.	
<b>d GRANT EXPENSE</b>	26,712.	23,489.	3,223.	
<b>e</b> All other expenses	59,729.	52,522.	7,207.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,076,989.	4,622,401.	454,588.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,116,463.	<b>1</b>	1,036,979.
	<b>2</b> Savings and temporary cash investments .....	44,582.	<b>2</b>	35,014.
	<b>3</b> Pledges and grants receivable, net .....	37,924.	<b>3</b>	11,479.
	<b>4</b> Accounts receivable, net .....	403,748.	<b>4</b>	486,215.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	98,655.	<b>8</b>	117,967.
	<b>9</b> Prepaid expenses and deferred charges .....	2,002.	<b>9</b>	2,002.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,947,337.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 531,859.		
		1,442,226.	<b>10c</b>	1,415,478.
	<b>11</b> Investments - publicly traded securities .....	2,103,463.	<b>11</b>	2,658,372.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,249,063.	<b>16</b>	5,763,506.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	330,644.	<b>17</b>	334,883.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	330,644.	<b>26</b>	334,883.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,819,764.	<b>27</b>	5,293,439.
	<b>28</b> Net assets with donor restrictions .....	98,655.	<b>28</b>	135,184.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	4,918,419.	<b>32</b>	5,428,623.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	5,249,063.	<b>33</b>	5,763,506.

Form 990 (2020)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,102,724.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,076,989.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	25,735.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,918,419.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	484,469.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,428,623.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

LIVING INDEPENDENCE NETWORK CORPORATION

Employer identification number

82-0426465

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	304,534.	365,685.	368,715.	673,757.	971,906.	2684597.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	304,534.	365,685.	368,715.	673,757.	971,906.	2684597.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						2684597.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	304,534.	365,685.	368,715.	673,757.	971,906.	2684597.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	53,106.	158,011.	158,272.	433,194.	83,361.	885,944.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	21,936.	11,126.	23,294.	5,281.	9,840.	71,477.
<b>11 Total support.</b> Add lines 7 through 10						3642018.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	21,249,414.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	73.71 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	70.26 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ► ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ► ☐**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ► ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****MISC INCOME & CONSULTING**

2016 AMOUNT: \$ 21,936.

2017 AMOUNT: \$ 11,126.

2018 AMOUNT: \$ 23,294.

2019 AMOUNT: \$ 5,281.

2020 AMOUNT: \$ 9,840.

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

LIVING INDEPENDENCE NETWORK CORPORATION

Employer identification number

82-0426465

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
<b>LIVING INDEPENDENCE NETWORK CORPORATION</b>	<b>82-0426465</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF IDAHO - TRANSPORTATION DEPARTMENT  3311 W STATE STREET  BOISE, ID 83707	\$ 80,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ADMINISTRATION FOR COMMUNITY LIVING  330 C ST SW  WASHINGTON, DC 20201	\$ 279,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ST. LUKE'S  190 E BANNOCK ST  BOISE, ID 83712	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE OF IDAHO - JFAC  PO BOX 83720  BOISE, ID 83720	\$ 392,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	IDAHO COUNCIL ON DEVELOPMENTAL DISABILITIES  700 W STATE ST  BOISE, ID 83702	\$ 24,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

82-0426465

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$ _____	_____

Name of organization	Employer identification number
<b>LIVING INDEPENDENCE NETWORK CORPORATION</b>	<b>82-0426465</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

LIVING INDEPENDENCE NETWORK CORPORATION

Employer identification number

82-0426465

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %  
 b Permanent endowment  %  
 c Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations ☐ Yes ☐ No  
 (ii) Related organizations ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		430,128.		430,128.
b Buildings		1,323,747.	395,419.	928,328.
c Leasehold improvements				
d Equipment		193,462.	136,440.	57,022.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,415,478.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,562,768.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	484,469.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	484,469.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,078,299.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	24,425.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	24,425.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,102,724.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,052,564.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,052,564.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	24,425.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	24,425.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,076,989.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

UNCERTAIN TAX POSITIONS

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THAT POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE

LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING

**Part XIII** Supplemental Information *(continued)*

REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEARS 2021 OR 2020.

THE ORGANIZATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2017.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

Name of the organization

**LIVING INDEPENDENCE NETWORK CORPORATION**

Employer identification number

**82-0426465**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
DANA GOVER	MEMBER, BOARD OF	0.	INDIVIDUAL PA	
HERNAN REYES	MEMBER, BOARD OF	0.	INDIVIDUAL PA	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

**(a) Name of interested person**

**(b) Relationship between interested person and the organization**

(c) Amount of transaction

**(d) Description of transaction**

(e) Sharing of organization's revenues?	
---	--

Yes	No
-----	----

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: DANA GOVER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER, BOARD OF DIRECTORS

(D) TYPE OF ASSISTANCE: INDIVIDUAL PARTICIPATES IN ATTENDANT PROGRAM

(A) NAME OF PERSON: HERNAN REYES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER, BOARD OF DIRECTORS

(D) TYPE OF ASSISTANCE: INDIVIDUAL PARTICIPATES IN ATTENDANT PROGRAM

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**LIVING INDEPENDENCE NETWORK CORPORATION**

Employer identification number

**82-0426465**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....	<b>X</b>	<b>311</b>	<b>75,929.</b>	<b>FAIR MARKET VALUE</b>
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....				
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement .....

**29**

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
<b>30a</b>		<b>X</b>
<b>31</b>		<b>X</b>
<b>32a</b>		<b>X</b>

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule M (Form 990) 2020**

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[illegible]



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

LIVING INDEPENDENCE NETWORK CORPORATION

Employer identification number  
82-0426465

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT SERVICES, PERSONAL ASSISTANCE, REHABILITATION, INFORMATION AND  
TRANSPORTATION. LINC'S MAIN OBJECTIVE IS TO PROMOTE PERSONAL GROWTH AND  
FREEDOM OF CHOICE THROUGH ADVOCACY, NETWORKING, PUBLIC AWARENESS AND  
MODIFICATION OF ENVIRONMENTS. LINC ALSO GRANTS CREDIT TO INDIVIDUALS  
INELIGIBLE FOR GRANT ASSISTANCE WHO UTILIZE THE PERSONAL ATTENDANT  
PROGRAM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MODIFICATION OF ENVIRONMENTS.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS DELEGATES BROAD AUTHORITY TO ACT ON ITS BEHALF TO  
THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS MADE AVAILABLE FOR REVIEW TO THE EXECUTIVE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BYLAW TEN OF THE LINC CORPORATE BYLAWS STATES THAT "THERE SHALL BE NO  
UNDISCLOSED CONFLICTS OF INTEREST BETWEEN ANY BOARD MEMBER AND/OR EMPLOYEE  
OF LINC, NOR ANY UNDISCLOSED INTEREST OF ANY KIND IN ANYTHING (MOTION OR  
OTHERWISE) IN WHICH THE BOARD OF DIRECTORS MUST MAKE ANY DECISION. NO  
INTERESTED BOARD MEMBER MAY VOTE OR PARTICIPATE IN THE CONDISERATION OF ANY  
MOTION IN WHICH THEY HAVE AN INTEREST". THE POLICY IS MONITORED BY  
MANAGEMENT, WHO ENSURES THAT ANY BOARD MEMBER AND/OR EMPLOYEE WHO MAY HAVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

LIVING INDEPENDENCE NETWORK CORPORATION

Employer identification number

82-0426465

A CONFLICT OF INTEREST AS STATED ABOVE DISCLOSES THE CONFLICT PRIOR TO ANY CONSIDERATION OR VOTE. THIS IS ENFORCED BY PUBLIC DISCLOSURE AT BOARD MEETINGS REGARDING ANY PERCEIVED CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND ANY KEY EMPLOYEES, SUCH AS THE ASSISTANT EXECUTIVE DIRECTOR, IS DETERMINED THROUGH AN ANNUAL PERFORMANCE REVIEW CONDUCTED BY SUPERVISORY STAFF (IN THE CASE OF THE ASSISTANT EXECUTIVE DIRECTOR) OR THE BOARD OF DIRECTORS (IN THE CASE OF THE EXECUTIVE DIRECTOR).

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, ARE AVAILABLE UPON REQUEST. ADDITIONAL INFORMATION SUCH AS FEDERAL GRANT AMOUNTS AND ANNUAL REPORTS, ARE MADE AVAILABLE TO THE PUBLIC ONLINE ON THE REHABILITATION SERVICES ADMINISTRATION MANAGEMENT INFORMATION SYSTEM AT RSAMISED.GOV.

FORM 990, PART XII, LINE 2C:


NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE CURRENT TAX YEAR.

## Project Budget Request

<b>Subrecipient</b>	<b>Living Independence Network Corporation</b>
<b>Agreement Term</b>	<b>October 1, 2024-September 30, 2026</b>
<b>Contact Name</b>	<b>Jeremy Maxand, Executive Director</b>
<b>Address</b>	<b>1878 West Overland Road, Boise, Idaho 83705</b>
<b>Phone Number</b>	<b>(208) 336-3335 ext. 223 office / (208) 391-8988 mobile</b>

FTA Grant	Operating (OP) 50/50			Purchase of Service (PT) 80/20			Capital (CP) 80/20		
	Total	Federal	Match	Total	Federal	Match	Total	Federal	Match
5310		\$ -	\$ -	\$ 462,514.00	\$ 334,820.00	\$ 135,398.00		\$ -	\$ -

Total Project Cost	Total Federal Request	Total Match Needed
\$ 462,514.00	\$ 334,820.00	\$ 135,398.00

Jeremy Maxand  
 \_\_\_\_\_  
 Subrecipient Printed Name  
  
 \_\_\_\_\_  
 Subrecipient Signature  
 12-Jan-24  
 \_\_\_\_\_  
 Date

### Scope of Work

The Living Independence Network Corporation (LINC) is requesting funding to support our rural, on-demand, door-to-door transportation program for people with disabilities and seniors (60+) in the Idaho Transportation Department's District 4 (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties.) With the exception of the City of Twin Falls, all of these counties and the communities in them are consider rural. Funding will support transportation cards eligible consumers can use to pay for rides using approved transportation provider agencies.

### Local Match Source(s) for Project:

Local match sources include grants from cities, nonprofits, and LINC general funds. The application narrative (Sections 1-5) details match sources and amounts.

## Attachment B: Milestone Reporting

Agency Name	Living Independence Network Corporation		
Agency Contact	Jeremy Maxand		
Phone #	(208) 391-8988	Email	jmaxand@lincidaho.org
Grant Program	5310	Rural	One Time
Federal Award Amount	\$334,820		
Scope of Work: To provide on-demand transportation services to seniors and people with disabilities.			
<p><b>Milestone Progress Report:</b> Target of major tasks to be achieved by specific dates.  The report should include information such as: data for each activity line item within the approved project; a discussion of all</p> <ul style="list-style-type: none"> <li>budget or schedule changes; original, estimated and actual estimated completion date</li> <li>description of projects, status, specification preparation, bid solicitation, resolution of protests, and contract awards;</li> <li>breakout of the costs incurred and those costs required to complete the project; reasons why any scheduled milestone or completion dates were not met, identifying problem areas and discussing how the problems will be solved; and discuss the expected impacts of delays and the steps planned to minimize these impacts.</li> </ul> <p>Add additional milestones to the table below as needed.</p>			

Name	Estimated Completion Date	Description
ITD-PT Application Award	May 2024	Idaho Transportation Board reviews ITD-PT recommendations, PTAC response, and public comment in their determination of final project award and funding levels.
Solicitation/RFQ	June 2024	LINC's updated RFQ posted and responses by transportation provider agencies reviewed.
Contract Award	August 2024	Contracts with transportation provider agencies awarded and contracts signed.
Start Date	October 1, 2024	LINC's on-demand transportation service begins.
Contract Completion Date	September 30, 2026	5310 funding ends.
Close-out contract	November 2026	Any reporting and contract close-out activities are completed with ITD and transportation provider agencies, if appropriate.

## FEDERAL TRANSIT ADMINISTRATION

### REGION 10

(covering Alaska, Idaho, Oregon, and Washington)

## CATEGORICAL EXCLUSION / DOCUMENTED CATEGORICAL EXCLUSION WORKSHEET

The purpose of this worksheet is to assist project sponsoring transit agencies in the states of **Alaska, Idaho, Oregon, and Washington** in gathering and organizing materials for environmental analysis required under the National Environmental Policy Act (NEPA) – particularly for projects that may qualify as a Categorical Exclusion (CE) or Documented Categorical Exclusion (DCE) under [23 Code of Federal Regulations \(CFR\) Part 771.118](#) – to support a recommendation. The use and submission of this worksheet is NOT required. The worksheet is provided as a helpful tool for assembling information needed by the Federal Transit Administration (FTA) to determine the likelihood and magnitude of potential project impacts to the environment.

**NOTE: Worksheet fields are expandable. Feel free to use more than a line or two, if needed. You may also reference and attach additional information such as technical memoranda, maps, or photographs for the project.**

Submission of this worksheet does not satisfy NEPA requirements. FTA must concur in writing in the sponsoring agency's NEPA recommendation, as appropriate. Project activities may not begin until this process is complete and FTA has provided written concurrence. FTA encourages you to review the document "Guidance for Implementation of FTA's Categorical Exclusions (23 CFR 771.118)" available online here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/guidance-implementation-ftas-categorical-exclusions>.

Please contact the FTA Region 10 office at (206) 220-7954 if you have any questions or require assistance. For submittal procedures, please see information at the end of this document. For links to other agencies or for further topical guidance, please go to FTA's website on Environmental Programs, <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/environmental-programs>.

**DISCLAIMER:** *The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies. Grantees should refer to applicable regulations and statutes referenced in this document.*

<b>I. Project Description</b>		
Sponsoring Agency Living Independence Network Corporation	Date Submitted January 12, 2024	FTA Grant Number(s) (if known)
Project Title <b>5310 On-Demand Transportation Services</b>		
Project Description (brief, 1-2 sentences) This project provides rural, on-demand, door-to-door transportation for people with disabilities and seniors (60+) in the Idaho Transportation Department's District 4 (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties.)		
Purpose and Need for Project (Please provide a brief statement. You may include this information as an attachment if the statement is lengthy.) The purpose of this project is to provide affordable and accessible on-demand transportation services to seniors and people with disabilities in the rural counties of ITD's District 4. The need can be demonstrated quantitatively (77,920 individuals who could potentially need to access transportation services) and qualitatively (comments and feedback from the general public and transportation		

consumers.) Transportation services in ITD's District 4 are limited, particularly for individuals who need affordable and accessible options in rural areas.

Project Location (Please include street address, city, and state of the project location.)  
ITD District 4

Project Contact (Please include the name, phone number, email address, and mailing address for the submitter of this worksheet.)

Jeremy Maxand  
(208) 391-8988 mobile  
[jmaxand@lincidaho.org](mailto:jmaxand@lincidaho.org)  
1878 West Overland Road  
Boise, Idaho 83705

If your project involves construction, please include the following as appropriate:

- Project vicinity map
- Project site plan(s) showing project features, access points, and project boundaries
- Other useful maps as appropriate (topographic maps, aerial photographs, Environmental Protection Agency [EPA] NEPAAssist maps, etc.)
- Photographs of the site if useful to illustrate important features
- Details on the depth and extent of soil excavation proposed for the project
- Additional information if the soil has been previously disturbed by prior construction or other activity
- List of parks or recreation areas within the project vicinity
- List of any previous consultations that might be relevant (e.g., with other federal, state, or local agencies)

## II. NEPA Class of Action

Please answer the following questions to determine the project's potential NEPA Class of Action. If the answer to any of the questions in **Part II.A, questions A.1 through A.4 below** is "Yes", contact your assigned FTA Region 10 Grant Representative to discuss whether the project requires preparation of a NEPA Environmental Assessment (EA) or Environmental Impact Statement (EIS).

### A.1 Will the project significantly impact the natural, social, and/or economic environment?

- ☐ Yes (If selected, please contact your assigned FTA Region 10 Grant Representative.)  
☒ No

### A.2 Is the significance of the project's social, economic, or environmental impacts unknown?

- ☐ Yes (If selected, please contact your assigned FTA Region 10 Grant Representative.)  
☒ No

### A.3 Is the project likely to require detailed evaluation of more than a few potential impacts?

- ☐ Yes (If selected, please contact your assigned FTA Region 10 Grant Representative.)  
☒ No

**A.4 Is the project likely to generate intense public discussion, concern, or controversy, even though it may be limited to a relatively small subset of the community?**

- ☐ Yes (If selected, please contact your assigned FTA Region 10 Grant Representative.)
- ☒ No

**B. Does the project type fall into any of the following Categorical Exclusions (CEs)?**

☒ Yes (If selected AND there are no unusual circumstances, please check the applicable CE box below and continue to **Part III. Project Information Required for CEs and DCEs** of this form.)

☐ No (If selected, please continue to **Part II.C Does the project type appear similar to any of the following Documented Categorical Exclusion (DCE) examples?** of this form.)

The types of activities listed below describe actions which, when the corresponding conditions are met, are categorically excluded from further NEPA analysis under [23 CFR Part 771.118\(c\)](#). Unusual circumstances may prevent the use of these CEs, and may include, but are not limited to, the presence of wetlands, historic buildings and structures, parklands, or floodplains in the project area, or the potential for the project to impact other resources. (You may look up detailed descriptions of each type of activity, and corresponding conditions at the guidance document here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/guidance-implementation-ftas-categorical-exclusions>.)

[23 CFR Part 771.118\(c\)\(1 through 16\)](#)

- ☐ (1) Utilities and Similar Appurtenances
- ☐ (2) Recreation, Pedestrian, or Bicycle Facilities
- ☐ (3) Environmental Mitigation or Maintenance of Environmental Quality and Site Aesthetics
- ☐ (4) Planning and Administrative Activities (No construction activities)
- ☐ (5) Activities Promoting Transportation Safety, Security, Accessibility, and Communication
- ☐ (6) Acquisition or Transfer of Real Property Interest
- ☐ (7) Acquisition, Rehabilitation, Maintenance of Vehicles or Equipment
- ☐ (8) Maintenance, Rehabilitation, Reconstruction of Facilities
- ☐ (9) Assembly or Construction of Facilities
- ☐ (10) Development of Facilities Adjacent to Existing Transit Facilities
- ☐ (11) Emergency Recovery Activities  
(Several conditions are attached to this type of CE. Please consult with FTA Region 10 Office if you think this CE may apply to your project.)
- ☒ (12) Projects Entirely within the Existing Operational Right-of-Way
- ☐ (13) Projects with Limited Federal Funding  
(Must be less than \$5 million in federal funding, or having a total estimated cost of not more than \$30,000,000 and federal funds comprising less than 15 percent

of the total estimated project cost. Please consult with FTA if you think this CE may apply to your project.)

- ☐ (14) Bridge Removal and Related Activities
- ☐ (15) Preventative Maintenance to Certain Culverts and Channels
- ☐ (16) Geotechnical and Similar Investigations

**C. Does the project type appear similar to any of the following Documented Categorical Exclusion (DCE) examples?**

- ☐ Yes (If selected, please check the applicable DCE example box below and continue to **Part III. Project Information Required for CEs and DCEs** of this form.)
- ☐ No (If selected, please contact your assigned FTA Region 10 Grant Representative, as further discussion about the project may be necessary prior to initiating NEPA review.)

Projects that are categorical exclusions under [23 CFR Part 771.118\(d\)](#) require additional documentation demonstrating that the specific conditions or criteria for the categorical exclusions are satisfied and that significant effects will not result.

[23 CFR Part 771.118\(d\)\(1 through 8\)](#)

- ☐ (1) Modernization of a highway by resurfacing, restoring, rehabilitating, or reconstructing shoulders or auxiliary lanes.
- ☐ (2) Bridge replacement or the construction of grade separation to replace existing at-grade railroad crossings.
- ☐ (3) Acquisition of land for hardship or protective purposes.  
(Hardship and protective buying will be permitted only for one or a limited number of parcels, and only where it will not limit the evaluation of alternatives (including alignments) for planned construction projects.)
- ☐ (4) Acquisition of right-of-way.  
(No project development such as final design or construction activities on the acquired right-of-way may begin until the NEPA review process for such project development, including the consideration of alternatives, where appropriate, has been completed.)
- (5) [Reserved]
- ☐ (6) Facility modernization through construction or replacement of existing components.
- ☐ (7) Minor transportation facility realignment for rail safety reasons.
- ☐ (8) Facility or structure modernization or minor expansion outside existing right-of-way.
- ☐ "Other" actions which meet the criteria for a CE in the CEQ regulations (40 CFR part 1508.4) and will not result in significant environmental effects. Actions must not: induce significant impacts to planned growth or land use; require the relocation of significant numbers of people; have a significant impact on any natural, cultural, recreational, historic or other resource; cause significant air, noise, or water quality



impacts; have significant impacts on travel patterns; or otherwise have significant environmental impacts (either individually or cumulatively).

### **III. Project Information Required for CEs and DCEs**

1. If you selected "Yes" in **Part II.B Does the project type fall into any of the following Categorical Exclusions (CEs)?** above, and checked any of the CE options under 23 CFR Part 771.118(c)(1 through 16):
  - a) Complete **Part III.A Detailed Project Description** below.
  - b) Review the remaining subject areas (**Part III.B Location and Zoning - Part III.AA Related Federal and State/Local Actions**). If any of these subject areas is relevant to demonstrating your project has no significant impacts or unusual circumstances, please enter a brief description within the box for that subject area, otherwise enter "N/A".
  - c) Complete the "**Submitted By**" and "**Date**" boxes at the end of the form and submit electronically to your assigned FTA Region 10 Grant Representative according to the instructions at the end of this form.
2. If you selected "Yes" in **Part II.C Does the project type appear similar to any of the following Documented Categorical Exclusion (DCE) examples?** above, and checked any of the DCE examples under 23 CFR Part 771.118(d)(1 through 8):
  - a) Complete **Part III.A Detailed Project Description** below.
  - b) Complete each of the remaining subject areas (**Part III.B Location and Zoning - Part III.AA Related Federal and State/Local Actions**) that are relevant to your project. Depending on the details of your project, some of the subject areas may not be applicable. In such cases, no discussion is needed, simply enter "N/A". You may reference and attach documents prepared for other purposes (e.g., public meetings) if they are helpful.
  - c) Complete the "**Submitted By**" and "**Date**" boxes at the end of the form and submit electronically to your assigned FTA Region 10 Grant Representative according to the instructions at the end of this form.

**NOTE:** The subject areas list below is not all-inclusive. If your project has the potential to cause impacts to resources which are not listed below, please provide supplemental information about those potential impacts.

**A. Detailed Project Description**

Please describe the project and explain how it satisfies the “Purpose and Need for Project”, as provided in **Part I. Project Description**.

The Living Independence Network Corporation (LINC) is requesting funding to support our rural, on-demand, door-to-door transportation program for people with disabilities and seniors (60+) in the Idaho Transportation Department’s District 4 (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties.) With the exception of the City of Twin Falls, all of these counties and the communities in them are consider rural.

In order to qualify for the program, participants must complete an application and provide ID verification of age, or signed documentation from a licensed professional regarding a disability diagnosis. Application materials consist of a Consumer Eligibility Form, the Transportation Application, and an Independent Living Rights and Responsibilities Form. Application forms are included in the Backup Documentation section of this application. Application forms are in English and Spanish and can be returned to LINC via email, fax, mail, or in-person at our Twin Falls office.

Once an application is processed and approved, LINC mails the participant a LINC Transportation Card. This card looks and operates similar to a debit or credit card. On the first of each month, LINC add funds to participant cards (usually \$100-\$200 based on available funding.) If participants do not use all of their funds by the end of the month, the remaining balance will not be carried over, but each card will be reloaded to the monthly base amount. This card can be used like cash with approved transportation providers. Participants can use as much of their available funds as they like for each trip. It is up to participants how to manage their funds each month.

Transportation providers can provide participants with a card balance using an app, or participants can check their balance online at: <https://getyourbalance.com/>.

LINC uses an online program management system call Factor 4. This system allows LINC staff to easily monitor card usage, reload cards, create usage reports, and track transportation provider payments each month. Transportation providers are paid via ACH, which is faster than printing and mailing checks.

This program aligns with both the FTA an ITD-PT priorities in that it improves mobility for seniors and individuals with disabilities by removing barriers to transportation services and expands transportation mobility options. While funding for this program will support existing 5310 services, we are actively collaboration with ITD District 4 transportation agencies and providers to coordinate the expansion of these services in a more coordinated and integrated way across the District.

**B. Location and Zoning**

Attach a map identifying the project’s location and surrounding land uses. Identify any critical resource areas (historic, cultural, or environmental) or sensitive noise or vibration receptors (schools, hospitals, churches, residences, hotels, etc.). Briefly describe the project area’s zoning and indicate whether the proposed project is consistent with it. Briefly describe the community (geographic, demographic, economic, and population characteristics) in the project vicinity.

N/A

**C. Traffic**

Describe potential traffic and parking impacts, including whether the existing roadways have adequate capacity to handle increased bus or other vehicular traffic. Include a map or diagram if the project will modify existing roadway configurations. Describe connectivity to other transportation facilities and modes, and coordination with relevant agencies, if applicable.

N/A

**D. Aesthetics**

Will the project have an adverse effect on scenic views, or scenic viewpoints?

☒ No

☐ Yes

If Yes, please describe.

Will the project substantially degrade the existing visual character or quality of the site and its surroundings?

☒ No

☐ Yes

If Yes, please describe.

Will the project create a new source of substantial light or glare which would adversely affect day or nighttime views in the area?

☒ No

☐ Yes

If Yes, please describe.

**E. Air Quality**

Does the project have the potential to have a negative impact on air quality?

☒ No

☐ Yes

If Yes, please describe.

Is the project located in an EPA-designated non-attainment or maintenance area? (For additional information, see the EPA webpage "Nonattainment Areas for Criteria Pollutants" here: <https://www.epa.gov/green-book>.)

☒ No

☐ Yes

If Yes, please indicate the criteria pollutant and contact your assigned FTA Region 10 Grant Representative to determine if a "hot spot analysis" is necessary.

☐ Carbon Monoxide (CO)

☐ Ozone (O<sub>3</sub>)

☐ Particulate Matter (PM<sub>10</sub> or PM<sub>2.5</sub>)

If the non-attainment area is also in a metropolitan area, was the project included in the MPO's Transportation Improvement Program (TIP) air quality conformity analysis?

☐ No

☐ Yes

If Yes, please provide the date of U.S. Department of Transportation conformity finding.

**F. Coastal Zone**

Is the proposed project located in a designated coastal zone management area? (For additional information on Coastal Zones, see the Water Resources Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/water-resources-0>. Also, see the National Oceanic and Atmospheric Administration [NOAA] webpage "The National Coastal Zone Management Program" here: <https://coast.noaa.gov/czm/>.)

☒ No

☐ Yes

If Yes, please describe coordination with your appropriate State agency regarding consistency with the coastal zone management plan and attach the State finding, if available.

**G. Environmental Justice**

Determine the presence of minority and low-income populations (business owners, land owners, and residents) within a quarter-mile of the project area. Indicate whether the project will have disproportionately high and adverse effects on minority or low-income populations. Describe any potential adverse effects. Describe outreach efforts targeted specifically at minority or low-income populations. Please see Environmental Justice Policy Guidance for Federal Transit Administration Recipients here:

<https://www.transit.dot.gov/regulations-and-guidance/fta-circulars/environmental-justice-policy-guidance-federal-transit>.

N/A

**H. Floodplains**

Is the proposed project located within the Federal Emergency Management Agency (FEMA) 100-year floodplain? (For additional information on Floodplains, see the Water Resources Standard Operating Procedures on FTA's website here:

<https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/water-resources-0>. Also, see the FEMA Flood Mapping Products webpage here: <https://www.fema.gov/flood-mapping-products>.)

☐ No

☐ Yes

If Yes, please describe potential impacts, indicate if the project will impact the base flood elevation, and include or link to the FEMA Flood Insurance Rate Map (FIRM) with the project location identified.

N/A

**I. Hazardous Materials**

Is there any known or potential contamination at the project site? This may include, but is not limited to, lead/asbestos in existing facilities or building materials; above or below ground fuel storage tanks; or a history of industrial uses of the site.

☐ No

If No, please describe steps taken to determine the absence of hazardous materials on the site.

☐ Yes

If Yes, please describe steps taken to determine the presence of hazardous materials on the site. Please also describe any mitigation and clean-up measures that will be taken to remove hazardous materials from the project site. If the project includes property acquisition, identify if a Phase I Environmental Site Assessment for the land to be acquired has been completed and the results. (For additional information on Hazardous Materials, see the Consideration of Contaminated Properties including Brownfields Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/consideration-contaminated-properties-including>. Also, for additional information on Phase I Environmental Site Assessments, see the ASTM International webpage "Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Process" here: <https://www.astm.org/Standards/E1527.htm>.)

N/A

**J. Navigable Waterways**

Does the proposed project cross or have the potential to impact a potentially navigable waterway? (Waterway navigability can be defined by the U.S. Army Corps of Engineers, the U.S. Coast Guard, Congress, or the federal courts. For additional information on Navigable Waterways, see the Water Resources Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/water-resources-0>.)

☒ No

☐ Yes

If Yes, please describe potential impacts and any coordination with the U.S. Army Corps of Engineers or the U.S. Coast Guard.

**K. Noise and Vibration**

Does the project have the potential to increase noise or vibration?

☒ No

☐ Yes, please describe the impact(s) and provide map(s) identifying sensitive receptors such as schools, hospitals, parks, residences, and hotels. If the project will result in a change in noise and/or vibration sources, you must conduct an analysis following the guidance in FTA's Transit Noise and Vibration Impact Assessment Manual here: <https://www.transit.dot.gov/research-innovation/transit-noise-and-vibration-impact-assessment-manual-report-0123>.

**L. Prime and Unique Farmlands**

Does the project involve the use of any prime or unique farmlands, as defined by the U.S. Department of Agriculture (USDA)? (For additional information, see the document "Prime and Unique Farmlands" at the USDA webpage here:

<https://efotg.sc.egov.usda.gov/references/public/VA/PrimeandUniqueFarmlands.pdf>.)

☐ No

☐ Yes

If Yes, please describe potential impacts and any coordination with the Natural Resources Conservation Service of the USDA.

N/A

**M. Historic and Cultural Resources**

Impacts to cultural, historic, or recreational properties may trigger Section 106 consultation, tribal consultations, and/or a Section 4(f) evaluation, requiring consideration of avoidance alternatives. (For additional information on Section 106, see the Section 106 Process Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/section-106-process-standard-operating-procedures>. For additional information on Section 4(f), see the Section 4(f) Evaluations Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/section-4f-evaluations>.)

Does the project involve any ground disturbing activities?

☒ No

☐ Yes

If Yes, please provide the approximate maximum ground disturbance depth and extent. Also, please provide information on any previous ground disturbance at the project site.

Are there any historic resources at the project site or in the vicinity of the project?

☐ No

☐ Yes

If Yes, please attach photographs of structures more than 45 years old that are within or adjacent to the project site and describe any direct or indirect impacts the project may cause.

N/A

**N. Biological Resources**

Are there any species located within the project vicinity that are listed as threatened or endangered under the Endangered Species Act? Determine this by obtaining lists of threatened and endangered species and critical habitat from the U.S. Fish and Wildlife Service and the National Marine Fisheries Service. (For additional information on Biological Resources, see the Biological Resources Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-programs/environmental-programs/biological-resources-standard-operating-procedures>.)

☐ No

☐ Yes

If Yes, please identify the species, and also describe any critical habitat, essential fish habitat, or other ecologically sensitive areas within or near the project area.

N/A



**O. Recreational Resources**

Is the project located in or adjacent to a park or recreation area? (For additional information on Recreational Resources, see the Section 4(f) Evaluations Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/section-4f-evaluations>.)

☐ No

☐ Yes

If Yes, please provide information on potential impacts to the park or recreation area. Please also indicate if the park involved Land and Water Conservation Fund Act funding (Section 6(f)) (For additional information on the Land and Water Conservation Fund Act, see the National Park Service's Land and Water Conservation Fund webpage here: <https://www.nps.gov/subjects/lwcf/index.htm>.)

N/A

**P. Seismic and Soils**

Are there any unusual seismic or unstable soil conditions in the project vicinity? If so, indicate on a project map and describe the seismic standards to which the project will be designed.

☐ No

☐ Yes

If Yes, please describe the conditions.

N/A

**Q. Water Quality**

Does the project have the potential to impact water quality, including during construction? (For additional information on Water Quality, see the Water Resources Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/water-resources-0>.)

☐ No

☐ Yes

If Yes, please describe potential impacts as a result of the project and your agency's Best Management Practices to manage/mitigate these impacts.

N/A

Will there be an increase in new impervious surface or restored impervious surface?

☐ No

☐ Yes

If Yes, please describe potential impacts and proposed treatment for stormwater runoff.

N/A

Is the project located within the vicinity of an EPA-designated Sole Source Aquifer (SSA)? (For additional information on Sole Source Aquifers including an interactive map, see the EPA's Sole Source Aquifers for Drinking Water webpage here: <https://www.epa.gov/dwssa>.)

☐ No

☐ Yes

If Yes, please provide the name of the aquifer for which the project is located and describe any potential impacts to the aquifer. Also, please provide the approximate amount of new impervious surface created by the project. (Attach a completed FTA Region 10 SSA Worksheet and submit it along with this CE worksheet, if applicable.)

N/A

**R. Wetlands**

Will the project temporarily or permanently impact wetlands or require alterations to streams or waterways? (For additional information on Wetlands, see the Water Resources Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/water-resources-0>.)

☐ No

☐ Yes

If Yes, please describe potential impacts.

N/A

**S. Construction Impacts**

Describe the construction plans, and identify impacts due to construction noise, utility disruption, debris and spoil disposal, and staging areas. Address air and water quality impacts, safety and security issues, and disruptions to traffic and access to property.

N/A

**T. Cumulative and Indirect Impacts**

Are cumulative and indirect impacts likely?

☒ No

☐ Yes,

If Yes, please describe the reasonably foreseeable impacts:

a) **Cumulative impacts** (which result from the incremental impact of the action when added to other past, present, and reasonably foreseeable future actions regardless of what agency – Federal or non-Federal – or person undertakes them. Cumulative impacts can result from individually minor but collectively significant actions taking place over a time period.)

b) **Indirect impacts** (which are caused by the action but are later in time or farther removed in distance, yet are still reasonably foreseeable. Indirect impacts may include growth-inducing effects and other effects related to induced changes in the pattern of land use, population density or growth rate, and related effects on air, water, and other natural systems, including ecosystems.)

**U. Property Acquisition**

Will the project acquire any real properties?

☒ No

☐ Yes

If Yes, please indicate whether the property acquisition will result in relocation of businesses or individuals. (**Note:** For real property acquisitions valued over \$1,000,000, FTA concurrence in the property's appraisal/valuation is required. Please contact your assigned FTA Region 10 Grant Representative if you have any questions.)

**V. Energy**

Does the project include construction or reconstruction of a building, identify measures to conserve energy which will be employed? (This includes building materials and techniques used for construction; special innovative conservation features; fuel use for heating, cooling, and operations; and alternative renewable energy sources.)

☒ No

☐ Yes

If Yes, please describe.

**W. Public Involvement**

Please describe public outreach efforts undertaken on behalf of the project. Indicate opportunities for public meetings (e.g., board meetings, open houses, special hearings). Indicate any significant concerns expressed by agencies or the public regarding the project.

We conducted interviews with several area providers, riders, community organizations, and other interested parties. This assessment guided some changes to improve the program and inform our current application. One consistent issue that we heard was the 'per ride' voucher did not provide adequate funding for those that lived in smaller and rural communities to get to urban centers. Another common issue was the need to add additional funds to an individual's card to accommodate unique situations. In addition, many riders were having issues receiving their paper voucher in the mail.

The assessment guided some changes and updates to the program, including:

- Confirming rider addresses and assessing who was and was not using the program.
- Using a digital voucher system that uploads funds to a permanent reusable card each month without the need to send monthly mailings.
- Shifting to a consumer-controlled model wherein riders can use as much or little of their allotted monthly funds on transportation.
- Providing additional funding for those with a unique need (see attached).
- Updating LINC's Transportation Manual
- Revamping our transportation program website.

In December, we solicited letters of support from riders, and received more than 150 signed letters from community members strongly supporting LINC's program and our application for funding.

We heard no significant concerns expressed by agencies or the public regarding the project.

**X. Mitigation Measures**

Please describe all measures to be taken to mitigate project impacts, both during construction and operation.

N/A

**Y. Other Federal Actions**

Please provide a list of other federal NEPA actions related to the proposed project or in the vicinity, if applicable.

N/A

**Z. State and Local Policies and Ordinances**

Is the project in compliance with all applicable state and local policies and ordinances?

☐ No

If No, please describe the non-compliance.

☒ Yes

**AA. Related Federal and State/Local Actions**

Check all that apply below.

- ☐ Corps of Engineers Permit (e.g., Section 10 of the Rivers and Harbors Act of 1899, Section 404 of the Clean Water Act)
- ☐ Coastal Zone Management Certification
- ☐ Critical Area Ordinance Permit
- ☐ Endangered Species Act and Magnuson-Stevens Fishery Conservation and Management Act Consultation
- ☐ Floodplain Development Permit
- ☐ Forest Practices Act Permit
- ☐ Hydraulic Project Approval
- ☐ Local Building or Site Development Permits
- ☐ Local Clearing and Grubbing Permit
- ☐ National Pollutant Discharge Elimination System General Construction Permit
- ☐ Shoreline Permit
- ☐ Solid Waste Discharge Permit
- ☐ Sole Source Aquifer Consultation (Safe Drinking Water Act of 1974)
- ☐ Section 4(f) (Historic or Recreational Properties; Wildlife Refuges)
- ☐ Section 6(f) (Recreational Properties with Land and Water Conservation Fund Act funding)
- ☐ Section 106 Consultation (National Historic Preservation Act)
- ☐ Stormwater Site Plan (SSP)
- ☐ Temporary Erosion and Sediment Control Plan (TESC)
- ☐ U.S. Coast Guard Permit
- ☐ Water Rights Permit
- ☐ Water Quality Certification - Section 401 of the Clean Water Act
- ☐ Tribal Consultation or Permits (if any, describe below)
- ☐ Other

Others (Please describe, if applicable):

Please submit this completed form and any attachments electronically to [fta.tro10mail@dot.gov](mailto:fta.tro10mail@dot.gov) and cc: your assigned FTA Region 10 Grant Representative. Please contact the FTA Region 10 Office if you are unsure about these procedures or have any questions.

**Federal Transit Administration, Region 10**

915 2nd Avenue, Suite 3142

Seattle, WA 98174-1002

**Phone:** (206) 220-7954

**Email:** [fta.tro10mail@dot.gov](mailto:fta.tro10mail@dot.gov)

### **Sole Source Aquifer Checklist**

**PROJECT NAME:** 5310 On-Demand Transportation Program

**NAME OF SOLE SOURCE AQUIFER OR SOURCE AREA:**

- 1. Location of project:** ITD District 4
- 2. Project description:** This project provides rural, on-demand, door-to-door transportation for people with disabilities and seniors (60+) in the Idaho Transportation Department's District 4 (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties.)
- 3. Is there any increase of impervious surface? If so, what is the area?** No
- 4. Describe how storm water is currently treated on the site?** N/A
- 5. How will storm water be treated on this site during construction and after the project is complete?** N/A
- 6. Are there any underground storage tanks present or to be installed? Include details of such tanks.** No
- 7. Will there be any liquid or solid waste generated? If so, how will it be disposed of?** No
- 8. What is the depth of excavation?** N/A
- 9. Are there any wells in the area that may provide direct routes for contaminants to access the aquifer and how close are they to the project?** N/A
- 10. Are there any hazardous waste sites in the project area, especially if the waste site has an underground plume with monitoring wells that may be disturbed? Include details.** N/A
- 11. Are there any deep pilings that may provide access to the aquifer?** N/A

**12. Are Best Management Practices planned to address any possible risks or concerns? N/A**

**13. Is there any other information that could be helpful in determining if this project may have an effect on the aquifer? No**

**14. Does this Project include any improvements that may be beneficial to the aquifer, such as improvements to the wastewater treatment plan? No**

**The EPA Sole Source Aquifer Program may request additional information if impacts to the aquifer are questionable after this information is submitted for review.**



## Congressional Application Attachment D: Demonstration of Need

### 1. Type of Service (Check all that apply):

- ☐ Fixed Route
- ☐ Deviated Route
- ☒ Demand/Response

### 2. Service Area (Check one)

- ☐ City
- ☐ County
- ☒ Multi-County
- ☐ Other (Please Specify):

### 3. Connectivity:

Do you connect with other modes of transportation? Check all that apply.

- ☐ Urban Public Systems
- ☒ Intercity Carriers
- ☐ Airports/Trains
- ☐ Other transit operators in your region (please list below):

### 4. Ridership:

Estimate the average number of rides:      Per Day 47      Per Year 17,155

Briefly describe your ridership over the last two years: During the pandemic there was a slight reduction in rides, initially, but we are trending upward, and with increased promotion will see our numbers begin to rise.

Over the last 2 years, our program has undergone an overall improvement and upgrade to our systems and processes. This action provided us updated information on individual riders and allowed for the removal of participants who are no longer active. We have developed a system to keep riders' status current. This reduced the number of "riders" in our program to only those currently actively using the system.

5. Days/Hours of Service:

List days of the week and hours transit provider is in service:

Days / Hours of Service:

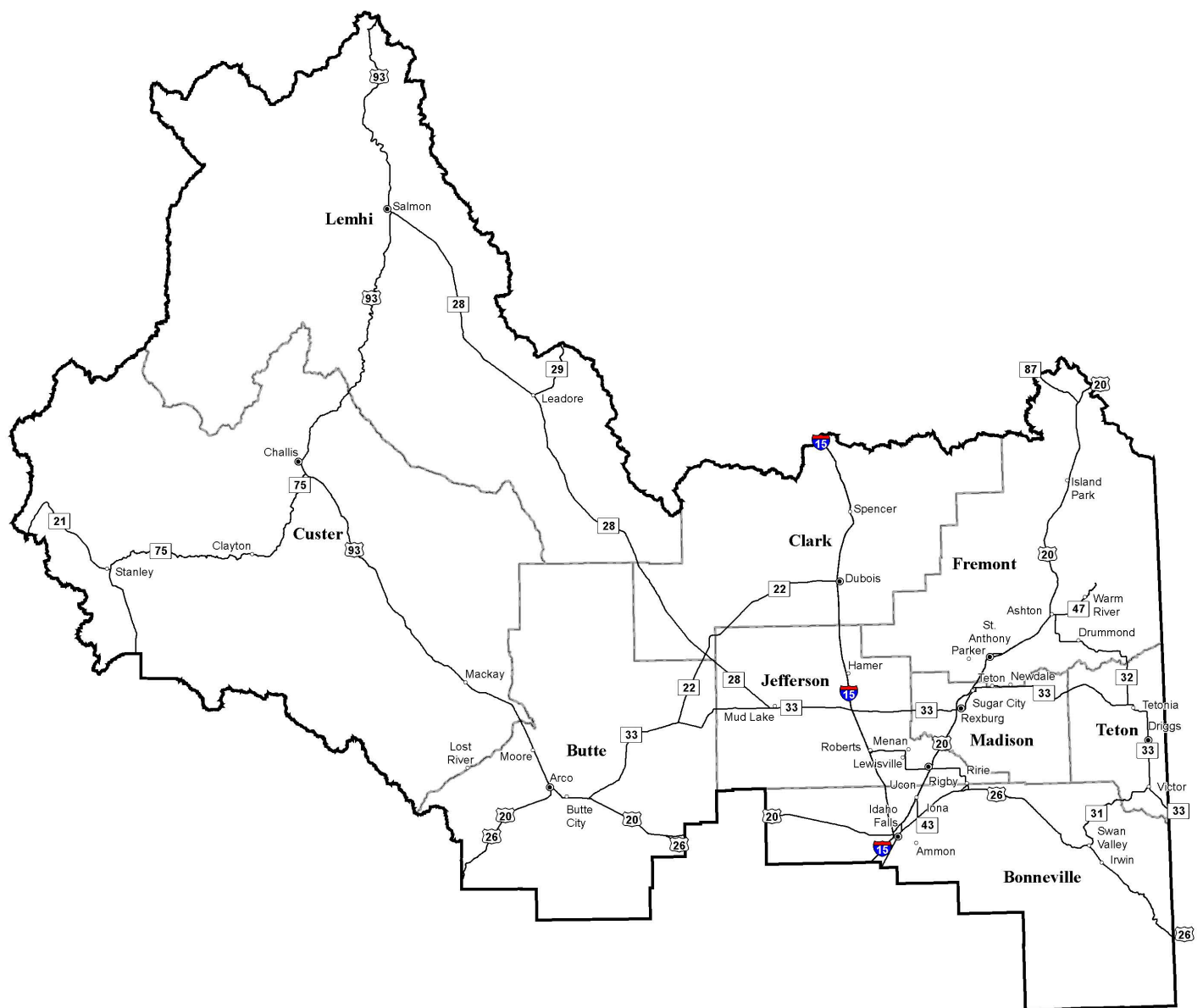
Mondays – Thursdays: 6:00 AM to 9:00 PM

Fridays: 6:00 AM to Midnight

Saturdays: 7:00 AM to Midnight

Sundays: CLOSED

# District 6: East Idaho



# **5310 RURAL**

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## **GRANT APPLICATION**

### **2024-2026**



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# DISTRICT MAPS



# 1. PROJECT DESCRIPTION

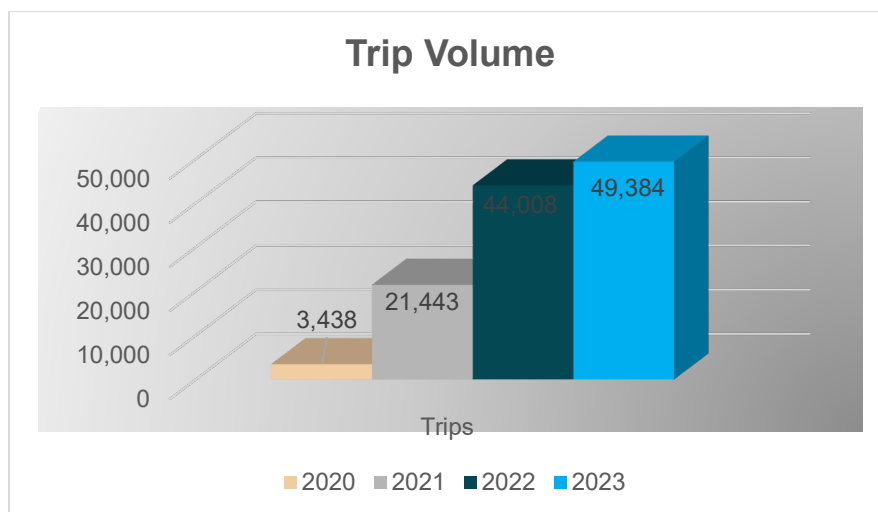
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Andre's Veteran Owned Transportation (AVOT), servicing areas across southern Idaho, began coordinating specialized transportation services for older adults (65 and over) and persons with disabilities in 2020 through non-emergency medical Transportation (NEMT). This includes demand response and door-to-door services in the large and small urban areas and the rural regions throughout southern Idaho. Specialized transportation services are fully accessible per the Americans with Disabilities Act (ADA). This program serves people who, in many cases, have no other transportation options.

The program will support trips with at least one leg in a rural community in AVOT's jurisdiction. The service area will include districts 3, 4, 5, and 6, covering a wide range of rural communities. With the anticipated rapid growth in the rural areas of southern Idaho, this project will focus on the coordination of service in all the districts listed above.

AVOT has experienced a significant increase in demand from the community seeking transportation. Originally known as LK Transportation, AVOT has grown substantially since its inception in 2020. In the first year, LK Transportation provided approximately 3,400 trips. However, the demand for their services has skyrocketed, with 21,400 trips in 2021, 44,000 trips in 2022, and a staggering 50,000 trips in 2023. This exponential growth is a testament to the vital role AVOT plays in meeting the transportation needs of older adults and individuals with disabilities in southern Idaho.

By expanding their services to rural communities and focusing on all the districts in their jurisdiction, AVOT aims to ensure that individuals in these areas have access to reliable and accessible transportation. With limited transportation options available, AVOT's specialized transportation services are a lifeline for many individuals who would otherwise be unable to access essential services, medical appointments, and community activities. AVOT's commitment to providing high-quality transportation services aligns with their mission to improve the mobility and quality of life for older adults and individuals with disabilities in southern Idaho.

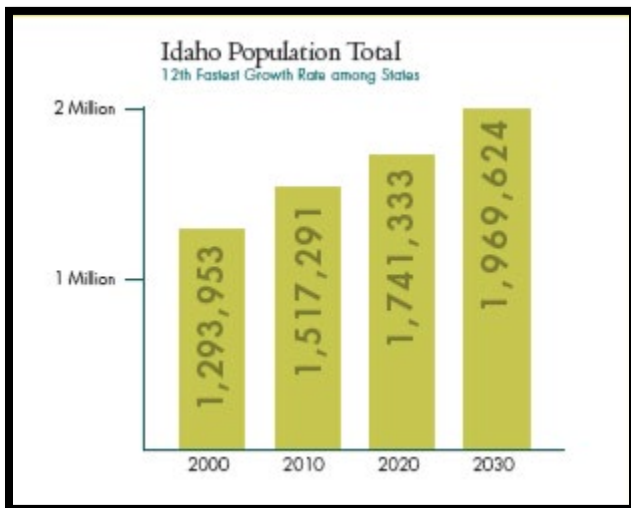


## 2. DEMONSTRATION OF NEED

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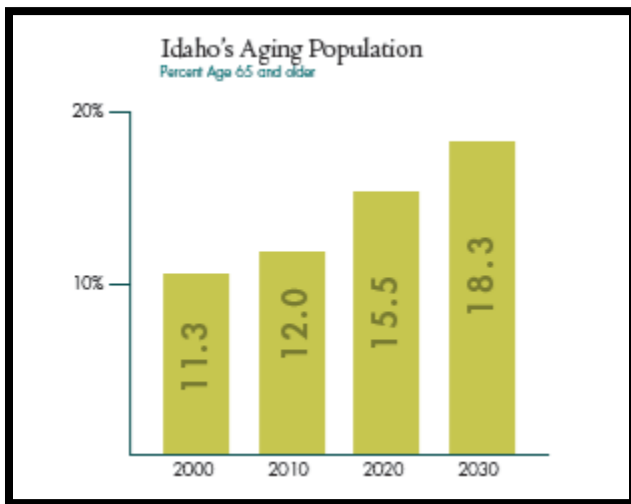
AVOT serves a geographically large area, including many rural communities within southern Idaho. Many seniors and persons with disabilities depend solely on services provided by local senior centers and public agencies to get them to their medical appointments, shopping, and social activities. These trips are essential to this demographic to sustain their health, nutrition, and overall quality of life. AVOT wants to be in a position to meet this growing need, allowing these individuals the freedom to move. As these communities grow, the need becomes even greater. Idaho's population has been steadily growing for the last twelve years. As many of these members with disabilities are on a fixed income, this program is provided free of charge.

To meet ADA requirements, AVOT ensures that its transportation services are accessible to individuals with disabilities. AVOT's vehicles are equipped with wheelchair ramps or lifts to accommodate passengers who use mobility devices. The vehicles also have designated seating areas for individuals with disabilities. AVOT's drivers are trained to assist passengers with disabilities, including helping them board and exit the vehicles safely. Additionally, AVOT provides accessible scheduling and reservation systems, allowing individuals with disabilities to easily request and plan their trips. AVOT is committed to providing equal access to transportation services for all individuals, in compliance with the ADA guidelines.



To go along with the population growth in Idaho, it is also important to notice the growth of the aging population as well. The percentage of people that are the age of 65 + has grown over the last 20 years, and is expected to continue to do so. What does that mean for public transportation? That means a greater demand for the service. 65 + members typically have more doctor appointments, and that is around the age where driving privileges are restricted, or terminated due to health reasons.





The region is in a housing crisis forcing many people to move from their urban housing into more affordable rural areas, leaving them with fewer transportation options. Health systems throughout the region have identified access to healthcare for rural communities as one of our region's greatest needs, which has only worsened due to the COVID-19 pandemic. According to the Department of Vocational Rehabilitation staff, lack of affordable transportation is a crucial barrier to persons with disabilities accessing employment prior to the pandemic. In addition, national studies indicate more veterans returning from recent deployments are coming home with more severe injuries and are choosing to live in rural communities over busier and more crowded rural areas. AVOT works closely with these community stakeholders to ensure transportation solutions are designed and implemented to meet these growing needs.

The utilization of AVOT's specialized transportation services in both rural and urban areas grew between 2017 and 2019 from 52,425 to 87,502, respectively. The utilization in 2020 and 2021 dropped significantly due to COVID-19 restrictions and the closing of senior centers, health services, and other vital destinations. Boardings in 2020 dropped to 75,183. Boardings were down in 2021 by another 27.4% compared to 2020 as of AVOT's Q3 reporting period. Considering the rural trips provided by Star, Kuna, Parma, and Metro, ridership declined in 2020 and 2021 by 30 percent each year compared to the previous year (See Attached).

AVOT will be employing a variety of outreach, education, and marketing efforts throughout 2022 and beyond to build boardings back to pre-pandemic levels and ensure the ability to grow that utilization over time

### 3. PROJECT PLANNING

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AVOT's Operations Supervisor serves internally in the Operations Department and is the liaison between AVOT and transportation service providers for technology, operational and safety training, and vehicle safety and inspection training. Maintaining positive relationships between transportation service providers and AVOT is a core function of AVOT's mobility management practices.

Andre's Veteran Owned Transportation has a history of working with several Idaho rural communities and deploying transportation services, and as a previous Non-emergency transportation (NEMT) provider, the foundation to support transit services is firmly established between AVOT and local transportation service providers. AVOT is poised to increase riders throughout the service area as communities become more aware of rural transportation services in their area.

The 5310 POS project is in line with the state plan and local coordinated plan goals of maintaining current service levels. It works in cooperation with the other district providers, at times connecting riders with those other more localized systems.

The 5310 POS program involves paid drivers operating accessible van services and standard vehicles. Currently, drivers are allowed to take the vehicles home. All the vehicles are equipped with dashcams, and GPS tracking features to ensure safety and security of the vehicles. This business model has been the only model that has allowed for expansion of public transportation services beyond localized communities where vans and vehicles are located to impact several districts. This continues to be true, as service with vans and vehicles has become ever more expensive and simply does not allow for the long trips that are sometimes necessary for a person to access services in rural areas.

Additional local match funding opportunities are being explored to reduce the program's dependency on Federal funding. AVOT works with local governments to support some of our Specialized Transportation services. These are funding sources AVOT will be working to build throughout this grant to achieve a higher local share rate by the end of the grant cycle. This allows AVOT to expand services and stretch the limited federal funding further.

AVOT will provide in-kind services, value of volunteer driver time, and non- medical Medicaid travel services as match. Staff time spent on the project is recorded and includes time spent doing billings, generating payables, promoting the project, and meeting with ITD, contractor staff, and others as necessary. All in-kind matches are recorded and maintained electronically, with appropriate amounts being deducted and remaining balances being carried forward. AVOT has steadily generated matches that exceeds requirements. LK Transportation currently holds multiple contracts. One is with the behavioral Health Department for an amount of \$250,000, for the timeframe of 11/22-11/24 (Attached). Another major contract is with MTM\*(Attached Schedule A Billing Sheet). With MTM our current volume of trips are roughly around 50,000, that would estimate a revenue of \$1,000,000.

AVOT's coordinated marketing program increases the awareness of services for seniors 65+, persons with disabilities, minorities, low-income populations, and veterans in southern Idaho. This funding request will improve mobility for seniors and those with disabilities primarily in rural areas. Barriers to mobility is something we have experienced with the lack of buses. It is the plan to reduce the barriers to mobility in the rural areas with the 5310 POS project vision in mind. The 5310 POS project works cooperatively with various entities throughout many districts inclusive of minority and low income communities.

## 4. PROJECT BENEFITS / EVALUATION

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### Project Benefits:

The services purchased under this project will be the only public transportation services available to a large portion of the districts. These services play a crucial role in enabling people in rural areas to access the services they need and obtain necessary products without having to relocate to larger communities with overwhelming housing costs.

By connecting people to businesses and services, these transportation services benefit both the larger community and the smaller communities, allowing the latter to retain population and remain robust. Without this connection, the economics and quality of life in these areas would suffer.

Moreover, the safety of the community is enhanced through a reduction in vehicles on the road and fewer people driving long distances, especially in poor light or winter weather conditions. These services provide an alternative for individuals who may not be comfortable driving or should not be driving due to various reasons, allowing them to access essential services such as shopping and medical appointments.

Lastly, the availability of public transportation allows people who must commute for work to do so, thereby increasing their quality of life and providing economic support to the region.

### Project Evaluation:

#### Data Collection:

The 5310 POS project in District 3-6 will continue to collect data related to trips for the elderly and people with disabilities, hours of both paid and any volunteer drivers, and mileage of all vehicles, both private and agency-owned.

AVOT, in the accordance to 5310 POS project, will collect complete data sheets that include all trips, hours, and mileage according to the demographic served. This information will be summarized on the bill received from AVOT's contractor. The bill will also include the set-up fee for the number of trips scheduled, the cost of mileage reimbursement, and the cost per trip for agency vehicle services. AVOT staff will inspect all documentation to match the bill to the data each month. Additionally, on an annual basis, AVOT staff will schedule meetings with contractor staff to inspect paperwork related to volunteer and paid driver payments, vehicle safety information, driver vetting records, and rider eligibility records.

In regard to vehicle evaluation, AVOT has established partnerships with Enterprise. This partnership will give AVOT access to their software and resources. The software we will have access to will be able to track miles driven, alert when the oil changes, and other maintenances need to be done. Not only does it alert, but it will allow us to keep records of what have been done vehicles. Enterprise also has a large network throughout Idaho, and even the United States. They give us access to that network, and that benefits us by getting discounts at numerous mechanics, and oil change locations. On top of software to track the work done on vehicles, we will conduct weekly inspections on the vehicles to insure cleanliness, and safety of the vehicles.

#### In-kind Services and Match:

AVOT will provide in-kind services, including the value of volunteer driver time and non-medical Medicaid travel services, as match. Staff time spent on the project will be recorded on PARs (Personnel Activity Reports) and will include time spent on billings, generating payables, promoting the project, and meeting with ITD (Idaho Transportation Department), contractor staff, and other stakeholders as necessary. All in-kind match will be recorded and maintained electronically, with appropriate amounts being deducted and remaining balances carried forward. AVOT has consistently generated matches that exceeds requirements.

### **Feedback and Community Involvement:**

Both AVOT and the contractor will collect feedback from riders and community members to ensure the effectiveness and efficiency of the services. AVOT will request input through its extensive social media network and include transportation-related questions on its annual consumer satisfaction survey.

An ongoing effort will be made to connect with area policymakers and others to educate them about the project and request increased local funding support for expanding and continuing services in rural District 2. AVOT will also actively seek additional funding from other sources to ensure long-term viability. Collaboration with the contractor and other area providers will be prioritized to maximize community involvement and build increased public support.

### **Legislative Support:**

The Rural Veterans Travel Enhancement Act of 2019, introduced by a bipartisan group of senators, aims to expand on current initiatives that provide transportation services to veterans living in rural areas and reimbursement for their travel to Department of Veterans Affairs medical facilities, Vet Centers, and vocational rehabilitation programs. The proposed legislation also addresses the issue of timely medical exams for volunteer drivers.

If enacted, the proposed legislation will:

- Expand eligibility for reimbursements to veterans and eligible beneficiaries for travel to VA Vet Centers for mental health care and counseling.
- Make the Veterans Transportation Service program permanent, allowing local VA facilities to hire drivers and purchase vehicles for transporting veterans to their appointments.
- Require the Government Accountability Office to examine VA transportation programs.
- Expedite the physical examination process for volunteer drivers serving veterans through the DAV Transportation Network.
- Extend a grant program that allows veterans service organizations and state veterans service agencies to explore new approaches to provide transportation or travel assistance to rural veterans.

### **AVOT Team and Experience**

AVOT has a team full of transportation and management expertise, with a total of 50 years amongst the management team. Larry Standfield, the CEO of AVOT, has a bachelor's degree in business management, master's in marketing, and completing his PhD. In Industrial Organizational Psychology. He began his transportation career with Prime Inc. in the logistics department in 2010. Later, he became the founder of LK Transportation in 2020 of March.

Telly Davenport, the COO, comes with years' experience as well. He started off with Prime Inc. as an account manager in the logistics department. He started that position back in 2008, and remained there

up until he took on new challenges a few years ago. He helped support Helping Hands Transportation 2014, in the role business development. He later joined LK Transportation to continue to improve business for them as well, as he has done in the past with the listed businesses.

Eric Davenport, the CFO, is a graduate of Broadview University with his Accounting degree. He recently retired from the army after serving over 20 years. He has held many accounting and finance positions, even one with the Department of Transportation. He is also one of the founders of Helping Hands Transportation, that started back in 2014.

Marilyn Standfield, the CMO is a graduate from Idaho State University with a degree in Business Management with corporate training. She has led many projects and was the leader of many business ventures. She is the founder of Lean of Me, and Co-Founder of Helping Hands Transportation in 2014, Safe and Sober transitioning housing, and plays a consulting role with LK Transportation.

## 5. BUDGET

AVOT's cost per mile reimbursement for specialized transportation services is a great approach to ensure accurate and fair compensation. Additionally, implementing a per ride reimbursement for certain services can provide flexibility and convenience for customers.

When projecting the expense budgets for FY2023, it is important to consider the anticipated increase of 25% in LK transportation drivers. This increase was factored into the salary calculations, which are based on the average salaries provided by the Community Transportation Association of America (CTAA). It is essential to note that compensation varies based on factors such as location, company policies, and the specific type of transportation involved. We researched local job listings, industry reports, and salary surveys specific to Greater Idaho Falls Transportation (GIFT) drivers in the area to get a limited, yet accurate representation of our area. The local transit service GIFT reports their starting wage per hour is \$20. It was also reported that DAC drivers are being around \$32 an hour.

AVOT's strategy of leveraging funding across all rural areas is commendable, as it ensures that funds are utilized optimally to deliver rides to customers and provide value to funding partners and the community. The expense table estimated the percentage of trips eligible as rural trips.

To achieve the total budget required to coordinate the offered services over the AVOT service area in districts for the state of Idaho (Districts 3-6), it is important to combine revenues from various sources. This comprehensive approach will help ensure the sustainability and effectiveness of AVOT's transportation services.

Personnel (STAFF)	Wage/Hr	Hrs/wk	Wk Wage	Mo Wage	Yr Wage
Manager #1	\$40.00	40	\$1,600.00	\$6,932.00	\$83,184.00
Manager #2	\$30.00	40	\$1,200.00	\$5,199.00	\$62,388.00
Administrator	\$30.00	40	\$1,200.00	\$5,199.00	\$62,388.00
Marketing	\$20.00	40	\$800.00	\$3,466.00	\$41,592.00
Driver 1	\$20.00	40	\$800.00	\$3,466.00	\$41,592.00
Driver 2	\$20.00	40	\$800.00	\$3,466.00	\$41,592.00
Driver 3	\$20.00	40	\$800.00	\$3,466.00	\$41,592.00
Driver 4	\$20.00	40	\$800.00	\$3,466.00	\$41,592.00
Driver 5	\$20.00	40	\$800.00	\$3,466.00	\$41,592.00
<b>A. Salaries Total</b>		18720	\$8,800.00	<b>\$38,126.00</b>	<b>\$457,512.00</b>

FRINGE BENEFITS	Fringe % Rate	54.72%		
Life Insurance			\$349.05	\$4,188.60
Health Insurance			\$15,786.00	\$189,432.00
Dental/Vision			\$1,340.04	\$16,080.48
Unemployment Insurance			\$469.33	\$5,631.97
Payroll Tax			\$2,916.64	\$34,999.67
<b>A. Personnel Fringe Benefit Total</b>			<b>\$20,861.06</b>	<b>\$250,332.72</b>

<b>SALARIES &amp; Fringe Benefits</b>			
<b>TOTAL</b>		<b>\$58,987.06</b>	<b>\$707,844.72</b>

#### Operating Costs Annually

<b>Subcontractors:</b>		<b>Mo Total</b>	<b>YR Total</b>
	\$	\$	\$
Mechanic	60,000.00	5,000.00	60,000.00
<b>Total Subcontractor</b>		<b>\$5,000.00</b>	<b>\$60,000.00</b>

<b>Equipment:</b>		\$	-	\$	-
	\$	\$		\$	
Phones	5,000.00	416.67		5,000.00	
	\$	\$		\$	
Copier & Vinyl Printer	15,000.00	1,250.00		15,000.00	
	\$	\$		\$	
Computers	5,000.00	416.67		5,000.00	
	\$	\$		\$	
Monitors	1,500.00	125.00		1,500.00	
	\$	\$		\$	
Desks & Chairs	12,000.00	1,000.00		12,000.00	
	\$	\$		\$	
Filing Cabnets	3,600.00	300.00		3,600.00	
	\$	\$		\$	
Conference Table & Chairs	5,600.00	466.67		5,600.00	
<b>Total Equipment</b>		<b>\$3,975.00</b>		<b>\$47,700.00</b>	

<b>Expenses:</b>		\$		\$	
	\$	\$		\$	
Utilities	5,300.00	441.67		5,300.00	
	\$	\$		\$	
Office Supplies	7,000.00	583.33		7,000.00	
	\$	\$		\$	
Car Wash	1,200.00	100.00		1,200.00	
	\$	\$		\$	
Desks & Chairs	6,000.00	500.00		6,000.00	
	\$	\$		\$	
Rent	6,600.00	550.00		6,600.00	
	\$	\$		\$	
Fuel	60,000.00	5,000.00		60,000.00	
	\$	\$		\$	
Advertising	36,000.00	3,000.00		36,000.00	
	\$	\$		\$	
Vehicle Insurance	25,200.00	2,100.00		25,200.00	
<b>Total Expense</b>		<b>\$</b>		<b>\$147,300.00</b>	



<b>SUBTOTAL</b>		\$ 80,237	\$962,844.72
<b>Capital</b>			
Vehicles (Excluding Interest)	\$424,000.00	\$ 35,333	\$ 424,000.00
<b>Total Capital</b>		\$ 35,333	\$424,000.00
<b>Total Budget</b>		\$ 115,570.39	\$ 1,386,845



## 2024-2026 5310 Rural Congressional Application

Thank you for your interest in this grant application and advancing transportation for the State of Idaho. Questions regarding content within the application will be accepted up to 10 business days before the close of the application. If you have any questions on the application or the submittal process, please feel free to contact the application contact listed below.

### **Application Contact:**

Sam Carroll, Grants & Contracts Officer

[PTOps@itd.idaho.gov](mailto:PTOps@itd.idaho.gov)

### **Timeline/Review Process**

1. October 02, 2023: Application Release
2. January 12, 2024: Application Close
3. February 05 – March 08, 2024: Technical Assistance
4. March 11 – April 10, 2024: Public Comment
5. April 2024: PTAC reviews ITD-PT recommendations and public comments and may concur or recommend changes to projects and/or funding levels.
6. May 2024: Idaho Transportation Board reviews ITD-PT recommendations, PTAC response, and public comment in their determination of final project award and funding levels.
7. Summer 2024: ITD-PT Office programs with FTA
8. October 1, 2024: Funding begins. Please note, capital projects have the possibility of start sooner if funding is programmed with FTA before this date.

### **Application Submittal Checklist**

- ☐ Cover Sheet
- ☐ Sections 1-5
- ☐ Section 6-7 (ITD-PT Internal Review of Application)
- ☐ Attachments
  - Attachment A: Budget Sheet
  - Attachment B: Milestone Reporting
  - Attachment C: NEPA/SSA/Rolling Stock Worksheet
  - Attachment D: Demonstration of Need
- ☐ Back-Up Documentation
- ☐ Letters of Support (specific to the project)

### **Application Specifications**

- Font: Black, Times New Roman, size 12-14
- Paper: 8 ½ x 11, drawings may be larger
- Format: pdf or word (Attachment A and budget sheets may be in excel)
- Pages must be numbered

### **Application Submission**

Please submit all items in the submittal checklist formatted as outlined in the application specifications to:

- ITD – Public Transportation Office, Attn: Sam Carroll, PO 7129, Boise, ID 83707
- Or email to: [PTOps@itd.idaho.gov](mailto:PTOps@itd.idaho.gov)

**Application Information Form**

Applicant: ANDRE'S TRANSPORTION DBA AVOT

Authorized Representative: LARRY STANDFIELD

Address: 640 S STATE ST, SHELLEY, ID, 83274

Phone: 208-360-7608

Email Address: LARRY@LKTRANS208.COM

DUNS #: 083452620

Architect/Engineer/Planner if applicable: (Contact Name): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

PROJECT TYPE (MARK ONE)

☐ Facility Construction

☐ Infrastructure Construction

☐ Facility Renovations

☐ ADA Accessibility

☐ Planning

☐ Marketing

☐ Replacement Vehicle Purchase

☐ Expansion Vehicle Purchase

☐ Vehicle Rehabilitation

☐ Transit Related Technology

☐ Transit Related Equipment

☒ Other (specify) OPERATIONAL COST

TOTAL PROJECT COST: \$6,510,280

FEDERAL SHARE: ✓3,255,140 LOCAL MATCH: 3,255,1440

✓

## **Introduction**

### **Public Transportation Vision:**

National Leader in Developing Innovative Public Transportation Systems

### **Mission:**

*Growing Idaho's Mobility Network by Providing Exceptional Customer Service and Leveraging Emerging Technology*

The Idaho Transportation Department's Public Transportation Office (ITD-PT) serves as a statewide leader for public transportation.

In keeping with ITD's strategic mission of "Your Safety, Your Mobility, and Your Economic Opportunity", the Public Transportation Office works to promote the success of all public transportation options throughout Idaho.

Among its many duties the Public Transportation Office is charged with statewide public transportation planning, coordination, grant administration, compliance, performance management, safety monitoring, technical assistance, and acting as a liaison between federal, state and local stakeholders.

Grant programs such as this are critical to ensuring that public transportation options of all kinds are available in Idaho.

## **Program Description**

Purpose: To improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. This program supports transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals within rural areas with a population less than 50,000. Eligible projects include both traditional capital investment and nontraditional investment beyond the ADA complementary paratransit services.

### Program Priorities:

1. Existing 5310 Services
2. Expansion of 5310 Services
3. New 5310 Operator

### Eligible Recipients:

- Subrecipients: State or local government authorities, nonprofit organizations, operators of public transportation that receive grant funds indirectly through a recipient.

Local Match: 20% local share is required

Minimum Score for consideration: 50 points

### Relevant Information:

- Federal program details and related Federal Circulars
  - <https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310-program-technical>
- Copy of Grant Agreement with ITD if Awarded
  - <https://itd.idaho.gov/pt/>
    - "Grants" tab → "Grants Document" drop down menu

- National Environmental Policy Act – FTA Requirements
  - <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/national-environmental-policy-act>
- 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit for ALL Federal Awards
  - [https://ecfr.io/Title-02/cfr200\\_main](https://ecfr.io/Title-02/cfr200_main)

### **Section 1: Project Description**

Project Description: Up to 10 points (4 page maximum, single sided) Provide a concise project description, specifically detailing the proposed project for which funds are being requested and how the project addresses the scope and objectives of the FTA grant program and ITD-PT priorities. If the project was previously funded by ITD, explain how this funding request relates to that project.

- a. FTA Program Eligibility: Discuss how project meets the FTA funding source program purpose
- b. ITD Call for Project Priorities: Discuss how the project meets the ITD-PT call for project priorities
- c. Application Scope of Work: Describe in detail the scope of work for the project you are proposing
- d. Contractor Information: Will this project use third party contractors? If so, please provide necessary contractor information.
  - Name of Third Party Contractor
  - Physical Address
  - Contact Information

### **Section 2: Demonstration of Need**

Demonstration of Need for Public Transportation Funding: Up to 24 points (3 page maximum, single sided) Applicants should demonstrate the specific need for the service/project in their local area. Points will be assigned based on the narrative and supporting documentation provided to substantiate the degree of need as defined below.

- a. Service Area Level of Need: Please discuss efforts, qualitative and quantitative that have been undertaken to determine the following levels of need.
  - Critical Need: Critical need is defined as an existing, officially identified violation of federal or state health or safety regulations. If the entity has critical need the regulations being violated must be documented (i.e. compliance order, consent order or notice of violation).
  - Moderate Need: Moderate need is an officially identified problem related to health and safety regulations, but the agency is not in violation of any regulation.
  - Potential Need: In order to be considered a potential need, the applying agency must illustrate that the current situation would become a violation if it is left uncorrected.
  - General Need: General need is an improvement not related to health and safety, but is a major improvement in services and/or infrastructure.

- b. Sustaining existing services or expansion need:
  - Describe efforts, qualitative or quantitative, that were undertaken to determine need, the reason for sustaining current levels or expanding, and include any pertinent documents to supplement your answer (examples may include: surveys, studies, planning documents, route maps, ridership history and projected ridership, spending history etc.)
- c. Ridership (Scoring is based on the most recently published ITD-PT Annual Performance Report) \*New providers please provide past 3 years of ridership data.
  - Decreasing
  - Staying the same
  - Increasing
- d. If applying for a vehicle:
  - Asset Condition (Scoring is based on the condition assessment parameters as outlined in an approved TAM plan) or by providing data on asset conditions.
    - Excellent condition
    - Good Condition
    - Adequate Condition
    - Marginal Condition
    - Poor Condition
    - Removed from services

### **Section 3: Project Planning**

Project Planning and Coordination: up to 24 points (5 page maximum, single sided) In this section, the applicant should describe how the proposed project was developed and demonstrate that there is a sound basis for the project and that it is ready to implement if funded.

- a. Applicant should tie project to specific goals in ITD Statewide Public Transportation Plan and for 5310 projects the Locally Coordinated Plan for your Districts.
- b. Describe the Project Development Process
  - Describe coordination with local stakeholders on project development and involvement
  - Describe efforts undertaken to coordinate and include the Minority and Low-Income Populations (Title VI)
  - What is your plan to include Disadvantage Business Enterprises (DBE's) in this project?
  - Identify any local Labor Unions (if applicable) as identified by the Department of Labor.
- c. Please list the public participation efforts of this project up to the time of application submittal. This can include letters of support, workshop agenda's, meeting minutes, and survey results, etc.

- d. Provide Attachment B: Milestone Reporting
  - Be sure to include ITD-PT Application Award timeline.
  - Be sure to include procurement process timelines as well as ordering and manufacturing, architecture & design, construction, etc. At a minimum must include the following milestones:
    - Solicitation/RFP
    - Contract Award
    - Start Work
    - Complete Work
    - Close-out Contract
- e. Provide Attachment C (if applicable):
  - NEPA Worksheet if applying for a project that moves dirt.
    - Be sure to have all back-up environmental documentation, such as historical preservation, cities, counties, etc.
  - Sole Source Aquifer (SSA)
  - Rolling Stock Replacement Report

#### **Section 4: Project Benefits/Evaluation**

Project Benefits: up to 3 points (3 page maximum, single sided). In this section applicants should identify expected project benefits, including basic goals and objectives for the project. Applications should address how the project impacts the following areas:

- a. Improve safety;
  - What benefits will the general population receive from this project such as improved safety, easier accessibility to facilities/amenities or meeting health and safety regulation standards?
- b. Improve mobility;
  - What benefits will the general population receive from this project such as improved efficiency, increased ridership, improved mobility or improved service times/areas?
- c. Support local economic development and expand economic opportunity
  - What benefits will the community and business community receive from this project such as increased ridership within community, improved service times to allow for appointment making, easier accessibility to businesses, etc.?



Project Evaluation: up to 13 points (3 page maximum, single sided). In this section applicants should also describe the methodology that will be used to measure and evaluate the project and determine the project's value to the community.

- a. Describe how the applicant intends to continually evaluate success of the project.
- b. Include in the description what kinds of data will be collected and discuss specific measures.
- c. How often will data be collected, used and evaluated?
  - Expecting the project under this grant to be successful, describe how the agency plans to sustain/maintain the asset/project after the end of the grant period.
  - Does the applicant have capacity to carry out the project as proposed?
    - Demonstrate sufficient levels of capacity to carry out the project. Examples might include organizational charts, financial statements, local match commitment letters, etc.
    - Demonstrate the ability to manage grant funding and adhere to both FTA and State of Idaho rules and regulations. These regulations include 2 CFR 200, FTA Circular 5010; FTA Circular 4220, FTA

### **Section 5: Project Budget**

Project Budget: Up to 11 points (2 page maximum, single sided) In this section applicants should describe how the project budget was determined. Applicants should detail any projections in estimates for longer-term projects. Applicants should detail all major milestones and methods to ensure on-time delivery of project.

- a. Budget Narrative: Describe the source and status of all funding for the project according to the instructions. Include description of how costs/estimates were determined.
  - (if applicable) If this project has the ability to be scaled down please itemize for each type of funding.
  - If Construction project, are Davis Bacon wage rates applicable to the project?
  - Do you have the financial capability to operate on a reimbursement basis? Please provide documentation that supports your answer.
- b. Provide an itemized and broken down estimated project budget
- c. Provide Attachment A: Project Budget Request Form

### **Section 6: Applicant Experience**

FTA/ITD Experience: Up to 10 points (Internal scoring only – no response needed)

### **Section 7: Application Professionalism**

Application Presentation and Neatness: Up to 5 points (Internal scoring only – no response needed)

## Project Budget Request

Subrecipient	AVOT
Agreement Term	October 1, 2024-September 30, 2025
Contact Name	LARRY STANDFIELD
Address	640 S STATE ST, SHELLEY, ID, 83274
Phone Number	208-360-7608

FTA Grant	Operating (OP) 50/50			Capital (CP) 80/20			Purchase of Service (PT) 80/20		
	Total	Federal	Match	Total	Federal	Match	Total	Federal	Match
5310	\$ 962,844.72	\$ 481,422.36	\$ 481,422.36	\$ 424,000.00	\$ 339,200.00	\$ 84,800.00	\$ -	\$ -	\$ -

Total Project Cost	Total Federal Request	Total Match Needed
\$ 1,386,844.72	\$ 820,622.36	\$ 566,222.36

Larry Standfield  
Subrecipient Printed Name

Subrecipient Signature

1/15/2024  
Date

### Scope of Work

The program will support trips with at least one leg in a rural community in AVOT's jurisdiction. The service area will include districts 3, 4, 5, and 6, covering a wide range of rural communities. With the anticipated rapid growth in the rural areas of southern Idaho, this project will focus on the coordination of service in all the districts listed above.

### Local Match Source(s) for Project:

LK Transportation currently holds multiple contracts. One is with the behavioral Health Department for an amount of \$250,000, for the timeframe of 11/22-11/24 (Attached). Another major contract is with MTM\*(Attached Schedule A Billing Sheet). With MTM our current volume of trips are roughly around 50,000, that would estimate a revenue of \$1,000,000.

## FEDERAL TRANSIT ADMINISTRATION

### REGION 10

(covering Alaska, Idaho, Oregon, and Washington)

## CATEGORICAL EXCLUSION / DOCUMENTED CATEGORICAL EXCLUSION WORKSHEET

The purpose of this worksheet is to assist project sponsoring transit agencies in the states of **Alaska, Idaho, Oregon, and Washington** in gathering and organizing materials for environmental analysis required under the National Environmental Policy Act (NEPA) – particularly for projects that may qualify as a Categorical Exclusion (CE) or Documented Categorical Exclusion (DCE) under [23 Code of Federal Regulations \(CFR\) Part 771.118](#) – to support a recommendation. The use and submission of this worksheet is NOT required. The worksheet is provided as a helpful tool for assembling information needed by the Federal Transit Administration (FTA) to determine the likelihood and magnitude of potential project impacts to the environment.

**NOTE:** Worksheet fields are expandable. Feel free to use more than a line or two, if needed. You may also reference and attach additional information such as technical memoranda, maps, or photographs for the project.

Submission of this worksheet does not satisfy NEPA requirements. FTA must concur in writing in the sponsoring agency's NEPA recommendation, as appropriate. Project activities may not begin until this process is complete and FTA has provided written concurrence. FTA encourages you to review the document "Guidance for Implementation of FTA's Categorical Exclusions (23 CFR 771.118)" available online here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/guidance-implementation-ftas-categorical-exclusions>.

Please contact the FTA Region 10 office at (206) 220-7954 if you have any questions or require assistance. For submittal procedures, please see information at the end of this document. For links to other agencies or for further topical guidance, please go to FTA's website on Environmental Programs, <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/environmental-programs>.

**DISCLAIMER:** *The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies. Grantees should refer to applicable regulations and statutes referenced in this document.*

<b>I. Project Description</b>		
Sponsoring Agency Andre's Transportation DBA AVOT	Date Submitted 01/11/2024	FTA Grant Number(s) (if known) N/A
Project Title <b>AVOT Van Procurement</b>		
Project Description (brief, 1-2 sentences) Funding request to procure Sprinter Van to transport Veterans, Disabled, Elderly, Economically disadvantaged, and rural individuals.		
Purpose and Need for Project (Please provide a brief statement. Provide accessible and affordable transportation solutions to individuals facing mobility challenges and financial difficulties in southern Idaho.		
Project Location (Please include street address, city, and state of the project location.) 640 S State Street, Shelley, ID 83274		
Project Contact (Please include the name, phone number, email address, and mailing address for the submitter of this worksheet.) Larry Standfield Jr.; 208-360-7608; <a href="mailto:larry@lktrans208.com">larry@lktrans208.com</a> ; 1425 Cambridge Dr., Idaho Falls, ID 83401		

If your project involves construction, please include the following as appropriate:

- Project vicinity map
- Project site plan(s) showing project features, access points, and project boundaries
- Other useful maps as appropriate (topographic maps, aerial photographs, Environmental Protection Agency [EPA] NEPA assist maps, etc.)
- Photographs of the site if useful to illustrate important features
- Details on the depth and extent of soil excavation proposed for the project
- Additional information if the soil has been previously disturbed by prior construction or other activity
- List of parks or recreation areas within the project vicinity
- List of any previous consultations that might be relevant (e.g., with other federal, state, or local agencies)

## **II. NEPA Class of Action**

Please answer the following questions to determine the project's potential NEPA Class of Action. If the answer to any of the questions in **Part II.A, questions A.1 through A.4 below** is "Yes", contact your assigned FTA Region 10 Grant Representative to discuss whether the project requires preparation of a NEPA Environmental Assessment (EA) or Environmental Impact Statement (EIS).

### **A.1 Will the project significantly impact the natural, social, and/or economic environment?**

- ☐ Yes (If selected, please contact your assigned FTA Region 10 Grant Representative.)
- ☒ No

### **A.2 Is the significance of the project's social, economic, or environmental impacts unknown?**

- ☐ Yes (If selected, please contact your assigned FTA Region 10 Grant Representative.)
- ☒ No

### **A.3 Is the project likely to require detailed evaluation of more than a few potential impacts?**

- ☐ Yes (If selected, please contact your assigned FTA Region 10 Grant Representative.)
- ☒ No

### **A.4 Is the project likely to generate intense public discussion, concern, or controversy, even though it may be limited to a relatively small subset of the community?**

- ☐ Yes (If selected, please contact your assigned FTA Region 10 Grant Representative.)
- ☒ No

### **B. Does the project type fall into any of the following Categorical Exclusions (CEs)?**

☒ Yes (If selected AND there are no unusual circumstances, please check the applicable CE box below and continue to **Part III. Project Information Required for CEs and DCEs** of this form.)

☐ No (If selected, please continue to **Part II.C Does the project type appear similar to any of the following Documented Categorical Exclusion (DCE) examples?** of this form.)

The types of activities listed below describe actions which, when the corresponding conditions are met, are categorically excluded from further NEPA analysis under [23 CFR Part 771.118\(c\)](#). Unusual circumstances may prevent the use of these CEs, and may include, but are not limited to, the presence of wetlands, historic buildings and structures, parklands, or floodplains in the project area, or the potential for the project to impact other resources. (You may look up detailed descriptions of each type of activity, and corresponding conditions at the guidance document here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/guidance-implementation-ftas-categorical-exclusions>.)

[23 CFR Part 771.118\(c\)\(1 through 16\)](#)

- ☐ (1) Utilities and Similar Appurtenances
- ☐ (2) Recreation, Pedestrian, or Bicycle Facilities
- ☐ (3) Environmental Mitigation or Maintenance of Environmental Quality and Site Aesthetics
- ☐ (4) Planning and Administrative Activities (No construction activities)
- ☐ (5) Activities Promoting Transportation Safety, Security, Accessibility, and Communication
- ☐ (6) Acquisition or Transfer of Real Property Interest
- ☐ (7) Acquisition, Rehabilitation, Maintenance of Vehicles or Equipment
- ☐ (8) Maintenance, Rehabilitation, Reconstruction of Facilities
- ☐ (9) Assembly or Construction of Facilities
- ☐ (10) Development of Facilities Adjacent to Existing Transit Facilities
- ☐ (11) Emergency Recovery Activities  
(Several conditions are attached to this type of CE. Please consult with FTA Region 10 Office if you think this CE may apply to your project.)
- ☐ (12) Projects Entirely within the Existing Operational Right-of-Way
- ☐ (13) Projects with Limited Federal Funding  
(Must be less than \$5 million in federal funding, or having a total estimated cost of not more than \$30,000,000 and federal funds comprising less than 15 percent of the total estimated project cost. Please consult with FTA if you think this CE may apply to your project.)
- ☐ (14) Bridge Removal and Related Activities
- ☐ (15) Preventative Maintenance to Certain Culverts and Channels
- ☐ (16) Geotechnical and Similar Investigations

**C. Does the project type appear similar to any of the following Documented Categorical Exclusion (DCE) examples?**

☐ Yes (If selected, please check the applicable DCE example box below and continue to **Part III. Project Information Required for CEs and DCEs** of this form.)

☐ No (If selected, please contact your assigned FTA Region 10 Grant Representative, as further discussion about the project may be necessary prior to initiating NEPA review.)

Projects that are categorical exclusions under [23 CFR Part 771.118\(d\)](#) require additional documentation demonstrating that the specific conditions or criteria for the categorical exclusions are satisfied and that significant effects will not result.

[23 CFR Part 771.118\(d\)\(1 through 8\)](#)

- ☐ (1) Modernization of a highway by resurfacing, restoring, rehabilitating, or reconstructing shoulders or auxiliary lanes.
- ☐ (2) Bridge replacement or the construction of grade separation to replace existing at-grade railroad crossings.
- ☐ (3) Acquisition of land for hardship or protective purposes.  
(Hardship and protective buying will be permitted only for one or a limited number of parcels, and only where it will not limit the evaluation of alternatives (including alignments) for planned construction projects.)
- ☐ (4) Acquisition of right-of-way.  
(No project development such as final design or construction activities on the acquired right-of-way may begin until the NEPA review process for such project development, including the consideration of alternatives, where appropriate, has been completed.)
- (5) [Reserved]
- ☐ (6) Facility modernization through construction or replacement of existing components.
- ☐ (7) Minor transportation facility realignment for rail safety reasons.
- ☐ (8) Facility or structure modernization or minor expansion outside existing right-of-way.
- ☐ "Other" actions which meet the criteria for a CE in the CEQ regulations (40 CFR part 1508.4) and will not result in significant environmental effects. Actions must not: induce significant impacts to planned growth or land use; require the relocation of significant numbers of people; have a significant impact on any natural, cultural, recreational, historic or other resource; cause significant air, noise, or water quality impacts; have significant impacts on travel patterns; or otherwise have significant environmental impacts (either individually or cumulatively).

### III. Project Information Required for CEs and DCEs

1. If you selected "Yes" in **Part II.B Does the project type fall into any of the following Categorical Exclusions (CEs)?** above, and checked any of the CE options under 23 CFR Part 771.118(c)(1 through 16):
  - a) Complete **Part III.A Detailed Project Description** below.
  - b) Review the remaining subject areas (**Part III.B Location and Zoning - Part III.AA Related Federal and State/Local Actions**). If any of these subject areas is relevant to demonstrating your project has no significant impacts or unusual circumstances, please enter a brief description within the box for that subject area, otherwise enter "N/A".
  - c) Complete the "**Submitted By**" and "**Date**" boxes at the end of the form and submit electronically to your assigned FTA Region 10 Grant Representative according to the instructions at the end of this form.
2. If you selected "Yes" in **Part II.C Does the project type appear similar to any of the following Documented Categorical Exclusion (DCE) examples?** above, and checked any of the DCE examples under 23 CFR Part 771.118(d)(1 through 8):
  - a) Complete **Part III.A Detailed Project Description** below.
  - b) Complete each of the remaining subject areas (**Part III.B Location and Zoning - Part III.AA Related Federal and State/Local Actions**) that are relevant to your project. Depending on the details of your project, some of the subject areas may not be applicable. In such cases, no discussion is needed, simply enter "N/A". You may reference and attach documents prepared for other purposes (e.g., public meetings) if they are helpful.
  - c) Complete the "**Submitted By**" and "**Date**" boxes at the end of the form and submit electronically to your assigned FTA Region 10 Grant Representative according to the instructions at the end of this form.

**NOTE:** The subject areas list below is not all-inclusive. If your project has the potential to cause impacts to resources which are not listed below, please provide supplemental information about those potential impacts.

#### A. Detailed Project Description

Please describe the project and explain how it satisfies the "Purpose and Need for Project", as provided in **Part I. Project Description**.

#### B. Location and Zoning

Attach a map identifying the project's location and surrounding land uses. Identify any critical resource areas (historic, cultural, or environmental) or sensitive noise or vibration receptors (schools, hospitals, churches, residences, hotels, etc.). Briefly describe the project area's zoning and indicate whether the proposed project is consistent with it. Briefly describe the community (geographic, demographic, economic, and population characteristics) in the project vicinity.

**C. Traffic**

Describe potential traffic and parking impacts, including whether the existing roadways have adequate capacity to handle increased bus or other vehicular traffic. Include a map or diagram if the project will modify existing roadway configurations. Describe connectivity to other transportation facilities and modes, and coordination with relevant agencies, if applicable.

N/A

**D. Aesthetics**

Will the project have an adverse effect on scenic views, or scenic viewpoints?

☒ No

☐ Yes

If Yes, please describe.

Will the project substantially degrade the existing visual character or quality of the site and its surroundings?

☒ No

☐ Yes

If Yes, please describe.

N/A

Will the project create a new source of substantial light or glare which would adversely affect day or nighttime views in the area?

☒ No

☐ Yes

If Yes, please describe.

N/A



**E. Air Quality**

Does the project have the potential to have a negative impact on air quality?

☒ No

☐ Yes

If Yes, please describe.

N/A

Is the project located in an EPA-designated non-attainment or maintenance area? (For additional information, see the EPA webpage "Nonattainment Areas for Criteria Pollutants" here: <https://www.epa.gov/green-book>.)

☒ No

☐ Yes

If Yes, please indicate the criteria pollutant and contact your assigned FTA Region 10 Grant Representative to determine if a "hot spot analysis" is necessary.

☐ Carbon Monoxide (CO)

☐ Ozone (O<sub>3</sub>)

☐ Particulate Matter (PM<sub>10</sub> or PM<sub>2.5</sub>)

If the non-attainment area is also in a metropolitan area, was the project included in the MPO's Transportation Improvement Program (TIP) air quality conformity analysis?

☐ No

☐ Yes

If Yes, please provide the date of U.S. Department of Transportation conformity finding.

**F. Coastal Zone**

Is the proposed project located in a designated coastal zone management area? (For additional information on Coastal Zones, see the Water Resources Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/water-resources-0>. Also, see the National Oceanic and Atmospheric Administration [NOAA] webpage "The National Coastal Zone Management Program" here: <https://coast.noaa.gov/czm/>.)

☒ No

☐ Yes

If Yes, please describe coordination with your appropriate State agency regarding consistency with the coastal zone management plan and attach the State finding, if available.

**G. Environmental Justice**

Determine the presence of minority and low-income populations (business owners, land owners, and residents) within a quarter-mile of the project area. Indicate whether the project will have disproportionately high and adverse effects on minority or low-income populations. Describe any potential adverse effects. Describe outreach efforts targeted specifically at minority or low-income populations. Please see Environmental Justice Policy Guidance for Federal Transit Administration Recipients here:

<https://www.transit.dot.gov/regulations-and-guidance/fta-circulars/environmental-justice-policy-guidance-federal-transit>.

**H. Floodplains**

Is the proposed project located within the Federal Emergency Management Agency (FEMA) 100-year floodplain? (For additional information on Floodplains, see the Water Resources Standard Operating Procedures on FTA's website here:

<https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/water-resources-0>. Also, see the FEMA Flood Mapping Products webpage here: <https://www.fema.gov/flood-mapping-products>.)

☒ No

☐ Yes

If Yes, please describe potential impacts, indicate if the project will impact the base flood elevation, and include or link to the FEMA Flood Insurance Rate Map (FIRM) with the project location identified.

**I. Hazardous Materials**

Is there any known or potential contamination at the project site? This may include, but is not limited to, lead/asbestos in existing facilities or building materials; above or below ground fuel storage tanks; or a history of industrial uses of the site.

☒ No

If No, please describe steps taken to determine the absence of hazardous materials on the site.

☐ Yes

If Yes, please describe steps taken to determine the presence of hazardous materials on the site. Please also describe any mitigation and clean-up measures that will be taken to remove hazardous materials from the project site. If the project includes property acquisition, identify if a Phase I Environmental Site Assessment for the land to be acquired has been completed and the results. (For additional information on Hazardous Materials, see the Consideration of Contaminated Properties including Brownfields Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/consideration-contaminated-properties-including>. Also, for additional information on Phase I Environmental Site Assessments, see the ASTM International webpage "Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Process" here: <https://www.astm.org/Standards/E1527.htm>.)

**J. Navigable Waterways**

Does the proposed project cross or have the potential to impact a potentially navigable waterway? (Waterway navigability can be defined by the U.S. Army Corps of Engineers, the U.S. Coast Guard, Congress, or the federal courts. For additional information on Navigable Waterways, see the Water Resources Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/water-resources-0>.)

☒ No

☐ Yes

If Yes, please describe potential impacts and any coordination with the U.S. Army Corps of Engineers or the U.S. Coast Guard.

**K. Noise and Vibration**

Does the project have the potential to increase noise or vibration?

- ☒ No
- ☐ Yes, please describe the impact(s) and provide map(s) identifying sensitive receptors such as schools, hospitals, parks, residences, and hotels. If the project will result in a change in noise and/or vibration sources, you must conduct an analysis following the guidance in FTA's Transit Noise and Vibration Impact Assessment Manual here: <https://www.transit.dot.gov/research-innovation/transit-noise-and-vibration-impact-assessment-manual-report-0123>.

**L. Prime and Unique Farmlands**

Does the project involve the use of any prime or unique farmlands, as defined by the U.S. Department of Agriculture (USDA)? (For additional information, see the document "Prime and Unique Farmlands" at the USDA webpage here:

<https://efotg.sc.egov.usda.gov/references/public/VA/PrimeandUniqueFarmlands.pdf>.)

- ☒ No
- ☐ Yes

If Yes, please describe potential impacts and any coordination with the Natural Resources Conservation Service of the USDA.

**M. Historic and Cultural Resources**

Impacts to cultural, historic, or recreational properties may trigger Section 106 consultation, tribal consultations, and/or a Section 4(f) evaluation, requiring consideration of avoidance alternatives. (For additional information on Section 106, see the Section 106 Process Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/section-106-process-standard-operating-procedures>. For additional information on Section 4(f), see the Section 4(f) Evaluations Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/section-4f-evaluations>.)

Does the project involve any ground disturbing activities?

☒ No

☐ Yes

If Yes, please provide the approximate maximum ground disturbance depth and extent. Also, please provide information on any previous ground disturbance at the project site.

Are there any historic resources at the project site or in the vicinity of the project?

☒ No

☐ Yes

If Yes, please attach photographs of structures more than 45 years old that are within or adjacent to the project site and describe any direct or indirect impacts the project may cause.

**N. Biological Resources**

Are there any species located within the project vicinity that are listed as threatened or endangered under the Endangered Species Act? Determine this by obtaining lists of threatened and endangered species and critical habitat from the U.S. Fish and Wildlife Service and the National Marine Fisheries Service. (For additional information on Biological Resources, see the Biological Resources Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-programs/environmental-programs/biological-resources-standard-operating-procedures>.)

☒ No

☐ Yes

If Yes, please identify the species, and also describe any critical habitat, essential fish habitat, or other ecologically sensitive areas within or near the project area.

**O. Recreational Resources**

Is the project located in or adjacent to a park or recreation area? (For additional information on Recreational Resources, see the Section 4(f) Evaluations Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/section-4f-evaluations>.)

☒ No

☐ Yes

If Yes, please provide information on potential impacts to the park or recreation area. Please also indicate if the park involved Land and Water Conservation Fund Act funding (Section 6(f)) (For additional information on the Land and Water Conservation Fund Act, see the National Park Service's Land and Water Conservation Fund webpage here: <https://www.nps.gov/subjects/lwcf/index.htm>.)

**P. Seismic and Soils**

Are there any unusual seismic or unstable soil conditions in the project vicinity? If so, indicate on a project map and describe the seismic standards to which the project will be designed.

☒ No

☐ Yes

If Yes, please describe the conditions.

**Q. Water Quality**

Does the project have the potential to impact water quality, including during construction? (For additional information on Water Quality, see the Water Resources Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/water-resources-0>.)

☒ No

☐ Yes

If Yes, please describe potential impacts as a result of the project and your agency's Best Management Practices to manage/mitigate these impacts.

Will there be an increase in new impervious surface or restored impervious surface?

☒ No

☐ Yes

If Yes, please describe potential impacts and proposed treatment for stormwater runoff.

Is the project located within the vicinity of an EPA-designated Sole Source Aquifer (SSA)? (For additional information on Sole Source Aquifers including an interactive map, see the EPA's Sole Source Aquifers for Drinking Water webpage here: <https://www.epa.gov/dwssa>.)

☒ No

☐ Yes

If Yes, please provide the name of the aquifer for which the project is located and describe any potential impacts to the aquifer. Also, please provide the approximate amount of new impervious surface created by the project. (Attach a completed FTA Region 10 SSA Worksheet and submit it along with this CE worksheet, if applicable.)

**R. Wetlands**

Will the project temporarily or permanently impact wetlands or require alterations to streams or waterways? (For additional information on Wetlands, see the Water Resources Standard Operating Procedures on FTA's website here: <https://www.transit.dot.gov/regulations-and-guidance/environmental-programs/water-resources-0>.)

☒ No

☐ Yes

If Yes, please describe potential impacts.

**S. Construction Impacts**

Describe the construction plans, and identify impacts due to construction noise, utility disruption, debris and spoil disposal, and staging areas. Address air and water quality impacts, safety and security issues, and disruptions to traffic and access to property.

**T. Cumulative and Indirect Impacts**

Are cumulative and indirect impacts likely?

☒ No

☐ Yes,

If Yes, please describe the reasonably foreseeable impacts:

a) **Cumulative impacts** (which result from the incremental impact of the action when added to other past, present, and reasonably foreseeable future actions regardless of what agency – Federal or non-Federal – or person undertakes them. Cumulative impacts can result from individually minor but collectively significant actions taking place over a time period.)

b) **Indirect impacts** (which are caused by the action but are later in time or farther removed in distance, yet are still reasonably foreseeable. Indirect impacts may include growth-inducing effects and other effects related to induced changes in the pattern of land use, population density or growth rate, and related effects on air, water, and other natural systems, including ecosystems.)

**U. Property Acquisition**

Will the project acquire any real properties?

☒ No

☐ Yes

If Yes, please indicate whether the property acquisition will result in relocation of businesses or individuals. (**Note:** For real property acquisitions valued over \$1,000,000, FTA concurrence in the property's appraisal/valuation is required. Please contact your assigned FTA Region 10 Grant Representative if you have any questions.)

**V. Energy**

Does the project include construction or reconstruction of a building, identify measures to conserve energy which will be employed? (This includes building materials and techniques used for construction; special innovative conservation features; fuel use for heating, cooling, and operations; and alternative renewable energy sources.)

☒ No

☐ Yes

If Yes, please describe.



**W. Public Involvement**

Please describe public outreach efforts undertaken on behalf of the project. Indicate opportunities for public meetings (e.g., board meetings, open houses, special hearings). Indicate any significant concerns expressed by agencies or the public regarding the project.

**X. Mitigation Measures**

Please describe all measures to be taken to mitigate project impacts, both during construction and operation.

**Y. Other Federal Actions**

Please provide a list of other federal NEPA actions related to the proposed project or in the vicinity, if applicable.

**Z. State and Local Policies and Ordinances**

Is the project in compliance with all applicable state and local policies and ordinances?

☐ No

If No, please describe the non-compliance.

☒ Yes

**AA. Related Federal and State/Local Actions**

Check all that apply below.

- ☐ Corps of Engineers Permit (e.g., Section 10 of the Rivers and Harbors Act of 1899, Section 404 of the Clean Water Act)
- ☐ Coastal Zone Management Certification
- ☐ Critical Area Ordinance Permit
- ☐ Endangered Species Act and Magnuson-Stevens Fishery Conservation and Management Act Consultation
- ☐ Floodplain Development Permit
- ☐ Forest Practices Act Permit
- ☐ Hydraulic Project Approval
- ☐ Local Building or Site Development Permits
- ☐ Local Clearing and Grubbing Permit
- ☐ National Pollutant Discharge Elimination System General Construction Permit
- ☐ Shoreline Permit
- ☐ Solid Waste Discharge Permit
- ☐ Sole Source Aquifer Consultation (Safe Drinking Water Act of 1974)
- ☐ Section 4(f) (Historic or Recreational Properties; Wildlife Refuges)
- ☐ Section 6(f) (Recreational Properties with Land and Water Conservation Fund Act funding)
- ☐ Section 106 Consultation (National Historic Preservation Act)
- ☐ Stormwater Site Plan (SSP)
- ☐ Temporary Erosion and Sediment Control Plan (TESC)
- ☐ U.S. Coast Guard Permit
- ☐ Water Rights Permit
- ☐ Water Quality Certification - Section 401 of the Clean Water Act
- ☐ Tribal Consultation or Permits (if any, describe below)
- ☐ Other

Others (Please describe, if applicable):

Please submit this completed form and any attachments electronically to [fta.tro10mail@dot.gov](mailto:fta.tro10mail@dot.gov) and cc: your assigned FTA Region 10 Grant Representative. Please contact the FTA Region 10 Office if you are unsure about these procedures or have any questions.

**Federal Transit Administration, Region 10**

915 2nd Avenue, Suite 3142

Seattle, WA 98174-1002

**Phone:** (206) 220-7954

**Email:** [fta.tro10mail@dot.gov](mailto:fta.tro10mail@dot.gov)

1. Type of Service (Check all that apply):

- ☐ Fixed Route
- ☐ Deviated Fixed Route
- ☒ Demand/ Response

2. Service Area (Check one)

- ☐ City
- ☐ County
- ☒ Multi-County
- ☐ Other (Please Specify):

3. Connectivity:

Do you connect with other modes of transportation? Check all that apply.

- ☐ Urban Public Systems
- ☐ Intercity Carriers
- ☒ Airports/ Trains
- ☒ Other transit operators in your region (please list below):

GREATER IDAHO FALLS TRANSPORTATION, TWIN FALLS TRANSIT

---

4. Ridership:

Estimate the average number of rides: Per Day 300 Per Year 93,600

Briefly describe your ridership over the last two years: -

IN 2023, WE DID ROUGHLY 50,000 TRIPS, AND THOSE WERE PRIMARILY NON-EMERGENCY TRANSPORTATION WITH ADDING THE TRANSIT ASPECT, THE TRIP VOLUME WILL INCREASE AS THE EXPOSURE INCREASES.

5. Days/ Hours of Service:

List days of the week and hours transit provider is in service MONDAY-FRIDAY 7 AM-7 PM, SATURDAY 7 AM - 9 PM

---

12/13/23

To: Whom It May Concern

I am writing this letter regarding LK transportation. I have been a dialysis Social Worker in Southeastern Idaho for the past 16 years. Transportation has been an ongoing issue for our patients for their life sustaining treatments three times a week. LK transportation has been helping our patients for about the last four years. They have helped many of our patients who have not been able to have rides provided by other services. LK has been professional in the services provided. Our patients have been very grateful.

We recently had a dialysis center close in Rexburg Idaho. These patients have been forced to drive to Idaho Falls for their treatments. For those patients who are not eligible for medicaid transportation services this has been a huge burden on these patients.

Our patients have been incredibly grateful for the services provided by LK Transportation. I would am supportive of LK being able to continue to provide transportation in our area. And hopefully be able to grow the services that they provide. It would be helpful for LK to branch out and provide additional services. If you have any questions feel free to call me at 208-221-5842.

Thank you,

Scot Gunter, LCSW

1-9-24

Recommendation in support of LK Transportation:

I am a Targeted Care Coordinator with Children's Supportive Services. I have been working with LK Transportation for the past 4 years to get our minor clients to and from their Medicaid billed appointments. I have found all of LK staff to be professional and courteous and their vehicles to be clean and comfortable. LK is one of my preferred companies for my clients as they are excellent at communicating with me, and go above and beyond, often stepping up with no other companies will. It was my pleasure recently to ride as a passenger with one of my young clients and it was a very safe and pleasant experience. I highly recommend LK Transportation.

Shannon Blaskovich

Targeted Care Coordinator Program Manager

Children's Supportive Services

208-313-2113

shannonblaskocss@gmail.com



# BIUCK HOUSE

h r e c o v e r y

To Whom it May Concern:

My name is Bryce and I am a Recovery Coach here at Brick House at our Idaho Falls location. I have had the pleasure of working with LK Transportation for the past couple of years. The team at LK Transportation makes my job easier by getting our clients to their scheduled appointments on time. I have always been able to reach someone at LK Transportation and get to a solution in a timely manner whenever a problem has presented itself. I am filled with gratitude that LK Transportation provides their services here and we get to work with them.

**Bryce Bench**

Brick House Coach  
Brick House Recovery-Idaho Falls,ID  
1020 Landbank Street  
Idaho Falls, ID 83402  
208-522-6155



November 29, 2023

Idaho Transportation Department  
11331 West Chinden Blvd  
Boise, ID 83714

**RE: LK Transportations Letter of Support**

Dear Committee,

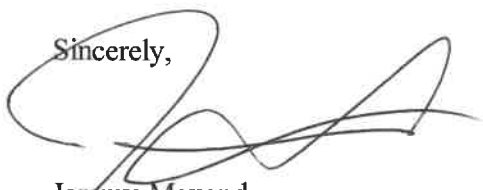
Please accept this letter of support for LK Transportation on behalf of the Living Independence Network Corporation (LINC). LINC is a nonprofit organization governed and staffed by Idahoans with disabilities. Our mission is to empower people with disabilities to achieve our desired level of independence, and our vision is a world where people with disabilities have access to the resources and opportunities to live the life of our choosing.

LINC operates the 5310-transportation program in southern Idaho serving people with disabilities and seniors. We became partners with LK Transportation when seeking providers with wheelchair accessible vehicles for the riders in our program. They have been active and collaborative in the efforts to increase transportation options in Magic Valley.

Staff at LK Transportation have demonstrated dedication to the mission of helping individuals get transportation. They have participated in community meetings, shared our program with others and showed a willingness to do what needs to be done. We fully support TK Transportation efforts to secure additional funding and we look forward to our continued partnership in service of Idahoans throughout the region.

If you have questions, please contact me at (208) 336-3335 or [jmaxand@lincidaho.org](mailto:jmaxand@lincidaho.org).

Sincerely,



Jeremy Maxand  
Executive Director





Develop • Worth • Independence

555 West 25<sup>th</sup> Street • Idaho Falls, Idaho 83402 • 208.524.1550 • Fax 208.523.3148  
Offices in Idaho Falls, Rexburg, and Salmon, Idaho

McKayla Matlack  
President/CEO  
DWI  
555 West 25<sup>th</sup> Street  
Idaho Falls, ID. 83402  
[mckaylamatlack@gmail.com](mailto:mckaylamatlack@gmail.com)  
208-821-5844

January 2, 2024

Dear PTAC,

I am writing this letter of recommendation in support of LK Transportation's application for the grant provided by the Public Transportation Association Committee (PTAC), affiliated with the Idaho Transportation Department. As CEO of DWI (Development Workshop Inc.), I have had the pleasure of working closely with LK and experiencing their exemplary service to our community, and this transition to a non-profit status would be a testament to their commitment to enhancing and broadening the impact to our community.

In addition to the service they provide to DWI, LK has transported a family member of mine with disabilities for the last two years. I appreciate their high level of service and their commitment to addressing the transportation needs of underserved communities and our special needs population in rural areas of southern Idaho. They continue to serve the community, fostering accessibility and inclusivity at a time when there is a significant need for expanded services and assurance that everyone has equitable access to transportation resources.

The PTAC grant represents a pivotal opportunity for LK to further its mission and extend its positive influence on the community.

In conclusion, I endorse LK's application for the PTAC grant and express my sincere belief that the proposed expansion will contribute significantly to the betterment of southern Idaho's rural communities. I am available for any additional information or clarification that may be required in support of this recommendation.

Thank you for considering their application.

Sincerely,

McKayla Matlack

DWI President/CEO

**Quality People, Programs, and Products Since 1971**

DEVELOPMENT WORKSHOP, INC. DOES NOT DISCRIMINATE IN ADMISSION OR ACCESS TO, OR TREATMENT OF, EMPLOYMENT IN ITS PROGRAMS AND ACTIVITIES. EQUAL EMPLOYMENT EMPLOYER. NATIONALLY ACCREDITED BY THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES.



# **SALARY AND BENEFITS REPORT**

2023

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# INTRODUCTION

In 1993, the Community Transportation Association of America (CTAA) published the first Community Transportation Salary Survey. CTAA members found the information to be helpful when making staffing and employment decisions within their agency. CTAA members asked for an updated survey on salary and benefits for professional transit positions in our industry. This report includes a breakdown of salary and benefits by position, category, agency type, region, budget, and number of employees.

The survey was sent to all CTAA members, in all 10 FTA regions and 5 service types, and received 220 responses. It was sent electronically to leaders at CTAA member organizations. Agencies were asked to provide hourly and/or annual salary information for each common employment position. This survey provides data for the eight most common positions at a given transit agency. Those who responded to the survey also provided information on their organizational structure, agency type, operating budget, services provided, regional location, and number of employees. The survey document is included at the end of the report.



# NOTES TO UNDERSTANDING THE SURVEY

- **Salary Basis**
  - Annual: Positions that are paid on an annual basis
  - Hourly: Positions that are paid on an hourly basis
    - Note: all data in this report is shown based on an annual salary basis.
- **Agency Type**
  - Nonprofit: A private organization, organized under 501 (C) (3) provisions.
  - For Profit: An organization seeking to earn profit through its operations.
  - Public: A unit of state or local government; receives federal or state funds.
- **Region**
  - The regions are defined by the Federal Transit Administration.
    - 1: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island and Connecticut
    - 2: New York and New Jersey
    - 3: Delaware, Maryland, Pennsylvania, Virginia, West Virginia and the District of Columbia
    - 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, The Commonwealth of Puerto Rico and the United States Virgin Islands
    - 5: Illinois, Ohio, Minnesota, Wisconsin, Indiana and Michigan
    - 6: Texas, Oklahoma, Arkansas, Louisiana and New Mexico
    - 7: Missouri, Iowa, Nebraska and Kansas
    - 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming and 22 tribal nations
    - 9: Arizona, California, Hawaii, Nevada, and the territories of Guam, American Samoa and the Northern Mariana Islands
    - 10: Alaska, Idaho, Oregon and Washington

# NOTES TO UNDERSTANDING THE SURVEY

- Service Type
  - Rural: Serving a population of less than 50,000.
  - Small Urban: Serving a population of between 50,000 and 200,000.
  - Specialized: Offering specialized services, such as demand-response, shared-ride, or deviated route, often, but not excluding, serving older adults and people with disabilities.
  - NEMT: Offering non-emergency medical transportation services, typically funded through Medicaid..
  - Tribal: Offering transportation options to tribal nations and communities.
- Budget: this indicates the transit agency's operating budget.
- Number of Employees: This indicates the number of staff employed at a given transit agency.
- Publisher's Notes
  - Number of responses: indicates how many CTAA members responded to a specific category.
  - Average: indicates the sum of all responses divided by the number of responses.

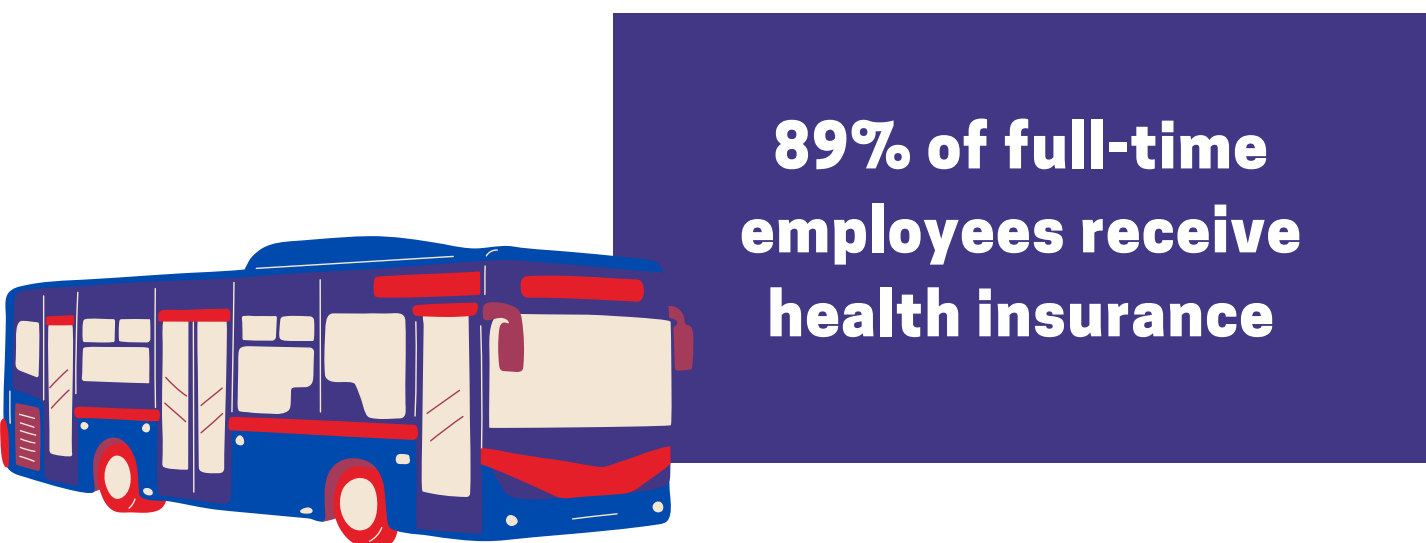
# EXECUTIVE SUMMARY

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The report provides an analysis of the salaries and benefits of the employees of the organizations who are members of CTAA. The report finds that the average salary for full-time employees in the US is \$63,000 per year, with significant variation by industry and occupation. In terms of benefits, the report finds that health insurance is the most common benefit provided by employers, with 89% of full-time employees receiving health insurance. Other common benefits include paid vacation time (77%), retirement plans (72%), and dental insurance (66%).

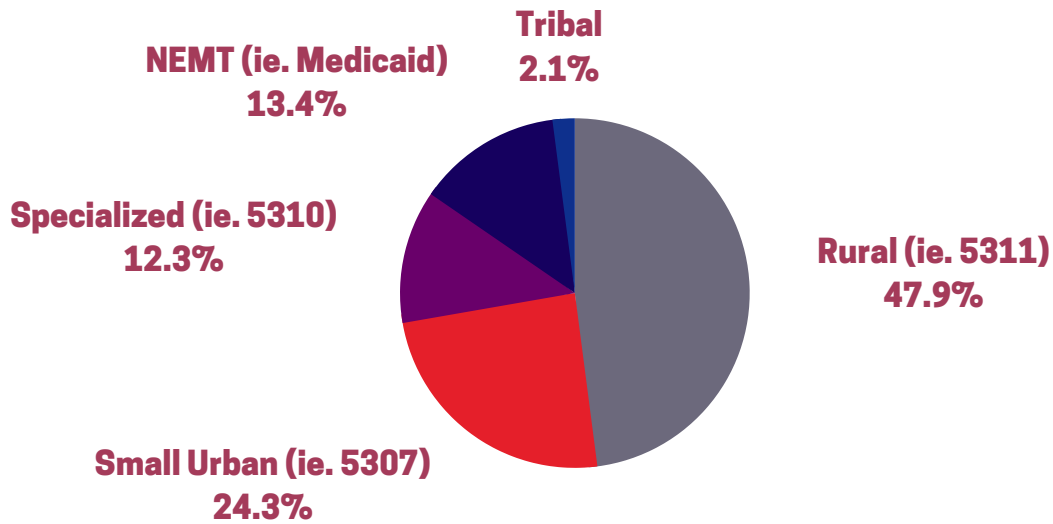
This report explores the relationship between education, salary, benefits, salary increase basis, employment type, and payment schedule.





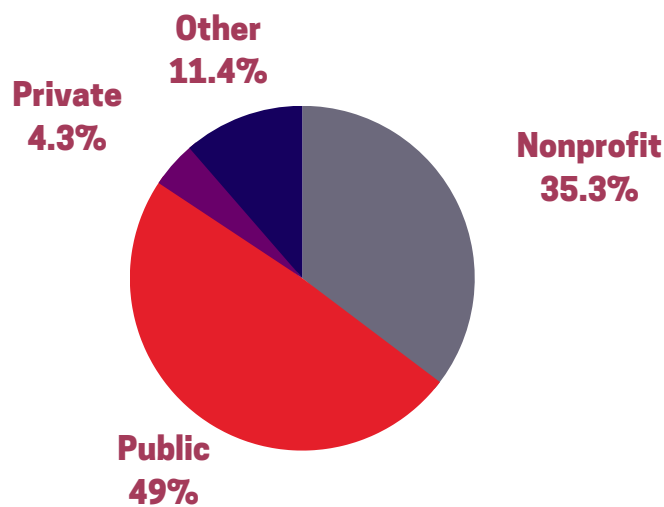
# MEMBER CATEGORIES

This graph shows the distribution of respondents across the different member categories of the respondents.



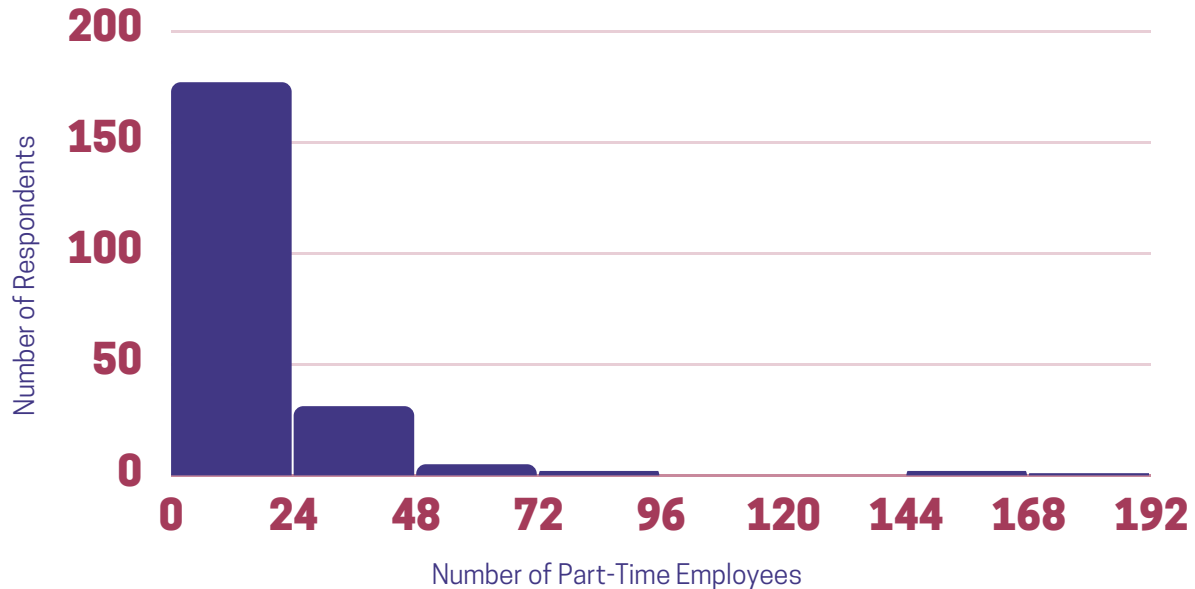
# AGENCY TYPE

This graph shows the distribution of agency types across the respondents.



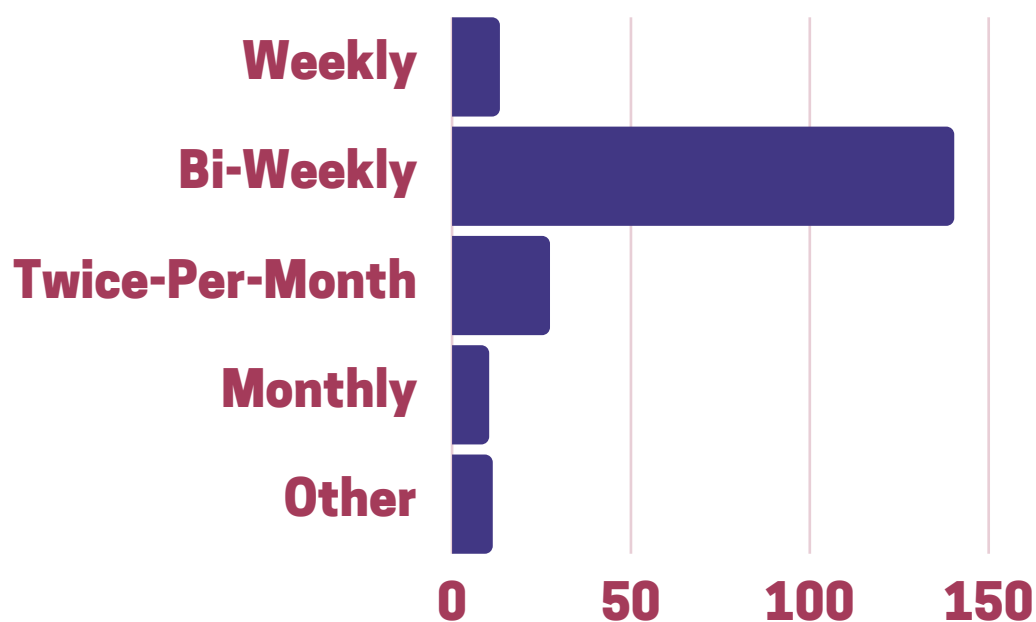
## PART-TIME EMPLOYEES

This graph shows the number of part-time employees the respondents employ.



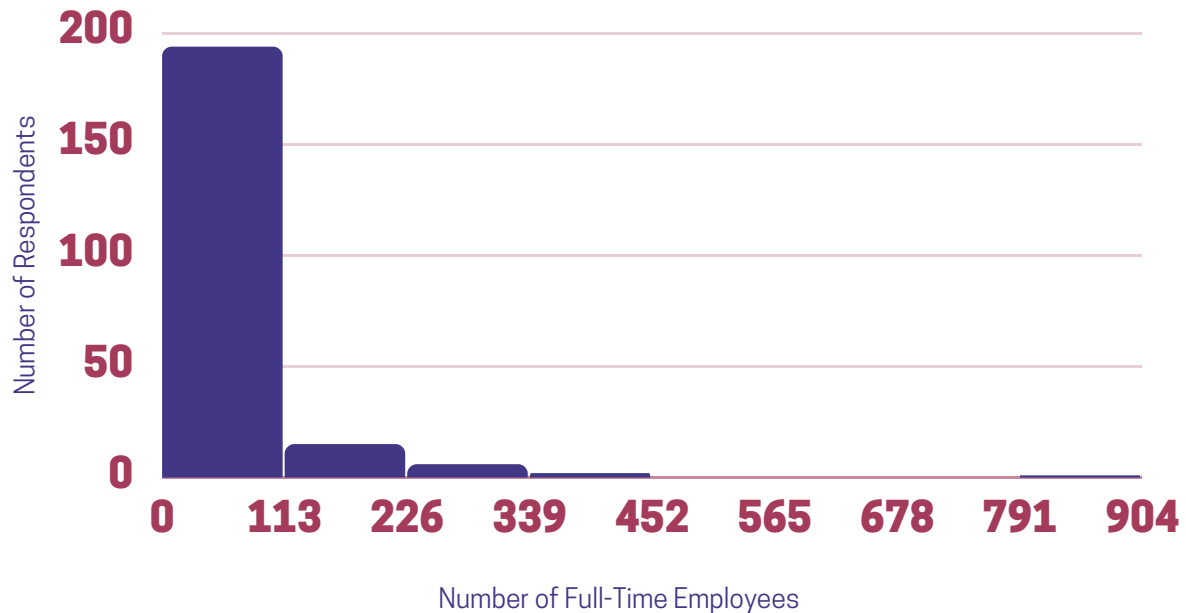
## PART-TIME EMPLOYEE PAYMENT SCHEDULE

This graph shows the distribution of how the respondents pay their part-time employees.



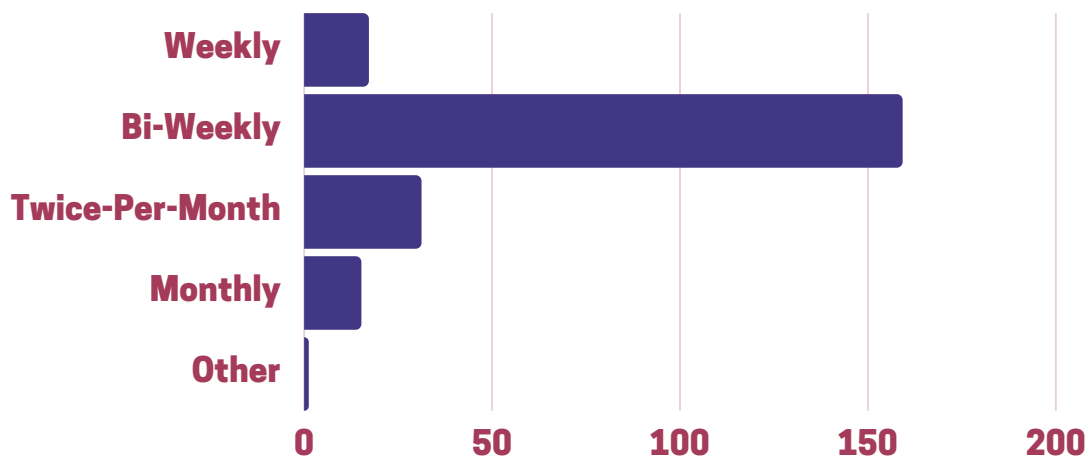
## FULL TIME EMPLOYEES

This graph shows the number of full-time employees the respondents employ.



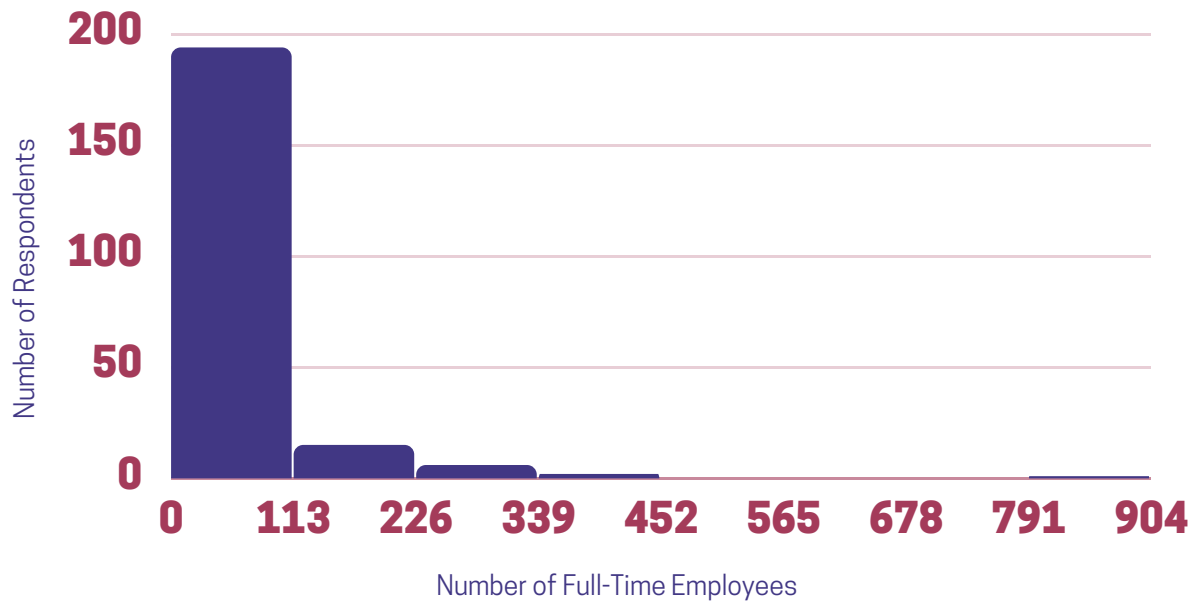
## FULL TIME EMPLOYEE PAYMENT SCHEDULE

This bar graph shows the distribution of how the respondents pay their full-time employees.



# VOLUNTEERS

This graph shows the number of volunteers the respondents have had in the past year.



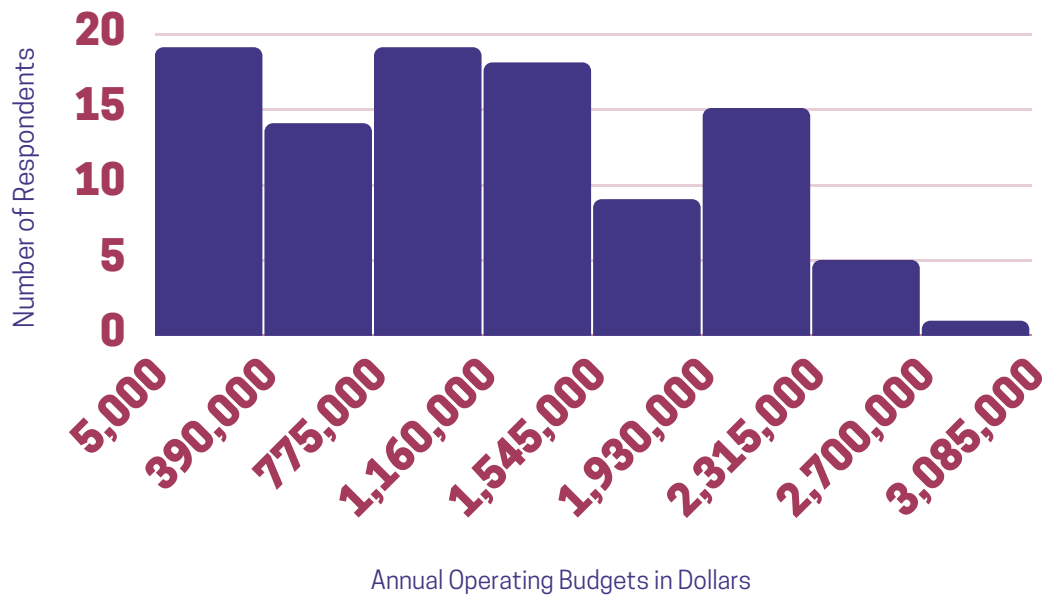
# COLLECTIVE BARGAINING

The majority of respondents do not have any employees who collectively bargain (160 respondents), but those who did are shown on this graph.



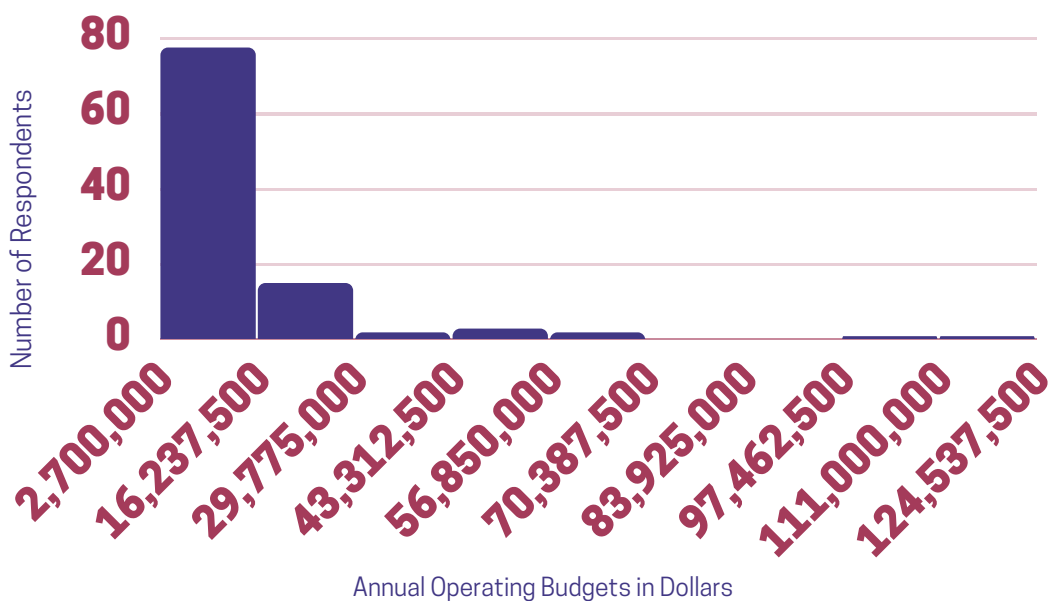
## ANNUAL OPERATING BUDGET

This graph shows the lower half of the annual operating budgets of the organizations.



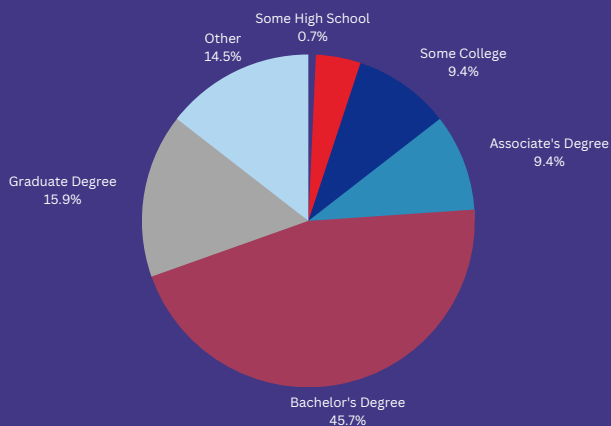
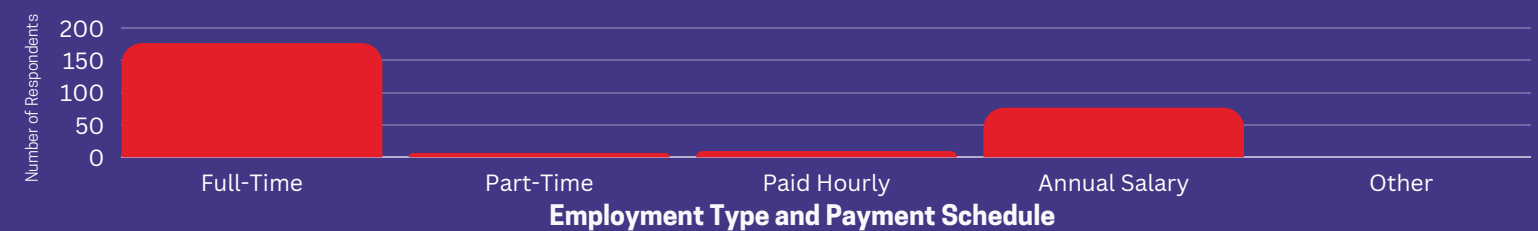
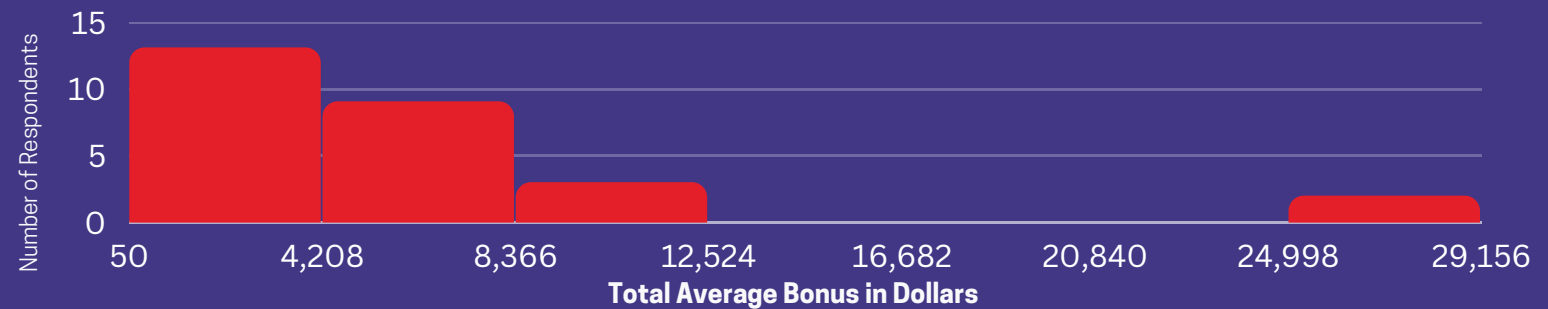
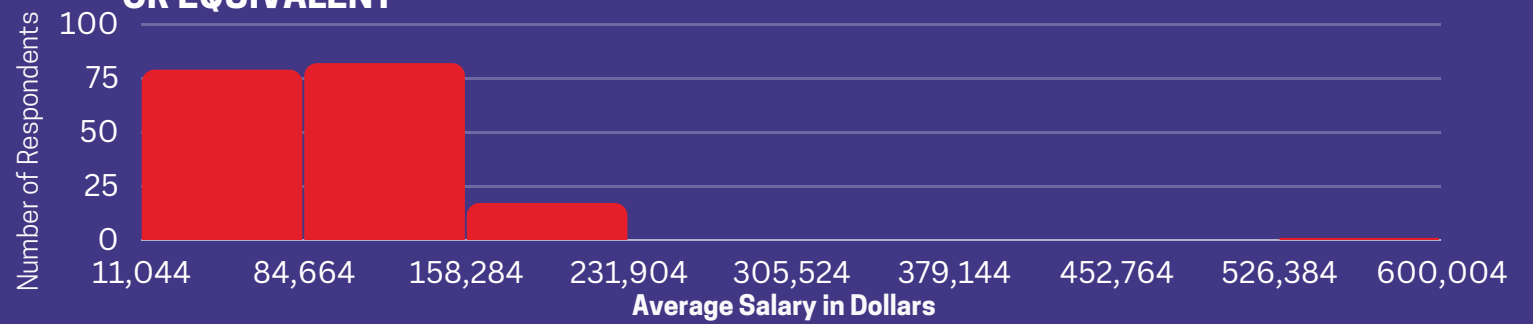
## ANNUAL OPERATING BUDGET PART II

This graph shows the higher half of the annual operating budgets of the organizations.

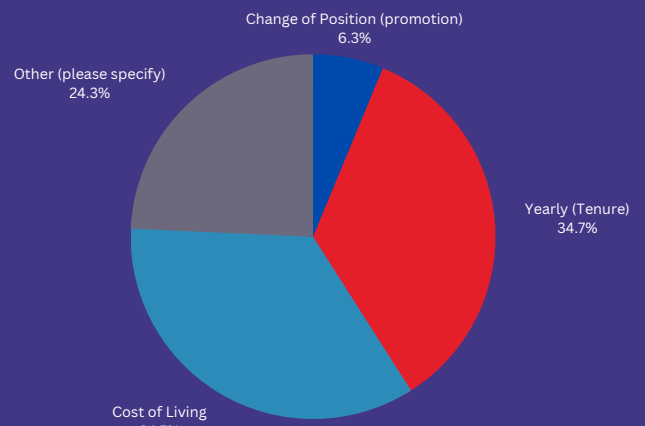


# CEO

## OR EQUIVALENT

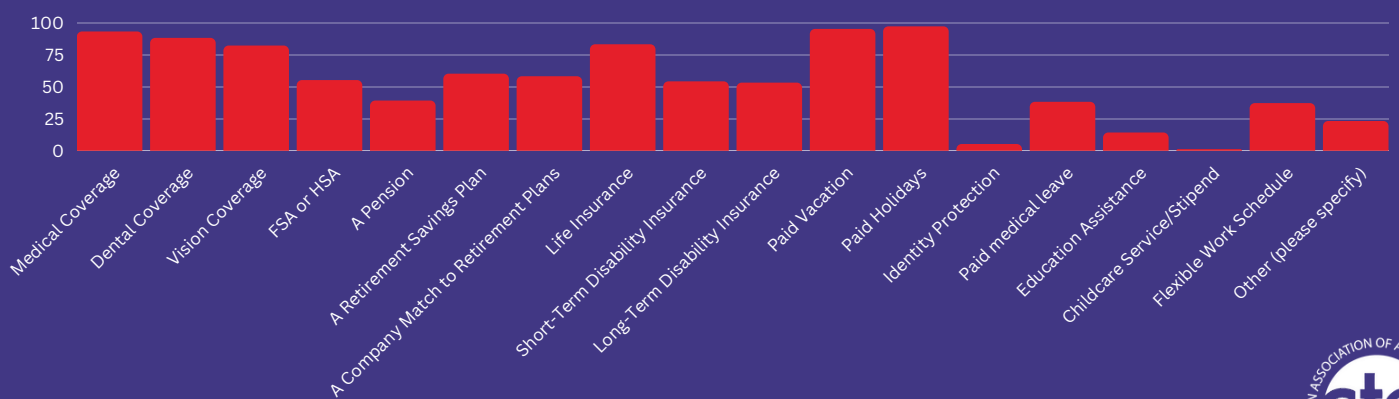


Average Education Obtained



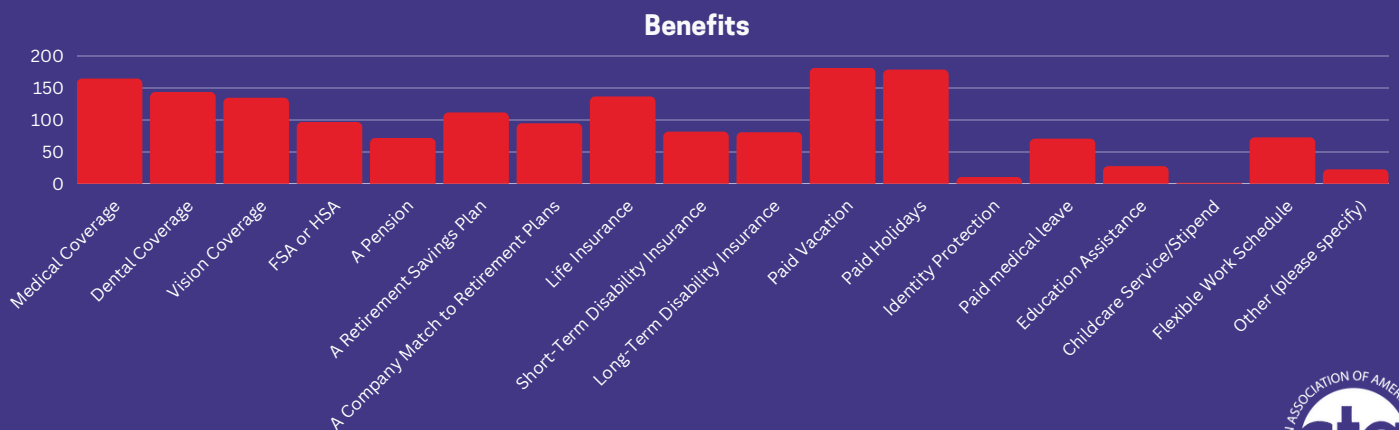
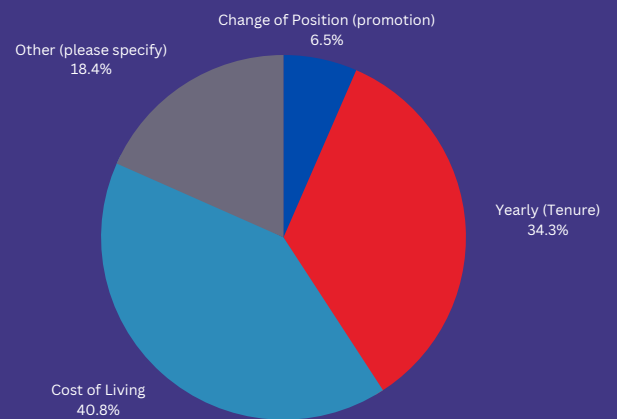
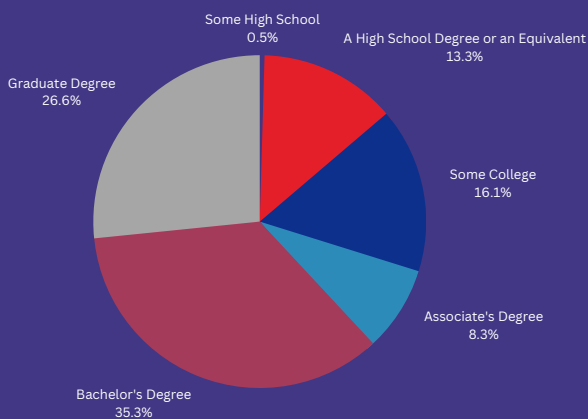
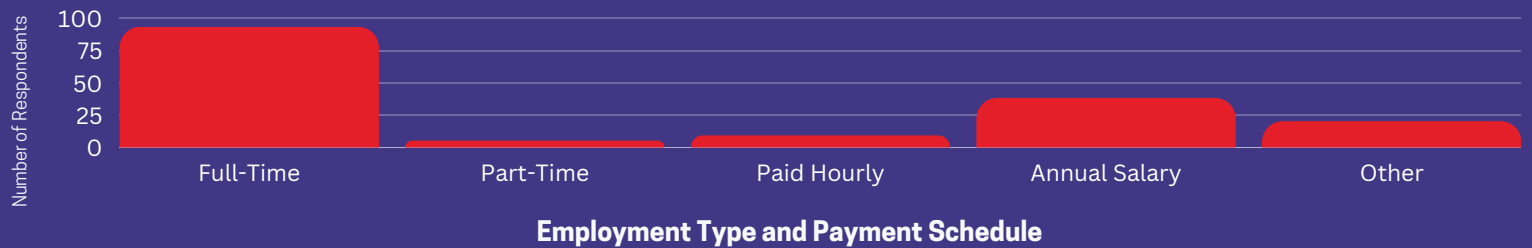
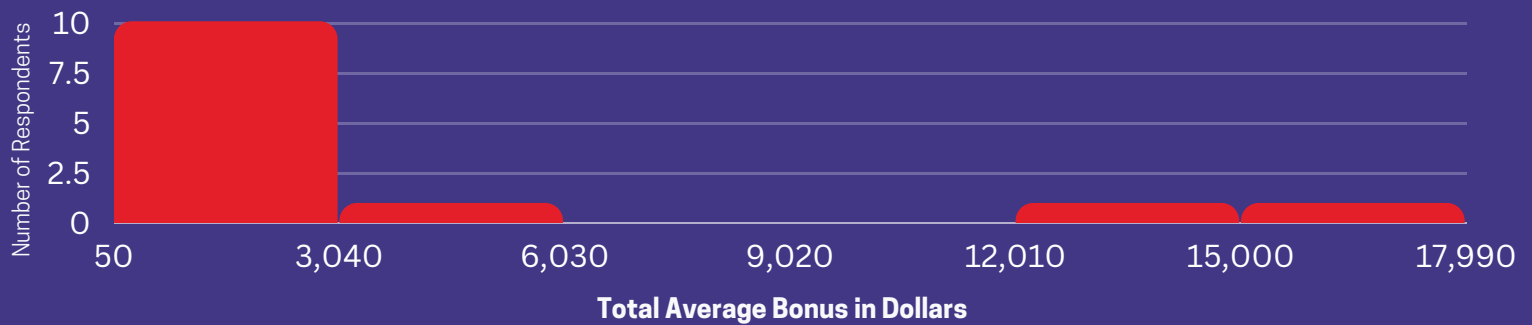
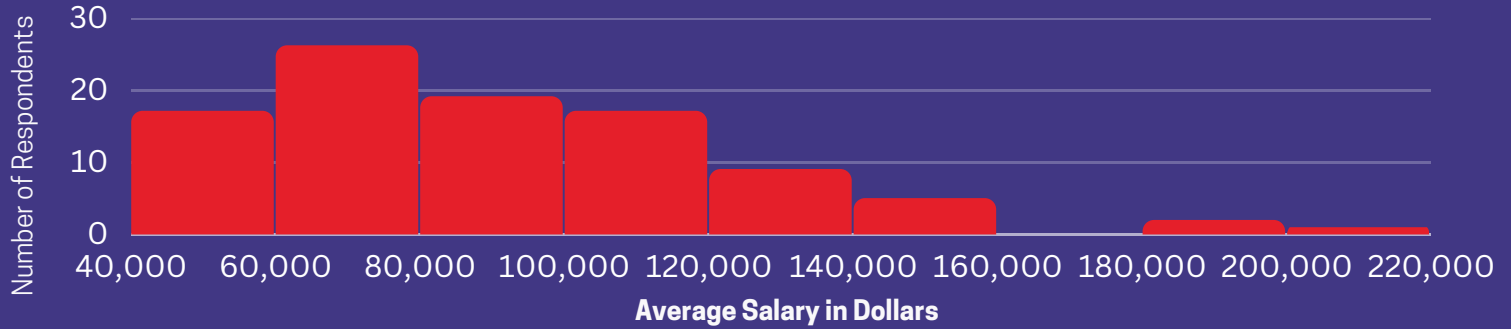
Salary Increase Basis

## Benefits

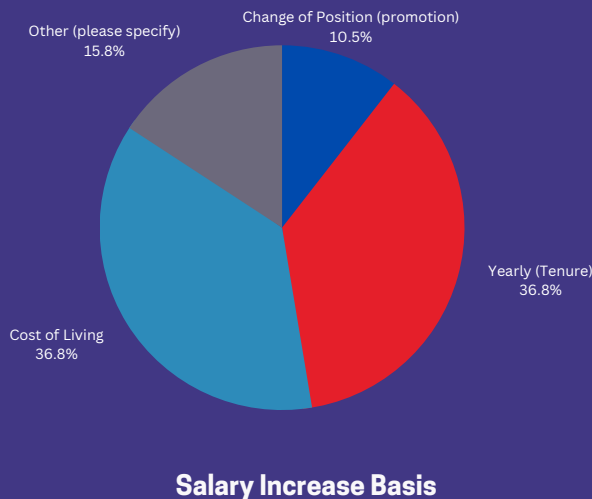
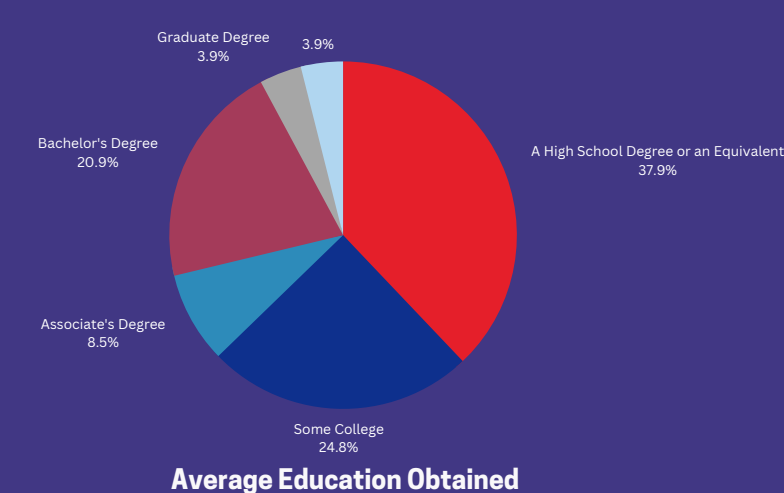
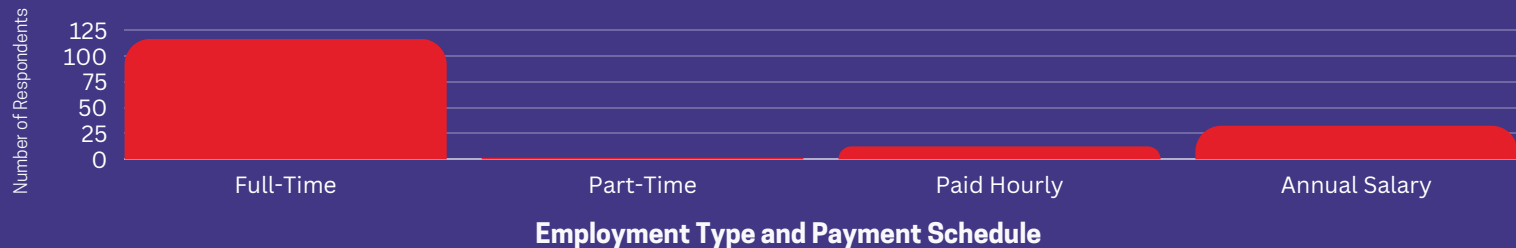
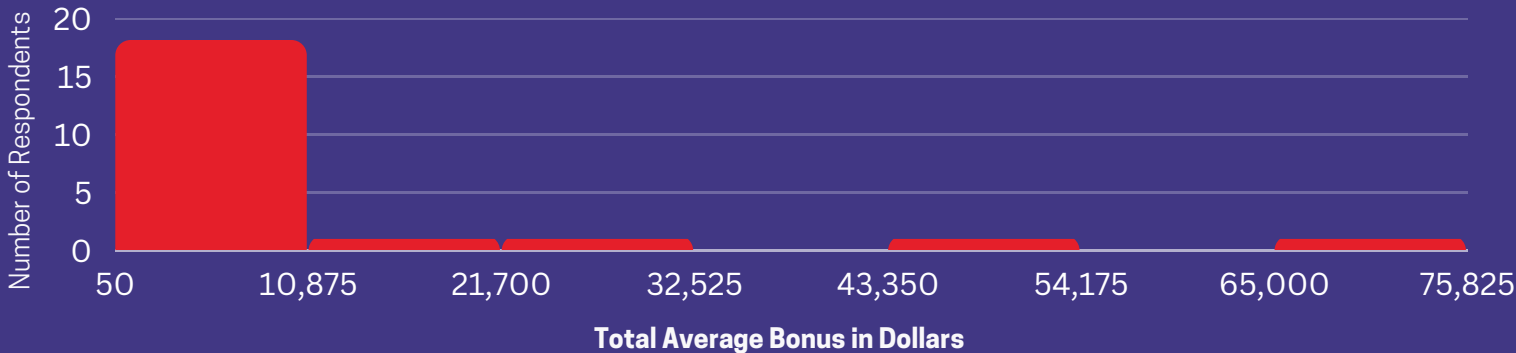
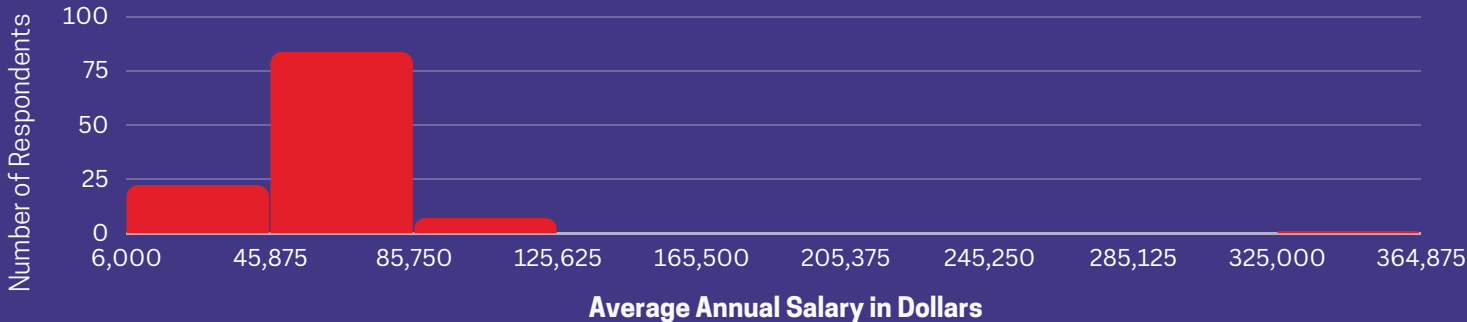


# CFO

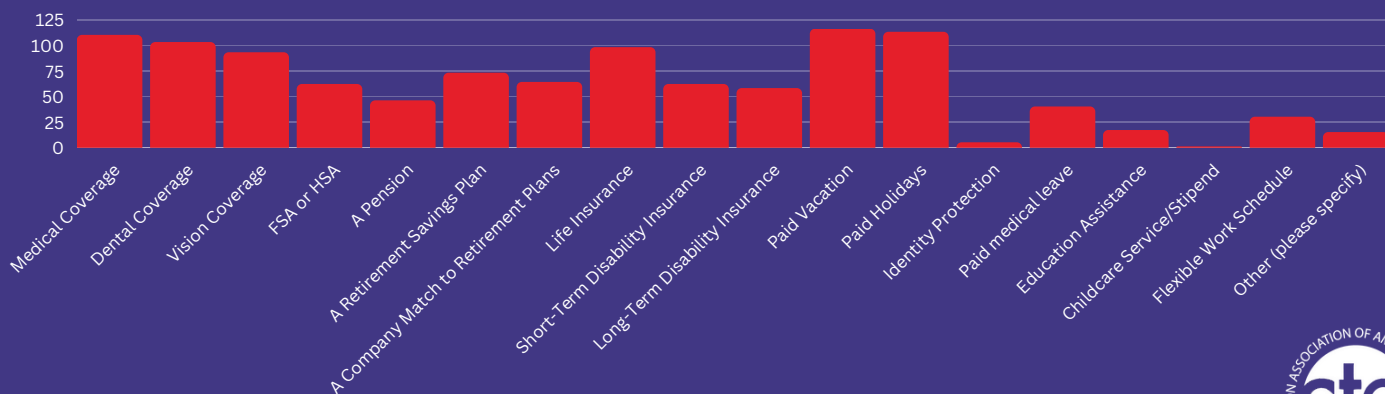
## OR EQUIVALENT



# OPERATIONS SUPERVISORS

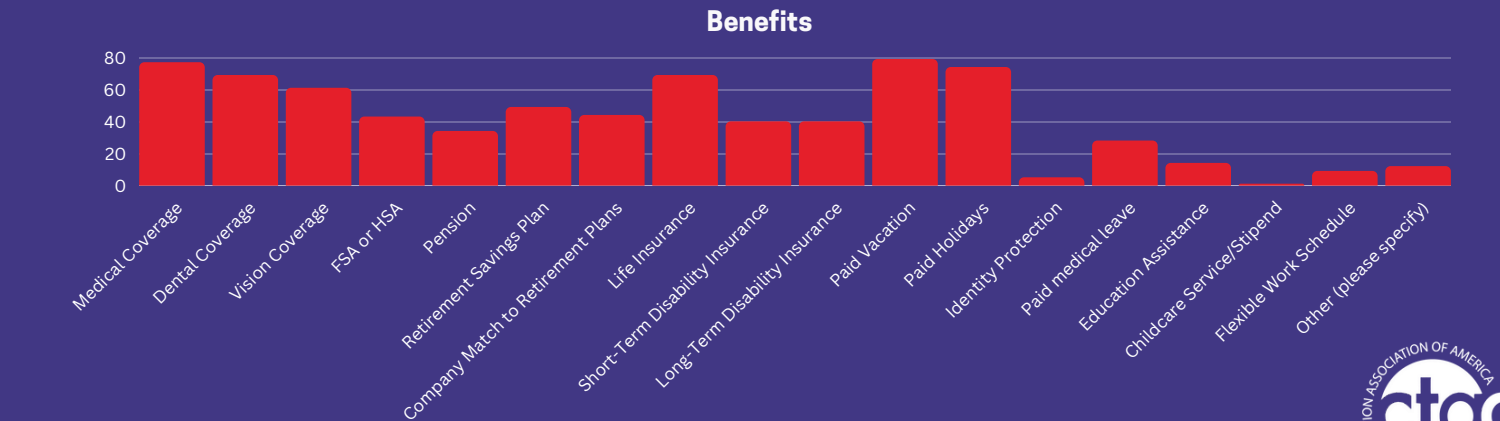
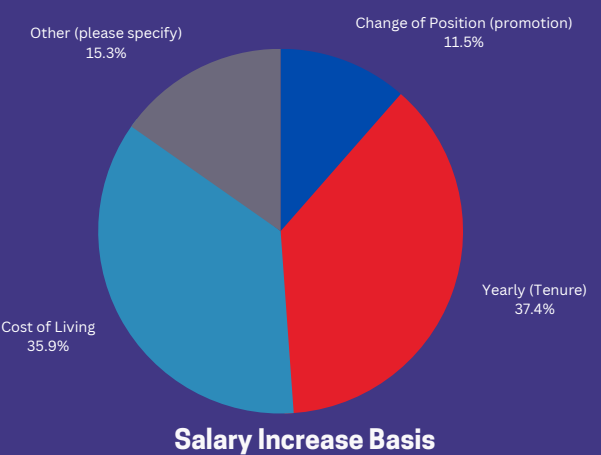
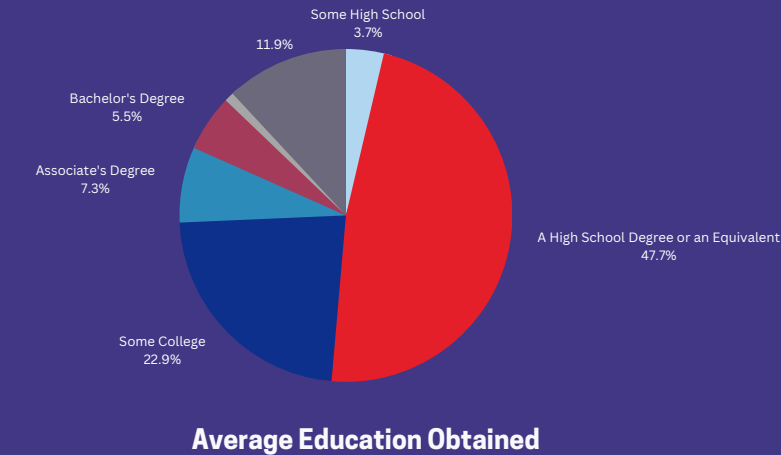
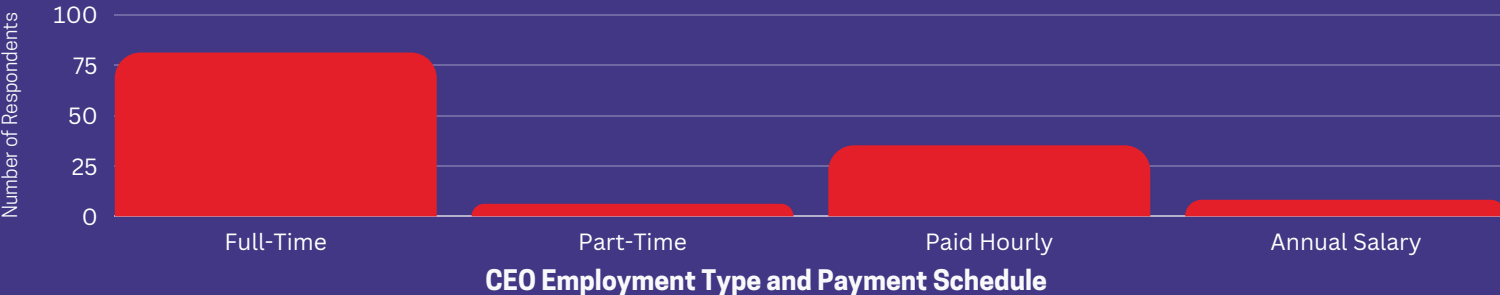
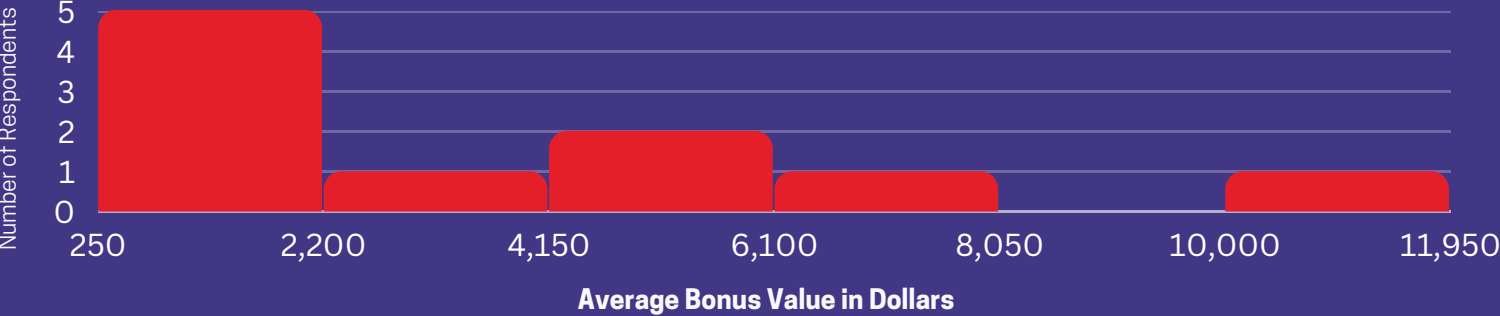
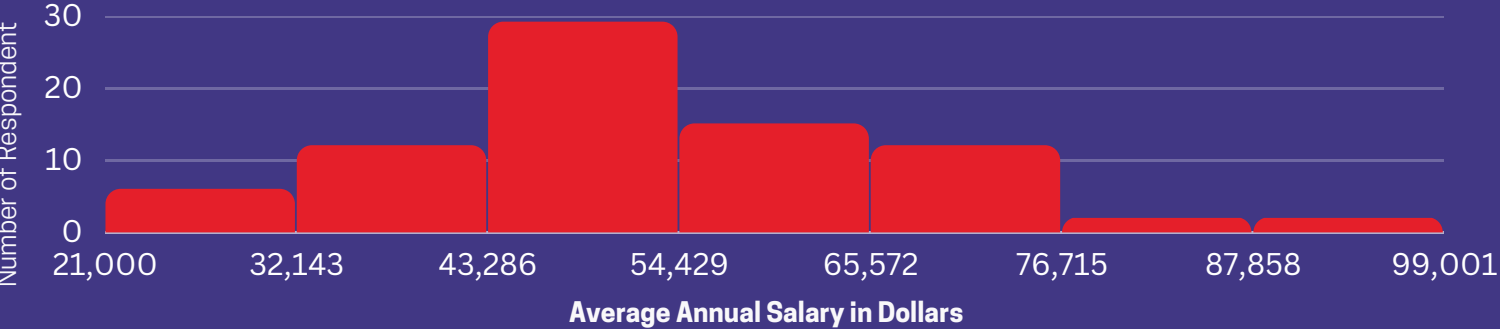


## Benefits

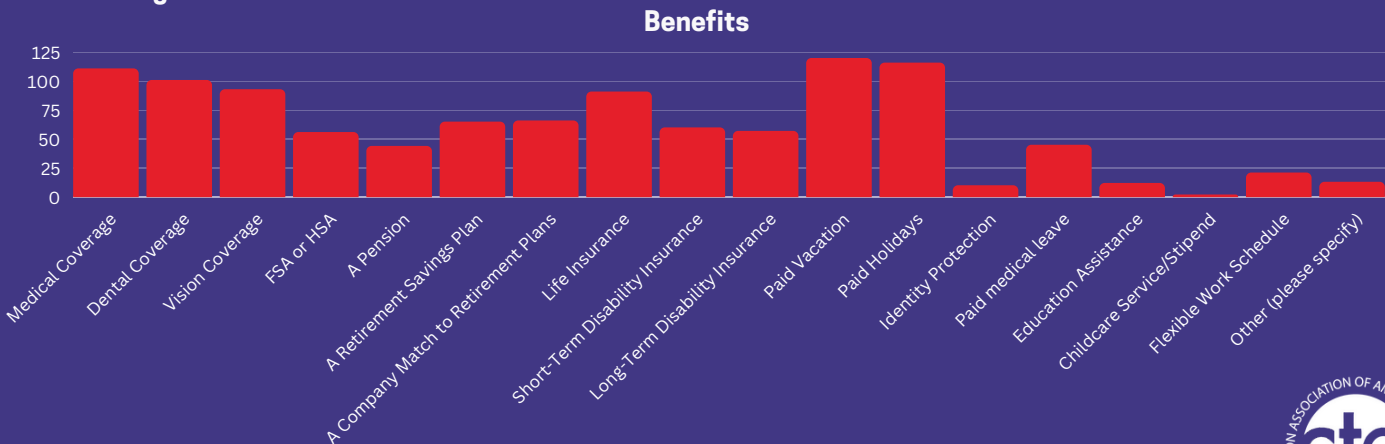
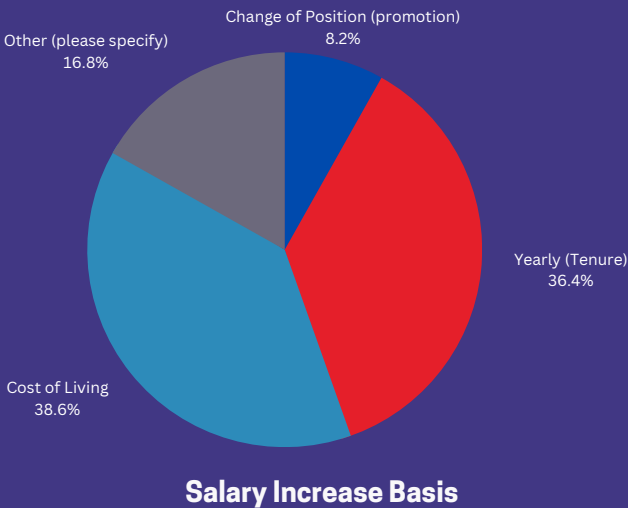
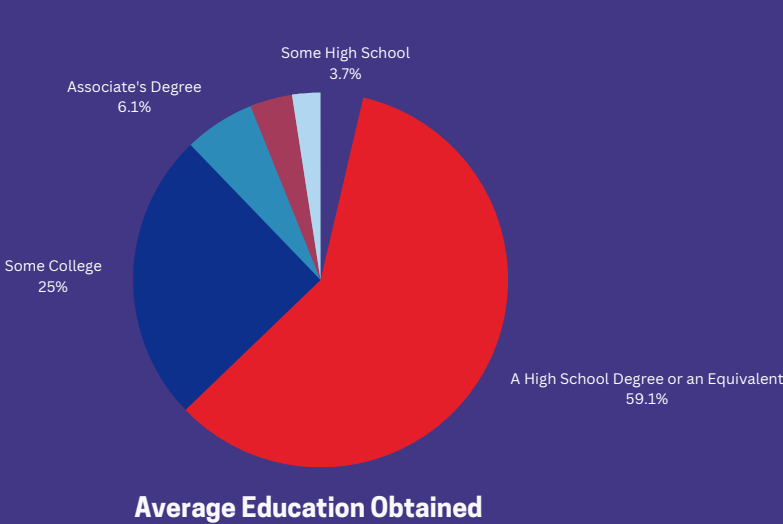
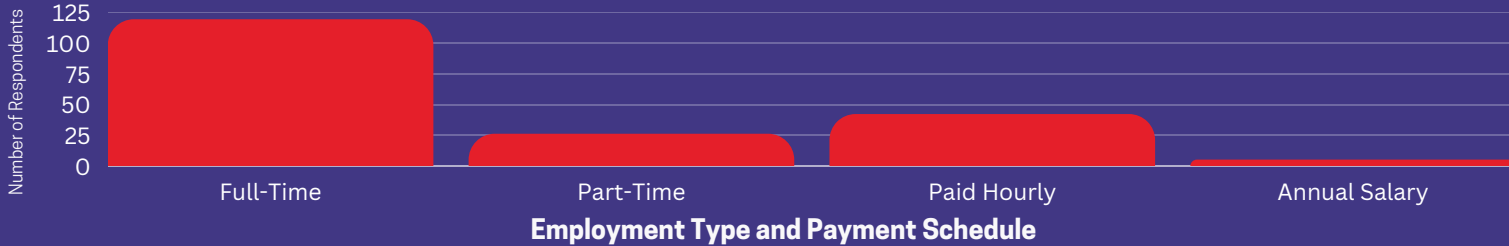
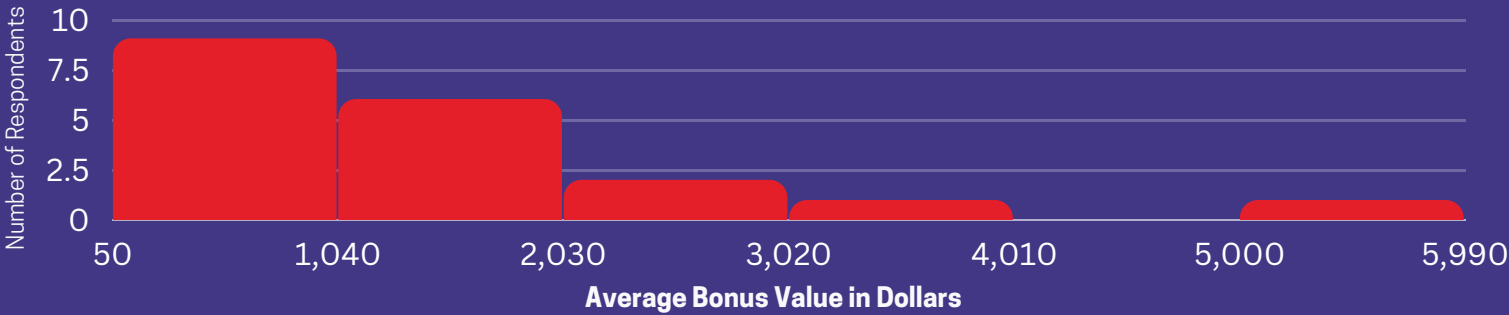
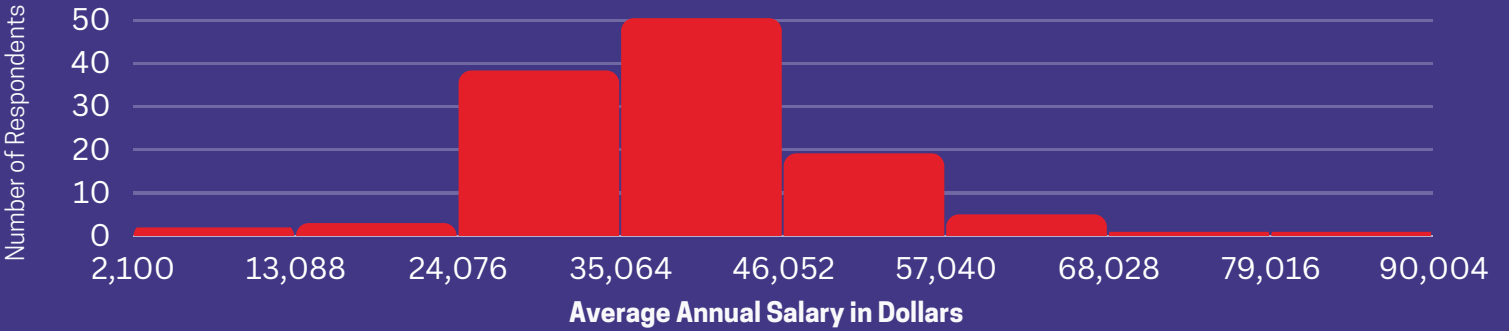




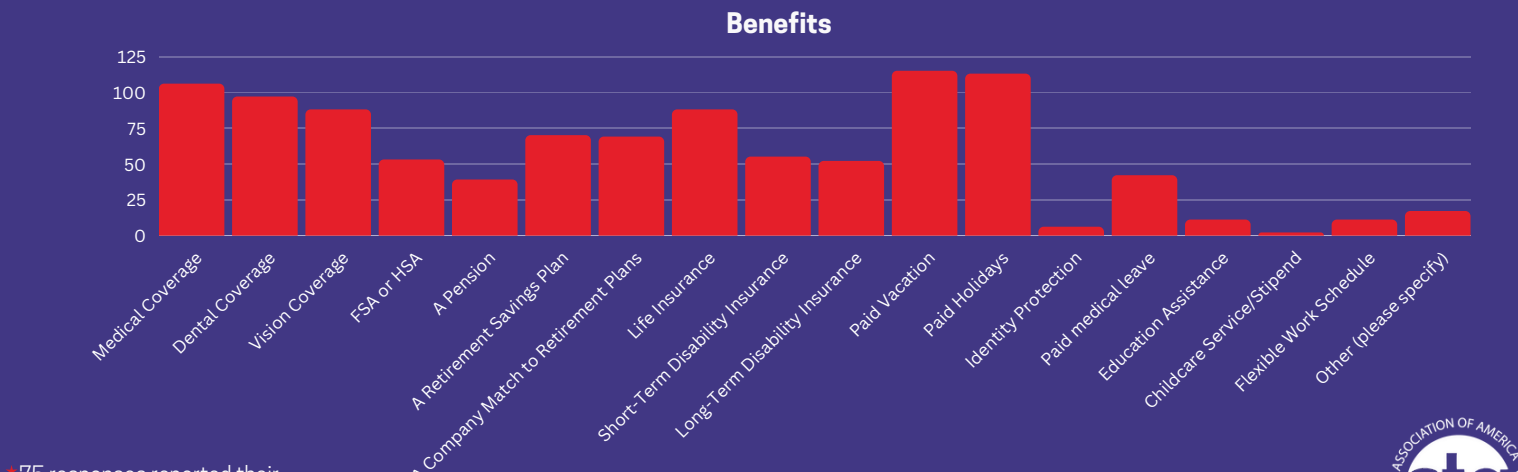
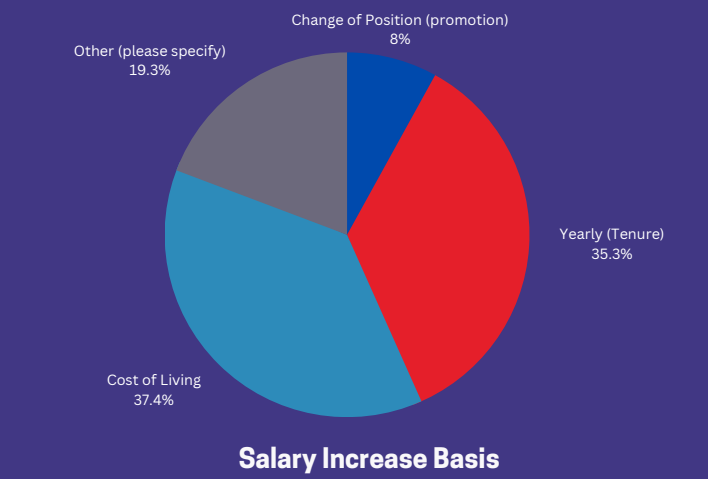
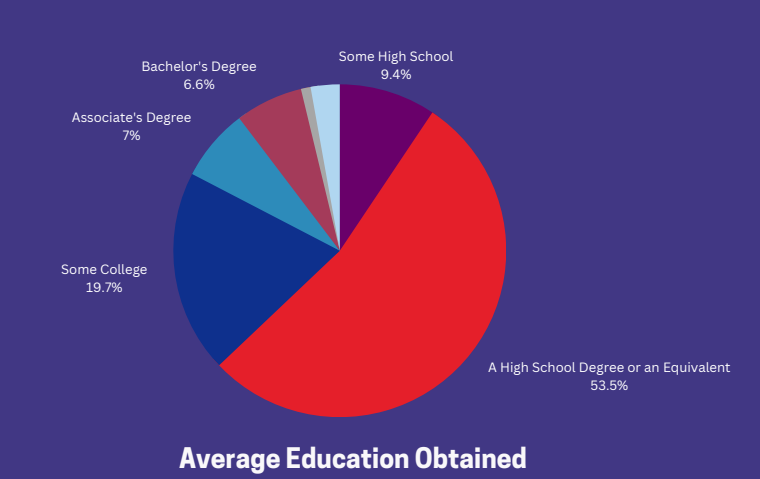
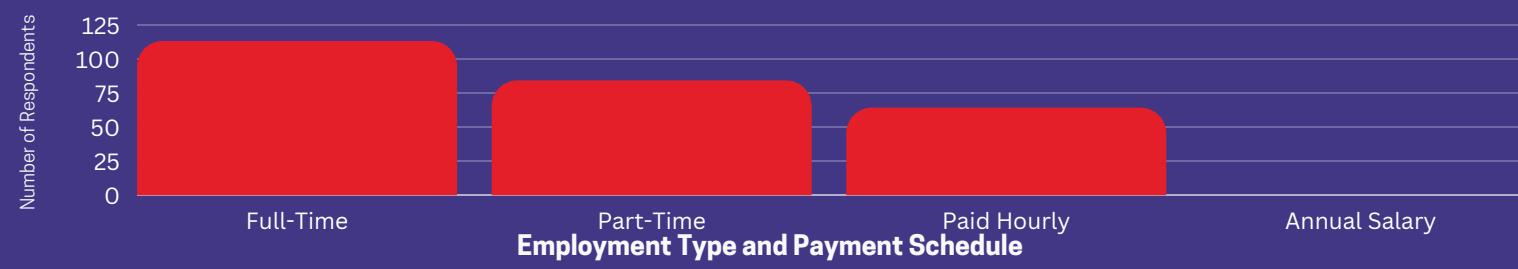
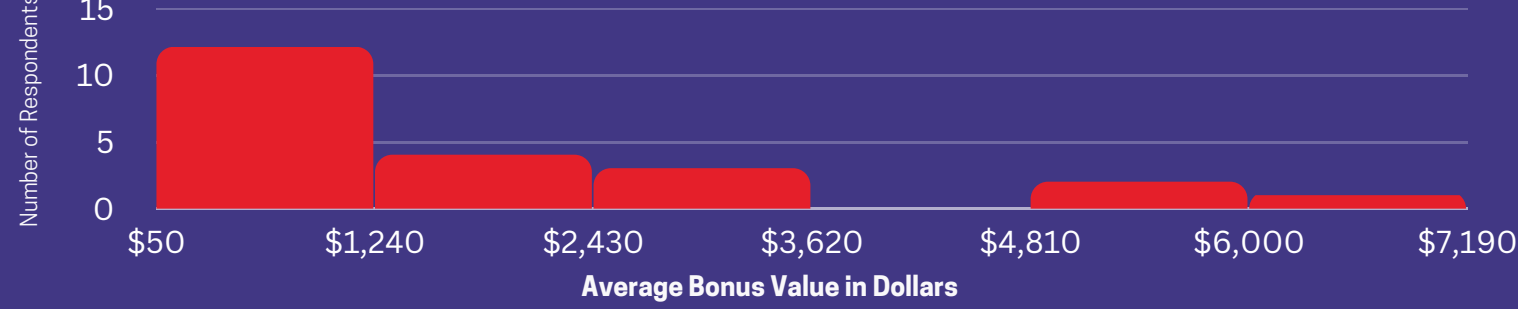
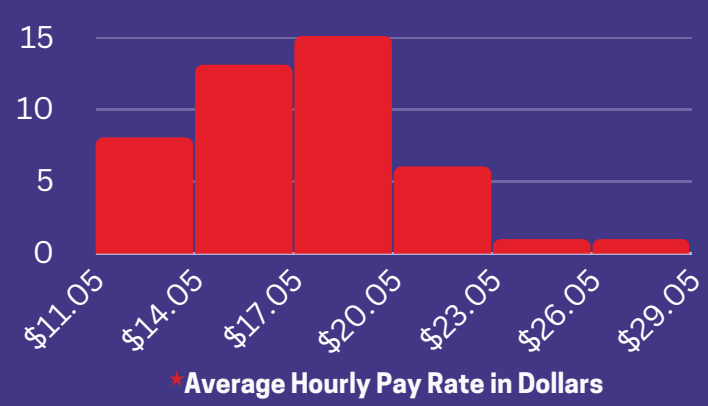
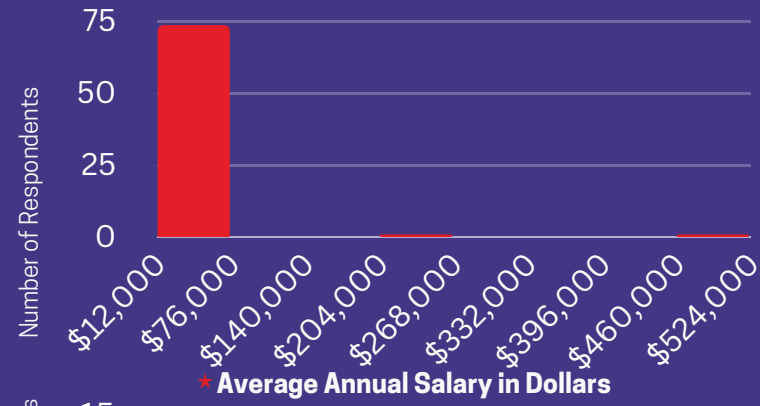
# MAINTENANCE PERSONNEL



# DISPATCHER PERSONNEL



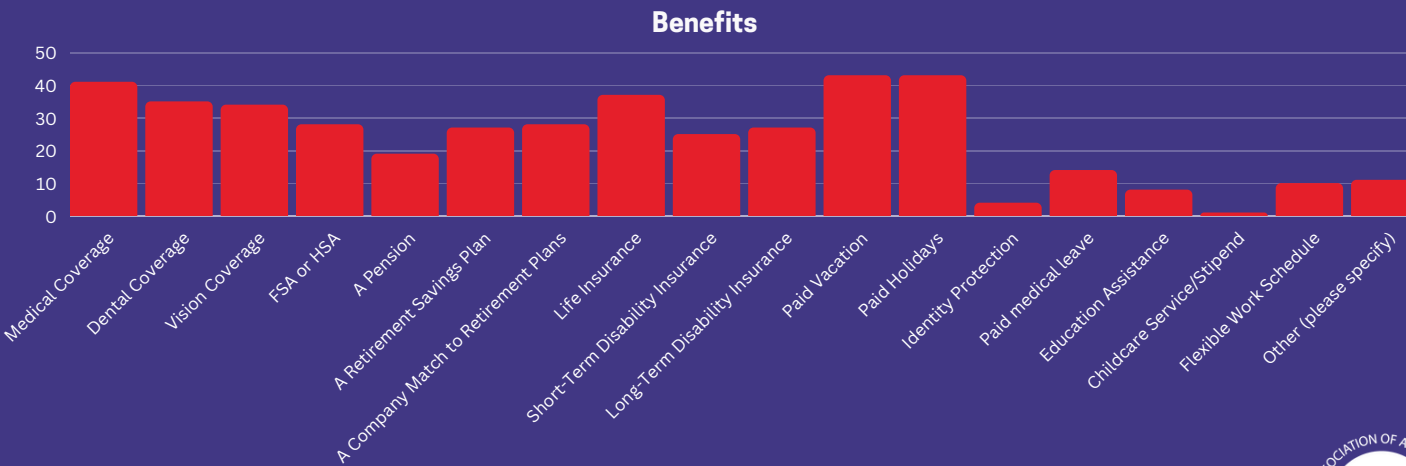
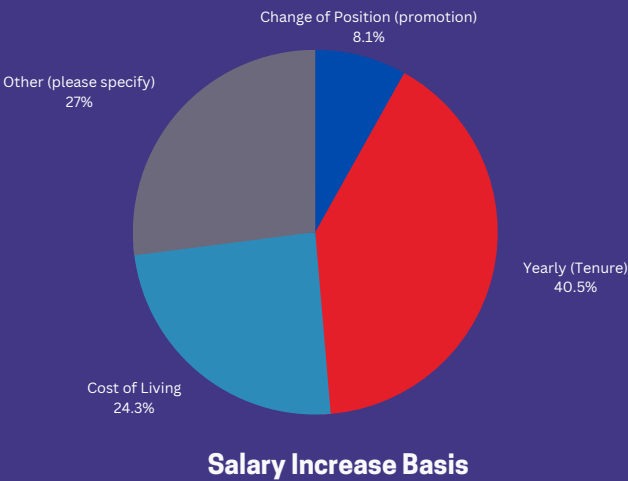
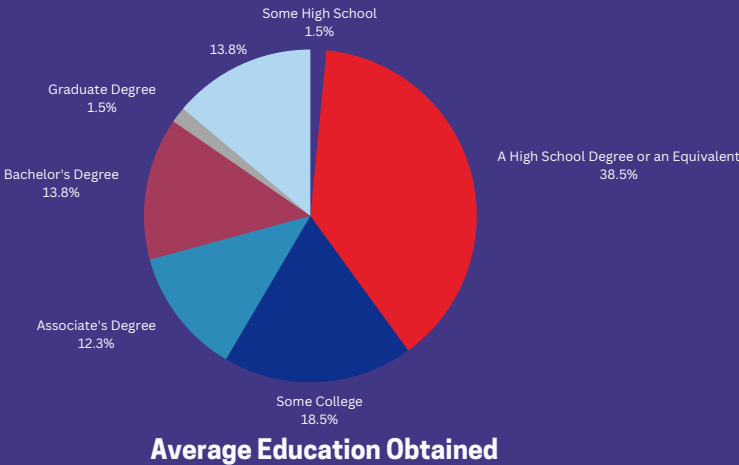
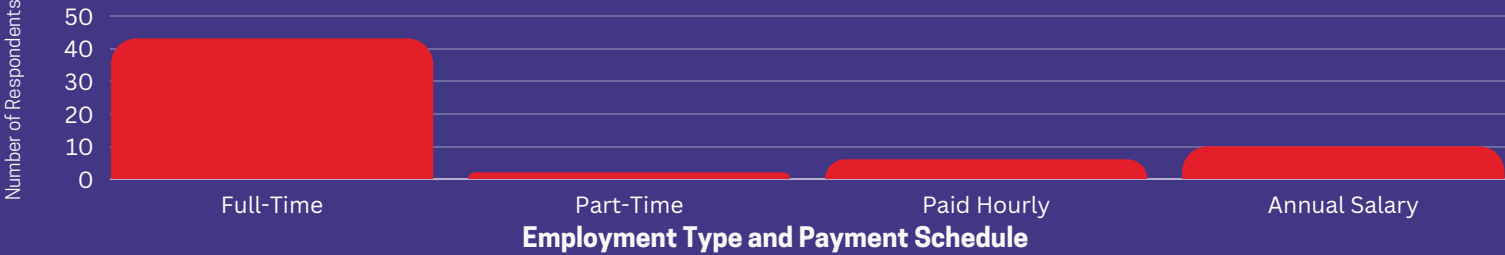
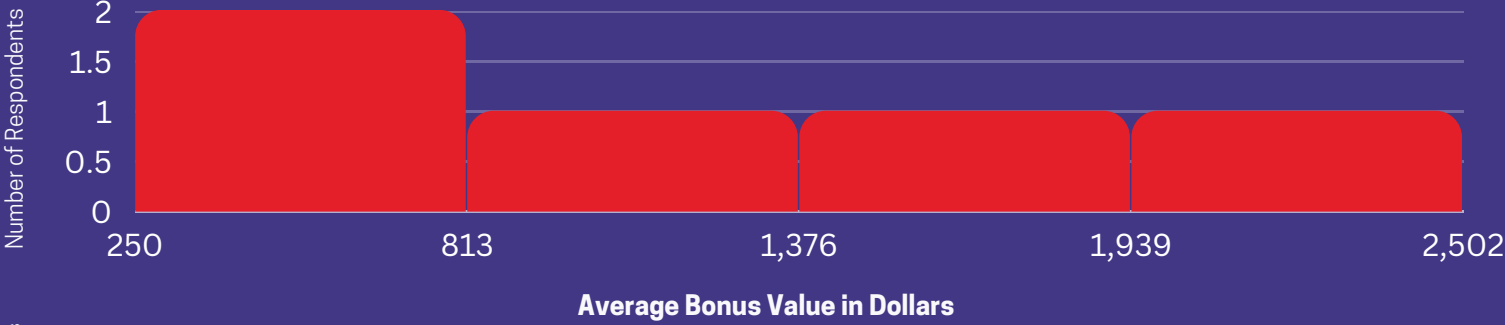
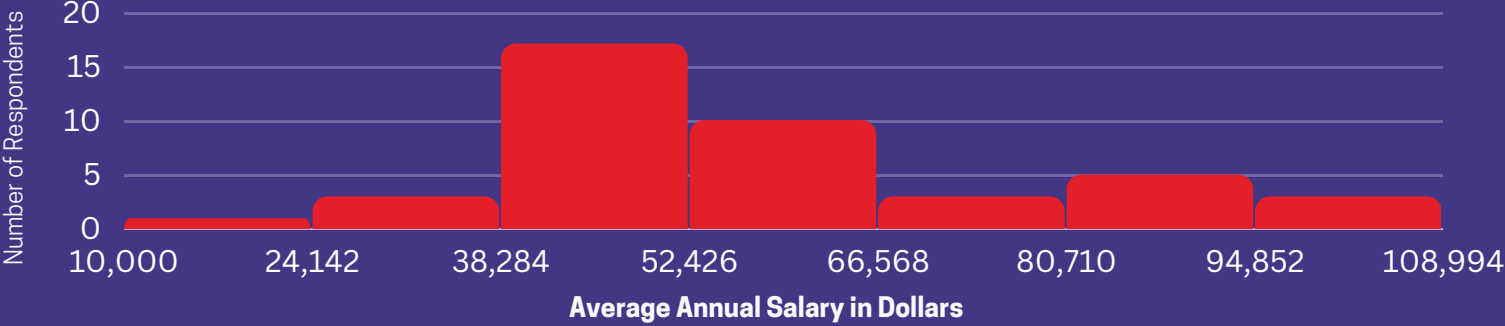
# DRIVERS



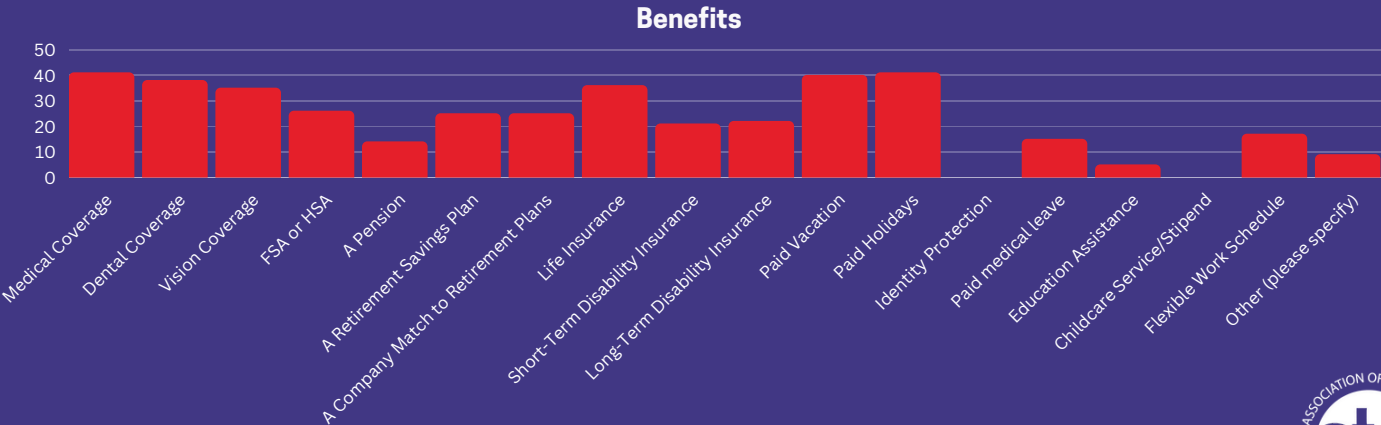
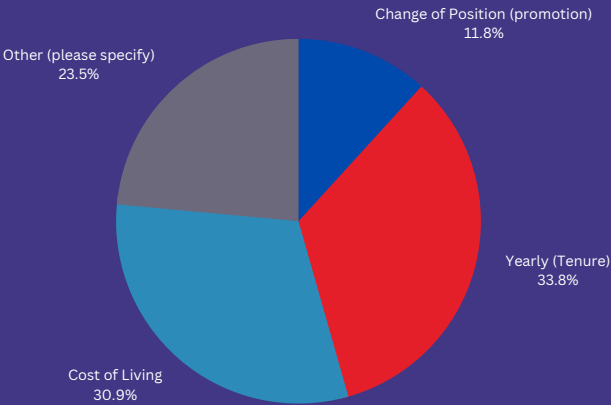
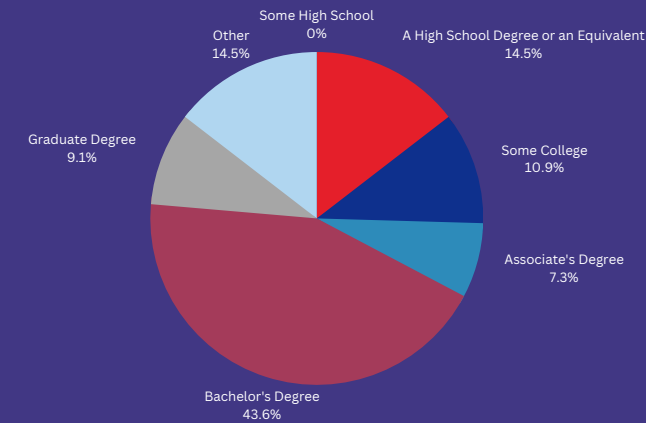
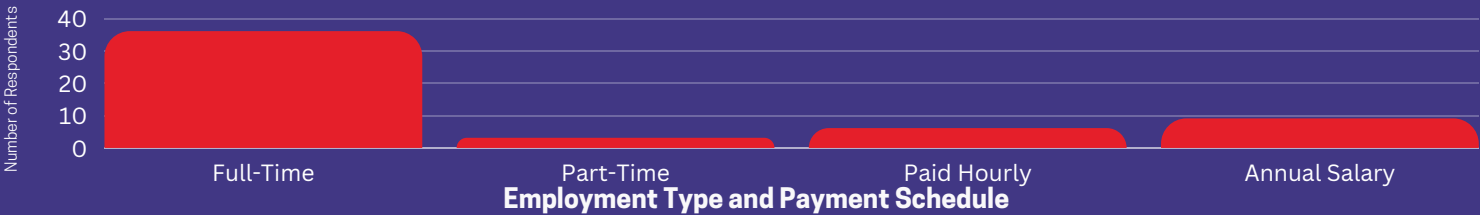
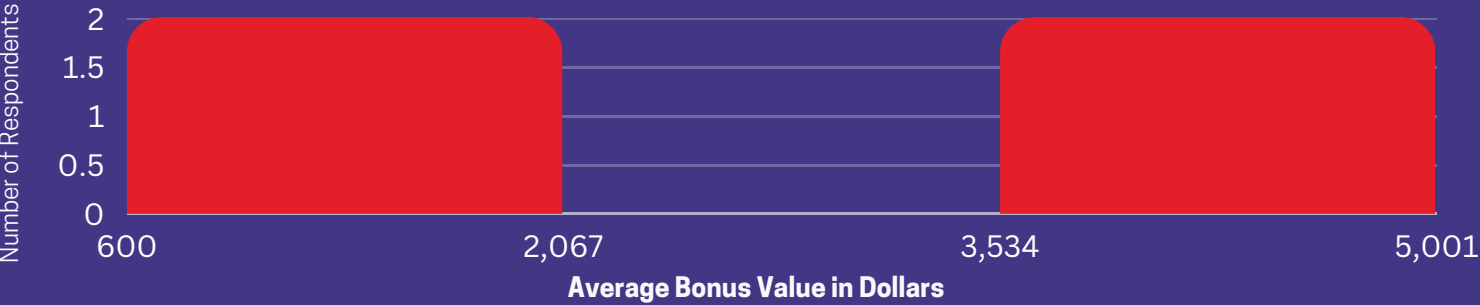
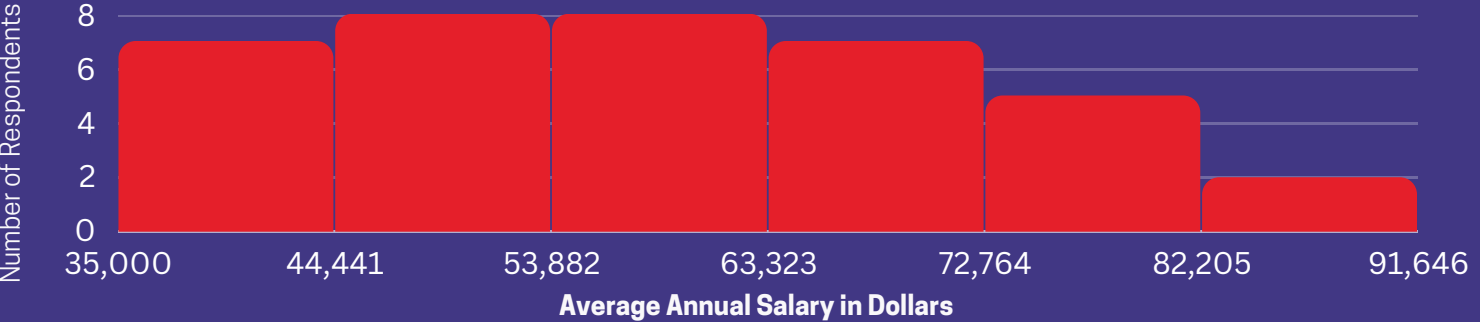
\*75 responses reported their salaries based on an annual salaries and 51 respondents reported an an hourly wage



# SAFETY OFFICERS



# COMMUNICATIONS PERSONNEL





**Schedule A**  
**Compensation**

**Section I - Rates\*For Transporting IDHW Members ONLY**

Curb to Curb Service – Driver or attendant generally assists passenger to pick-up and drop-off location without assistance to the location entrance.

	<b>Curb to Curb Loaded Business Hour Rates Per One-Way Trip</b>			
<b>Mileage Band</b>	<b>Ambulatory</b>	<b>Wheelchair</b>	<b>Stretcher</b>	<b>N/A</b>
<b>0.00 - 1.00 Mile (Base)</b>	\$15.00	\$25.00	N/A	N/A
<b>1.01 - Endless Miles (Per Mile)</b>	\$1.85	\$2.40	N/A	N/A

**Business Hours**

Monday - Saturday 6:00 am - 5:59 pm.

\*these rates eliminate the need for any quoting without direct approval from VAM or TM

	<b>Curb to Curb Loaded Multi-Load Rates</b>			
<b>Mileage Band</b>	<b>Ambulatory</b>	<b>Wheelchair</b>	<b>Stretcher</b>	<b>Bariatric</b>
<b>Same Pick-up &amp; Drop-off</b>	N/A	N/A	N/A	N/A
<b>Same Drop-off</b>	N/A	N/A	N/A	N/A

**Multi-Load Rates** are for trips traveling to the same destination, with same appointment date and time (within an hour).

Provider is not interested in rates for Group Volume Opportunities. LS (initial here)

By executing this Schedule A, Provider agrees to render transportation services as requested by MTM at the rates set forth herein. Provider further agrees not to seek higher rates by requesting from or providing to MTM a rate quote for any trip. This Schedule A may be executed in two counterparts.

**MEDICAL TRANSPORTATION MANAGEMENT, INC.**

Ron Dunbar

By: \_\_\_\_\_

DocuSigned by: Print Name

*Ron Dunbar*

8C068C657813472

Signature

Program Director 12/19/2023 | 9:07 AM CST

Title Date

12/19/2023 | 9:07 AM CST

Effective Date

**LK TRANSPORTATION LLC**

Larry Standfield

By: \_\_\_\_\_

DocuSigned by: Print Name

*Larry Standfield*

85E4720B09A040E

Signature

CEO 12/19/2023 | 9:36 AM CST

Title Date

v2.2 2018.01.11



A Leavitt Group Company

January 2024 Effective  
**LK Transport**

Comparison of Benefits

**AJ Argyle**

Employee Benefits Broker

[aj.argyle@gbsbenefits.com](mailto:aj.argyle@gbsbenefits.com)

(208) 529-3541

**Magen Smith**

Account Manager

[magen.smith@gbsbenefits.com](mailto:magen.smith@gbsbenefits.com)

(208) 529-3541

Prep: mw



Comparison of Benefits

# Fully-Insured Medical



## LK Transport Medical Summary

Carrier	Option	Plan	Monthly Premium	Annual Premium
SelectHealth	QUOTE-1	Med Gold 80% \$1,000	\$13,345	\$160,140
	QUOTE-2	Med Gold 80% \$2,000	\$13,392	\$160,704
	QUOTE-3	Med Silver 70% \$3,500	\$10,882	\$130,584
	QUOTE-4	Med Silver 70% \$3,000 HDHP	\$11,061	\$132,732
	QUOTE-5	BrightPath Gold 80% \$1,000	\$13,147	\$157,764
	QUOTE-6	BrightPath Gold 80% \$2,000	\$13,192	\$158,304
	QUOTE-7	BrightPath Silver 70% \$3,500	\$10,717	\$128,604
	QUOTE-8	BrightPath Silver 70% \$3,000 HDHP	\$10,899	\$130,788
Pacific Source	QUOTE-9	Voyager Gold 75% \$1,000	\$15,785	\$189,420
	QUOTE-10	Voyager Gold 75% \$2,000	\$15,012	\$180,144
	QUOTE-11	Voyager Silver 60% \$3,000	\$12,965	\$155,580
	QUOTE-12	Voyager Silver 80% \$3,500 HDHP	\$12,580	\$150,960
	QUOTE-13	Navigator Gold 75% \$1,000	\$13,887	\$166,644
	QUOTE-14	Navigator Gold 75% \$2,000	\$13,210	\$158,520
	QUOTE-15	Navigator Silver 60% \$3,000	\$11,411	\$136,932
	QUOTE-16	Navigator Silver 80% \$3,500 HDHP	\$11,071	\$132,852
Regence BS of ID	QUOTE-17	Gold 75% \$1,000	\$12,841	\$154,096
	QUOTE-18	Gold 70% \$2,500	\$11,489	\$137,864
	QUOTE-19	Silver 65% \$3,250	\$10,080	\$120,965
	QUOTE-20	Silver 80% \$3,500 HDHP	\$10,396	\$124,747
UnitedHealthcare	QUOTE-21	Gold DGPI 80% \$1,500	\$14,989	\$179,864
	QUOTE-22	Gold DGPQ 90% \$2,000	\$15,350	\$184,203
	QUOTE-23	Silver DGPT 80% \$3,500	\$13,351	\$160,206
	QUOTE-24	Silver DGPP 80% \$3,500 HDHP	\$14,505	\$174,055

**\*Reminder: Composite rates are subject to change until final enrollment is received**

**\*Reminder: Fees will apply for HSA bank account vendors.**

**\*SelectHealth: Starting in 2023, employers may only offer up to 3 medical plans.** SelectValue Network only covers in-network benefits.

\*Aetna AFA (5-50 enrolled): requires health questionnaires under 25 enrolling employees

\*Cigna (20+ enrolled): requires member level census

\*EMI Health (10+ enrolled): Risk evaluation. Health questionnaires for 10-15 enrolling employees

\*MotivHealth (10+ enrolled): Risk evaluation may be requested

\*UHC All-Savers (5-100 enrolled): requires health questionnaires under 20 enrolling employees

\*University of Utah HealthPlans (15+ enrolled): requires health questionnaires under 25 enrolling employees

**LK Transport**  
Medical Comparison

		SelectHealth		SelectHealth		SelectHealth		SelectHealth	
		Med Gold 80% \$1,000		Med Gold 80% \$2,000		Med Silver 70% \$3,500		Med Silver 70% \$3,000 HDHP	
Medical Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Deductible	\$1,000/\$3,000	\$3,000/\$9,000	\$2,000/\$4,000	\$6,000/\$12,000	\$3,500/\$7,000	\$9,000/\$18,000	\$3,000/\$6,000	\$9,000/\$18,000
	Out of Pocket Maximum	\$7,700/\$15,400	\$20,000/\$40,000	\$6,200/\$12,400	\$20,000/\$40,000	\$9,100/\$18,200	\$20,000/\$40,000	\$7,500/\$15,000	\$20,000/\$40,000
	Deductible Embedded	Yes		Yes		Yes		No	
	OOP Max Embedded	Yes		Yes		Yes		No	
Professional Services									
Office Visits	Primary Care Physicians	\$20	50% AD	\$20	50% AD	\$35	50% AD	\$30 AD	50% AD
	Specialists	\$60	50% AD	\$50	50% AD	\$70	50% AD	\$50 AD	50% AD
	Mental Health & Chemical Dependency	\$20	50% AD	\$20	50% AD	\$35	50% AD	\$30 AD	50% AD
	Urgent Care	\$50	50% AD	\$40	50% AD	\$50	50% AD	\$50 AD	50% AD
	Emergency Room	\$400 AD	\$400 AD	\$400 AD	\$400 AD	\$400 AD	\$400 AD	\$400 AD	\$400 AD
	Minor Lab / X-Ray	0%	50% AD	0%	50% AD	0%	50% AD	0% AD	50% AD
	Major Lab / X-Ray	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD
	Hospital Outpatient Surgery	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD
	Preventive Care	0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Inpatient Services									
Inp Hospital / Physicians		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30%A D	50% AD
Inp Maternity		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD
Additional Benefits									
Chiropractic/Manipulations		\$30	50% AD	\$30	50% AD	\$30	50% AD	\$30 AD	50% AD
Employee Assistance Program			50% AD		50% AD		50% AD		50% AD
Virtual Visits			50% AD		50% AD		50% AD		50% AD
Adult Routine Eye Exam		0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Prescription Drugs (In-Network)									
Retail	Rx Deductible	\$100/\$300		\$100/\$300		\$300/\$600		Medical Deductible Applies	
	Tier 1	\$5		\$5		\$5		\$5 AD	
	Tier 2	\$30		\$30		\$30		\$30 AD	
	Tier 3	25% AD		25% AD		30% AD		25% AD	
	Tier 4	50% AD		50% AD		50% AD		50% AD	
	Tier 5	30% AD		30% AD		50% AD		40% AD	
	Tier 6	N/A		N/A		N/A		N/A	
		QUOTE-1		QUOTE-2		QUOTE-3		QUOTE-4	
11	Employee	Age Rated		Age Rated		Age Rated		Age Rated	
2	Employee + Spouse								
0	Employee + Child								
0	Employee + Children								
1	Family								

**LK Transport**  
Medical Comparison

		SelectHealth		SelectHealth		SelectHealth		SelectHealth	
		BrightPath Gold 80% \$1,000		BrightPath Gold 80% \$2,000		BrightPath Silver 70% \$3,500		BrightPath Silver 70% \$3,000 HDHP	
Medical Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Deductible	\$1,000/\$3,000	\$3,000/\$9,000	\$2,000/\$4,000	\$6,000/\$12,000	\$3,500/\$7,000	\$9,000/\$18,000	\$3,000/\$6,000	\$9,000/\$18,000
	Out of Pocket Maximum	\$7,700/\$15,400	\$20,000/\$40,000	\$6,200/\$12,400	\$20,000/\$40,000	\$9,100/\$18,200	\$20,000/\$40,000	\$7,500/\$15,000	\$20,000/\$40,000
	Deductible Embedded	Yes		Yes		Yes		No	
	OOP Max Embedded	Yes		Yes		Yes		No	
Professional Services									
Office Visits	Primary Care Physicians	\$20	50% AD	\$20	50% AD	\$35	50% AD	\$30 AD	50% AD
	Specialists	\$60	50% AD	\$50	50% AD	\$70	50% AD	\$50 AD	50% AD
	Mental Health & Chemical Dependency	\$20	50% AD	\$20	50% AD	\$35	50% AD	\$30 AD	50% AD
	Urgent Care	\$50	50% AD	\$40	50% AD	\$50	50% AD	\$50 AD	50% AD
	Emergency Room	\$400 AD	\$400 AD	\$400 AD	\$400 AD	\$400 AD	\$400 AD	\$400 AD	\$400 AD
	Minor Lab / X-Ray	0%	50% AD	0%	50% AD	0%	50% AD	0% AD	50% AD
	Major Lab / X-Ray	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD
	Hospital Outpatient Surgery	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD
	Preventive Care	0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Inpatient Services									
Inp Hospital / Physicians		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% A D	50% AD
Inp Maternity		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD
Additional Benefits									
Chiropractic/Manipulations		\$30	50% AD	\$30	50% AD	\$30	50% AD	\$30 AD	50% AD
Employee Assistance Program			50% AD		50% AD		50% AD		50% AD
Virtual Visits			50% AD		50% AD		50% AD		50% AD
Adult Routine Eye Exam		0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Prescription Drugs (In-Network)									
Retail	Rx Deductible	\$100/\$300		\$100/\$300		\$300/\$600		Medical Deductible Applies	
	Tier 1	\$5		\$5		\$5		\$5 AD	
	Tier 2	\$30		\$30		\$30		\$30 AD	
	Tier 3	25% AD		25% AD		30% AD		25% AD	
	Tier 4	50% AD		50% AD		50% AD		50% AD	
	Tier 5	30% AD		30% AD		50% AD		40% AD	
	Tier 6	N/A		N/A		N/A		N/A	
		QUOTE-5		QUOTE-6		QUOTE-7		QUOTE-8	
11	Employee	Age Rated		Age Rated		Age Rated		Age Rated	
2	Employee + Spouse								
0	Employee + Child								
0	Employee + Children								
1	Family								

**LK Transport**  
Medical Comparison

		Pacific Source		Pacific Source		Pacific Source		Pacific Source	
		Voyager Gold 75% \$1,000		Voyager Gold 75% \$2,000		Voyager Silver 60% \$3,000		Voyager Silver 80% \$3,500 HDHP	
Medical Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Deductible	\$1,000/\$2,000	\$10,000/\$20,000	\$2,000/\$4,000	\$10,000/\$20,000	\$3,000/\$6,000	\$10,000/\$20,000	\$3,500/\$7,000	\$10,000/\$20,000
	Out of Pocket Maximum	\$6,600/\$13,200	\$15,000/\$30,000	\$5,500/\$11,000	\$15,000/\$30,000	\$9,100/\$18,200	\$15,000/\$30,000	\$7,500/\$15,000	\$15,000/\$30,000
	Deductible Embedded	Yes		Yes		Yes		Yes	
	OOP Max Embedded	Yes		Yes		Yes		Yes	
Professional Services									
Office Visits	Primary Care Physicians	\$30	50% AD	\$30	50% AD	\$50	50% AD	20% AD	50% AD
	Specialists	\$60	50% AD	\$60	50% AD	\$100	50% AD	20% AD	50% AD
	Mental Health & Chemical Dependency	\$30	50% AD	\$30	50% AD	\$50	50% AD	20% AD	50% AD
	Urgent Care	\$30	50% AD	\$30	50% AD	\$50	50% AD	20% AD	50% AD
	Emergency Room	\$250 then 25% AD		\$250 then 25% AD		\$250 then 40% AD		20% AD	20% AD
	Minor Lab / X-Ray	25% AD	50% AD	25% AD	50% AD	40% AD	50% AD	20% AD	50% AD
	Major Lab / X-Ray	25% AD	50% AD	25% AD	50% AD	40% AD	50% AD	20% AD	50% AD
	Hospital Outpatient Surgery	25% AD	50% AD	25% AD	50% AD	40% AD	50% AD	20% AD	50% AD
	Preventive Care	0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Inpatient Services									
Inp Hospital / Physicians		25% AD	50% AD	25% AD	50% AD	40% AD	50% AD	20% AD	50% AD
Inp Maternity		25% AD	50% AD	25% AD	50% AD	40% AD	50% AD	20% AD	50% AD
Additional Benefits									
Chiropractic/Manipulations		\$30	50% AD	\$30	50% AD	\$50	50% AD	20% AD	50% AD
Employee Assistance Program									
Virtual Visits									
Adult Routine Eye Exam		0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Prescription Drugs (In-Network)									
Retail	Rx Deductible	None		None		None		Medical Deductible Applies	
	Tier 1	\$15		\$15		\$15		20% AD	
	Tier 2	\$45		\$45		\$90		20% AD	
	Tier 3	20%		20%		40%		20% AD	
	Tier 4	20%		20%		40%		20% AD	
	Tier 5	N/A		N/A		N/A		N/A	
	Tier 6	N/A		N/A		N/A		N/A	
		QUOTE-9		QUOTE-10		QUOTE-11		QUOTE-12	
11	Employee	Age Rated		Age Rated		Age Rated		Age Rated	
2	Employee + Spouse								
0	Employee + Child								
0	Employee + Children								
1	Family								

**LK Transport**  
Medical Comparison

		Pacific Source		Pacific Source		Pacific Source		Pacific Source	
		Navigator Gold 75% \$1,000		Navigator Gold 75% \$2,000		Navigator Silver 60% \$3,000		Navigator Silver 80% \$3,500 HDHP	
Medical Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Deductible	\$1,000/\$2,000	\$10,000/\$20,000	\$2,000/\$4,000	\$10,000/\$20,000	\$3,000/\$6,000	\$10,000/\$20,000	\$3,500/\$7,000	\$10,000/\$20,000
	Out of Pocket Maximum	\$6,600/\$13,200	\$15,000/\$30,000	\$5,500/\$11,000	\$15,000/\$30,000	\$9,100/\$18,200	\$15,000/\$30,000	\$7,500/\$15,000	\$15,000/\$30,000
	Deductible Embedded	Yes		Yes		Yes		Yes	
	OOP Max Embedded	Yes		Yes		Yes		Yes	
Professional Services									
Office Visits	Primary Care Physicians	\$30	50% AD	\$30	50% AD	\$50	50% AD	20% AD	50% AD
	Specialists	\$60	50% AD	\$60	50% AD	\$100	50% AD	20% AD	50% AD
	Mental Health & Chemical Dependency	\$30	50% AD	\$30	50% AD	\$50	50% AD	20% AD	50% AD
	Urgent Care	\$30	50% AD	\$30	50% AD	\$50	50% AD	20% AD	50% AD
	Emergency Room	\$250 then 25% AD		\$250 then 25% AD		\$250 then 40% AD		20% AD	20% AD
	Minor Lab / X-Ray	25% AD	50% AD	25% AD	50% AD	40% AD	50% AD	20% AD	50% AD
	Major Lab / X-Ray	25% AD	50% AD	25% AD	50% AD	40% AD	50% AD	20% AD	50% AD
	Hospital Outpatient Surgery	25% AD	50% AD	25% AD	50% AD	40% AD	50% AD	20% AD	50% AD
	Preventive Care	0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Inpatient Services									
Inp Hospital / Physicians		25% AD	50% AD	25% AD	50% AD	40% AD	50% AD	20% AD	50% AD
Inp Maternity		25% AD	50% AD	25% AD	50% AD	40% AD	50% AD	20% AD	50% AD
Additional Benefits									
Chiropractic/Manipulations		\$30	50% AD	\$30	50% AD	\$50	50% AD	20% AD	50% AD
Employee Assistance Program									
Virtual Visits									
Adult Routine Eye Exam		0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Prescription Drugs (In-Network)									
Retail	Rx Deductible	None		None		None		Medical Deductible Applies	
	Tier 1	\$15		\$15		\$15		20% AD	
	Tier 2	\$45		\$45		\$90		20% AD	
	Tier 3	20%		20%		40%		20% AD	
	Tier 4	20%		20%		40%		20% AD	
	Tier 5	N/A		N/A		N/A		N/A	
	Tier 6	N/A		N/A		N/A		N/A	
		QUOTE-13		QUOTE-14		QUOTE-15		QUOTE-16	
11	Employee	Age Rated		Age Rated		Age Rated		Age Rated	
2	Employee + Spouse								
0	Employee + Child								
0	Employee + Children								
1	Family								

**LK Transport**  
Medical Comparison

		Regence BS of ID		Regence BS of ID		Regence BS of ID		Regence BS of ID	
		Gold 75% \$1,000		Gold 70% \$2,500		Silver 65% \$3,250		Silver 80% \$3,500 HDHP	
Medical Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Deductible	\$1,000/\$2,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,250/\$6,500	\$5,000/\$10,000	\$3,500/\$7,000	\$5,000/\$10,000
	Out of Pocket Maximum	\$7,000/\$14,000	\$10,000/\$20,000	\$8,000/\$16,000	\$10,000/\$20,000	\$8,000/\$16,000	\$10,000/\$20,000	\$6,900/\$13,800	\$10,000/\$20,000
	Deductible Embedded	Yes		Yes		Yes		Yes	
	OOP Max Embedded	Yes		Yes		Yes		No	
Professional Services									
Office Visits	Primary Care Physicians	\$30	50% AD	\$30	50% AD	\$40	50% AD	\$40 AD	50% AD
	Specialists	\$50	50% AD	\$50	50% AD	\$75	50% AD	\$60 AD	50% AD
	Mental Health & Chemical Dependency	\$30	50% AD	\$30	50% AD	\$40	50% AD	\$40 AD	50% AD
	Urgent Care	\$50	50% AD	\$50	50% AD	\$75	50% AD	\$60 AD	50% AD
	Emergency Room	\$350 AD	\$350 AD	\$350 AD	\$350 AD	\$400 AD	\$400 AD	20% AD	20% AD
	Minor Lab / X-Ray	25% AD	50% AD	30% AD	50% AD	35% AD	50% AD	20% AD	50% AD
	Major Lab / X-Ray	25% AD	50% AD	30% AD	50% AD	35% AD	50% AD	20% AD	50% AD
	Hospital Outpatient Surgery	25% AD	50% AD	30% AD	50% AD	35% AD	50% AD	20% AD	50% AD
	Preventive Care	0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Inpatient Services									
Inp Hospital / Physicians		25% AD	50% AD	30% AD	50% AD	35% AD	50% AD	20% AD	50% AD
Inp Maternity		25% AD	50% AD	30% AD	50% AD	35% AD	50% AD	20% AD	50% AD
Additional Benefits									
Chiropractic/Manipulations		\$30	50% AD	\$30	50% AD	\$40	50% AD	\$40 AD	50% AD
Employee Assistance Program			50% AD		50% AD		50% AD		50% AD
Virtual Visits			50% AD		50% AD		50% AD		50% AD
Adult Routine Eye Exam		Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs (In-Network)									
Retail	Rx Deductible	None		None		None		Medical Deductible Applies	
	Tier 1	\$10		\$10		\$25		10% AD	
	Tier 2	\$35		\$35		\$35		25% AD	
	Tier 3	\$50 AD		\$50		\$60 AD		35% AD	
	Tier 4	50% AD		50%		50% AD		50% AD	
	Tier 5	20% AD		20%		20% AD		20% AD	
	Tier 6	50% AD		50%		50% AD		50% AD	
		QUOTE-17		QUOTE-18		QUOTE-19		QUOTE-20	
11	Employee	Age Rated		Age Rated		Age Rated		Age Rated	
2	Employee + Spouse								
0	Employee + Child								
0	Employee + Children								
1	Family								

**LK Transport**  
Medical Comparison

		UnitedHealthcare		UnitedHealthcare		UnitedHealthcare		UnitedHealthcare	
		Gold DGPI 80% \$1,500		Gold DGPI 90% \$2,000		Silver DGPT 80% \$3,500		Silver DGPP 80% \$3,500 HDHP	
Medical Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Deductible	\$1,500/\$3,000	\$6,000/\$12,000	\$2,000/\$4,000	\$5,000/\$10,000	\$3,500/\$7,000	\$10,000/\$20,000	\$3,500/\$7,000	\$6,000/\$12,000
	Out of Pocket Maximum	\$8,500/\$17,000	\$12,000/\$24,000	\$7,500/\$15,000	\$10,000/\$20,000	\$9,450/\$18,900	\$20,000/\$40,000	\$6,350/\$12,700	\$12,000/\$24,000
	Deductible Embedded	Yes		Yes		Yes		Yes	
	OOP Max Embedded	Yes		Yes		Yes		Yes	
Professional Services									
Office Visits	Primary Care Physicians	\$30	50% AD	\$25	50% AD	\$60	50% AD	20% AD	50% AD
	Specialists	\$60	50% AD	\$60	50% AD	\$120	50% AD	20% AD	50% AD
	Mental Health & Chemical Dependency	\$30	50% AD	\$25	50% AD	\$60	50% AD	20% AD	50% AD
	Urgent Care	\$50	50% AD	\$50	50% AD	\$50	50% AD	20% AD	50% AD
	Emergency Room	20% AD	20% AD	10% AD	10% AD	20% AD	20% AD	20% AD	20% AD
	Minor Lab / X-Ray	20% AD	50% AD	10% AD	50% AD	20% AD	50% AD	20% AD	50% AD
	Major Lab / X-Ray	20% AD	50% AD	10% AD	50% AD	20% AD	50% AD	20% AD	50% AD
	Hospital Outpatient Surgery	20% AD	50% AD	10% AD	50% AD	20% AD	50% AD	20% AD	50% AD
	Preventive Care	0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Inpatient Services									
Inp Hospital / Physicians		20% AD	50% AD	10% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Inp Maternity		20% AD	50% AD	10% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Additional Benefits									
Chiropractic/Manipulations		\$30	50% AD	\$25	50% AD	\$60	50% AD	20% AD	50% AD
Employee Assistance Program			50% AD		50% AD		50% AD		50% AD
Virtual Visits			50% AD		50% AD		50% AD		50% AD
Adult Routine Eye Exam		0%	50% AD	0%	50% AD	0%	50% AD	0%	50% AD
Prescription Drugs (In-Network)									
Retail	Rx Deductible	None		None		\$250/\$500		Medical Deductible Applies	
	Tier 1	\$15		\$15		\$15		\$15 AD	
	Tier 2	\$50		\$50		\$50		\$50 AD	
	Tier 3	\$125		\$125		\$125 AD		\$125 AD	
	Tier 4	50%		50%		50% AD		50% AD	
	Tier 5	N/A		N/A		N/A		N/A	
	Tier 6	N/A		N/A		N/A		N/A	
		QUOTE-21		QUOTE-22		QUOTE-23		QUOTE-24	
11	Employee	Age Rated		Age Rated		Age Rated		Age Rated	
2	Employee + Spouse								
0	Employee + Child								
0	Employee + Children								
1	Family								



LK Transport  
Age Rated Premiums Per Family

					SelectHealth								Pacific Source			
					QUOTE-1	QUOTE-2	QUOTE-3	QUOTE-4	QUOTE-5	QUOTE-6	QUOTE-7	QUOTE-8	QUOTE-9	QUOTE-10	QUOTE-11	QUOTE-12
Last Name	First Name	Age	Cov		Med Gold 80% \$1,000	Med Gold 80% \$2,000	Med Silver 70% \$3,500	Med Silver 70% \$3,000 HDHP	BrightPath Gold 80% \$1,000	BrightPath Gold 80% \$2,000	BrightPath Silver 70% \$3,500	BrightPath Silver 70% \$3,000 HDHP	Voyager Gold 75% \$1,000	Voyager Gold 75% \$2,000	Voyager Silver 60% \$3,000	Voyager Silver 80% \$3,500 HDHP
1	Blazek Jones	Mj	59	E	\$1,061.00	\$1,064.00	\$865.00	\$879.00	\$1,045.00	\$1,049.00	\$852.00	\$866.00	\$1,254.00	\$1,193.00	\$1,030.00	\$1,000.00
2	Burgess	Elane	40	E	\$521.00	\$523.00	\$425.00	\$432.00	\$513.00	\$515.00	\$418.00	\$425.00	\$616.00	\$586.00	\$506.00	\$491.00
3	Chadwick	Jennifer	52	E	\$795.00	\$798.00	\$649.00	\$659.00	\$784.00	\$786.00	\$639.00	\$650.00	\$941.00	\$895.00	\$773.00	\$750.00
4	Good	Kathleen	78	E	\$1,221.00	\$1,227.00	\$996.00	\$1,014.00	\$1,203.00	\$1,209.00	\$981.00	\$999.00	\$1,446.00	\$1,374.00	\$1,188.00	\$1,152.00
5	Goodson	Kathy	45	E	\$588.00	\$590.00	\$480.00	\$488.00	\$580.00	\$582.00	\$473.00	\$480.00	\$696.00	\$662.00	\$572.00	\$555.00
6	Hill	Katie	25	E	\$409.00	\$410.00	\$334.00	\$339.00	\$403.00	\$404.00	\$329.00	\$334.00	\$484.00	\$460.00	\$397.00	\$386.00
7	Law	Christine	42	E	\$540.00	\$542.00	\$440.00	\$447.00	\$532.00	\$534.00	\$434.00	\$441.00	\$639.00	\$607.00	\$525.00	\$509.00
8	Mcdonald	Rosemarrie	54	E	\$870.00	\$873.00	\$709.00	\$721.00	\$857.00	\$860.00	\$699.00	\$710.00	\$1,029.00	\$979.00	\$845.00	\$820.00
9	Mcnaughton	Donna	50	E	\$728.00	\$730.00	\$593.00	\$603.00	\$717.00	\$719.00	\$585.00	\$594.00	\$861.00	\$819.00	\$707.00	\$686.00
10	Nolle	Robert Jr	34	E	\$495.00	\$496.00	\$403.00	\$410.00	\$487.00	\$489.00	\$397.00	\$404.00	\$585.00	\$556.00	\$481.00	\$466.00
11	Notarangelo	Paul	51	ES	\$1,555.00	\$1,561.00	\$1,269.00	\$1,289.00	\$1,533.00	\$1,537.00	\$1,249.00	\$1,271.00	\$1,840.00	\$1,750.00	\$1,511.00	\$1,466.00
12	Omsirisack	Savannah	26	E	\$417.00	\$419.00	\$340.00	\$346.00	\$411.00	\$412.00	\$335.00	\$341.00	\$493.00	\$469.00	\$405.00	\$393.00
13	Standfield	Larry Jr	40	FAM	\$1,978.00	\$1,985.00	\$1,612.00	\$1,638.00	\$1,947.00	\$1,954.00	\$1,586.00	\$1,615.00	\$2,339.00	\$2,225.00	\$1,921.00	\$1,864.00
14	Wingerson	Vickie	59	ES	\$2,167.00	\$2,174.00	\$1,767.00	\$1,796.00	\$2,135.00	\$2,142.00	\$1,740.00	\$1,769.00	\$2,562.00	\$2,437.00	\$2,104.00	\$2,042.00
TOTAL					\$13,345.00	\$13,392.00	\$10,882.00	\$11,061.00	\$13,147.00	\$13,192.00	\$10,717.00	\$10,899.00	\$15,785.00	\$15,012.00	\$12,965.00	\$12,580.00

LK Transport  
Age Rated Premiums Per Family

					Pacific Source				Regence BS of ID				UnitedHealthcare			
					QUOTE-13	QUOTE-14	QUOTE-15	QUOTE-16	QUOTE-17	QUOTE-18	QUOTE-19	QUOTE-20	QUOTE-21	QUOTE-22	QUOTE-23	QUOTE-24
Last Name	First Name	Age	Cov		Navigator Gold 75% \$1,000	Navigator Gold 75% \$2,000	Navigator Silver 60% \$3,000	Navigator Silver 80% \$3,500 HDHP	Gold 75% \$1,000	Gold 70% \$2,500	Silver 65% \$3,250	Silver 80% \$3,500 HDHP	Gold DGPI 80% \$1,500	Gold DGPQ 90% \$2,000	Silver DGPT 80% \$3,500	Silver DGPP 80% \$3,500 HDHP
1	Blazek Jones	Mj	59	E	\$1,104.00	\$1,050.00	\$907.00	\$880.00	\$1,020.64	\$913.13	\$801.20	\$826.25	\$1,191.32	\$1,220.05	\$1,061.11	\$1,152.84
2	Burgess	Elane	40	E	\$542.00	\$516.00	\$445.00	\$432.00	\$501.11	\$448.32	\$393.37	\$405.66	\$584.90	\$599.01	\$520.98	\$566.01
3	Chadwick	Jennifer	52	E	\$828.00	\$787.00	\$680.00	\$660.00	\$765.38	\$684.76	\$600.82	\$619.61	\$893.37	\$914.92	\$795.73	\$864.52
4	Good	Kathleen	78	E	\$1,272.00	\$1,209.00	\$1,044.00	\$1,014.00	\$1,176.30	\$1,052.40	\$923.39	\$952.26	\$1,373.01	\$1,406.13	\$1,222.95	\$1,328.67
5	Goodson	Kathy	45	E	\$612.00	\$582.00	\$503.00	\$488.00	\$566.20	\$506.55	\$444.46	\$458.36	\$660.88	\$676.82	\$588.65	\$639.53
6	Hill	Katie	25	E	\$426.00	\$405.00	\$350.00	\$339.00	\$393.67	\$352.20	\$309.03	\$318.69	\$459.50	\$470.58	\$409.28	\$444.66
7	Law	Christine	42	E	\$562.00	\$534.00	\$462.00	\$448.00	\$519.54	\$464.81	\$407.83	\$420.58	\$606.41	\$621.04	\$540.14	\$586.83
8	Mcdonald	Rosemarrie	54	E	\$905.00	\$861.00	\$744.00	\$722.00	\$837.14	\$748.96	\$657.15	\$677.70	\$977.13	\$1,000.70	\$870.33	\$945.57
9	Mcnaughton	Donna	50	E	\$757.00	\$720.00	\$622.00	\$604.00	\$700.30	\$626.53	\$549.73	\$566.92	\$817.40	\$837.12	\$728.06	\$791.00
10	Nolle	Robert Jr	34	E	\$515.00	\$490.00	\$423.00	\$410.00	\$476.01	\$425.87	\$373.67	\$385.35	\$555.61	\$569.01	\$494.89	\$537.67
11	Notarangelo	Paul	51	ES	\$1,619.00	\$1,539.00	\$1,330.00	\$1,290.00	\$1,496.65	\$1,339.00	\$1,174.86	\$1,211.60	\$1,746.92	\$1,789.06	\$1,556.00	\$1,690.51
12	Omsirisack	Savannah	26	E	\$434.00	\$413.00	\$357.00	\$346.00	\$401.51	\$359.22	\$315.19	\$325.04	\$468.65	\$479.96	\$417.43	\$453.52
13	Standfield	Larry Jr	40	FAM	\$2,056.00	\$1,959.00	\$1,691.00	\$1,641.00	\$1,902.10	\$1,701.72	\$1,493.15	\$1,539.81	\$2,220.16	\$2,273.70	\$1,977.51	\$2,148.45
14	Wingerson	Vickie	59	ES	\$2,255.00	\$2,145.00	\$1,853.00	\$1,797.00	\$2,084.81	\$1,865.20	\$1,636.56	\$1,687.73	\$2,433.44	\$2,492.13	\$2,167.47	\$2,354.84
TOTAL					\$13,887.00	\$13,210.00	\$11,411.00	\$11,071.00	\$12,841.36	\$11,488.67	\$10,080.41	\$10,395.56	\$14,988.70	\$15,350.23	\$13,350.53	\$14,504.62

LK Transport  
Age Rated Premiums Per Person

					SelectHealth								Pacific Source			
					QUOTE-1	QUOTE-2	QUOTE-3	QUOTE-4	QUOTE-5	QUOTE-6	QUOTE-7	QUOTE-8	QUOTE-9	QUOTE-10	QUOTE-11	QUOTE-12
Last Name	First Name	Age	Cov		Med Gold 80% \$1,000	Med Gold 80% \$2,000	Med Silver 70% \$3,500	Med Silver 70% \$3,000 HDHP	BrightPath Gold 80% \$1,000	BrightPath Gold 80% \$2,000	BrightPath Silver 70% \$3,500	BrightPath Silver 70% \$3,000 HDHP	Voyager Gold 75% \$1,000	Voyager Gold 75% \$2,000	Voyager Silver 60% \$3,000	Voyager Silver 80% \$3,500 HDHP
1	Blazek Jones	Mj	59	E	\$1,061.00	\$1,064.00	\$865.00	\$879.00	\$1,045.00	\$1,049.00	\$852.00	\$866.00	\$1,254.00	\$1,193.00	\$1,030.00	\$1,000.00
2	Burgess	Elane	40	E	\$521.00	\$523.00	\$425.00	\$432.00	\$513.00	\$515.00	\$418.00	\$425.00	\$616.00	\$586.00	\$506.00	\$491.00
3	Chadwick	Jennifer	52	E	\$795.00	\$798.00	\$649.00	\$659.00	\$784.00	\$786.00	\$639.00	\$650.00	\$941.00	\$895.00	\$773.00	\$750.00
4	Good	Kathleen	78	E	\$1,221.00	\$1,227.00	\$996.00	\$1,014.00	\$1,203.00	\$1,209.00	\$981.00	\$999.00	\$1,446.00	\$1,374.00	\$1,188.00	\$1,152.00
5	Goodson	Kathy	45	E	\$588.00	\$590.00	\$480.00	\$488.00	\$580.00	\$582.00	\$473.00	\$480.00	\$696.00	\$662.00	\$572.00	\$555.00
6	Hill	Katie	25	E	\$409.00	\$410.00	\$334.00	\$339.00	\$403.00	\$404.00	\$329.00	\$334.00	\$484.00	\$460.00	\$397.00	\$386.00
7	Law	Christine	42	E	\$540.00	\$542.00	\$440.00	\$447.00	\$532.00	\$534.00	\$434.00	\$441.00	\$639.00	\$607.00	\$525.00	\$509.00
8	Mcdonald	Rosemarrie	54	E	\$870.00	\$873.00	\$709.00	\$721.00	\$857.00	\$860.00	\$699.00	\$710.00	\$1,029.00	\$979.00	\$845.00	\$820.00
9	Mcnaughton	Donna	50	E	\$728.00	\$730.00	\$593.00	\$603.00	\$717.00	\$719.00	\$585.00	\$594.00	\$861.00	\$819.00	\$707.00	\$686.00
10	Nolle	Robert Jr	34	E	\$495.00	\$496.00	\$403.00	\$410.00	\$487.00	\$489.00	\$397.00	\$404.00	\$585.00	\$556.00	\$481.00	\$466.00
11	Notarangelo	Paul	51	ES	\$760.00	\$763.00	\$620.00	\$630.00	\$749.00	\$751.00	\$610.00	\$621.00	\$899.00	\$855.00	\$738.00	\$716.00
11	Notarangelo	Angela	52	-	\$795.00	\$798.00	\$649.00	\$659.00	\$784.00	\$786.00	\$639.00	\$650.00	\$941.00	\$895.00	\$773.00	\$750.00
12	Omsirisack	Savannah	26	E	\$417.00	\$419.00	\$340.00	\$346.00	\$411.00	\$412.00	\$335.00	\$341.00	\$493.00	\$469.00	\$405.00	\$393.00
13	Standfield	Larry Jr	40	FAM	\$521.00	\$523.00	\$425.00	\$432.00	\$513.00	\$515.00	\$418.00	\$425.00	\$616.00	\$586.00	\$506.00	\$491.00
13	Standfield	Katie	40	-	\$521.00	\$523.00	\$425.00	\$432.00	\$513.00	\$515.00	\$418.00	\$425.00	\$616.00	\$586.00	\$506.00	\$491.00
13	Standfield	Cambri	14	-	\$312.00	\$313.00	\$254.00	\$258.00	\$307.00	\$308.00	\$250.00	\$255.00	\$369.00	\$351.00	\$303.00	\$294.00
13	Standfield	Raylee	12	-	\$312.00	\$313.00	\$254.00	\$258.00	\$307.00	\$308.00	\$250.00	\$255.00	\$369.00	\$351.00	\$303.00	\$294.00
13	Standfield	Jade	7	-	\$312.00	\$313.00	\$254.00	\$258.00	\$307.00	\$308.00	\$250.00	\$255.00	\$369.00	\$351.00	\$303.00	\$294.00
14	Wingerson	Vickie	59	ES	\$1,061.00	\$1,064.00	\$865.00	\$879.00	\$1,045.00	\$1,049.00	\$852.00	\$866.00	\$1,254.00	\$1,193.00	\$1,030.00	\$1,000.00
14	Wingerson	Raymond	60	-	\$1,106.00	\$1,110.00	\$902.00	\$917.00	\$1,090.00	\$1,093.00	\$888.00	\$903.00	\$1,308.00	\$1,244.00	\$1,074.00	\$1,042.00
TOTAL					\$13,345.00	\$13,392.00	\$10,882.00	\$11,061.00	\$13,147.00	\$13,192.00	\$10,717.00	\$10,899.00	\$15,785.00	\$15,012.00	\$12,965.00	\$12,580.00

LK Transport  
Age Rated Premiums Per Person

					Pacific Source				Regence BS of ID				UnitedHealthcare			
					QUOTE-13	QUOTE-14	QUOTE-15	QUOTE-16	QUOTE-17	QUOTE-18	QUOTE-19	QUOTE-20	QUOTE-21	QUOTE-22	QUOTE-23	QUOTE-24
Last Name	First Name	Age	Cov		Navigator Gold 75% \$1,000	Navigator Gold 75% \$2,000	Navigator Silver 60% \$3,000	Navigator Silver 80% \$3,500 HDHP	Gold 75% \$1,000	Gold 70% \$2,500	Silver 65% \$3,250	Silver 80% \$3,500 HDHP	Gold DGPI 80% \$1,500	Gold DGPQ 90% \$2,000	Silver DGPT 80% \$3,500	Silver DGPP 80% \$3,500 HDHP
1	Blazek Jones	Mj	59	E	\$1,104.00	\$1,050.00	\$907.00	\$880.00	\$1,020.64	\$913.13	\$801.20	\$826.25	\$1,191.32	\$1,220.05	\$1,061.11	\$1,152.84
2	Burgess	Elane	40	E	\$542.00	\$516.00	\$445.00	\$432.00	\$501.11	\$448.32	\$393.37	\$405.66	\$584.90	\$599.01	\$520.98	\$566.01
3	Chadwick	Jennifer	52	E	\$828.00	\$787.00	\$680.00	\$660.00	\$765.38	\$684.76	\$600.82	\$619.61	\$893.37	\$914.92	\$795.73	\$864.52
4	Good	Kathleen	78	E	\$1,272.00	\$1,209.00	\$1,044.00	\$1,014.00	\$1,176.30	\$1,052.40	\$923.39	\$952.26	\$1,373.01	\$1,406.13	\$1,222.95	\$1,328.67
5	Goodson	Kathy	45	E	\$612.00	\$582.00	\$503.00	\$488.00	\$566.20	\$506.55	\$444.46	\$458.36	\$660.88	\$676.82	\$588.65	\$639.53
6	Hill	Katie	25	E	\$426.00	\$405.00	\$350.00	\$339.00	\$393.67	\$352.20	\$309.03	\$318.69	\$459.50	\$470.58	\$409.28	\$444.66
7	Law	Christine	42	E	\$562.00	\$534.00	\$462.00	\$448.00	\$519.54	\$464.81	\$407.83	\$420.58	\$606.41	\$621.04	\$540.14	\$586.83
8	Mcdonald	Rosemarrie	54	E	\$905.00	\$861.00	\$744.00	\$722.00	\$837.14	\$748.96	\$657.15	\$677.70	\$977.13	\$1,000.70	\$870.33	\$945.57
9	Mcnaughton	Donna	50	E	\$757.00	\$720.00	\$622.00	\$604.00	\$700.30	\$626.53	\$549.73	\$566.92	\$817.40	\$837.12	\$728.06	\$791.00
10	Nolle	Robert Jr	34	E	\$515.00	\$490.00	\$423.00	\$410.00	\$476.01	\$425.87	\$373.67	\$385.35	\$555.61	\$569.01	\$494.89	\$537.67
11	Notarangelo	Paul	51	ES	\$791.00	\$752.00	\$650.00	\$630.00	\$731.27	\$654.24	\$574.04	\$591.99	\$853.55	\$874.14	\$760.27	\$825.99
11	Notarangelo	Angela	52	-	\$828.00	\$787.00	\$680.00	\$660.00	\$765.38	\$684.76	\$600.82	\$619.61	\$893.37	\$914.92	\$795.73	\$864.52
12	Omsirisack	Savannah	26	E	\$434.00	\$413.00	\$357.00	\$346.00	\$401.51	\$359.22	\$315.19	\$325.04	\$468.65	\$479.96	\$417.43	\$453.52
13	Standfield	Larry Jr	40	FAM	\$542.00	\$516.00	\$445.00	\$432.00	\$501.11	\$448.32	\$393.37	\$405.66	\$584.90	\$599.01	\$520.98	\$566.01
13	Standfield	Katie	40	-	\$542.00	\$516.00	\$445.00	\$432.00	\$501.11	\$448.32	\$393.37	\$405.66	\$584.90	\$599.01	\$520.98	\$566.01
13	Standfield	Cambri	14	-	\$324.00	\$309.00	\$267.00	\$259.00	\$299.96	\$268.36	\$235.47	\$242.83	\$350.12	\$358.56	\$311.85	\$338.81
13	Standfield	Raylee	12	-	\$324.00	\$309.00	\$267.00	\$259.00	\$299.96	\$268.36	\$235.47	\$242.83	\$350.12	\$358.56	\$311.85	\$338.81
13	Standfield	Jade	7	-	\$324.00	\$309.00	\$267.00	\$259.00	\$299.96	\$268.36	\$235.47	\$242.83	\$350.12	\$358.56	\$311.85	\$338.81
14	Wingerson	Vickie	59	ES	\$1,104.00	\$1,050.00	\$907.00	\$880.00	\$1,020.64	\$913.13	\$801.20	\$826.25	\$1,191.32	\$1,220.05	\$1,061.11	\$1,152.84
14	Wingerson	Raymond	60	-	\$1,151.00	\$1,095.00	\$946.00	\$917.00	\$1,064.17	\$952.07	\$835.36	\$861.48	\$1,242.12	\$1,272.08	\$1,106.36	\$1,202.00
TOTAL					\$13,887.00	\$13,210.00	\$11,411.00	\$11,071.00	\$12,841.36	\$11,488.67	\$10,080.41	\$10,395.56	\$14,988.70	\$15,350.23	\$13,350.53	\$14,504.62

Comparison of Benefits  
Dental



## LK Transport

### Dental Comparison

		Principal	
		Principal	
Dental Benefits		In-Network	Out-of-Network
Deductible		\$50/\$150	\$50/\$150
Annual Maximum		\$1,000	
Preventive / Diagnostic		100%	100%
Basic		80%	80%
Major		50%	50%
Oral Surgery		80%	80%
Periodontics		80%	80%
Endodontics		80%	80%
Implants		Not Covered	Not Covered
Orthodontics			
Deductible		N/A	
Lifetime Maximum		N/A	
Child (under 19)		Not Covered	Not Covered
Adult		Not Covered	Not Covered
Waiting Periods			
Preventive		None	
Basic		None	
Major		None	
Orthodontics		None	
UCR Percentile		Fee Schedule	
Number of Utah Providers		1,872	
Number of National Providers		108,143	
Provider Directory Website		<a href="http://www.principal.com/dentist">www.principal.com/dentist</a>	
Administrative Fees		None	
Voluntary / Employer Paid		Voluntary	
Participation Requirements		Minimum of 2	
Rate Guarantee		1 Year	
		QUOTE-1	
Monthly Rates		PPO Transitional Plan 1	
<u>Subs</u>	<u>Enrollment Tier</u>	<u>Premium Rate</u>	
0	Employee	\$31.66	
0	Employee + Spouse	\$63.17	
0	Employee + Child	\$75.73	
0	Employee + Children	\$75.73	
0	Family	\$112.53	

Comparison of Benefits  
Vision



## LK Transport

### Vision Comparison

		Principal	
		Principal	
Vision Benefits		In-Network	Out-of-Network
<b>Eye Examination</b>		\$10 Copay	up to \$45
<b>Standard Plastic Lenses</b>			
Single Vision		\$25 Copay	up to \$30
Bifocal		\$25 Copay	up to \$50
Trifocal		\$25 Copay	up to \$65
<b>Frames*</b>		up to \$130	up to \$70
<b>Contact Lenses*</b>			
Conventional		up to \$130	up to \$105
Disposable		up to \$130	up to \$105
*Either Frames -or- Contact Lenses			
<b>Frequency</b>			
Exams		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contacts		12 Months	
<b>Voluntary / Employer Paid Participation Requirements</b>		Voluntary	
<b>Rate Guarantee</b>		Minimum of 2	
		1 Year	
		QUOTE-1	
Monthly Rates		Plan 8	
<u>Subs</u>	<u>Enrollment Tier</u>	<u>Premium Rate</u>	
0	Employee	\$8.19	
0	Employee + Spouse	\$16.63	
0	Employee + Child	\$17.86	
0	Employee + Children	\$17.86	
0	Family	\$28.25	



**STATE OF IDAHO**  
**Department of Health and Welfare Contract**

**CONTRACT NO.** 6C084900

**CONTRACTOR'S FEDERAL I.D. NO.** 84410921400

**CONTRACT NAME:** LK TRANSPORTATION LLC

**CFDA NUMBER:**

This Contract is entered into by the State of Idaho, Department of Health and Welfare, hereinafter referred to as the **DEPARTMENT**, and **LK TRANSPORTATION LLC**, hereinafter referred to as the **CONTRACTOR**. This contract is anticipated to be effective as of **11/20/2022** and will expire on **11/19/2024**. As outlined in Paragraph II of the Contract Terms and Conditions, this Contract will not be effective until signed by all parties.

WITNESSETH: The DEPARTMENT enters into this Contract pursuant to authority granted to it in Title 56, Chapter 10, Idaho Code. The CONTRACTOR agrees to undertake performance of this Contract under the terms and conditions set forth herein.

The Contractor agrees to provide, and the Department agrees to accept the services detailed in the Scope of Work and generally described as follows:

Secure Transportation

The following Attachments are hereby incorporated and made a part of this Agreement:

General Terms and Conditions

Riders

Scope of Work

Cost/Billing Procedure

Reports

**TOTAL CONTRACT AMOUNT:** \$250,000.00

**CONTRACT MONITOR:** Alicia Bilbao

**CONTRACT MANAGER:** Jennifer Burlage

## General Terms and Conditions

- I. DEFINITIONS. As used in the Contract, the following terms shall have the meanings set forth below:
- A. Contract shall mean the Contract Cover Sheet, these General Terms and Conditions, and all Attachments identified on the Contract Cover Sheet. The Contract shall also include any negotiated and executed amendment to the Contract.
  - B. Contract Manager shall mean that person appointed by the Department to administer the Contract on behalf of the Department. "Contract Manager" includes, except as otherwise provided in the Contract, an authorized representative of the Contract Manager acting within the scope of his or her authority. The Department may change the designated Contract Manager from time to time by providing notice to the Contractor as provided in the Contract.
  - C. Contractor shall mean that individual, partnership, corporation, or other entity who executes the Contract or performs services under the Contract. Contractor shall include any subcontractor retained by the Contractor as permitted under the terms of the Contract.
  - D. Department shall mean the State of Idaho, Department of Health and Welfare, its divisions, sections, offices, units, or other subdivisions, and its officers, employees, and agents.
- II. CONTRACT EFFECTIVENESS. It is understood that this Contract or any Amendment is effective when it is signed by all parties, or at a later date if specified in the Contract or Amendment. The Contractor shall not render services to the Department until the Contract or Amendment has become effective. The Department will not pay for any services rendered prior to the effective date of the Contract or Amendment.
- III. RENEWAL. The Department reserves the right to extend this contract for additional periods, not anticipated to exceed a total of four (4) years, provided the Contractor has demonstrated satisfactory performance in the previous year. Any extension or amendment of this contract shall be in writing, signed by both parties.
- IV. INDEPENDENT CONTRACTOR STATUS.
- A. Status The Contractor's status under the Contract shall be that of an independent contractor and not that of an agent or employee of the Department or the State of Idaho. The Contractor shall be responsible for paying all employment-related taxes and benefits, such as federal and state income tax withholding, social security contributions, worker's compensation and unemployment insurance premiums, health and life insurance premiums, pension contributions and similar items. The Contractor shall indemnify the Department and hold it harmless from any and all claims for taxes, including but not limited to social security taxes, penalties, attorneys' fees and costs that may be made or assessed against the Department arising out of the Contractor's failure to pay such taxes, fees or contributions.
  - B. Reassignment of Contractor Employees The Department shall have the right, after having consulted with the Contractor, to require the Contractor to reassign or otherwise remove from the contract any Contractor employee or subcontractor found in good faith to be unacceptable to the Department.

V. INDEMNIFICATION BY THE CONTRACTOR. The Contractor shall indemnify, defend and save harmless the State of Idaho, and the Department, its officers, agents, and employees, from and against all liability, claims, damages, losses, expenses, actions, attorney fees and suits whatsoever, including injury or death of others or any employee of the Contractor or subcontractor caused by or arising out of the Contractor's negligent or otherwise wrongful performance, act or omission under the Contract or the Contractor's failure to comply with any state, federal or local statute, law, regulation, or rule. Nothing in this provision shall extend the Contractor's indemnification of the Department beyond the liability of the Department provided in the Idaho Tort Claim's Act Idaho Code 6-901 et seq., the aggregate of which is limited to \$500,000 by Idaho Code 6-926.

VI. SUBCONTRACTING. Unless otherwise allowed by the State in the Contract, the Contractor shall not, without written approval from the State, enter into any subcontract relating to the performance of the Contract or any part thereof. Approval by the State of the Contractor's request to subcontract or acceptance of or payment for subcontracted work by the State shall not in any way relieve the Contractor of any responsibility under the Contract. The Contractor shall be and remain liable for all damages to the State caused by negligent performance or non-performance of work under the Contract by the Contractor's subcontractor. Subcontractor(s) must maintain the same types and levels of insurance as that required of the Contractor under the Contract unless the Contractor provides proof to the State's satisfaction that the subcontractor(s) are fully covered under the Contractor's insurance, or, except as otherwise authorized by the State.

VII. ASSIGNMENT.

- A. Obligations. The Contractor shall not assign this Contract, or its rights, obligations, or any other interest arising from the Contract, or delegate any of its performance obligations, without the express written consent of the Administrator of the Division of Purchasing and the Idaho Board of Examiners. Transfer without such approval shall cause the annulment of the Contract, at the option of the State. All rights of action, however, for any breach of the Contract are reserved to the State (Idaho Code Section 67-9230).
- B. Right to Payment. Notwithstanding the foregoing, and to the extent required by applicable law (including Idaho Code Section 28-9-406), the Contractor may assign its right to payment on an account provided that the State shall have no obligation to make payment to an assignee until thirty (30) days after the Contractor (not the assignee) has provided the responsible State procurement officer with (a) proof of the assignment, (b) the identity of the specific state contract to which the assignment applies, and (c) the name of the assignee and the exact address to which assigned payments should be made. The State may treat violation of the provision as an event of default.

VIII. RECORDS AND DATA.

- A. Records Maintenance. The Contractor shall maintain all records and documents relevant to the Contract for three (3) years from the date of final payment to the Contractor. If an audit, litigation or other action involving records is initiated before the three (3) year period has expired, the Contractor shall preserve and secure records until all issues arising out of such actions are resolved, or until an additional three (3) year period has passed, whichever is later. If the Contract is terminated for convenience, for cause, or by bankruptcy all records and documents related to the Contract in the Contractor's possession shall at the election of the Department, be immediately delivered to the Contract Monitor or Department designee.

- B. Records Review All records and documents relevant to the Contract, shall be subject to inspection, review or audit, and copying by the Department and other personnel duly authorized by the Department, and by federal inspectors or auditors. The Contractor shall make all records relevant to this Contract available to such parties at all reasonable times, at either the Contractor's principal place of business or upon premises designated by the Department.

IX. CONFIDENTIALITY. The Contractor shall comply with all applicable state and federal laws, rules, and regulations concerning confidentiality. The Department will furnish the Contractor with copies of applicable statutes, rules, and regulations upon receipt of a written request from the Contractor. Pursuant to the Contract, the Contractor may collect, or the State may disclose to the Contractor, financial, personnel, or other information that the State regards as proprietary or confidential ("Confidential Information"). Such Confidential Information shall belong solely to the State. The Contractor shall use such Confidential Information only in the performance of its services under the Contract and shall not disclose Confidential Information or any advice given by it to the State to any third party, except with the State's prior written consent or under a valid order of a court or governmental agency of competent jurisdiction and then only upon timely notice to the State. Confidential Information shall be returned to the State upon termination or expiration of the Contract. Confidential Information shall not include data or information that:

- A. Possession of the Contractor Is or was in the possession of the Contractor before being furnished by the State, provided that such information or other data is not known by the Contractor to be subject to another confidentiality agreement with or other obligation of secrecy to the State;
- B. Available to the Public Becomes generally available to the public other than as a result of disclosure by the Contractor; or
- C. Available to the Contractor Becomes available to the Contractor on a non-confidential basis from a source other than the State, provided that such source is not known by the Contractor to be subject to a confidentiality agreement with or other obligation of secrecy to the State.

X. PUBLIC RECORDS.

- A. Open to Public Pursuant to Idaho Code Section 74-101. Et seq., information or documents received by the State will be open to public inspection and copying unless the material is exempt from disclosure under applicable law. The person or entity submitting the material must clearly designate specific information within the document as "exempt," if claiming any exemption and indicate the basis for such exemption (e.g. Trade Secret). The State will not accept the marking of an entire document as exempt; or a legend or statement on one page that all, or substantially all, of the document is exempt from disclosure.
- B. Failure to Designate The Contractor shall indemnify and defend the State against all liability, claims, damages, losses, expenses, actions, attorney fees, and suits whatsoever for honoring such a designation or for the Contractor's failure to designate specific information within the document as exempt. The Contractor's failure to designate as exempt any document or portion of a document that is released by the State shall constitute a complete waiver of any and all claims for damages caused by and such release. If the State receives a request for materials claimed exempt by the Contractor, the Contractor shall provide the legal defense for such claim.

XI. AUDIT EXCEPTIONS. If a federal or state audit indicates that payments made to the Contractor for

goods or services that do not comply with the terms of the Contract or applicable federal or state laws, rules or regulations, the Contractor shall refund any compensation paid to the Contractor arising from such noncompliance.

XII. COMPLIANCE WITH CERTAIN LAWS, LICENSING, AND CERTIFICATIONS. The Contractor shall comply with ALL requirements of federal, state, and local laws and regulations applicable to the Contractor pursuant to the Contract. For the duration of the Contract, the Contractor shall maintain in effect and have in its possession all licenses and certifications required by federal, state, and local laws and rules, including but not limited to:

A. Nondiscrimination The Contractor shall provide all services funded through or affected by the Contract without discrimination on the basis of race, color, national origin, religion, sex, age, and physical or mental impairment, and shall comply with all relevant sections of the following: Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; The Age Discrimination Act of 1975; and, The Americans with Disabilities Act of 1990. The Contractor shall comply with pertinent amendments to such laws made during the term of the Contract and with all federal and state rules and regulations implementing such laws.

B. HIPAA The Contractor acknowledges that it may have an obligation, independent of this contract, to comply with the Health Insurance Portability and Accountability Act (HIPAA), Sections 262 and 264 of Public Law 104-191, 42 USC Section 1320d, and federal regulations at 45 CFR Parts 160, 162 and 164. If applicable, the Contractor shall comply with all amendments to the law and federal regulations made during the term of the Contract.

C. Lobbying

1. The Contractor certifies that none of the compensation under the Contract has been paid or will be paid by or on behalf of the Contractor to any person for influencing or attempting to influence an officer or employee of any governmental agency, a member, officer or employee of Congress or the Idaho Legislature in connection with the awarding, continuation, renewal, amendment, or modification of any contract, grant, loan, or cooperative agreement.
2. If any funds, other than funds provided by the Contract, have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any governmental agency, a member, officer or employee of Congress or the State Legislature in connection with the Contract, the Contractor shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions, and submit a copy of such form to the Department.
3. The Contractor shall require that the language of this certification be included in any subcontract, at all tiers, (including grants, subgrants, loans, and cooperative agreements) entered into as a result of the Contract, and that all sub-recipients shall certify and disclose as provided herein.
4. The Contractor acknowledges that a false certification may be cause for rejection or termination of the Contract, subject the Contractor to a civil penalty, under 31 U.S.C. Section 1352, of not less than \$10,000.00 and not more than \$100,000.00 for each such false statement, and that the Contractor's execution of the Contract is a material representation of fact upon which the Department relied in entering the Contract.

D. Qualification The Contractor 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 performing the terms of the Contract by a government entity (federal, state or local);
2. Have not, within a three (3) year period preceding the Contract, 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 or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and
4. Have not within a three (3) year period preceding the Contract had one or more public transactions (federal, state, or local) terminated for cause or default.
5. The Contractor acknowledges that a false statement of this certification may be cause for rejection or termination of the Contract and subject the Contractor, under 18 U.S.C. Section 1001, to a fine of up to \$10,000.00 or imprisonment for up to five (5) years, or both.

E. Faith-Based Organization If the Contractor is a faith-based organization, the Contractor and all approved subcontractors shall:

1. Segregate contract funds in a separate account if federal funds.
2. Serve all participants without regard to religion, religious belief, refusal to hold a religious belief, or refusal to actively participate in a religious practice.
3. Ensure that Department-referred clients' participation in religious activities, including worship, scripture study, prayer or proselytization, is only on a voluntary basis.
4. Notify participants of the religious nature of the organization, their right to be served without religious discrimination, their right not to take part in religious activities, their right to request an alternative provider and the process for doing so.
5. Ensure that contract funds are not expended on inherently religious activities.
6. Comply with applicable terms of 42 CFR Parts 54, 54a, and 45 CFR Parts 260 and 1050.

- F. Tribes If the Contractor is a Tribe, the Contractor and Department recognize that services performed pursuant to this Contract by the Contractor and all approved subcontractors within reservation boundaries are subject to applicable laws, ordinances and regulations of the Tribe. Nothing in this Contract should be construed as a waiver of sovereign immunity.
- G. Illegal Aliens The Contractor warrants that the contract is subject to Executive Order 2009-10 ([http://gov.idaho.gov/mediacenter/execorders/eo09/eo\\_2009\\_10.html](http://gov.idaho.gov/mediacenter/execorders/eo09/eo_2009_10.html)); it does not knowingly hire or engage any illegal aliens or persons not authorized to work in the United States; it takes steps to verify that it does not hire or engage any illegal aliens or persons not authorized to work in the United States; and that any misrepresentation in this regard or any employment of persons not authorized to work in the United States constitutes a material breach and shall be cause for the imposition of monetary penalties up to five percent (5%) of the contract price, per violation, and or termination of its contract.
- H. Single Audit Act The Contractor acknowledges that it may have an obligation; independent of this contract, to comply with the terms of the "Single Audit Act" of 1984. Funds provided under the Contract may be used to pay for compliance with this act in proportion to other funding sources available to the Contractor for the services provided pursuant to the Contract.
- I. Local Contribution To Funding If funding for the Contract is tied to a local contribution or match: (1) The Contractor certifies that none of the local contribution or match funds are federal funds, are derived from or are in lieu of federal funds, and none of said funds have been used, or have been substituted for funds used, to earn other federal funds. (2) The Contractor further certifies that any costs incurred by the Contractor prior to the Contract will not be allowable to or included as a cost of any other state or federally financed program in either the current period or any prior period.

### XIII. CONFLICT OF INTEREST.

- A. Public Official No official or employee of the State of Idaho or the United States government who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of the Contract shall, prior to the termination of the Contract, voluntarily acquire any personal interest, direct or indirect, in the Contract.
- B. Contractor The Contractor and its agents shall have no present or future interest, direct or indirect, that would conflict in any manner or degree with the performance of the services provided pursuant to this Contract.

### XIV. REMEDIES.

- A. Remedial Action If any of the Contractor's responsibilities do not conform to Contract requirements, the Department shall consult with the Contractor and may at its sole discretion require any of the following remedial actions, taking into account the nature of the deficiency: (1) require the Contractor to take corrective action to ensure that performance conforms to Contract requirements; (2) reduce payment to reflect the reduced value of services received; (3) require the Contractor to subcontract all or part of the service at no additional cost to the Department; or (4) terminate the Contract.

- B. Mutual Termination for Convenience Either party may cancel the Contract at any time, without cause, upon written notice to the other party specifying the date of termination which shall not be less than thirty (30) calendar days; provided however, the Department must approve Contractor's date of termination and shall not exceed a reasonable timeframe to ensure continuity of business upon termination of the Contract.
- C. Termination for Cause Either party may terminate the Contract (and/or any order issued pursuant to the Contract) when either party has been provided written notice of default or non-compliance and has failed to cure the default or non-compliance within a reasonable time, not to exceed thirty (30) calendar days. If the Contract is terminated by the Department for the Contractor's default or non-compliance, the Contractor will be responsible for any costs (up to the amount the Department has compensated the Contractor for the Order directly related to the termination for default or non-compliance) resulting from the Department's award of a new contract and any damages incurred by the Department. The Department, upon termination for default or non-compliance, reserves the right to take any legal action it may deem necessary including, without limitation, offset of damages against payment due.
- D. Effect of Termination Upon termination by either party, the Contractor shall: (a) promptly discontinue all work, unless the termination notice directs otherwise; (b) promptly return to the Department any property provided by the Department pursuant to the Contract; and, (c) deliver or otherwise make available to the Department all data, reports, estimates, summaries and such other information and materials as may have been accumulated by the Contractor in performing the Contract, whether completed or in process.
- E. Survival of Terms Any termination, cancellation, or expiration of the Contract notwithstanding, provisions which are intended to survive and continue shall survive and continue, including, but not limited to, the provisions of Sections IV (Independent Contractor Status), V (Indemnification by the Contractor), VIII (Records and Data), XI (Audit Exceptions), and XII (Compliance with Certain Laws, Licensing, and Certifications).

XV. CERTIFICATION CONCERNING BOYCOTT OF ISRAEL. Pursuant to Idaho Code section 67-2346 (effective July 1, 2021), if payments under the Contract exceed one hundred thousand dollars (\$100,000) and Contractor employs ten (10) or more persons, Contractor certifies that it is not currently engaged in, and will not for the duration of the Contract engage in, a boycott of goods or services from Israel or territories under its control. The terms in this section defined in Idaho Code section 67-2346 shall have the meaning defined therein.

XVI. FORCE MAJEURE. Neither party shall be liable or deemed to be in default for any Force Majeure delay in shipment or performance occasioned by unforeseeable causes beyond the control and without the fault or negligence of either party, including, but not restricted to, acts of God or the public enemy, fires, floods, epidemics, pandemics, quarantine, restrictions, strikes, freight embargoes, or unusually severe weather, provided that in all cases either party shall notify the other party promptly in writing of any cause for delay and the parties concur that any of the delays identified above were beyond their control and without the fault or negligence of either party. The period for the performance shall be extended for a period equivalent to the period of the Force Majeure.

XVII. MISCELLANEOUS.

- A. Disposition of Property At the termination of the Contract, the Contractor shall comply with relevant federal and state laws, rules and regulations and, as applicable, 2 CFR §§ 200.310-316



concerning the disposition of property purchased wholly or in part with funds provided under the Contract.

- B. Governing Law The Contract shall be governed by and construed under the laws of the State of Idaho.
- C. Officials Not Personally Liable In no event shall any official, office, employee or agent of the State of Idaho or of the Department be liable or responsible for any representation, statement, covenant, warranty or obligation contained in, or made in connection with, the Contract, express or implied.
- D. Time of Performance Time is of the essence with respect to the obligations to be performed under the Contract; therefore, the parties shall strictly comply with all times for performance.
- E. Notices Any notice given in connection with the Contract shall be given in writing and shall be delivered electronically or by hard copy.
  - 1. Notice to the Department shall be as designated by the Department.
  - 2. Notice to the Contractor shall be as designated by the Contractor.
- F. Attorney Fees In the event of a legal proceeding of any kind instituted under the Contract or instituted to obtain performance or to remedy a default under the Contract, the prevailing party shall be awarded reasonable fees and costs.
- G. Appropriation by Legislature Required The State reserves the right to terminate this Agreement in whole or in part (or any order placed under it) if, in its sole judgment, the Legislature of the State of Idaho or the federal government if applicable, fails, neglects, or refuses to appropriate sufficient funds as may be required for the State to continue such payments, or rescinds or requires any return or "give-back" of funds required for the State to continue payments, or if the Executive Branch mandates any cuts or holdbacks in spending. All affected future rights and liabilities of the parties hereto shall thereupon cease within ten (10) calendar days after notice to the Contractor.
- H. Nonwaiver of Breach The failure of the Department to require strict performance of any term or condition of the Contract, or to exercise any option herein, in any one or all instances shall not be construed to be a waiver or relinquishment of any such term or condition. The same shall be and remain in full force and effect unless there is a prior written waiver by the Department.
- I. Complete Statement of Terms The Contract constitutes the entire agreement between the parties and shall supersede all previous proposals, negotiations, representations commitments, and all other communications between the parties. The Contract may not be released, discharged, changed, extended, modified, subcontracted or assigned in whole or in part, and no claim for additional services not specifically provided herein will be allowed by the Department, except to the extent provided by an instrument in writing signed by a duly authorized representative of the Department and the Contractor.



## **Insurance**

For the term of the Contract and until all services specified in the Contract are completed, the Contractor shall maintain in force, at its own expense, the following insurance.

- Commercial General Liability Insurance and, if necessary, Commercial Umbrella Liability Insurance with a limit of not less than one million dollars (\$1,000,000) each occurrence. Insurance required by this section shall name the State of Idaho, Department of Health and Welfare as an additional insured.
- Commercial Automobile Liability Insurance and, if necessary, Commercial Umbrella Liability Insurance with a limit of not less than one million dollars (\$1,000,000) each accident. Insurance required by this section shall name the State of Idaho, Department of Health and Welfare as an additional insured.
- Workers' Compensation Insurance which includes Employer Liability Insurance and shall comply with Idaho Statutes regarding Workers' Compensation in the amount of: \$100,000 per accident; \$500,000 disease policy limit; and \$100,000 disease, each employee.

If any of the liability insurance required for this contract is arranged on a "claims-made" basis, "tail coverage" will be required at the completion or termination of this contract for a duration of twenty-four (24) months thereafter. Continuous "claims-made" coverage will be acceptable in lieu of "tail-coverage" provided the retroactive date is on or before the effective date of this contract, or twenty-four (24) months "prior acts" coverage is provided. Contractor will be responsible for furnishing certification of "tail coverage" or continuous "claims-made" coverage. Prior to performing any services, the Contractor shall provide certificates of insurance to the Department. The Contractor is also required to maintain current certificates on file with the Department and to provide updated certificates upon request. Failure to provide the required certificates of insurance shall constitute a default under this Contract and upon such failure the Department may, at its option, terminate the Contract. Insurance required by this section shall be policies or contracts of insurance issued by insurers approved by the Department. Should any of above described policies be cancelled before the expiration date thereof, notice shall be delivered in accordance with the policy provision.

**Email updated certificates to: [DHWInsurance@dhw.idaho.gov](mailto:DHWInsurance@dhw.idaho.gov)**

**Or mail to: Idaho Department of Health and Welfare  
Contracting & Procurement Services Unit -- 9th Floor  
450 West State Street  
Boise, ID 83702**

## **Certification Regarding Environmental Tobacco Smoke**

The Pro-Children Act of 1994 (20 U.S.C. § 6081-84) prohibits smoking in facilities, or in some cases portions of facilities, where certain federally funded services are provided on a routine or regular basis for children under the age of 18. The Act applies if funds are being provided through an applicable federal grant, loan, loan guarantee, or contract. The law applies to public elementary and secondary education and library facilities. It also applies to facilities used for the Head Start program, the WIC program (the supplemental food and nutrition program for women and children), and certain health care services for children. The smoking prohibition does not apply to private residences, to service providers whose sole source of federal funds is Medicare or Medicaid, or to portions of facilities used for inpatient treatment of individuals who are dependent on or addicted to drugs or alcohol. Civil money penalties, not exceeding \$1000 for each day of violation, not exceeding the amount of applicable federal funds received, may be imposed for non-compliance. Also, federal funds may be withheld or the award may be terminated. Recipients must certify, as a condition for receiving applicable federal funds, that smoking will not be permitted within facilities, or portions of facilities, covered by the Act. By signing the Contract, the Contractor certifies that it will comply with the requirements of the Act, and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The Contractor shall include the language of this certification in any subcontract that contains provisions for children's services and shall ensure that all subcontractors shall certify accordingly.

## **Criminal History Background Checks**

IDAPA 16.05.06 Rules Governing Mandatory Criminal History Checks -- These rules have been established to assist in the protection of children and vulnerable adults by requiring criminal history checks for individuals (Contractors, Contractor's employees and all subcontractors) who provide care or service that are financially supported, licensed or certified by the Department of Health and Welfare. Contractors, Contractor's employees and all subcontractors are required to complete a criminal history and background check pursuant to IDAPA 16.05.06. Those who have had a fingerprint based criminal history background check through their employment with the Department of Education, or their employment as a law enforcement officer may be exempt from the fingerprint based check; however, the Contractor must complete at a minimum, an Idaho name based check through the Idaho State Police. For information on how to obtain a Department of Health and Welfare criminal history and background check, please go to the Department's criminal history check website at <http://chu.dhw.idaho.gov> or call 1-800-340-1246.

## Scope of Work

### I. General Requirements

- A. The Contractor must comply with all provisions of state and federal laws, rules, regulations, policies, and guidelines as indicated, amended or modified that govern performance of the services including the following Idaho statutes:
  - 1. <https://legislature.idaho.gov/statutesrules/idstat/Title16/T16CH24/SECT16-2425/>
  - 2. <https://legislature.idaho.gov/statutesrules/idstat/Title66/T66CH3/SECT66-345/>
  - 3. IDAPA 16.06.01. Rules Governing Family and Children's Services at <https://adminrules.idaho.gov/rules/current/16/160601.pdf>
- B. The Contractor must provide safe and secure transport as defined in Section II.
- C. The Contractor must provide safe and secure post commitment transport from a local community hospital or approved facility to a designated Idaho State Hospital or approved facility.
- D. The Contractor must demonstrate the capacity to provide safe and secure transportation, including post commitment transport, within sixty (60) calendar days of the effective date of this Contract.
- E. The Contractor may provide transportation on a statewide basis, however, to meet the Contract requirements it may be necessary to utilize transportation providers in other parts of the state. If the Contractor utilizes an entity other than their own to provide any of the services required by this Contract, the relationship between the two (2) entities is considered that of a contractor-subcontractor for the purpose of this Section, regardless of whether a relationship is based on an actual written Contract between the two (2).
  - 1. The Contractor must ensure that all subcontractors and their employees meet the requirements of this Contract.

### II. Secure Transport Services

- A. The Contractor must provide safe and secure transport service to clients, which must include, but not be limited to the following:
  - 1. Transport clients via ground or escort clients by air, as requested by the Department.
    - a. The transport request will be issued by a designated Department referring worker through a Department sponsored web portal that the Contractor must use. The request made by Department staff will identify the client's name or identifier, pickup location, drop-off location, date of transport, whether or not restraints are being requested and any special accommodations that the Contractor should be aware of, and a five (5)-digit program cost account (PCA) number. Additionally, any collateral contact made by either the Contractor or Department staff should also be documented within the transportation request web portal.
    - i. Transport is defined as pickup from one (1) Department specified location and drop-off at another Department specified location. These locations include various facilities throughout the state including but not limited to: medical/psychiatric treatment facilities, residential dwellings, residential treatment/group homes, Department offices, and other state/county facilities such as State Hospital North (Orofino), State Hospital South (Blackfoot), State Hospital West (Nampa), county courthouses, and incarceration facilities.

- b. Ground transport - If the Contractor deems it is safe and appropriate, the Contractor's driver may provide transportation for one (1) client without an additional staff (escort) in attendance unless otherwise directed by the Department. When transporting more than one (1) client, the Contractor must provide a staff (escort) to accompany the driver. The Department may request staff-to-client ratio of one-to-one (1:1) to meet safety needs when more than one (1) client is being transported. This ratio may be increased by the Department or the Contractor when a client poses a safety risk to themselves or to the transport staff. The decision to increase the ratio must be made in conjunction with the Department's referring worker.
      - c. Air transport, with a Contractor escort, requires two-to-one (2:1) transport staff-to-client ratio. The decision to fly versus drive depends on the client being "fit to fly" and whether they pose a danger to the public or not. Communication between the Contractor and the holding facility is necessary to determine staffing ratios. The Department will make the final decision.
        - i. Air transport is defined as any transport from Idaho to non-bordering state of Idaho. Negotiated with the Department at the time of the transport request.
      - d. Out-of-state ground transports must be coordinated with the Department at the time of the transport request.
        - i. Out-of-state ground transport is defined as any transport from Idaho to a bordering state of Idaho. Negotiated with the Department at the time of the transport request.
  - 2. Provide local transports on an as-needed basis. The Contractor must be available for local transports twenty-four (24) hours per day, seven (7) days per week, including holidays.
  - 3. Provide statewide transports as requested by the Department.
    - a. Department staff requesting transport services will make every effort to provide the Contractor with at least two (2) business days' notice for a non post-commitment transport. In the event this amount of notice cannot be provided, the Contractor has the authority to delay the transport, excluding post-commitment transport, in order to ensure proper coordination between Department staff and any collateral contacts to assure safe transportation
    - b. The Contractor must not delay transport solely on the basis of trying to fill the transportation vehicle.
    - c. Department staff requesting post-commitment transport services will make every effort to provide the Contractor with at least one (1) business days' notice. Post-commitment transports must be coordinated within twenty-four (24) hours of the request. In the event the transport cannot be coordinated within the twenty-four (24) hours timeframe, the Contractor must consult with the Department requestor and must obtain Department approval to delay the transport.
  - 4. The Contractor must utilize and agrees to check the Department sponsored web portal for the coordination of secure transport services no less than two (2) times per day, once in the morning and once in the afternoon. Additionally, the Contractor must use this portal to accept referrals from designated Department referring workers and coordinate transport accordingly.
- B. If requested by the Department, the Contractor must use restraint measures for each client according to the instructions provided by the Department at the time of transport request. For the adult population, the use of restraints must be at the direction of Department staff and noted in the request for transportation on the web-portal. During the course of the transport, if

the Contractor or Contractor staff deems that there is an immediate need to apply restraints to a client for the safety of the client and or Contractor staff and there is no reasonable opportunity for staff to contact Department personnel to obtain consent for the use of restraints, the Contractor or Contractor staff is authorized to make the determination to use restraints. This must be documented in a Critical Incident Report and the Contractor must update the web portal to reflect the change in original transportation request. The use of restraints in juveniles, except for the aforementioned exception, will not be permitted. The Contractor should operate on the premise that the use of restraints, especially as it pertains to the juvenile population is an option of last resort. Restraints must include but not be limited to:

1. Full Restraint - such as belly chains and leg irons (in most cases this type of restraint would be for an adult):
  - a. For any substantial risk of injury to either the client or transport staff, full restraint measures must be provided by the Contractor. The decision to restrain a client must be made in conjunction with the Department and the referring treatment facility.
2. Moderate/Minimal Restraint - no belly chains or leg irons (in most cases this type of restraint would be for a child):
  - a. The Contractor must use only a minimal level of restraint, such as safety belts required by law, when instructed by the Department and the referring treatment facility.
  - b. The Contractor must support a normalized experience for the child by extending professional, supportive, and positive customer service in an effort to meet the child's particular needs.
    - i. These needs will be communicated to the Contractor from the Department at the time of the transport request and may include information such as: (a) the child is cognitively delayed and requires additional instruction or processing time; (b) a child has been traumatized and may struggle with locked, confined spaces; or (c) a child has a tendency to run away.
    - ii. A child transport may include the request for designated parent/guardian/caregiver or supportive adult to accompany the child. The decision to include this adult passenger in the transport is anticipated to be infrequent but must be approved by the Department. It will be for the purpose of normalizing the experience for the child, not for added security.
    - iii. A child (or children) will be defined as under the age of eighteen (18).
- C. The Contractor must transport a designated parent/guardian/caregiver or supportive adult along with a child when requested by the Department referring worker. The decision to include this adult passenger in the transport is anticipated to be infrequent but must be approved by the Department. It will be for the purpose of normalizing the experience for the child, not for added security.
- D. The Contractor must collect any pertinent medical data (such as medications, medical condition, medical equipment, etc.) from the sending medical facility, psychiatric hospital, residential treatment/group home, county courthouse, and incarceration facility. The Contractor must have in place detailed policies and procedures for transporting a client's medications that ensure medications are secure, monitored, include nursing instructions, and are delivered to the receiving facility intact.
- E. The Contractor must transport personal items of the client as identified and approved by the Department. In most cases this will be one to two (1-2) bags. In some cases, the client's exact personal items will not be known until the pickup occurs. For example, in a situation where the client has been at a state office or courthouse waiting for pickup, the client may be



carrying all or most of their possessions with them. The Department will negotiate these circumstances at the time, as needed, keeping in mind the Contractor's limitations for transporting extra bags.

1. The bag(s) must be secured in a locked second area of the vehicle such as a trunk or a locked storage area.
- F. The Contractor may transport more than one (1) Department client in the same vehicle at the same time in order to save costs, but only when approved by the Department. This is commonly referred to as Ride Sharing and may be an option to conserve fuel when a transport is requested which utilizes a pre-assigned transport vehicle already going to the same or nearby destination area or region.
1. Ride Sharing must not be permitted if one (1) client is an adult and another client is a child.
- G. The Contractor must develop a Critical Incident Report and report any critical incident occurring during or related to a scheduled transport.
1. The Critical Incident Report must include, but not be limited to, the name of the client or client identifier; type of incident; a detailed description about which incident(s) occurred; how the incident was managed (such as methods used).
    - a. A separate report must be submitted for each incident. For example: if more than one (1) incident occurs during a transport, both must be logged separately.
  2. A critical incident is defined as any of the items below:
    - a. use of any physical restraint on a client that differs from what was originally agreed upon with Department referring worker; (how and why restraints used);
    - b. injury to a client (type of injury, was medical care required);
    - c. injury to Contractor or Department staff (type of injury, was medical care required);
    - d. destruction of vehicle or personal property by a client (damage that occurred);
    - e. elopement of a client;
    - f. significant delay of transport or inability to complete a transport attributed to mechanical issues, road conditions, or other difficulties (provide a detailed description of the reason behind a delay in transport or the inability to complete the transport);
    - g. incidents which interrupt the safe and efficient transportation of the client;
    - h. all accidents in which a Department client is involved;
    - i. all incidents in which a client's medications or medical data is not delivered intact; and
    - j. others as determined by the Contractor and or the Department.
  3. The Critical Incident Report must be submitted to the Department's referring worker and to the Contract Monitor within twenty-four (24) hours of the critical incident.
  4. A summary of critical incidents must also be logged in the Critical Incident Summary Report.
- H. The Contractor must provide light snacks and or meals for the person(s) they are transporting for transports exceeding four (4) hours and or in times of emergency. Examples of

emergency include unforeseen interruptions in transport due to traffic delays which result in the transport taking longer than four (4) hours. Dietary needs and restrictions should be discussed with the entity that requested transport prior to departure from the pick-up site.

III. Driver, Vehicle, and Training Requirements

A. The Contractor must ensure all drivers of vehicles transporting Department clients meet the following:

1. Must be twenty-five (25) years of age.
2. Have the ability to effectively communicate in English.
3. Have a current, valid driver's license to operate the transport vehicle.
4. The driver must pass a criminal history check referenced in IDAPA 16.05.06 Criminal History and Background Checks <http://adminrules.idaho.gov/rules/current/16/0506.pdf>. To access information on having a background check completed, go to <https://chu.dhw.idaho.gov/>.
5. A minimum requirement for all transportation hires is to have completed training through Idaho Peace Officer Standards and Training (POST) which includes training on defensive driving and cardiopulmonary resuscitation (CPR).
6. All newly hired drivers must participate in on-the-job training with coaching drivers.
7. Drivers must have no misdemeanor driving infractions and a maximum of one (1) traffic ticket.
8. Drivers must not have had their driver's license, suspended or revoked in the previous five (5) years. All drivers must be courteous, patient and helpful to all passengers.
9. Drivers must be neat and clean in appearance.
10. No driver or attendant must use alcohol, narcotics, illegal drugs, medications, or other drugs that impair ability to perform while on duty.
11. All drivers and attendants must wear or have visible, easily readable identification.
12. At no time must drivers or attendants smoke or vape while in the vehicle, while involved in client assistance, or in the presence of any client.
13. Drivers must not wear any type of headphones or use cell phones, except for dispatch purposes, at any time while on duty.
14. Drivers and attendants must be trained to and provide assistance to passengers in the process of being seated and confirm that all seat belts, car, and booster seats are fastened properly, and wheelchairs and wheelchair passengers are properly secured.
15. Drivers and attendants must provide necessary assistance, support, and oral directions to passengers. Such assistance must include assistance with clients of limited mobility and movement and storage of mobility aids and wheelchairs.
16. Drivers must immediately report all accidents to the Contractor and the Department in which a Department client is involved.

B. Training Requirements: The Contractor must provide or ensure that all transportation staff

attends behind-the-wheel training for all drivers. Driver training must, at a minimum, include defensive driving techniques; wheelchair securement and lift operation; passenger assistance techniques; proper securement of child safety seats; critical incidents reporting; and general customer service. All staff involved in the transportation of clients must also be trained in the safe use of restraints as well as when restraints can and cannot be utilized.

- C. Vehicle Requirements: The Contractor must ensure that all transportation providers maintain all vehicles and components to comply with or exceed state, federal, and manufacturer's safety and mechanical operating and maintenance standards for the vehicles. Wheelchair vehicles must comply with the Americans with Disabilities Act (ADA) Regulations at [http://www.fta.dot.gov/civilrights/12325\\_3884.html](http://www.fta.dot.gov/civilrights/12325_3884.html). The Contractor must ensure that all transportation providers maintain current insurance on their vehicle as required under this Contract. All vehicles must meet the following requirements:
1. Use two (2)-way communication systems linking all vehicles used in delivering the services under the Contract with the Contractor's major place of business.
  2. Be equipped with functioning and accessible seat belts for each passenger seat position.
  3. Be equipped with child safety seats when transporting children age six (6) and under, and for children up to forty (40) pounds and as required in Idaho Code §49-672 and §49-673. Child safety seats must meet standards and be used in the appropriate manner.
  4. Have global positioning system (GPS) logging capabilities, tracking each vehicle in use.
  5. Be equipped with active cameras, with cameras facing the passenger and the driver. The driver's recording must include audio.
  6. Be equipped with safety/police secure transport safety barriers separating the passenger compartment from the driver's area.
  7. Have a functioning speedometer and odometer.
  8. Have a functioning clock to accurately log pickup and delivery times.
  9. Include two (2) exterior rear-view mirrors, one (1) on each side of the vehicle.
  10. The transportation provider's name must be visible to participants within the interior. This information and the complaint procedures must be available in written form in each vehicle for distribution to participants on request.
  11. Have vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms.
  12. Each vehicle must contain a current map of the applicable state and city with sufficient detail to locate facilities and clients.
  13. All vehicles must have the following signs posted in the vehicle interiors, easily visible to the passengers: "NO SMOKING" and "ALL PASSENGERS MUST USE SEAT BELTS."
  14. All vehicles must be provided with a first aid kit.
  15. Vehicles must have passenger compartments that are clean and free from torn upholstery, flooring, or ceiling covering; damaged seats; and protruding sharp edges. The interior must also be free of dirt, oil, grease and litter.
- D. Any vehicle or driver found out of compliance with contract requirements or any state laws or

federal regulations must be removed from service until the Contractor verifies that deficiencies have been corrected. Any deficiencies and actions taken must be documented and available to the Department upon request.

- E. The Contractor must develop and implement an annual inspection process as addressed in the U.S. Department of Transportation Federal Motor Carrier Safety Administration Driver/Vehicle Inspection Levels (<http://www.fmcsa.dot.gov>) to verify that vehicles used by transportation network providers meet the aforementioned requirements and that safety and passenger comfort features are in good working order; i.e., brakes, tires, signals, horn, seat belts, air conditioning and heating, etc. In addition to annual inspections of all vehicles used in the delivery of these services, prior to being added to the fleet vehicles which will be used in the delivery of this service must pass an inspection.

#### IV. Complaint Resolution and Tracking System

- A. The Contractor must develop and maintain a Complaint Resolution and Tracking System Plan. The final Complaint Resolution and Tracking System Plan must be negotiated with the Department, finalized after Department approval, and submitted within thirty (30) calendar days after the Contract is effective. The plan must include the following:
  - 1. Methodology for reviewing and resolving complaints received, including timelines for the process.
  - 2. How the Contractor addresses complaints that may need resolution at the Department level.
  - 3. Internal controls to monitor the operation of the Complaint Resolution and Tracking System Plan.
  - 4. Detailed description of the Contractor's electronic complaint tracking log.
  - 5. How the Contractor tracks all complaints received and resolved, or are in the process of resolution, and report the information to the Department.
  - 6. How the Contractor analyzes the complaints and utilizes the information to improve business practices.

#### V. Quality Assurance

- A. The Contractor must develop, submit, and maintain a Quality Assurance Plan. The plan must describe, in detail, the methods and practices used to ensure the quality of services provided. A final version of the Quality Assurance Plan must be submitted to the Department for approval within thirty (30) calendar days after the effective date of the Contract if the Department requires changes. The plan must include, but not be limited to:
  - 1. Conducting satisfaction surveys to obtain input from sending and receiving facilities and Department staff and utilizing the information for improvement of services.
  - 2. Meeting regularly, or as needed, with Department staff to discuss any concerns, issues and service responsibilities in order to assure delivery of quality services.

#### VI. Transition Plan

- A. The Contractor must develop and maintain a Transition Plan. The plan must describe the process for ensuring a smooth transition of services to the Department or to another contractor upon termination or expiration of the contract.

- B. The final Transition Plan must be negotiated with the Department upon notice of early Contract termination or ninety (90) calendar days prior to expiration of the contract, whichever comes first. The Department reserves the right to request an updated Transition Plan during the effective dates of the Contract.

## Cost/Billing Procedure

### **Cost:**

This is a FIXED UNIT COST, *INDEFINITE QUANTITY* Contract.

The Department will pay up to the total amount as outlined below for services satisfactorily provided.

The initial Contract period is two (2) years. The total Contract term, including all extensions, is not anticipated to exceed four (4) years. Upon mutual agreement, the Contract may be extended or amended.

The rates identified in the cost matrix below are the published Behavioral Health Service Provider reimbursement rates. Costs must remain firm throughout the life of the Contract, unless otherwise agreed to by the Department and modifications will only be considered under extenuating circumstances.

### **Cost Matrix**

<b>Procedure Code</b>	<b>Service Description</b>	<b>Unit</b>	<b>Cost Per Unit*</b>
STSM	Secure Transport – Mileage	Per Mile	\$1.00
STS	Secure Transport	Per Hour	\$105.00
STSHE	Secure Transport with additional staff required	Per Hour	\$52.50
STSHU	Youth Air Transport – Chaperone Services	Per Trip	\$3,500.00

<b>TOTAL CONTRACT AMOUNT</b>	<b>\$250,000.00</b>
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\*Cost per unit is a fully burdened rate including staff travel time necessary to pick-up the client(s) and to return to the Contractor/Subcontractor's point of origin after dropping off the client(s) and other costs as outlined in the fully-burdened rate description above.

\*The Contractor will be reimbursed at \$1.00 per mile, plus \$30.00 an hour for the first client, and an additional \$10.00 an hour for each additional client as approved through Ride Sharing for transportations.

### **Billing Procedure:**

The Contractor must provide a signed monthly invoice and the respective reports as required in the Reports section of this Contract within ten (10) business days after the end of the billing period. No invoice will be accepted or paid without required documentation and reports.

The invoice must include, but not be limited to:

- Date of invoice
- Contractor name, address, phone number, and e-mail address
- Vendor identification number
- Contract number
- Dates of service
- Client name

- g. Program from which the transport request originates by using approved PCAs provided by the Department.
- h. Total number of local transports and cost for each, mileage incurred, and total transport time
- i. Total number of statewide transports and cost for each, mileage incurred, and total transport time
- j. Total number of Contractor escorts (of clients) for air transports and cost for each, mileage incurred, and total transport time

Invoices and reports are to be submitted to:

Alicia Bilbao  
Alicia.Bilbao@dhw.idaho.gov

Invoices containing mathematical errors or that are incomplete will be returned to the Contractor for resubmission. The Department will follow established Department procedures for paying invoices through the State Controller's Office. The Contractor acknowledges that state warrants (payments) ultimately are processed by the State Controller's Office, not the Department therefore, late payment must not be considered an event of default.

Final invoices and reports must be submitted to the Department no later than fifteen (15) business days after the last date that services were provided. Final invoices received without the required reports/documentation will be returned to the Contractor for resubmission with the final reports/documentation.

## Reports

### Report Description:

Critical Incident Summary Report - The report must include a summary of all critical incidents which were previously reported to the Department when they occurred. The report must include a listing of all incidents occurring in the reporting period, and the following details: (1) The name of the client or client identifier; type of incident; (2) A detailed description about which incident(s) occurred; (3) How the incident was managed (such as methods used); and (4) A brief plan for managing future incidents including reducing the number of incidents.

### Report Format:

Excel or Word document as agreed to by the Department.

### Report Due Date:

Monthly; within ten (10) business days after the month in which the incident occurred.

### Report Description:

Monthly Travel Log Report - The report must include the following data for all transport services provided: (1) Client name/identifier; (2) Date and time of pickup; (3) Pickup location (facility name and address); (4) Date and time of drop-off; (5) Drop-off location (facility name and address); (6) Total travel time between pickup and drop-off; (7) Number of transporters in the vehicle during transport; and (8) Ride Sharing instances: [a] Total number of clients transported in Ride Share; [b] Pickup and drop-off locations for Ride Share for each client. All post commitment transport data must be reported separately.

### Report Format:

Excel or Word document as agreed to by the Department.

### Report Due Date:

Monthly; within ten (10) business days after the month in which services were provided.

### Report Description:

Monthly Utilization Report - The report must include a detailed utilization report for clients transported, for the respective month, for the respective Department program which requested the transport. All post commitment transport data must be reported separately. The report must include, but is not limited to: (1) Name of the Department referring worker; (2) Number of clients transported by ground; (3) Number of clients transported per region; (4) Number of transports to/from State Hospital North; (5) Number of clients to/from State Hospital South; (6) Number of clients transported to other states (include city, state); (7) Number of Ride Sharing instances; (8) Number of clients transported for the Division of Behavioral Health; (9) Number of clients transported for the Division of Family and Community Services; (10) Total ground transport costs (local and statewide); (11) Total ground transport costs (out of state); and (12) Total air transport costs (Contractor escort of clients).

### Report Format:

Excel or Word document as agreed to by the Department.

### Report Due Date:

Monthly; within ten (10) business days after the month in which services were provided.

### Report Description:

Complaint Resolution and Tracking Report - The report must be comprised of: (1) A complaint resolution and tracking document that includes the number of complaints received; (2) How complaints were received (by phone, written communication); (3) Dates received; (4) Date of resolution; (5) Description of the resolution; and (6) Number and status of complaints awaiting resolution. The report must include all current complaints whether they are resolved or not.

### Report Format:

Excel or Word document as agreed to by the Department.

### Report Due Date:

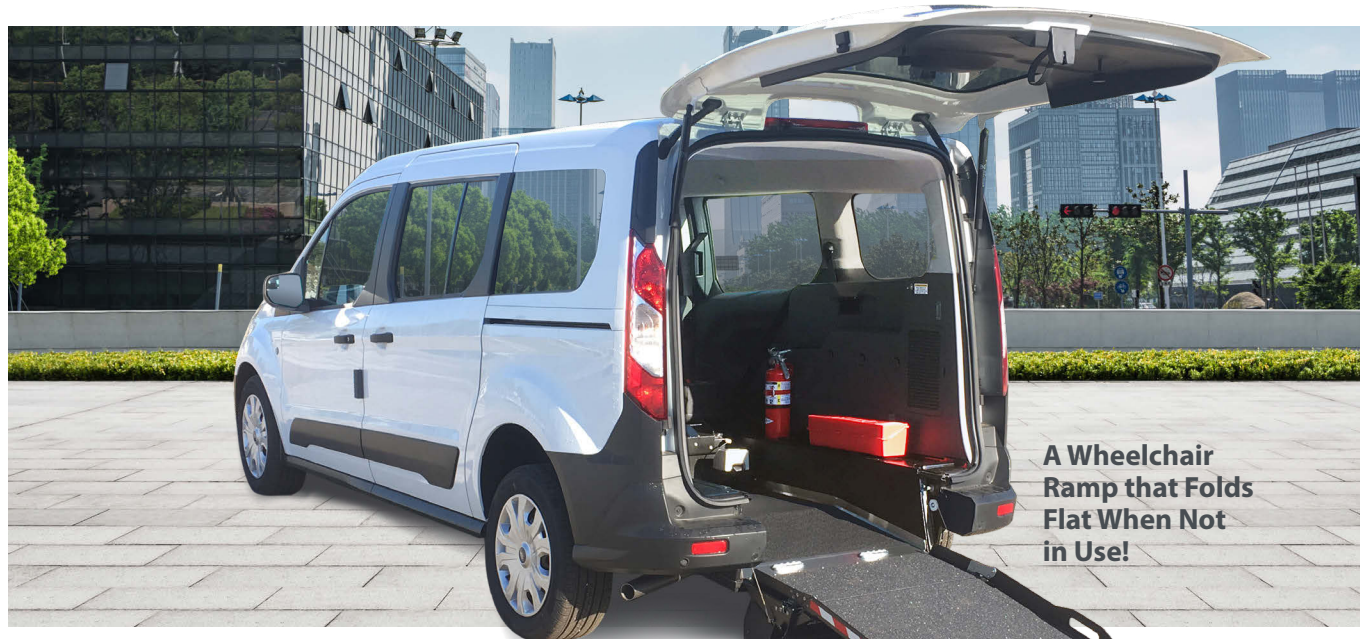


Monthly; within ten (10) business days after the month in which a complaint was received.



**DRIVERGE**  
VEHICLE INNOVATIONS

## FORD TRANSIT CONNECT MOBILITY VAN w/FLEXFLAT RAMP



**A Wheelchair  
Ramp that Folds  
Flat When Not  
in Use!**



*Our exclusive FlexFlat design creates a usable deck like a standard minivan. Perfect for luggage, boxes, cargo, golf clubs and more.*



*Ramp is shown in vertical upright position when a wheelchair passenger is in the vehicle.*

### Features

- ADA and FMVSS compliant
- Fits a single wheelchair plus five passengers
- Ideal for group homes, senior living, hospitality, and more
- Holds up to five ambulatory (incl. driver) and one wheelchair passenger
- Exclusive FlexFlat ramp comes standard with Transit Connect
- Folds flat to create usable deck when not in use, providing cargo room for luggage and other passenger items
- Middle-row 60/40 OEM seats kept intact for ideal multi-use capacity
- Fold-down, tumble forward middle row seats provides for open space and driver interaction with wheelchair passengers
- Auto-retracting wheelchair securement system
- Best-in-Class 26 MPG average combined driving
- Ford pool account savings

### Key Specifications

- 58.5" door opening height
- 52" door opening width
- 31.5" ramp width; 58.5" length
- 9 degree ramp angle
- 800 lbs ramp capacity
- 48" width between wheelbox
- 51" lowered floor length



*Middle-row OEM seats are kept intact.*

## Ideas made to move

Driverge Vehicle Innovations  
Ph. 844-629-5238 • [Driverge.com](http://Driverge.com)



# Quote

Proposal #:Q321635

**MOBILITYWORKS**  
1640 S. Abilene St. Suite D  
Aurora, CO 80012  
(720) 722-2680  
EIN#: 31-1502439

**Price Quote Valid for 14 Days**

John Zinicola Email: john.zinicola@mobilityworks.com Phone: (720) 722-2680

Billing Name <b>LK Transportation</b>	Buyer Name LK Transportation	Stock # STQ-31336
Address 1425 Cambridge Drive	Address 1425 Cambridge Drive	Quote # Q321635
City, State ZIP Idaho Falls,ID 83401	City, State ZIP Idaho Falls,ID 83401	Proposal Date 01/04/2024
Telephone 208-360-4647	County	Accepted date
	Telephone 208-360-4647	

New/Used New	Make Ford	Model / Trim Transit Connect XL Wagon LWB	Year 2022	Color White	To Be Delivered On Or About	
Type of Vehicle Mini Van	VIN NM0GE9E20N1531521		Mileage 689	Job Reference: Customer P.O.:		
Chassis, Conversion and Additional Equipment (See Page 2 for detail):					\$55,492.00	
Protection Products:					\$0.00	
				MBW Rewards		(\$0.00)
				Total		\$55,492.00
				Documentary Fee		\$0.00
				Delivery		\$1,200.00
				Sales tax		\$0.00
				Total Cash Delivered Price		\$56,692.00
				Note 1 Rebate(s)		(\$1,000.00)
				GPC		(\$0.00)
				Third Party Payor(s)		(\$0.00)
			Cash Down	Check/PO	-	-
			Payment	Deposit Amount + Cash Down Payment		(\$0.00)
				Total Credits		(\$1,000.00)
Trade-In(s)						
Year	Make	Model	Vin	Payoff Amount	Allowance	
ONLY THOSE ITEMS AND SERVICES SPECIFICALLY WRITTEN ON THIS ORDER ARE INCLUDED IN THE STATED PRICE. ANY OTHER AGREEMENTS, UNLESS IN WRITING, ARE NOT BINDING ON SELLER.				Amount Due Upon Delivery		\$55,692.00

The first and second pages of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning this purchase has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this motor vehicle except as appears in writing on the face of this a greement.

I have read and understand the second page of this agreement and agree to it as a part of this order the same as if it were printed above my signature. I certify that I am of legal age, or older, that I have legal capacity and authority to execute this agreement on behalf of my company, and hereby ack nowledge receipt of a copy of this order.

Buyer's Signature LK Transportation

Approved By: John Zinicola

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer and is only valid for 14 days.

Note 1 OEM Incentives and availability are subject to change and the end user must meet qualifications by OEM to qualify.



## Quote

**Price Quote Valid for 14 Days**

Proposal #:Q321635

John Zinicola Email: john.zinicola@mobilityworks.com Phone: (720) 722-2680

Billing Name <b>LK Transportation</b>	Buyer Name LK Transportation	Stock # STQ-31336
Address 1425 Cambridge Drive	Address 1425 Cambridge Drive	Quote # Q321635
City, State ZIP Idaho Falls,ID 83401	City, State ZIP Idaho Falls,ID 83401	Proposal Date 01/04/2024
Telephone 208-360-4647	County	
	Telephone 208-360-4647	

New/Used	Make	Model / Trim	Year	Color	To Be Delivered On Or About
<b>New</b>	<b>Ford</b>	<b>Transit Connect XL Wagon LWB</b>	<b>2022</b>	<b>White</b>	
Type of Vehicle	VIN		Mileage	Job Reference:	
<b>Mini Van</b>	<b>NM0GE9E20N1531521</b>		<b>689</b>	Customer P.O.:	

### Additional Equipment Summary

2022 Ford Transit Connect - VIN# NM0GE9E20N1531521		
1	Transit Connect Base Conversion Lowered floor rear-ramp mobility conversion to include manual rear Flex-Flat ramp, (1) wheelchair position with electric securement system, & OEM fold & tumble rear seat (60/40 three-passenger split bench) Vehicle seats (5) ambulatory including driver, or (1) wheelchair & (3) ambulatory - Platform interior length - 51" - Floor Drop width - 32" - Ramp width - 31.5" - Ramp length - 58.5" - Angle of approach - 9 degrees - Est available payload without WC or passengers - 1250 lbs Includes 7/1/2021 Administrative Fee \$175.00	
1	Back up alarm	
1	Complete safety kit (5# fire extinguisher, first aid kit, web cutter, triangle reflector kit)	

Buyer's Signature LK Transportation

Approved By: John Zinicola

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer and is only valid for 14 days.





# Quote

Proposal #:Q321638

**MOBILITYWORKS**  
1640 S. Abilene St. Suite D  
Aurora, CO 80012  
(720) 722-2680  
EIN#: 31-1502439

**Price Quote Valid for 14 Days**

John Zinicola Email: john.zinicola@mobilityworks.com Phone: (720) 722-2680

Billing Name <b>LK Transportation</b>		Buyer Name LK Transportation		Stock #	
Address 1425 Cambridge Drive		Address 1425 Cambridge Drive		Quote # Q321638	
City, State ZIP Idaho Falls,ID 83401		City, State ZIP Idaho Falls,ID 83401		Proposal Date 01/04/2024	
County ARAPAHOE		County ARAPAHOE		Accepted date	
Telephone 208-360-4647		Telephone 208-360-4647			

New/Used Cust. Owned	Make	Model / Trim	Year	Color	To Be Delivered On Or About
Type of Vehicle	VIN		Mileage <b>0</b>	Job Reference: Customer P.O.:	
<b>Chassis, Conversion and Additional Equipment (See Page 2 for detail):</b>					\$19,849.00
<b>Protection Products:</b>					\$0.00
MBW Rewards					(\$0.00)
<b>Total</b>					<b>\$19,849.00</b>
Documentary Fee					\$0.00
Delivery					\$0.00
Sales tax					\$1,587.92
<b>Total Cash Delivered Price</b>					<b>\$21,436.92</b>
Note 1 Rebate(s)					(\$0.00)
GPC					(\$0.00)
Third Party Payor(s)					(\$0.00)
Cash Down			Check/PO	-	-
Payment			Deposit Amount + Cash Down Payment		(\$0.00)
<b>Total Credits</b>					<b>(\$0.00)</b>
<b>Trade-In(s)</b>					
Year	Make	Model	Vin	Payoff Amount	Allowance
ONLY THOSE ITEMS AND SERVICES SPECIFICALLY WRITTEN ON THIS ORDER ARE INCLUDED IN THE STATED PRICE. ANY OTHER AGREEMENTS, UNLESS IN WRITING, ARE NOT BINDING ON SELLER.				<b>Amount Due Upon Delivery</b>	<b>\$21,436.92</b>

The first and second pages of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning this purchase has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this motor vehicle except as appears in writing on the face of this a greement.

I have read and understand the second page of this agreement and agree to it as a part of this order the same as if it were printed above my signature. I certify that I am of legal age, or older, that I have legal capacity and authority to execute this agreement on behalf of my company, and hereby ack nowledge receipt of a copy of this order.

Buyer's Signature LK Transportation

Approved By: John Zinicola

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer and is only valid for 14 days.

Note 1 OEM Incentives and availability are subject to change and the end user must meet qualifications by OEM to qualify.



## Quote

**Price Quote Valid for 14 Days**

Proposal #:Q321638

John Zinicola Email: john.zinicola@mobilityworks.com Phone: (720) 722-2680

Billing Name <b>LK Transportation</b>	Buyer Name LK Transportation	Stock #
Address 1425 Cambridge Drive	Address 1425 Cambridge Drive	Quote # Q321638
City, State ZIP Idaho Falls, ID 83401	City, State ZIP Idaho Falls, ID 83401	Proposal Date 01/04/2024
County ARAPAHOE	County ARAPAHOE	
Telephone 208-360-4647	Telephone 208-360-4647	

New/Used Cust. Owned	Make	Model / Trim	Year	Color	To Be Delivered On Or About
Type of Vehicle	VIN		Mileage 0	Job Reference: Customer P.O.:	

Additional Equipment Summary		
- VIN#		
1	Driverge Vehicle Innovations Transit Connect Base WAV Package Includes • Lowered Floor Single Wheelchair Location • AMF Electric Tie Downs • Rear Flex Flat Ramp • Second Row OEM Seating • Overall vehicle height - 72.6" • Commercial Vinyl Floor Covering • Overall vehicle length - 189.7" • Floor drop width - 32" • Wheel base - 120.6" • Ramp width - 31-1/2" • Rear door opening height - 58-1/2" • Ramp length - 58-1/2" • Rear door opening width - 52" • Angle of approach - 9 degrees • Interior height (mid-section) - 56-1/2" • Est. MPG - 23 • Max. interior width @ B-pillar - 58-1/2" • GVWR - 5,280 lbs. • Platform interior length - 51" • Est. available payload without WC or passengers - 1,260 lbs. Window Tint Includes Pool Unit \$175.00	
1	Floor- Floor Color BLACK	
1	Back up alarm	

Buyer's Signature LK Transportation

Approved By: John Zinicola

Co-Buyer's Signature

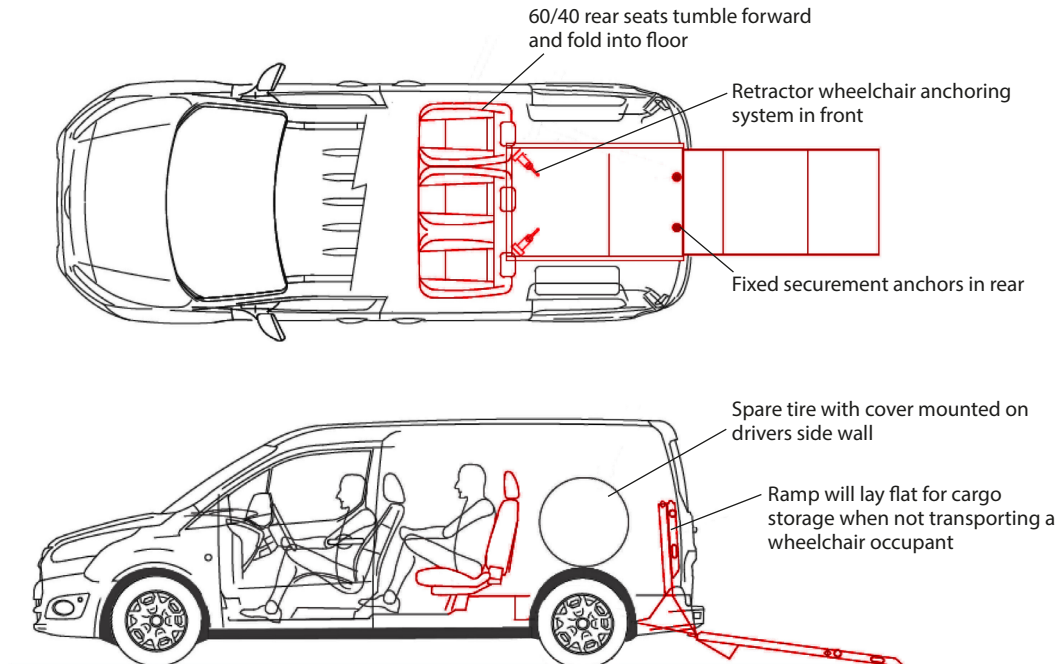
*This order is not valid unless signed and accepted by dealer and is only valid for 14 days.*







## Specifications



VEHICLE SPECIFICATIONS	
Rear door opening height	58-1/2"
Rear door opening width	52"
Interior height (mid-section)	56-1/2"
Max. interior width @ at B-pillar	58-1/2"
Lowered floor length	51"
Width between wheelbox	48"
Ramp width	31-1/2"
Ramp length	58-1/2"
Ramp capacity	800 lbs.
Ramp angle	9 degrees
Wheelbase	120.6"

## About Driverge

Driverge is one of the country's leading builders of commercial shuttles, wheelchair accessible vans, transporters and taxis. With more than 140,000 square feet of production space in Ohio, Kansas, and South Carolina, Driverge is building and shipping innovative transit vehicles throughout North America.

We are a Ford Qualified Vehicle Modifier (QVM) and Ford's largest mobility pool for more than 15 years. All of our vehicles meet or exceed FMVSS and NHTSA standards. We are members of TLPA, NTEA MVP, and NAFA, with sales and service supported by a national network of more than 200 affiliated dealer locations.

Stock #:STQ-31336

[www.mobilityworks.com](http://www.mobilityworks.com)

## 2022 Ford Transit Connect

### Vehicle Info

Type	New
Year	2022
Make	Ford
Model	Transit Connect
Trim	XL Wagon LWB
Mileage	689
Color Exterior	White
Color Interior	
VIN	NM0GE9E20N1531521

### Conversion Info

Make	Driverge
Model	TransitConnect Base
Entry Location	Rear Entry
Entry Operation	Manual
Entry Type	Fold Out

### Contact Info

**John Zinicola**  
Email [john.zinicola@mobilityworks.com](mailto:john.zinicola@mobilityworks.com)  
Phone (720) 722-2680  
Mobile 1 7202295180





Stock #:STQ-31336

2022 Ford Transit Connect

