



## Center for Independent Living

RTSX-180001-DS

DUE DATE 3/28/2017

**ADA ELIGIBILITY AND CERTIFICATION DETERMINATION,  
TRAVEL TRAINING, MYSTERY RIDER AND DISABILITY  
SENSITIVITY TRAINING**

**A PROPOSAL TO THE CITY OF GAINESVILLE, FL &  
THE REGIONAL TRANSIT SYSTEM (RTS)**

**Submitted by:**

**The Center for Independent Living of North Central Florida (CILNCF)  
222 SW 36th Terrace  
Gainesville, FL 32607  
352-378-7474**

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# The Center for Independent Living of North Central Florida

*Empowering people with disabilities to live independently!*

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



March 27<sup>th</sup>, 2017

Ms. Daphyne Sesco, Senior Buyer  
City of Gainesville  
General Government Purchasing  
200 East University Avenue, Room 339  
Gainesville, FL 32601

RE: Bid RFP NO. RTSX-180001-DS  
Cover Letter

Dear Ms. Sesco,

Enclosed, please find one original hard copy, 4 additional hard copies, and a USB flash-drive with an electronic PDF version of the bid proposal and all required attachments from The Center for Independent Living of North Central Florida (CILNCF).

Additionally, please find an original and five (5) copies of the Price Proposal.

The bid proposals from the CILNCF are in response to RFP NO. RTSX-180001-DS.

We look forward to continuing to serve The City of Gainesville and The Regional Transit System (RTS) with high quality ADA Paratransit Screening and related services.

Sincerely,

A handwritten signature in black ink, appearing to read "T Delisle", is written over a horizontal line.

Tony Delisle, PhD  
Executive Director  
Center for Independent Living of North Central Florida  
222 SW 36<sup>th</sup> Terrace  
Gainesville Fl. 32607  
352-378-7474  
[tdelisle@cilncf.org](mailto:tdelisle@cilncf.org)





**Issue Date:** February 1, 2017

*(Non) Mandatory Pre-Proposal Conference:*

**March 7, 2017 @ 9:00 a.m.**

**at Regional Transit System**

**34 SE 13<sup>th</sup> Road**

**Second Floor, Room 5264**

**Gainesville, Florida**

**Bid Due Date:** March 28, 2017 @ 3:00 p.m. local time

**REQUEST FOR PROPOSAL**

**RFP NO. RTSX-180001-DS**

**ADA ELIGIBILITY AND CERTIFICATION  
DETERMINATION, ETC.**

**Purchasing Representative:**

Daphne Sesco, Senior Buyer

Purchasing Division

Phone: (352) 334-5021

Fax: (352) 334-3163

Email: [sescoda@cityofgainesville.org](mailto:sescoda@cityofgainesville.org)

**City of Gainesville  
200 East University Avenue, Room 339 – Gainesville, Florida 32601**

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**CITY OF GAINESVILLE  
REQUEST FOR PROPOSALS FOR  
ADA ELIGIBILITY AND CERTIFICATION DETERMINATION, ETC.**

**SECTION I – REQUEST FOR PROPOSAL OVERVIEW & PROPOSAL PROCEDURES**

**RFP#: RTSX-180001-DS**

**Due Date: March 28, 2017**

**A. INTRODUCTION/BACKGROUND**

~~The City of Gainesville (hereafter "City") is requesting proposals from qualified providers to administer its paratransit eligibility and determination program, to travel train individuals to make use of the public bus service and provide mystery riders for both the fixed route and the paratransit service. Additionally, disability sensitivity training workshops will be held for employees of the CITY's Regional Transit System (RTS) upon request.~~

The Americans with Disability Act (ADA) of 1990 provided that any public transportation system operating fixed route service must provide accessible transportation for disabled individuals by:

- Making all fixed route vehicles accessible to persons with disabilities; and,
- Providing complementary ADA paratransit service for persons who are prevented from using the fixed route accessible service.

Through "travel training" an ADA eligible client can be trained to use the public bus fixed route service. ADA eligible clients ride free on the fixed route system; this incentive is provided in an effort to reduce rising ADA costs. RTS encourages public bus use for those trips in which public bus service can be utilized. Travel training is provided upon request and is also offered as a public service to the school system and nursing homes to encourage special education children and elders to use public transportation.

Currently an average of 116 applications is processed each month and 2,788 paratransit clients (2110 ambulatory, 678 wheelchair) are provided service each month.

**B. RFP TIME TABLE**

The anticipated schedule for the RFP and contract approval is as follows:

|  |                                       |
|--|---------------------------------------|
| RFP available for distribution               | February 1, 2017                      |
| (Non) Mandatory Pre-Proposal Conference      | March 7, 2017                         |
| Deadline for receipt of questions            | March 10, 2017                        |
| Deadline for receipt of proposals            | March 28, 2017 (3:00 p.m. local time) |
| Evaluation/Selection process                 | Week of April 3, 2017                 |
| Discussions/Oral presentations, if conducted | Week of April 17, 2017                |
| Best and Final Offer requested, if needed    | Week of April 17, 2017                |
| Best and Final Offer due, if needed          | Week of May 1, 2017                   |
| Anticipated award recommendation             | Week of May 15, 2017                  |
| Projected award date by City Commission      | July 2017                             |
| Projected contract start date                | October 1, 2017                       |

**C. PROPOSAL SUBMISSION**

One original and 4 copies (a total of 5) of the complete proposal must be received by March 28, 2017 at 3:00 p.m. local time at which time all proposals will be publicly opened. In addition, proposer should provide one (1) electronic copy of their proposal in PDF format on a CD or USB flash drive. Electronic document should not be password protected, encrypted, etc.

The original, all copies, and the separate sealed price envelope, if required, must be submitted in a sealed envelope or container stating on the outside the proposer's name, address, telephone number, RFP title, number and due date and delivered to:

City of Gainesville  
General Government Purchasing  
200 East University Avenue, Room 339  
Gainesville, Florida 32601

Hand-carried and express mail proposals may be delivered to the above address **ONLY** between the hours of 7:00 a.m. and 6:00 p.m., local time, Monday through Thursday, excluding holidays observed by the City.

Proposers are responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the required address information appears on the outer wrapper or envelope used by such service.

Any proposal received after 3:00 p.m. (local time), March 28, 2017 will not be considered and will be returned unopened.

Both the Technical Proposal and the Price Proposal, if required to be submitted in a separate envelope, must be signed by an officer of the company who is legally authorized to enter into a contractual relationship in the name of the proposer, and proposer(s) must affix their company's corporate seal to both Proposals. In the absence of a corporate seal, the Proposals must be notarized by a Notary Public.

The submittal of a proposal by a proposer will be considered by the City as constituting an offer by the Proposer to perform the required services at the stated fees.

**D. (NON) MANDATORY PRE-PROPOSAL CONFERENCE**

A (non) mandatory pre-proposal conference has been scheduled for Wednesday, 9:00 a.m. (local time) on March 7, 2017 at Regional Transit System, 34 SE 13<sup>th</sup> Road, Second Floor Room 5264, Gainesville, FL. At that time, prospective proposers or their representatives may discuss any questions pertaining to the project. Failure to attend this (non) mandatory pre-proposal conference will not disqualify proposers.

**E. CONTACT PERSON**

The contact person for this RFP is Daphne SESCO, Senior Buyer at (352) 334-5021 in Purchasing. Explanation(s) desired by proposer(s) regarding the meaning or interpretation of this RFP must be requested from the contact person, in writing, as is further described below.

To ensure fair consideration and consistent and accurate dissemination of information for all proposers, the City prohibits communication to or with any department, employee, or agent evaluating or considering the proposals during the submission process, except as authorized by the contact person.

During the blackout period as defined herein, except as pursuant to an authorized appeal, no person may lobby, as defined herein, on behalf of a competing party in a particular procurement process, City officials or employees except the purchasing designated staff contact in the purchasing division. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

The blackout period means the period between the issue date which allows for immediate submittals to the City of Gainesville Purchasing Department for an invitation for bid or the request for proposal, or qualifications, or information, or the invitation to negotiate, as applicable, and the time City officials and employees award the contract. Lobbying means when any natural person, for compensation, seeks to influence the governmental decision-making, to encourage the passage, defeat or modification of any proposal, recommendation or decision by City officials and employees, except as authorized by procurement documents.

**F. ADDITIONAL INFORMATION/ADDENDA**

Requests for additional information or clarifications must be made in writing no later than the date specified in the RFP Timetable. The request must contain the proposer's name, address, phone number, and facsimile number. Electronic facsimile will be accepted at (352) 334-3163.

Facsimiles must have a cover sheet which includes, at a minimum, the proposer's name, address, number of pages transmitted, phone number, and facsimile number.

The City will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the Proposal Due Date. Proposers should not rely on any representations, statements or explanations other than those made in this RFP or in any addendum to this RFP. Where there appears to be a conflict between the RFP and any addenda issued, the last addendum issued will prevail.

It is the proposer's responsibility to be sure all addenda were received. The proposer should verify with the designated contact persons prior to submitting a proposal that all addenda have been received. Proposers are required to acknowledge the number of addenda received as part of their proposals.

**G. LATE PROPOSALS, LATE MODIFICATIONS AND LATE WITHDRAWALS**

Proposals received after the Proposal Due Date and time are late and will not be considered. Modifications received after the Proposal Due Date are also late and will not be considered. Letters of withdrawal received after the Proposal Due Date or after contract award, whichever is applicable, are late and will not be considered.

**H. RFP POSTPONEMENT/CANCELLATION/WAIVER OF IRREGULARITIES**

The City may, at its sole and absolute discretion, reject any and all, or parts of any and all, proposals; re-advertise this RFP; postpone or cancel, at any time, this RFP process; or waive any irregularities in this RFP or in the proposals received as a result of this RFP.

**I. COSTS INCURRED BY PROPOSERS**

All expenses involved with the preparation and submission of proposals to the City, or any work performed in connection therewith shall be borne by the proposer(s). No payment will be made for any responses received, nor for any other effort required of or made by the proposer(s) prior to commencement of work as defined by a contract approved by the City Commission.

**J. ORAL PRESENTATION**

The City may require proposers to give oral presentations in support of their proposals or to exhibit or otherwise demonstrate the information contained therein.

**K. EXCEPTION TO THE RFP**

Proposers may take exceptions to any of the terms of this RFP unless the RFP specifically states where exceptions may not be taken. Should a proposer take exception where none is permitted, the proposal will be rejected as non-responsive. All exceptions taken must be specific, and the Proposer must indicate clearly what alternative is being offered to allow the City a meaningful opportunity to evaluate and determine if the proposal falls within the competitive range.

Where exceptions are permitted, the City shall determine the acceptability of the proposed exceptions and the proposals will be evaluated based on the proposals as submitted. The City, after completing evaluations, may accept or reject the exceptions. Where exceptions are rejected, the City may request that the Proposer furnish the services or goods described herein, or negotiate an acceptable alternative.

**L. TRADE SECRET AND/OR CONFIDENTIAL AND/OR PROPRIETARY INFORMATION**

All proposals (including all documentation and materials attached to proposals or provided in connection with this RFP) submitted to the City are subject to Florida's public records laws (i.e., Chapter 119, Florida Statutes), which requires disclosure of public records, unless exempt, if a public records request is made. Proposals (including all documentation and materials attached to



proposals or provided in connection with this RFP (even if in a separate envelope)) submitted to the City cannot be returned. The City will not consider proposals if the entire proposal is labeled a Trade Secret and/or Confidential and/or Proprietary.

If proposer believes that its proposal contains information that is a trade secret (as defined by Florida law) and/or information that is confidential and/or proprietary and therefore exempt from disclosure then such information must be submitted in a separate envelope and comply with the following requirements. In addition to submitting the information in a separate envelope, proposer must include a general description of the information designated as a trade secret and/or confidential and/or proprietary and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event a public records request.

The City does not warrant or guarantee that information designated by proposer as a trade secret and/or confidential and/or proprietary is a trade secret and/or confidential and/or proprietary and exempt from disclosure. The City offers no opinion as to whether the reference to the Florida statute or other law by proposer is/are correct and/or accurate. The City will notify proposer if a public records request is received and proposer, at its own expense, will have forty-eight (48) hours after receipt of such notice (email notice is acceptable notice) to file the necessary court documents to obtain a protective order.

~~Please be aware that the designation of information as a trade secret and/or confidential and/or proprietary may be challenged in court by any person or entity. By designation of information as a trade secret and/or confidential and/or proprietary proposer agrees to defend the City, its employees, agents and elected and appointed officials ("Indemnified Parties") against all claims and actions (whether or not a lawsuit is commenced) related to its designation of information as a trade secret and/or confidential and/or proprietary and to hold harmless the Indemnified Parties for any award to a plaintiff for damages, costs and attorneys' fees, and for costs and attorneys' fees (including those of the City Attorney's office) incurred by the City by reason of any claim or action arising out of or related to proposer's designation of information as a trade secret and/or confidential and/or proprietary.~~

Failure to comply with the requirements above shall be deemed as a waiver by proposer to claim that all additional information in its proposal is a trade secret and/or confidential and/or proprietary regardless if such information is labeled trade secret and/or confidential and/or proprietary. Proposer acknowledges and agrees that all information in proposer's proposal (not including information in Section L will be disclosed, without any notice to proposer, if a public records request is made for such information.

Please be advised that proposer's proposal, including the information submitted in a separate envelope in accordance with the requirements set forth in this Section L, will be distributed to the Evaluation Committee members, City staff and City Consultants to allow proposer's entire proposal, including the information submitted in a separate envelope, to be evaluated and considered for award of this Contract. The entire contents of Proposer's proposal, including the information submitted in a separate envelope, may be discussed at meetings that are open to the public, subject to the requirements set forth in Chapter 286, Florida Statutes. In the event a public records request is received the City will notify Proposer and Proposer, at its own expense, will have forty-eight (48) hours after receipt of such notice (e-mail notice is acceptable notice) to file the necessary court documents to obtain a protective order.

## **M. QUALIFICATIONS OF PROPOSERS**

As a part of the Proposal evaluation process, City may conduct a background investigation of proposer, including a record check by the Gainesville Police Department. Proposer's submission of a Proposal constitutes acknowledgment of the process and consent to such investigation.

No proposal shall be accepted from, nor will any contract be awarded to, any proposer who is in arrears to City upon any debt, fee, tax or contract, or who is a defaulter, as surety or otherwise, upon any obligation to City, or who is otherwise determined to be irresponsible or unreliable by City.

If Proposer is determined to be irresponsible or unreliable, City will notify Proposer of its finding, including evidence used, and allow proposer an informal hearing and the opportunity to come into compliance within three business days of notification.

## **N. NEGOTIATIONS**

The City may award a contract on the basis of initial offers received, without discussions. Therefore, each initial offer should contain the proposer's best terms from a cost or price and technical standpoint.

The City reserves the right to enter into contract negotiations with all proposers who fall within the competitive range (refer to Section IV – Evaluation Criteria and Procedures for more information).

**O. RIGHTS OF APPEAL**

Participants in this RFP solicitation may protest RFP specifications or award in accordance with Section 41-580 of the City of Gainesville’s Financial Services Procedures Manual.

**P. RULES; REGULATIONS; LICENSING REQUIREMENT**

The proposer shall comply with all laws, ordinances and regulations applicable to the services contemplated herein, including those applicable to conflict of interest and collusion. Proposers are presumed to be familiar with all Federal, State and local laws, ordinances, codes and regulations that may in any way affect the services offered.

**Q. REVIEW OF PROPOSALS**

Each proposal will be reviewed to determine if the proposal is responsive to the submission requirements outlined in the RFP. A responsive proposal is one which follows the requirements of the RFP, includes all required documentation, is submitted in the format outlined in the RFP, is of timely submission, and has the appropriate signatures as required on each document. Failure to comply with these requirements may deem your proposal non-responsive.

**R. LIVING WAGE**

- This contract is a covered service. (See Living Wage Decision Tree - Exhibit C attached hereto)
- This contract is **not** a covered service.

The Living Wage ordinance, Ordinance 020663, as amended at Ordinance 030168, and as shown on the City’s web page, applies to certain contracts for specific “Covered Services,” which the City has determined may include services purchased under this Contract, depending upon the cost/price of the contract awarded. A copy of the ordinance, as amended, will be attached to and made a part of the executed contract. Bidders/Proposers should consider the effect/cost of compliance, if any, with the requirements of the Living Wage Ordinance if the services purchased are “Covered Services”, the prime contract amount exceeds the threshold amount, the bidder/proposer meets the definition of Service Contractor/Subcontractor (and is not otherwise excluded from the application of the ordinance) and the ordinance provisions, which are incorporated herein, apply to any Covered Employees.

If applicable, the adjusted Living Wage for this contract will be \$\_\_\_\_\_ per hour (Living Wage with Health Benefits) or \$\_\_\_\_ per hour if Health Benefits are not offered.

If applicable, a successful Service Contractor/Subcontractor shall be required to execute the certification, attached as Exhibit B hereto, prior to the City executing the contract. Once executed, such certification will become part of the contract; however, failure to sign such certification will prevent execution of the contract, may result in forfeiture of any applicable bid or proposal bond, and could result in other adverse action.

During the performance of this contract, the Contractor agrees as follows:

- (1) The Contractor shall comply with the provisions of the City of Gainesville’s living wage requirements, as applicable. Failure to do so shall be deemed a breach of contract and shall authorize the City to withhold payment of funds until the living wage requirements have been met.
- (2) The Contractor will include the provision of (1) above in each subcontract for Covered Services with a Service Contractor/Subcontractor, as defined herein, so that the provisions of (1) above will be binding upon each such Service Contractor/Subcontractor. The Contractor will take such action with respect to any such subcontract as may be directed by the contract administrator as a means of enforcing such provisions; provided, however, the City shall not be deemed a necessary or indispensable party in any litigation between the contractor and a subcontractor concerning compliance with living wage requirements.

**S. RECORDS/AUDIT**

Contractor shall maintain records sufficient to document their completion of the scope of services established by this Contract. These records shall be subject at all reasonable time to review, inspect, copy and audit by persons duly authorized by the City. These records shall be kept for a minimum of three (3) years after completion of the Contract. Records which relate to any litigation, appeals or

settlements of claims arising from performance under this Order shall be made available until a final disposition has been made of such litigation, appeals, or claims.

**T. INVESTIGATION OF ALLEGED WRONGDOINGS,  
LITIGATION/SETTLEMENTS/FINES/PENALTIES**

The City Commission specifically requests that responders to this document indicate in writing any investigations of wrongdoings, litigation and/or settlements, and fines or penalties (anywhere in the U.S) involving the Contractor and specific Contractors listed as projected to provide services to the City. You may be required to respond to questions on this subject matter.

**U. DISCRIMINATION PROHIBITION**

No person shall, on the grounds of race, sex, age, handicap, creed, color, national origin or sexual orientation, be refused the benefits of, or be otherwise subjected to, discrimination under any activities resulting from this RFQ.

**V. ART IN PUBLIC PLACES**

In 1989, the City of Gainesville adopted an ordinance (Art in Public Places) requiring that, "each appropriation for the original construction or major renovation of a local government building which provides public access shall include an amount of at least one (1) percent of the total appropriation for the construction or major renovation of the building to be used for the acquisition of art". Compliance with the Art in Public Places ordinance is required for this project and will require coordination between the Contractor, architect and an artist. A copy of the ordinance is available upon request.

**W. DAVIS-BACON**

It will be the responsibility of the contractor to check with the department project manager to determine if compliance with the Davis Bacon Act and the DOL regulations are required.

## **SECTION II – SCOPE OF SERVICES**

### **A. INTENT**

It is the intent of the City of Gainesville to obtain proposals for a contractor to administer its paratransit eligibility and determination program and to “travel train” individuals to use the public bus system and act as a mystery rider on the fixed route and paratransit transportation (currently provided under contract by MV Contract Transportation, Inc.) to ensure compliance with the ADA. Additionally, disability sensitivity training workshops will be held for employees of the City’s Regional Transit System.

### **B. MINIMUM REQUIREMENTS**

- A. Shall have a minimum five years’ experience of conducting physical, mental and/or cognitive screenings with clients who have varying degrees of disability.
- B. Shall maintain appropriate staffing levels with experience in the treatment of cognitively impaired individuals with a rehabilitation focus and other qualified staff.
- C. Will have a facility with adequate office space, including waiting area, individual interview rooms to ensure confidentiality, and a space sufficient to accommodate the anticipated volume of applicants and the protocols outlined.
- D. Shall have the ability to provide client with: sign language interpretation, Braille interpretation, large print type, communication board, voice amplification, and TDD (telecommunications display device) as may be required.
- E. Will have personnel available to ride the fixed route to provide travel training and mystery rider reports to RTS on both the fixed route and the paratransit system.

## SECTION III – PROPOSAL FORMAT

Instructions to proposers: Proposals must contain each of the below enumerated documents, each fully completed, signed, and notarized as required. Proposals submitted which do not include the following items may be deemed non-responsive and may not be considered for contract award.

### A. FORMAT AND CONTENTS OF PROPOSAL

#### 1. Table of Contents

The table of contents should outline in sequential order the major areas of the proposal, and all pages of the proposal, including the enclosures, must be clearly and consecutively numbered and correspond to the table of contents.

#### 2. Technical Proposals

The technical proposal is a narrative which addresses the scope of work, the proposed approach to the work, the schedule of the work, and any other information called for by the RFP which the proposer deems relevant.

#### 3. Price Proposal

The price proposal is a presentation of the proposer’s total offering price including the estimated cost for providing each component of the required goods or services.

Proposers should indicate the dollar amount which will be attributed to each sub-contractor, if any.

If a prescribed format for the price proposal is appended, proposers must use it; otherwise, proposers may use formats of their choice.

#### 4. Qualifications

The response to the minimum qualification requirements contained below is a list of the minimum qualification requirements prescribed for the RFP. Proposers must provide documentation which demonstrates their ability to satisfy all of the minimum qualification requirements. Proposers who do not meet the minimum qualification requirements or who fail to provide supporting documentation will not be considered for award. If a prescribed format or required documentation for the response to minimum qualification requirements is stated below, proposers must use said format and supply said documentation.

### B. QUALIFICATIONS/STATEMENT OF QUALIFICATIONS

Proposer must provide information concerning proposer experience, qualifications and experience of staff designated for the responsibility, demonstration of capacity of proposer to provide service to anticipated client base, location and description of facility or facilities that will be used. Non-profit status under Florida Statute Chapter 617 preferred although not required.

Proposer shall have a minimum of five years’ experience in conducting physical, mental and/or cognitive screenings with clients who have varying degrees of disability and an understanding of how the disability affects a person’s ability to access the fixed route bus, i.e., conditions that affect a person’s ability to walk, stand and navigate a transportation system.

Proposer shall include references from at least three different clients that same or similar services have been provided. Government or Transit Authority preferred although not required.

Include a contact name with telephone number, address, (and email, if available) location (where) of same or similar service and time period (dates) same or similar service is being/has been provided.

Proposer must demonstrate that appropriate staffing levels with experience in the treatment of cognitively impaired individuals, preferably with a rehabilitation focus, can be provided.

Proposer shall have the ability to provide: sign language interpretation, Braille interpretation, large print type, communication board, voice amplification, and TDD (telecommunications display device).

Proposer should include building floor plan showing adequate office space, including waiting area, individual interview rooms to ensure confidentiality, and a space to accommodate the anticipated volume of applicants and the protocols outlined.

Include address of addresses of facilities proposed to provide the services.

Proposer shall have the ability to provide office equipment, supplies, and tools necessary to operate and for staff to properly perform their duties (i.e., camera, stock cards, and laminating pouches to produce identification cards for eligible clients).

**A. EVALUATION CRITERIA**

**1.0 SELECTION AND EVALUATION CRITERIA**

Proposals will be evaluated in accordance with the procedures described in the City's Professional Services Evaluation Handbook, except that the criteria listed below (in order of relative importance) will be used in place of those set forth in the handbook. The proposals will be evaluated in four stages: Technical Qualifications Evaluation, Written Proposal Evaluation and/or Presentation/Interview Evaluation, and Other Factors as deemed appropriate. The City shall consider the ability of the firm's professional personnel, willingness to meet time and budget requirements, workload, location, past performance, volume of previous work with the City, and location. The Evaluation process provides a structured means for consideration of all these areas.

Criteria:

- 1) Price
- 2) Qualifications/Experience
- 3) Project Manager and Team
- 4) Understanding of Project
- 5) ADA Requirements (Rules)
- 6) Facility/Program Operations

**1.1 Technical Qualifications Evaluation**

The Technical Qualifications Evaluation will assess each responding firm's ability based on experience and qualifications of key team members, the firm's capability of meeting time and budget requirements, and the firm's record with regard to this type of work, particularly in the City of Gainesville or in the State of Florida. This stage does not involve review and evaluation of a proposal addressing the project scope of work. Consideration will be given to the firm's current workload, financial stability, and the location where the majority of the technical work will be produced. The City will not be impressed with excessive amounts of boilerplate, excessive numbers of resumes, excessive length of resumes, excessive numbers of photographs, work that distant offices have performed, or work not involving personnel to be assigned to the proposed project.

**1.2 Written Proposal Evaluation**

The Written Proposal Evaluation will assess the firm's understanding of the project and the proposed approach to be undertaken as addressed in a written proposal. The evaluation process will assess how effectively the requirements of the scope of services have been addressed. The written proposal should identify a project manager and other key members of the project/service team. It should relate the capabilities of the project/service team to the requirements of the scope of services.

**1.3 Presentation/Interview Evaluation**

The Proposal Presentation/Interview Evaluation is based on an oral presentation that addresses both the technical qualifications of the firm and the approach to the project. Importance is given to the firm's understanding of the project scope of work, the placement of emphasis on various work tasks, and the response to questions. The evaluation process will assess the project manager's capability and understanding of the project and his/her ability to communicate ideas. The role of key members of the project/service team should be established based on the scope of services and the firm's approach to the project/service. The role of any subcontracted firm in the proposal should be clearly identified. Unique experience and exceptional qualifications may be considered with emphasis on understanding of the project/service, particularly "why it is to be done" as well as "what is to be done." The City of Gainesville will not be impressed with excessive boilerplate, excessive participation by "business development" personnel, and the use of "professional" presenters who will not be involved in the project or future presentations.

**1.4 Other factors**

The Other Factors to be considered, based upon the specific project (but not limited to), are those items, such as Disadvantaged Business Entity use, if applicable. Fee proposals, when requested and deemed appropriate, are also to be considered in the evaluation process, where the request for such fees is in accordance with the City's Purchasing Policies and Procedures.

**B. SELECTION PROCESS**

The contractor(s) will be selected from the qualified vendors submitting responses to this Request for Proposals. The selection process will be as follows:

1. Evaluators consisting of staff will review the written proposals. The evaluation process provides a structured means for consideration of all proposals.
2. Proposers in the competitive range (those proposals which have a reasonable chance of being selected for award) will be required to furnish proof to the City that they comply with the specifications.
3. The City will make the award to the responsive and responsible proposer whose proposal is most advantageous to the City with price and other factors considered. In determining which proposal is most advantageous, the City may award on a "best value" basis to the proposer whose proposal offers the greatest value to the City based upon an analysis of a tradeoff of qualitative technical factors and price/cost.
4. All proposals will be evaluated to determine those which fall into the competitive range (those proposals which have a reasonable chance of being selected for award) of which discussions/negotiations and/or oral presentations may be requested. After determining which proposers are in the competitive range, the City may conduct negotiations with those proposers to discuss any deficiencies in their proposal and to ensure that the proposers fully understand all the requirements of this RFP. Should discussions/negotiations occur, the City may issue to those proposers remaining in the competitive range an invitation to submit a revised proposal or, if negotiations are complete, a Best and Final Offer (BAFO). The BAFO will reflect the proposer's final cost/price proposal to the City based on all the clarifications to the proposed Scope of Work included in the oral presentation and/or negotiations. Any additional costs associated either with the negotiation of completion/submission of revised proposals and/or BAFO submittals are to be made at no cost to the City.
5. Best and Final offers will be evaluated as an adjustment to the scores already awarded by the evaluation committee on their original proposal response. If a proposer does not submit a BAFO, then its immediate previous offer will be considered as its BAFO.
6. The proposer whose BAFO is accepted as the most advantageous to the City may be presented to the City Commission for their approval, if so required.



## SECTION V – GENERAL PROVISIONS

### A. CONTRACT AWARD

The award(s), if any, shall be made to the proposer(s) whose proposal(s) shall be deemed by the City to be in the best interest of the City. The decision of the City of whether to make the award(s) and which proposal is in the best interest of the City shall be final.

The Contract to be entered into with the successful proposer will designate the successful proposer as the City’s Contractor and will include, but not be limited to, the following terms and conditions.

### B. GENERAL TERMS AND CONDITIONS

Following are the General Terms and Conditions, supplemental to those stated elsewhere in the Request for Proposals, to which the Vendor must comply to be consistent with the requirements for this Request for Proposals. Any deviation from these or any other stated requirements should be listed as exceptions in a separate appendix of the proposal.

1. **Public Entity Crimes.** Section 287.133 (2)(a), Florida Statutes, contains the following provisions: “A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity, in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.”
2. **Tie Bids.** Whenever two or more bids which are equal with respect to price, quality and service are received, preference shall be given in the following order: (1) Bidders submitting the attached Drug-Free Workplace form with their bid/proposal certifying they have a drug free workplace in accordance with Section 287.087, Florida Statutes; (2) Bidders located within the City of Gainesville, if not subject to the Local Preference Ordinance; (3) Bidders located within Alachua County; and (4) Bidders located within the State of Florida. In the case where Federal funds are being utilized, articles 2,3 and 4 will not apply.
3. **Drugfree Workplace.** Preference shall be given to submitters providing a certification with their qualifications certifying they have a drug-free workplace whenever two or more bids which are equal with respect to price, quality, and service are received in accordance with Section 287.087, Florida Statutes. The attached form should be filled out and returned with the qualifications in order to qualify for this preference.
4. **Indemnification.** The Contractor shall agree to indemnify and save harmless the City, its officers, agents, and employees, from and against any and all liability, claims, demands, fines, fees, expenses, penalties, suits, proceedings, actions and costs of action, including attorney’s fees for trial and on appeal, of any kind and nature arising or growing out of or in any way connected with the performance of the contract whether by act or omission or negligence of the Contractor, its agents, servants, employees or others, or because of or due to the mere existence of the Contract between the parties.
5. **Insurance.** Contractor shall provide proof of insurance in an amount as noted below:

Worker’s Compensation Insurance providing coverage in compliance with Chapter 440, Florida Statutes.

Public Liability Insurance (other than automobile) consisting of broad form comprehensive general liability insurance including contractual coverage \$1,000,000 per occurrence (combined single limit for bodily injury and property damage).

The City shall be an additional insured on such Public Liability Insurance and the Contractor shall provide copies of endorsements naming the City as additional insured.

Automobile Liability Insurance

Property Damage \$500,000 per occurrence (combined single limit for bodily injury and property damage).

The Contractor shall furnish the City a certificate of insurance in a form acceptable to the City for the insurance required. Such certificate or an endorsement provided by the Contractor must state that the City will be given thirty (30) days' written

notice (except the City will accept ten (10) days written notice for non-payment) prior to cancellation or material change in coverage.

6. Sovereign Immunity. Nothing in the executed contract shall be interpreted that the City waives its sovereign immunity granted under Section 768.28, Florida Statutes.
7. Term. The term of the contract will be October 1, 2017 through September 30, 2022, subject to funding in subsequent fiscal years.

The obligations of the City as to any funding required pursuant to this Agreement shall be limited by an obligation in any given year to budget and appropriate from legally available funds, after monies for essential City services have been budgeted and appropriated sufficient monies for the funding that is required during that year. Notwithstanding the foregoing, the City shall not be prohibited from pledging any legally available non-ad valorem revenues for any obligations heretofore or hereafter incurred, which pledge shall be prior and superior to any obligation of the City pursuant to this Agreement.

8. Termination. The contract will provide termination in accordance with Section VI. G.I.11, below.
9. Applicable Law. The contract and the legal relations between the parties hereto shall be governed and construed in accordance with the laws of the State of Florida, except for its conflict of law's provisions. Venue in the courts of Alachua County, Florida.
10. Joint Bidding/Cooperative Purchasing Agreement. All bidders submitting a response to this invitation to bid agree that such response also constitutes a bid to all State Agencies and Political Subdivisions of the State of Florida under the same terms and conditions, for the same prices and the same effective period as this bid, should the bidder deem it in the best interest of its business to do so. This agreement in no way restricts or interferes with any State Agency or Political Subdivision of the State of Florida to rebid any or all items.
11. Independent Contractor. The Contractor shall be considered an independent contractor and as such shall not be entitled to any right or benefit to which City employees are or may be entitled to by reason of employment. Except as specifically noted in this RFP and the contract documents, Contractor shall be solely responsible for the means, method, techniques, sequences, and procedures utilized by the Contractor in the full performance of the contract.
12. Subcontractors. All successful contractors specific to construction in the amount of \$300 thousand or more to include material suppliers shall be required to provide information of subcontractors in addition to sub and sub subcontractors prior to final payment under the contract.
13. Florida Public Records Act.

Florida has a very broad public records law and certain records of a contractor may be considered public records. Accordingly, by entering into an agreement with the City, contractor must:

1. Keep and maintain public records required by the public agency to perform the service.
2. Upon request from the public agency's custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.
3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the public agency.
4. Upon completion of the contract, transfer, at no cost, to the public agency all public records in possession of the contractor or keep and maintain public records required by the public agency to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (MILLIE CRAWFORD, 352-393-7826, CRAWFORDMA1@CITYOFGAINESVILLE.ORG, AND PO BOX 490, STATION 5, GAINESVILLE, FL 32627).**

## SECTION VI – TECHNICAL SPECIFICATIONS

### A. SCOPE

- 1.1 The provisions contained in this section are intended to be cooperative with, to supplement, or to modify instructions to Bidders, Special Provisions and General Conditions and, in case of any conflict with such sections, the intent of any and all Technical Specifications shall govern.
- 1.2 The City of Gainesville (City) is seeking a qualified company (Contractor) to administer its paratransit eligibility and determination program, to travel train individuals to make use of the public bus service and provide mystery riders for both the fixed route and the paratransit service. For those customers deemed able to be travel trained, said training will be provided upon request. Additionally, disability sensitivity training workshops will be held for employees of the City's Regional Transit System (RTS) upon request.
- 1.3 The City will provide promotional materials (e.g. brochure or flyer), as required, for distribution to the public regarding paratransit, regulations governing ADA paratransit and explaining availability of main bus service.
- 1.4 The chosen company will act as a partner with the City to provide excellent customer service to ADA Clients from Gainesville and Alachua County.

**The awarded Contractor must be able to be in operation by October 1, 2017.**

- 1.5 Information must be provided concerning Contractor experience, qualifications and experience of staff designated for the responsibility, demonstration of capacity of Contractor to provide service to anticipated client base, location and description of facility or facilities that will be used.
- 1.6 Interested proposers are required to submit inclusive quotes for eligibility and determination, travel training, mystery rider and disability sensitivity training. It is the intent of the City to award one contract to a single proposer. The decision of the City of whether to make the award and which proposal is in the best interest of the City shall be final.
- 1.7 The contract is for a five-year period, with the possibility after year three, a rate increase can be applied for that is no more than the CPI for the Southeastern United States.

### B. BACKGROUND

- 1.1 The Americans with Disabilities Act (ADA) of 1990 provided that any public transportation system operating fixed route service must provide accessible transportation for disabled individuals by:
  - Making all fixed route vehicles accessible to persons with disabilities; and,
  - Providing complementary ADA paratransit service for persons who are prevented from using the fixed route accessible service.
- 1.2 The Contractor shall be responsible for:
- 1.3 Assigning a Project Manager who will act as liaison between the City and Contractor; there can be more than one (1) Project Manager assigned to this contract as long as all are versed in the requirements of the contract when contacted. At least one (1) Project Manager should be available during normal business hours (8:00 a.m. to 5:00 p.m., Monday through Friday, excluding City recognized holidays) or available to be consulted by phone, email or in person with City staff if clarification is required.
- 1.4 Project Manager shall have at least five years of experience in screening cognitively impaired individuals. An individual with rehabilitation focused experience is preferred although not required.
- 1.5 Termination or resignation of Project Manager shall require twenty-four (24) hours' notice to the City of the termination or resignation.

- 1.6 Contractor will be responsible for filling the position with temporary or permanent help so that no loss of scheduled time occurs. The City will be provided the name and credentials of the temporary or permanent Project Manager. #160968D

### **C. ELIGIBILITY AND CERTIFICATION DETERMINATION**

- 1.1 Strict implementation of eligibility is required by the ADA in order to preserve the civil rights of individuals with disabilities. Since the inception of the City's ADA Program in 2000, a two-step "self-identification with professional verification" process has been used to determine ADA eligibility.
- 1.2 Contractor will provide qualified staff to conduct ADA paratransit eligibility screening to include interviews; physical, mental, and/or cognitive assessment; written determination of eligibility; and appeal hearing testimony. Staff should be experienced in assisting cognitively impaired individuals with reading, understanding and completing the ADA Paratransit Application form. Contractor staff will assure complete confidentiality of all personal and/or medical information collected during the application process.
- 1.3 Contractor will provide physical facilities, office space, individual interview rooms to ensure confidentiality, and/or classrooms sufficient to accommodate the anticipated volume of applicants and the protocols outlined.
- 1.4 City will provide client transportation to and from the interview location.
- 1.5 Off-site ADA eligibility determinations may be more feasible for certain applicants, i.e. an applicant is preparing for discharge from a medical facility or multiple applicants at one (1) location such as a nursing home. The City will not be responsible for any costs associated with transporting the Contractor to the off-site location.
- 1.6 Contractor will provide the computer, office equipment, supplies, and tools necessary to operate and enough staff to properly perform their duties to comply with the requirements of this contract (i.e. but not limited to the afore mentioned equipment and supplies to make ID cards such as camera, stock cards, and laminating pouches to produce proper identification cards for eligible customers).
- 1.7 City will have the right to observe, at any time, the eligibility determination protocols, methods and scoring systems, and/or other records relating to the provision of services under this contract. In addition, the City reserves the right to observe the Contractor staff conducting ADA eligibility screening or any of the services to be performed under this Agreement.
- 1.8 Contractor shall maintain client applications, determinations and all related information which here after will be referred to as the Client File. The Client File is the property of the City and shall be made available upon request and/or upon contract termination.
- 1.9 Contractor shall maintain the ADA eligibility database, referred to as "Big Mama", and provide an electronic copy in an acceptable format to the City monthly. The Contractor will compile and organize the original Client File with all forms completed and a decision recorded. The City and the paratransit trip provider will receive a letter of applicants approved for ADA eligibility at least weekly. In addition, upon request a client list shall be provided to the City indicating those clients whose disability is such that their condition will not improve if the Contractor decides to do five (5) year certifications.
- 1.10 The Database should denote Triennial Review of clients who have the potential for their health conditions to improve or change, effecting ADA eligibility. For the clients whose disability will not improve the contractor can at their discretion perform the update for those clients either every three (3) years or every five (5) years. Should the Contractor decide to use the five (5) year certification then a list will be maintained of those clients and provided monthly or upon request to the City.
- 1.11 Contractor shall schedule eligibility appointments for Triennial review of ADA certification. Applicants must be booked for an appointment within two (2) weeks of the initial call to the Contractor to schedule the appointment. Contractor will notify visually impaired clients at least one (1) month before expiration of their ADA certification requiring a Triennial review.
- 1.12 Contractor will have available auxiliary aids and service at its facilities, when necessary. Clients shall be provided such disability-related auxiliary aids and services as they may require. These aids and services may include but are not limited to:
- a) Sign language interpretation
  - b) Braille interpretation

- c) Large print type
- d) Communication board
- e) Voice amplification
- f) TDD (telecommunications display device)

- 1.13 Clients referred for evaluation could possibly have some degree of physical, cognitive and/or mental disability. Contractor staff will assure complete confidentiality of all personal and medical records of clients, and provide eligibility criteria that are equal and non-discriminatory.
- 1.14 Contractor shall have policies and procedures in place to respond to any emergencies (i.e. medical emergency, fire evacuation and seizure management, etc.) as may arise. The City will not be responsible for any costs associated with implementation of such policies and procedures above those included in the contracted service price.
- 1.15 City will provide Contractor a copy of RTS policies and procedures. The City will also advise Contractor staff on any questions regarding RTS policies and procedures which shall be communicated to clients. City/Contractor advisement will be coordinated at an agreed upon time and location.
- 1.16 The Contractor shall review the maximum combined weight limit information with the client. Combined weight limit cannot exceed 600 lbs. and includes Client and equipment (chair and scooter) and belongings (oxygen tanks, carry-on bags of any kind). If a client weighs more than 600 lbs combined with a wheelchair they will be advised that the fixed route cannot accommodate them and they should plan to use paratransit. If the client combined with a wheelchair exceeds 800 lbs. then neither paratransit nor the fixed route can accommodate them and they need to make other arrangements. This is a safety issue since none of our lifts or low floor buses are rated to lift or load more than 800 lbs.

#### **D. ADA ELIGIBLE TRAVEL TRAINING**

- 1.1 Through travel training, an ADA eligible passenger can be trained to use the public bus fixed route system. ADA eligible customers ride free on the fixed route system; this incentive is provided in an effort to reduce rising ADA paratransit costs. RTS encourages public bus use for those trips in which public bus system can be utilized. Travel training is provided upon request and is also offered as a public service to the school system and nursing homes to encourage special education children and elders to use public transportation.
- 1.2 City shall provide ongoing reviews of the Contractor processes and procedures to assure it continues to meet the needs of the client and compliance with the ADA.
- 1.3 City reserves the right to review any Contractor recommendations of a client's training in advance and may determine that an individual client should receive more or less training than recommended, individual or group.
- 1.4 The Contractor will be responsible upon request for providing destination based travel training to ADA eligible clients who are deemed trainable for the public bus service.
- 1.5 Contractor will provide travel training staff responsible for conducting destination based travel training services to include initial interviews, training need determination, individual training plan, and any combination of group, peer, classroom, facilitated small group travel, or one on one field training that may be reasonably necessary to permit qualified clients to transition into the use of the fixed route bus service.
- 1.6 Contractor travel trainer staff should have experience in training of cognitively impaired individuals. Contractor staff members who perform services shall be aware that applicants referred for training could possibly have some degree of physical, cognitive and/or mental functional disability. Travel training staff shall have experience training similar clients, and shall be sensitive to and able to respond positively to the specific situations this may be incurred.
- 1.7 Contractor will provide ADA accessible physical facilities, office space, and classrooms sufficient to accommodate the anticipated volume of applicants.
- 1.8 Contractor should make available equipment adequate for:
  - a) A slide presentation used to assess bus route identification and other abilities.

- b) A phone to be used by the applicant to test the ability to obtain bus schedule information, using either a standard phone or TDD as required.
- c) Route finding in which applicants will be asked to find their way to a location in another department or building, and back again.
- d) Scale sufficient to weigh a wheelchair with a person seated.
- e) Enough computers to show students the trip planner available on the RTS website and how to plan a trip using the planner.

1.9 The City will perform ongoing reviews of the screening and travel training process to assure it continues to meet the needs of the client and compliance with the ADA. The City will provide reasonable notice of not less than seven (7) days of changes to any reports, testing protocols or documentation requirements.

1.10 Contractor staff will cooperate with City representatives on all reasonable requests, including participation in developing or designing new programs, procedures or protocols, or to provide useful documentation on non-compliant ADA bus stops.

1.11 City will have the right to observe, at any time, the travel training protocols or methods, and/or any records relating to the provision of services under this contract. In addition, the City reserves the right to observe the Contractor staff conducting ADA travel training or any of the services to be performed under this Agreement.

1.12 Contractor shall maintain a client file of individuals who have had travel training. The minimum information requirements the file should have is: when the client was trained, who trained the client and how many hours of training was provided. The client file is the property of the City and shall be made available upon request and/or upon contract termination.

1.13 Clients referred for travel training will have some degree of physical, cognitive and/or mental disability. Contractor staff should be able to work with these clients and know which training technique will be most effective when working with a specific disability.

1.14 Contractor shall have policies and procedures in place to respond to any emergencies (i.e. medical emergency, fire evacuation and seizure management, etc.) as may arise. The City will not be responsible for any costs associated with implementation of such policies and procedures above those included in the contracted service price.

1.15 All travel training will be geared towards safety and security for the client while traveling on the public bus. Specific areas of training will include developing proficiencies of rider to:

a. Classroom topics should include but are not limited to:

- |  |  |
|--|--|
| - Self-confidence as a rider                                   | - Obtaining and reading bus schedules      |
| - Reading maps   | - Route hours of operation                 |
| - Planning a trip  | - Transfers                                |
| - Requesting an accommodation                                  | - Personal Safety                          |
| - Communicating with drivers                                   | - Rules and regulations                    |
| - Bus cards and passes   | - Getting to and from a bus stop           |
| - Grievances   | - How to use Google Transit Trip Planner   |
| - Plan routes by phone and/or route maps                       | - Rights and responsibilities of the rider |
| - Maneuvering with chairs, braces, scooters, dogs, canes, etc. |  |

b. Field travel training sessions on the fixed route public transportation wherein participants will travel on escorted and unescorted trips should include but are not limited to:

- |                                    |  |
|------------------------------------|--|
| - Identify the correct bus         | - Orientating self, point of reference |
| - Locate stops                     | - Paying fare                          |
| - Make transfers                   | - Requesting accommodations            |
| - Understand timing issues         | - Follow verbal and map directions     |
| - Access bus stop from trip origin | - Board vehicle                        |
| - Locate seat and ride             | - Request stop                         |
| - Depart bus                       | - Arrive at destination                |

- Return to origin
- Retain and use information to navigate the bus system
- Acceptable rider behavior
- Using Google transit to plan and execute a trip

- 1.16 City will provide courtesy passes, upon request, for use on the fixed route for the Contractor travel trainer and clients involved in training.
- 1.17 Travel training appointments shall be scheduled for clients within two weeks of original notification.
- 1.18 Contractor staff will assure complete confidentiality of all personal and medical records of clients, and provide evaluations and travel trainings that are equal and non-discriminatory.

**E. MYSTERY RIDER PROGRAM**

- 1.1 Mystery Riders are individuals who ride either the Fixed Route buses or the paratransit vehicles and report back to the contractor, who in turns reports to RTS, if ADA stop announcements were properly made, the cleanliness of the bus, driver courtesy, timeliness of the route and any observations of the rider might provide to make travel on the RTS system pleasant.
- 1.2 When conducting travel training the trainer will ensure the fixed route drivers are adhering to ADA requirements, such as stop announcements and proper securing of mobility devices. The bus number, route, time of day, and description of driver will be provided and a report submitted within 24 hours of the ride.
- 1.3 When travel training is not requested mystery rider trips will be accomplished monthly on both the fixed route and the paratransit service. A minimum of five (5) hours a month of monitoring will be accomplished, preferably 2.5 hours on each system.

**F. DISABILITY SENSITIVITY TRAINING WORKSHOP**

- 1.1 Information about various disabilities and the opportunity to challenge long-held misconceptions will be provided to employees of the City’s Regional Transit System (RTS) through Disability Sensitivity Training Workshops (Workshop). It is the City’s intent to provide RTS employees first time or refresher disability sensitivity training annually.
- 1.2 City shall provide ongoing reviews of the Workshop content and material process to assure it continues to meet the needs of the RTS employees. City will provide reasonable notice of not less than seven (7) days of changes to any reports, testing protocols or documentation requirements.
- 1.3 The Proposer will make the following available for this program:

The Contractor will provide or arrange for the use of a facility (room) for the Training Workshop. Facility should include at a minimum fully accessible facilities to include: privacy to ensure confidentiality, restrooms, all materials and handouts necessary to accomplish the necessary training.

All Workshops will be geared towards safety and security for both the RTS employee and the ADA rider while traveling on the public bus. Specific areas of training will include developing awareness and sensitivity to the needs of the ADA rider to:

- Identify vehicles
- Negotiate payments
- Understand timing issues
- Access bus stop from trip origin
- Locate seat and ride
- Depart bus
- Return to origin
- Board vehicle—Raising and lowering bus on request
- Plan routes by phone and/or route maps
- Follow verbal and map directions
- Retain and use information to navigate the bus system
- Helping Manual Wheelchairs board the bus
- Locate stops
- Make transfers
- Service animals
- Talking bus
- Request stop
- Arrive at destination



- 1.4 Workshop instructor will have at least three (3) years of experience in disability sensitivity training. Instructor should be a person with or who is accustomed to working with persons with disabilities.
- 1.5 Workshop instructor will cooperate with the City representatives on all reasonable requests, including participation in developing or designing new programs, procedures or protocols.
- 1.6 Contractor will provide office equipment, supplies, and tools necessary for staff to properly perform Workshops.
  - a. Handouts and other materials appropriate for activities
  - b. Certificate for participants upon completion of Workshop

## **G. FEDERAL TRANSIT ADMINISTRATION (FTA) REQUIREMENTS**

***STATEMENT OF FINANCIAL ASSISTANCE. This solicitation or contract will be funded in whole or in part by the U.S. Department of Transportation, Federal Transit Administration.***

### **The following requirements are applicable for this solicitation:**

- 1.1 No Government Obligation to Third Parties  
 The Recipient and Contractor acknowledge and agree that, notwithstanding any concurrence by the Federal Government in or approval of the solicitation or award of the underlying Contract, absent the express written consent by the Federal Government, the Federal Government is not a party to this Contract and shall not be subject to any obligations or liabilities to the Recipient, Contractor or any other party (whether or not a party to that contract) pertaining to any matter resulting from the underlying Contract. The Contractor agrees to include the above clause in each subcontract financed in whole or in part with Federal assistance provided by the FTA. It is further agreed that the clause shall not be modified, except to identify the subcontractor who will be subject to its provisions.
- 1.2 Program Fraud and False or Fraudulent Statement and Related Acts
  - a. The Contractor acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, as amended, 31 U.S.C. § 3801 *et seq.* and U.S. DOT regulations, "Program Fraud Civil Remedies," 49 C.F.R. Part 31, apply to its actions pertaining to this Project. Upon execution of the underlying contract, the Contractor certifies or affirms the truthfulness and accuracy of any statement it has made, it makes, it may make, or causes to be made, pertaining to the underlying contract or the FTA assisted project for which this contract work is being performed. In addition to other penalties that may be applicable, the Contractor further acknowledges that if it makes, or causes to be made, a false, fictitious, or fraudulent claim, statement, submission, or certification, the Federal Government reserves the right to impose the penalties of the Program Fraud Civil Remedies Act of 1986 on the Contractor to the extent the Federal Government deems appropriate.
  - b. The Contractor also acknowledges that if it makes, or causes to be made, a false, fictitious, or fraudulent claim, statement, submission, or certification to the Federal Government under a contract connected with a project that is financed in whole or in part with Federal assistance originally awarded by FTA under the authority of 49 U.S.C. § 5307, the Government reserves the right to impose the penalties of 18 U.S.C. § 1001 and 49 U.S.C. § 5307(n)(1) on the Contractor, to the extent the Federal Government deems appropriate.
  - c. The Contractor agrees to include the above two clauses in each subcontract financed in whole or in part with Federal assistance provided by FTA. It is further agreed that the clauses shall not be modified, except to identify the subcontractor who will be subject to the provisions.
- 1.3 Access to Records and Reports
  - a. Record Retention. The Contractor will retain, and will require its subcontractors of all tiers to retain, complete and readily accessible records related in whole or in part to the contract, including, but not limited to, data, documents, reports, statistics, sub-agreements, leases, subcontracts, arrangements, other third party agreements of any type, and supporting materials related to those records.
  - b. Retention Period. The Contractor agrees to comply with the record retention requirements in accordance with 2 C.F.R. § 200.333. The Contractor shall maintain all books, records, accounts and reports required under this Contract for a period of at not less than three (3) years after the date of termination or expiration of this Contract, except in the event of litigation or settlement of claims arising from the performance of this Contract, in which case records shall be maintained until the disposition of all such litigation, appeals, claims or exceptions related thereto.

- c. Access to Records. The Contractor agrees to provide sufficient access to FTA and its contractors to inspect and audit records and information related to performance of this contract as reasonably may be required.
- d. Access to the Sites of Performance. The Contractor agrees to permit FTA and its contractors access to the sites of performance under this contract as reasonably may be required.

#### 1.4 Federal Changes

Contractor shall at all times comply with all applicable FTA regulations, policies, procedures and directives, including without limitation those listed directly or by reference in the Master Agreement between Purchaser and FTA, as they may be amended or promulgated from time to time during the term of this contract. Contractor's failure to so comply shall constitute a material breach of this contract.

#### 1.5 Civil Rights Laws and Regulations

The AGENCY is an Equal Opportunity Employer. As such, the AGENCY agrees to comply with all applicable Federal civil rights laws and implementing regulations. Apart from inconsistent requirements imposed by Federal laws or regulations, the AGENCY agrees to comply with the requirements of 49 U.S.C. § 5323(h) (3) by not using any Federal assistance awarded by FTA to support procurements using exclusionary or discriminatory specifications.

Under this Agreement, the Contractor shall at all times comply with the following requirements and shall include these requirements in each subcontract entered into as part thereof.

- a. **Nondiscrimination**. In accordance with Federal transit law at 49 U.S.C. § 5332, the Contractor agrees that it will not discriminate against any employee or applicant for employment because of race, color, religion, national origin, sex, disability, or age. In addition, the Contractor agrees to comply with applicable Federal implementing regulations and other implementing requirements FTA may issue.
- b. **Race, Color, Religion, National Origin, Sex**. In accordance with Title VII of the Civil Rights Act, as amended, 42 U.S.C. § 2000e et seq., and Federal transit laws at 49 U.S.C. § 5332, the Contractor agrees to comply with all applicable equal employment opportunity requirements of U.S. Department of Labor (U.S. DOL) regulations, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," 41 C.F.R. chapter 60, and Executive Order No. 11246, "Equal Employment Opportunity in Federal Employment," September 24, 1965, 42 U.S.C. § 2000e note, as amended by any later Executive Order that amends or supersedes it, referenced in 42 U.S.C. § 2000e note. The Contractor agrees to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, national origin, or sex (including sexual orientation and gender identity). Such action shall include, but not be limited to, the following: employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. In addition, the Contractor agrees to comply with any implementing requirements FTA may issue.
- c. **Age**. In accordance with the Age Discrimination in Employment Act, 29 U.S.C. §§ 621-634, U.S. Equal Employment Opportunity Commission (U.S. EEOC) regulations, "Age Discrimination in Employment Act," 29 C.F.R. part 1625, the Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6101 et seq., U.S. Health and Human Services regulations, "Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance," 45 C.F.R. part 90, and Federal transit law at 49 U.S.C. § 5332, the Contractor agrees to refrain from discrimination against present and prospective employees for reason of age. In addition, the Contractor agrees to comply with any implementing requirements FTA may issue.
- d. **Disabilities**. In accordance with section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794, the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. § 12101 et seq., the Architectural Barriers Act of 1968, as amended, 42 U.S.C. § 4151 et seq., and Federal transit law at 49 U.S.C. § 5332, the Contractor agrees that it will not discriminate against individuals on the basis of disability. In addition, the Contractor agrees to comply with any implementing requirements FTA may issue.

#### 1.6 Disadvantaged Business Enterprise (DBE)

The contractor, subrecipient or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 C.F.R. part 26 in the award and administration of DOT-assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy as the recipient deems appropriate, which may include, but is not limited to:

- a. Withholding monthly progress payments;
- b. Assessing sanctions;
- c. Liquidated damages; and/or
- d. Disqualifying the contractor from future bidding as non-responsible. 49 C.F.R. § 26.13(b).

The contractor is required to pay its subcontractors performing work related to this contract for satisfactory performance of that work no later than 30 days after the contractor’s receipt of payment for that work from the City of Gainesville, Florida. In addition, the contractor is required to return any retainage payments to those subcontractors within 30 days after the subcontractor’s work related to this contract is satisfactorily completed.

1.7 Energy Conservation

The contractor agrees to comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act.

1.8 Americans with Disabilities Act

- a. *New Buses and Construction*: All design and construction must meet all federal regulations of 49 CFR Part 37 and Part 38.
- b. *Used Buses*: Must meet all federal regulations of 49 CFR Part 38.
- c. *Modification of Facilities*: Must meet all federal regulations of Appendix A to 49 CFR Part 37, the ADA Accessibility Guideline (ADAAG).

1.9 Privacy Acts

- a. The Contractor agrees to comply with, and assures the compliance of its employees with, the information restrictions and other applicable requirements of the Privacy Act of 1974, 5 U.S.C. § 552a. Among other things, the Contractor agrees to obtain the express consent of the Federal Government before the Contractor or its employees operate a system of records on behalf of the Federal Government. The Contractor understands that the requirements of the Privacy Act, including the civil and criminal penalties for violation of that Act, apply to those individuals involved, and that failure to comply with the terms of the Privacy Act may result in termination of the underlying contract.
- b. The Contractor also agrees to include these requirements in each subcontract to administer any system of records on behalf of the Federal Government financed in whole or in part with Federal assistance provided by FTA.

1.10 Safe Operation of Motor Vehicles

**Safe Operation of Motor Vehicles**

**Seat Belt Use**

The Contractor is encouraged to adopt and promote on-the-job seat belt use policies and programs for its employees and other personnel that operate company-owned vehicles, company-rented vehicles, or personally operated vehicles. The terms “company-owned” and “company-leased” refer to vehicles owned or leased either by the Contractor or AGENCY.

**Distracted Driving**

The Contractor agrees to adopt and enforce workplace safety policies to decrease crashes caused by distracted drivers, including policies to ban text messaging while using an electronic device supplied by an employer, and driving a vehicle the driver owns or rents, a vehicle Contractor owns, leases, or rents, or a privately-owned vehicle when on official business in connection with the work performed under this agreement.

1.11 Incorporation of Federal Transit Administration (FTA) Terms

The preceding provisions include, in part, certain Standard Terms and Conditions required by DOT, whether or not expressly set forth in the preceding contract provisions. All contractual provisions required by DOT, as set forth in FTA Circular 4220.1F, are hereby incorporated by reference. Anything to the contrary herein notwithstanding, all FTA mandated terms shall be deemed to control in the event of a conflict with other provisions contained in this Agreement. The Contractor shall not perform any act, fail to perform any act, or refuse to comply with any City of Gainesville requests which would cause City of Gainesville to be in violation of the FTA terms and conditions.

*The following requirements are conditional based upon value and/or item/service:*

1.12 Termination - If this solicitation or contract is in excess of \$10,000:**Termination for Convenience (General Provision)**

The AGENCY may terminate this contract, in whole or in part, at any time by written notice to the Contractor when it is in the AGENCY's best interest. The Contractor shall be paid its costs, including contract close-out costs, and profit on work performed up to the time of termination. The Contractor shall promptly submit its termination claim to AGENCY to be paid the Contractor. If the Contractor has any property in its possession belonging to AGENCY, the Contractor will account for the same, and dispose of it in the manner AGENCY directs.

**Termination for Default [Breach or Cause] (General Provision)**

If the Contractor does not deliver supplies in accordance with the contract delivery schedule, or if the contract is for services, the Contractor fails to perform in the manner called for in the contract, or if the Contractor fails to comply with any other provisions of the contract, the AGENCY may terminate this contract for default. Termination shall be effected by serving a Notice of Termination on the Contractor setting forth the manner in which the Contractor is in default. The Contractor will be paid only the contract price for supplies delivered and accepted, or services performed in accordance with the manner of performance set forth in the contract.

If it is later determined by the AGENCY that the Contractor had an excusable reason for not performing, such as a strike, fire, or flood, events which are not the fault of or are beyond the control of the Contractor, the AGENCY, after setting up a new delivery of performance schedule, may allow the Contractor to continue work, or treat the termination as a Termination for Convenience.

**Opportunity to Cure (General Provision)**

The AGENCY, in its sole discretion may, in the case of a termination for breach or default, allow the Contractor [an appropriately short period of time] in which to cure the defect. In such case, the Notice of Termination will state the time period in which cure is permitted and other appropriate conditions.

If Contractor fails to remedy to AGENCY's satisfaction the breach or default of any of the terms, covenants, or conditions of this Contract within [10 days] after receipt by Contractor of written notice from AGENCY setting forth the nature of said breach or default, AGENCY shall have the right to terminate the contract without any further obligation to Contractor. Any such termination for default shall not in any way operate to preclude AGENCY from also pursuing all available remedies against Contractor and its sureties for said breach or default.

**Waiver of Remedies for any Breach**

In the event that AGENCY elects to waive its remedies for any breach by Contractor of any covenant, term or condition of this contract, such waiver by AGENCY shall not limit AGENCY's remedies for any succeeding breach of that or of any other covenant, term, or condition of this contract.

**Termination for Convenience (Professional or Transit Service Contracts)**

The AGENCY, by written notice, may terminate this contract, in whole or in part, when it is in the AGENCY's interest. If this contract is terminated, the AGENCY shall be liable only for payment under the payment provisions of this contract for services rendered before the effective date of termination.

**Termination for Default (Supplies and Service)**

If the Contractor fails to deliver supplies or to perform the services within the time specified in this contract or any extension, or if the Contractor fails to comply with any other provisions of this contract, the AGENCY may terminate this contract for default. The AGENCY shall terminate by delivering to the Contractor a Notice of Termination specifying the nature of the default. The Contractor will only be paid the contract price for supplies delivered and accepted, or services performed in accordance with the manner or performance set forth in this contract.

If, after termination for failure to fulfill contract obligations, it is determined that the Contractor was not in default, the rights and obligations of the parties shall be the same as if the termination had been issued for the convenience of the AGENCY.

1.13 Government-Wide Debarment and Suspension – *If this solicitation or contract is valued at \$25,000 or more:*

**Debarment, Suspension, Ineligibility and Voluntary Exclusion**

The Contractor shall comply and facilitate compliance with U.S. DOT regulations, “Nonprocurement Suspension and Debarment,” 2 C.F.R. part 1200, which adopts and supplements the U.S. Office of Management and Budget (U.S. OMB) “Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement),” 2 C.F.R. part 180. These provisions apply to each contract at any tier of \$25,000 or more, and to each contract at any tier for a federally required audit (irrespective of the contract amount), and to each contract at any tier that must be approved by an FTA official irrespective of the contract amount. As such, the Contractor shall verify that its principals, affiliates, and subcontractors are eligible to participate in this federally funded contract and are not presently declared by any Federal department or agency to be:

- a) Debarred from participation in any federally assisted Award;
- b) Suspended from participation in any federally assisted Award;
- c) Proposed for debarment from participation in any federally assisted Award;
- d) Declared ineligible to participate in any federally assisted Award;
- e) Voluntarily excluded from participation in any federally assisted Award; or
- f) Disqualified from participation in any federally assisted Award.

By signing and submitting its bid or proposal, the bidder or proposer certifies as follows:

The certification in this clause is a material representation of fact relied upon by the AGENCY. If it is later determined by the AGENCY that the bidder or proposer knowingly rendered an erroneous certification, in addition to remedies available to the AGENCY, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The bidder or proposer agrees to comply with the requirements of 2 C.F.R. part 180, subpart C, as supplemented by 2 C.F.R. part 1200, while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

1.14 Breaches and Dispute Resolution – *If this solicitation or contract exceeds \$150,000:*

**Disputes** – Disputes arising in the performance of this Contract which are not resolved by agreement of the parties shall be decided in writing by the City Manager or designee. This decision shall be final and conclusive unless within ten (10) days from the date of receipt of its copy, the Contractor mails or otherwise furnishes a written appeal to the City Manager or designee. In connection with any such appeal, the Contractor shall be afforded an opportunity to be heard and to offer evidence in support of its position. The decision of the City Manager or designee shall be binding upon the Contractor and the Contractor shall abide by the decision.

**Performance During Dispute** – Unless otherwise directed by City of Gainesville, Florida, Contractor shall continue performance under this Contract while matters in dispute are being resolved.

**Claims for Damages** – Should either party to the Contract suffer injury or damage to person or property because of any act or omission of the party or of any of his employees, agents or others for whose acts he is legally liable, a claim for damages therefore shall be made in writing to such other party within a reasonable time after the first observance of such injury or damage.

**Remedies** – Unless this contract provides otherwise, all claims, counterclaims, disputes and other matters in question between the City of Gainesville, Florida and the Contractor arising out of or relating to this agreement or its breach will be decided by arbitration if the parties mutually agree, or in a court of competent jurisdiction within the State in which the City of Gainesville, Florida is located.

**Rights and Remedies** – The duties and obligations imposed by the Contract Documents and the rights and remedies available thereunder shall be in addition to and not a limitation of any duties, obligations, rights and remedies otherwise imposed or available by law. No action or failure to act by the City of Gainesville, Florida, the Architect or Contractor shall constitute a waiver of any right or duty afforded any of them under the Contract, nor shall any such action or failure to act constitute an approval of or acquiescence in any breach thereunder, except as may be specifically agreed in writing.

1.15 Lobbying Restrictions – *If this solicitation or contract is for \$100,000 or more:*

**Byrd Anti-Lobbying Amendment, 31 U.S.C. 1352(b)(5), as amended by the Lobbying Disclosure Act of 1995, P.L. 104-65 [to be codified at 2 U.S.C. § 1601, et seq.]** – Contractors who apply or bid for an award of \$100,000 or more shall file the certification required by 49 CFR part 20, “New Restrictions on Lobbying.” Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352(b)(5). Each tier shall also disclose the name of any registrant under the Lobbying Disclosure Act of 1995 who has made lobbying contacts on its behalf with non-Federal funds with respect to that Federal contract, grant or award covered by 31 U.S.C. 1352(b)(5). Such disclosures are forwarded from tier to tier up to the recipient.

1.16 Clean Air Act and Federal Water Pollution Control Act – *If this solicitation or contract exceeds \$150,000 in any year:*

The Contractor agrees:

- a. It will not use any violating facilities;
- b. It will report the use of facilities placed on or likely to be placed on the U.S. EPA “List of Violating Facilities;”
- c. It will report violations of use of prohibited facilities to FTA; and
- d. It will comply with the inspection and other requirements of the Clean Air Act, as amended, (42 U.S.C. §§ 7401 – 7671q); and the Federal Water Pollution Control Act as amended, (33 U.S.C. §§ 1251-1387).

1.17 Employee Protections - *If this solicitation or contract, whether for construction or nonconstruction activities, exceeds \$100,000 the following may apply:*

**Prevailing Wage and Anti-Kickback**

For all prime construction, alteration or repair contracts in excess of \$2,000 awarded by FTA, the Contractor shall comply with the Davis-Bacon Act and the Copeland “Anti-Kickback” Act. Under 49 U.S.C. § 5333(a), prevailing wage protections apply to laborers and mechanics employed on FTA assisted construction, alteration, or repair projects. The Contractor will comply with the Davis-Bacon Act, 40 U.S.C. §§ 3141-3144, and 3146-3148 as supplemented by DOL regulations at 29 C.F.R. part 5, “Labor Standards Provisions Applicable to Contracts Governing Federally Financed and Assisted Construction.” In accordance with the statute, the Contractor shall pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, the Contractor agrees to pay wages not less than once a week. The Contractor shall also comply with the Copeland “Anti-Kickback” Act (40 U.S.C. § 3145), as supplemented by DOL regulations at 29 C.F.R. part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in part by Loans or Grants from the United States.” The Contractor is prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled.

**Contract Work Hours and Safety Standards**

For all contracts in excess of \$100,000 that involve the employment of mechanics or laborers, the Contractor shall comply with the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 3701-3708), as supplemented by the DOL regulations at 29 C.F.R. part 5. Under 40 U.S.C. § 3702 of the Act, the Contractor shall compute the wages of every mechanic and laborer, including watchmen and guards, on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. § 3704 are applicable to construction work and provide that no laborer or mechanic be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchase of supplies or materials or articles ordinarily available on the open market, or to contracts for transportation or transmission of intelligence.

In the event of any violation of the clause set forth herein, the Contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, the Contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of this clause in the sum of \$10 for each calendar day on which such

individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by this clause.

The FTA shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the Contractor or subcontractor under any such contract or any other Federal contract with the same prime Contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime Contractor, such sums as may be determined to be necessary to satisfy any liabilities of such Contractor or subcontractor for unpaid wages and liquidated damages as provided in this section.

The Contractor or subcontractor shall insert in any subcontracts the clauses set forth in this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime Contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in this agreement.

**Contract Work Hours and Safety Standards for Awards Not Involving Construction**

The Contractor shall comply with all federal laws, regulations, and requirements providing wage and hour protections for non-construction employees, in accordance with 40 U.S.C. § 3702, Contract Work Hours and Safety Standards Act, and other relevant parts of that Act, 40 U.S.C. § 3701 et seq., and U.S. DOL regulations, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction (also Labor Standards Provisions Applicable to Non-construction Contracts Subject to the Contract Work Hours and Safety Standards Act)," 29 C.F.R. part 5.

The Contractor shall maintain payrolls and basic payroll records during the course of the work and shall preserve them for a period of three (3) years from the completion of the contract for all laborers and mechanics, including guards and watchmen, working on the contract. Such records shall contain the name and address of each such employee, social security number, correct classifications, hourly rates of wages paid, daily and weekly number of hours worked, deductions made, and actual wages paid.

Such records maintained under this paragraph shall be made available by the Contractor for inspection, copying, or transcription by authorized representatives of the FTA and the Department of Labor, and the Contractor will permit such representatives to interview employees during working hours on the job.

The contractor shall require the inclusion of the language of this clause within subcontracts of all tiers.

1.18 **Drug and Alcohol Testing** – *If this solicitation or contract is for an operational service contract:*

**SUBSTANCE ABUSE TESTING**

**Option 2**

The Contractor agrees to establish and implement a drug and alcohol testing program that complies with 49 C.F.R. parts 655, produce any documentation necessary to establish its compliance with part 655, and permit any authorized representative of the United States Department of Transportation or its operating administrations, the State Oversight Agency of [name of State], or AGENCY, to inspect the facilities and records associated with the implementation of the drug and alcohol testing program as required under 49 C.F.R. part 655 and review the testing process. The Contractor agrees further to certify annually its compliance with parts 655 before [insert date] and to submit the Management Information System (MIS) reports before [insert date before March 15] to [insert title and address of person responsible for receiving information]. To certify compliance, the Contractor shall use the "Substance Abuse Certifications" in the "Annual List of Certifications and Assurances for Federal Transit Administration Grants and Cooperative Agreements," which is published annually in the *Federal Register*.

**CERTIFICATION REGARDING LOBBYING**

#160968D

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_ Signature of Contractor's Authorized Official

\_\_\_\_\_ Name and Title of Contractor's Authorized Official

\_\_\_\_\_ Date



**DISCLOSURE OF LOBBYING ACTIVITIES**  
 Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
 (See reverse for public burden disclosure.)

#160968D  
 Approved by OMB  
 0348-0046

*(To be submitted by bidder, if applicable, refer to instructions on the next page)*

|   |   |  |
|---|---|--|
| <b>1. Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance   | <b>2. Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award | <b>3. Report Type:</b><br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><br><b>For Material Change Only:</b><br>Year _____ quarter _____<br><br>date of last report _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, if known:  |   | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br><br><br>Congressional District, if known:  |
| <b>6. Federal Department/Agency:</b>  | <b>7. Federal Program Name/Description:</b><br><br>CFDA Number, if applicable: _____  |  |
| <b>8. Federal Action Number, if known :</b>   | <b>9. Award Amount, if known :</b><br>\$ _____  |  |
| <b>a. Name and Address of Lobbying Registrant</b><br><i>(if individual, last name, first name, MI):</i>   | <b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i><br><i>(last name, first name, MI):</i>   |  |
| <b>11</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: _____<br>Print Name: _____<br>Title: _____<br>Telephone No.: _____ Date: _____   |  |
| <b>Federal Use Only:</b>  |   | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97)   |

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES ~~100008~~

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**CERTIFICATION REGARDING DEBARMENT**

The Contractor shall comply and facilitate compliance with U.S. DOT regulations, "Nonprocurement Suspension and Debarment," 2 C.F.R. part 1200, which adopts and supplements the U.S. Office of Management and Budget (U.S. OMB) "Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," 2 C.F.R. part 180. These provisions apply to each contract at any tier of \$25,000 or more, and to each contract at any tier for a federally required audit (irrespective of the contract amount), and to each contract at any tier that must be approved by an FTA official irrespective of the contract amount. As such, the Contractor shall verify that its principals, affiliates, and subcontractors are eligible to participate in this federally funded contract and are not presently declared by any Federal department or agency to be:

- a) Debarred from participation in any federally assisted Award;
- b) Suspended from participation in any federally assisted Award;
- c) Proposed for debarment from participation in any federally assisted Award;
- d) Declared ineligible to participate in any federally assisted Award;
- e) ~~Voluntarily excluded from participation in any federally assisted Award;~~ or
- f) Disqualified from participation in any federally assisted Award.

By signing and submitting its bid or proposal, the bidder or proposer certifies as follows:

The certification in this clause is a material representation of fact relied upon by the AGENCY. If it is later determined by the AGENCY that the bidder or proposer knowingly rendered an erroneous certification, in addition to remedies available to the AGENCY, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The bidder or proposer agrees to comply with the requirements of 2 C.F.R. part 180, subpart C, as supplemented by 2 C.F.R. part 1200, while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

\_\_\_\_\_  
Signature of Contractor's Authorized Official

\_\_\_\_\_  
Name of Contractor's Authorized Official

\_\_\_\_\_  
Title of Contractor's Authorized Official

\_\_\_\_\_  
Date

## CONTRACTOR RESPONSIBILITY CERTIFICATION

#160968D

The Bidder is required to certify compliance with the following contractor responsibility standards by checking appropriate boxes. For purposes hereof, all relevant time periods are calculated from the date this Certification is executed.

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Has the firm been suspended and/or debarred by any federal, state or local government agency or authority in the past three years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any officer, director, or principal of the firm been convicted of a felony relating to your business industry?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the firm defaulted on any project in the past three (3) years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the firm had any type of business, contracting or trade license revoked or suspended for cause by any government agency or authority in the past three (3) years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the firm been found in violation of any other law relating to its business, including, but not limited to antitrust laws, licensing laws, tax laws, wage or hour laws, environmental or safety laws, by a final unappealed decision of a court or government agency in the past three (3) years, where the result of such adjudicated violation was a payment of a fine, damages or penalty in excess of \$1,000?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the firm been the subject of voluntary or involuntary bankruptcy proceedings at any time in the past three (3) years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the firm successfully provided similar products or performed similar services in the past three (3) years with a satisfactory record of timely deliveries or on-time performance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the firm currently possess all applicable business, contractor and/or trade licenses or other appropriate licenses or certifications required by applicable state or local laws to engage in the sale of products or services?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the firm have all the necessary experience, technical qualifications and resources, including but not limited to equipment, facilities, personnel and financial resources, to successfully provide the referenced product(s) or perform the referenced service(s), or will obtain same through the use of qualified, responsible subcontractors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the firm meet all insurance requirements per applicable law or bid specifications including general liability insurance, workers' compensation insurance, and automobile liability insurance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Firm acknowledges that it must provide appropriate documentation to support this Contractor Responsibility Certification if so requested by the City of Gainesville. The firm also understands that the City of Gainesville may request additional information or documents to evaluate the responsibility of firm. Firm agrees to provide such additional information or supporting documentation for this Certification. | <input type="checkbox"/> | <input type="checkbox"/> |

**Under the penalty of perjury, the Bidder's authorized representative hereby certifies that all information included in the Contractor Responsibility Certification or otherwise submitted for purposes of determining the Bidder's status as a responsible contractor is true, complete and accurate and that he/she has knowledge and authority to verify the information in this certification or otherwise submitted on behalf of the Bidder by his or her signature below.**

Bidder Name: \_\_\_\_\_

Name/Title of person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**SUBCONTRACTOR/SUBCONSULTANT LIST  
and  
BIDDER STATUS**

The Bidder/Proposer shall provide information on ALL prospective subcontractor(s)/subconsultant(s) who submit bids/quotations in support of this solicitation. Use additional sheets as necessary.

| IDENTIFY EVERY SUBCONTRACTOR(S)/ SUBCONSULTANT(S)  | SCOPE OF WORK TO BE PERFORMED                                | CERTIFIED D/M/WBE FIRM?<br>(Check all that apply)                           | PERVIOUS YEAR'S ANNUAL GROSS RECEIPT'S  | UTILIZING ON THIS PROJECT |
|--|--|---|---|---------------------------|
| NAME: _____<br>ADDRESS: _____<br>_____<br>PHONE: _____<br>FAX: _____<br>CONTACT PERSON: _____<br>_____ | SCOPE OF WORK: _____<br>_____<br>_____<br>AGE OF FIRM: _____ | YES _____<br>NO: _____<br>IF YES, DBE _____<br>OR MBE _____<br>OR WBE _____ | ___ Less than \$500K<br>___ \$500K-\$2 mil<br>___ \$2 mil - \$5 mil<br>___ more than \$5 mil. | YES<br><br>or<br><br>NO   |
| NAME: _____<br>ADDRESS: _____<br>_____<br>PHONE: _____<br>FAX: _____<br>CONTACT PERSON: _____<br>_____ | SCOPE OF WORK: _____<br>_____<br>_____<br>AGE OF FIRM: _____ | YES _____<br>NO _____<br>IF YES, DBE _____<br>OR MBE _____<br>OR WBE _____  | ___ Less than \$500K<br>___ \$500K-\$2 mil<br>___ \$2 mil - \$5 mil<br>___ more than \$5 mil. | YES<br><br>or<br><br>NO   |
| NAME: _____<br>ADDRESS: _____<br>_____<br>PHONE: _____<br>FAX: _____<br>CONTACT PERSON: _____<br>_____ | SCOPE OF WORK: _____<br>_____<br>_____<br>AGE OF FIRM: _____ | YES _____<br>NO _____<br>IF YES, DBE _____<br>OR MBE _____<br>OR WBE _____  | ___ Less than \$500K<br>___ \$500K-\$2 mil<br>___ \$2 mil - \$5 mil<br>___ more than \$5 mil. | YES<br><br>Or<br><br>NO   |

**Check here if use of subcontractor(s)/subconsultant(s) is/are not applicable for this project:**

Name of Bidder/Proposer: \_\_\_\_\_

Name/Title of person completing this form: \_\_\_\_\_

Is Bidder/Proposer a DBE? \_\_\_ Yes \_\_\_ No

If No, is Bidder/Proposer a M/WBE? \_\_\_ Yes \_\_\_ No

Signature: \_\_\_\_\_

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

## SECTION VII – PRICE PROPOSAL

#160968D

- 1.1 The City reserves the right to award in whole or in part. Proposal pricing shall be an all-inclusive monthly fee for all services performed to include Eligibility and Certification Determination, ADA Eligible Travel Training, Mystery Rider Program, and Disability Sensitivity Training Workshops. Said pricing shall be firm for the first two (2) years of the five year contract. This contract is subject to a percentage increase to the monthly fee annually beginning with Year Three (3) of the contract, not to exceed 3% . The increase shall be in accordance with the U.S. Bureau of Labor Statistics National Consumer Price Index (CPI), “All Urban Consumers”, “U.S. All Items, 1982-84=100 – CUUR0000SA0”, “Not Seasonally Adjusted” as measured for the previous 12 month period ending in May of each year. Beginning with Year Three (3) of the contract, the City will consult the aforesaid index for the month of May and send written notice of the percentage increase by August 15, unless the data is not yet available. Should the index indicate a percentage decrease the monthly fee will remain unchanged for that corresponding year of the contract.

**DRUG-FREE WORKPLACE FORM**

#160968D

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

\_\_\_\_\_ does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

\_\_\_\_\_  
Bidder's Signature

\_\_\_\_\_  
Date

## CITY OF GAINESVILLE

### CERTIFICATION OF COMPLIANCE WITH LIVING WAGE

**The undersigned** hereby agrees to comply with the terms of the Living Wage Ordinance and to pay all covered employees, as defined by City of Gainesville Ordinance 020663 as amended at 030168 (Living Wage Ordinance), during the time they are directly involved in providing covered services under the contract with the City of Gainesville for \_\_\_\_\_ a living wage of \$ \_\_\_\_\_ per hour to covered employees who receive Health Benefits from the undersigned employer and \$ \_\_\_\_\_ per hour to covered employees not offered health care benefits by the undersigned employer.

|   |
|---|
| <p>Name of Service Contractor/Subcontractor: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Name of Local Contact Person _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p style="margin-top: 20px;">\$ _____<br/>(Amount of Contract)</p> |
|---|

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

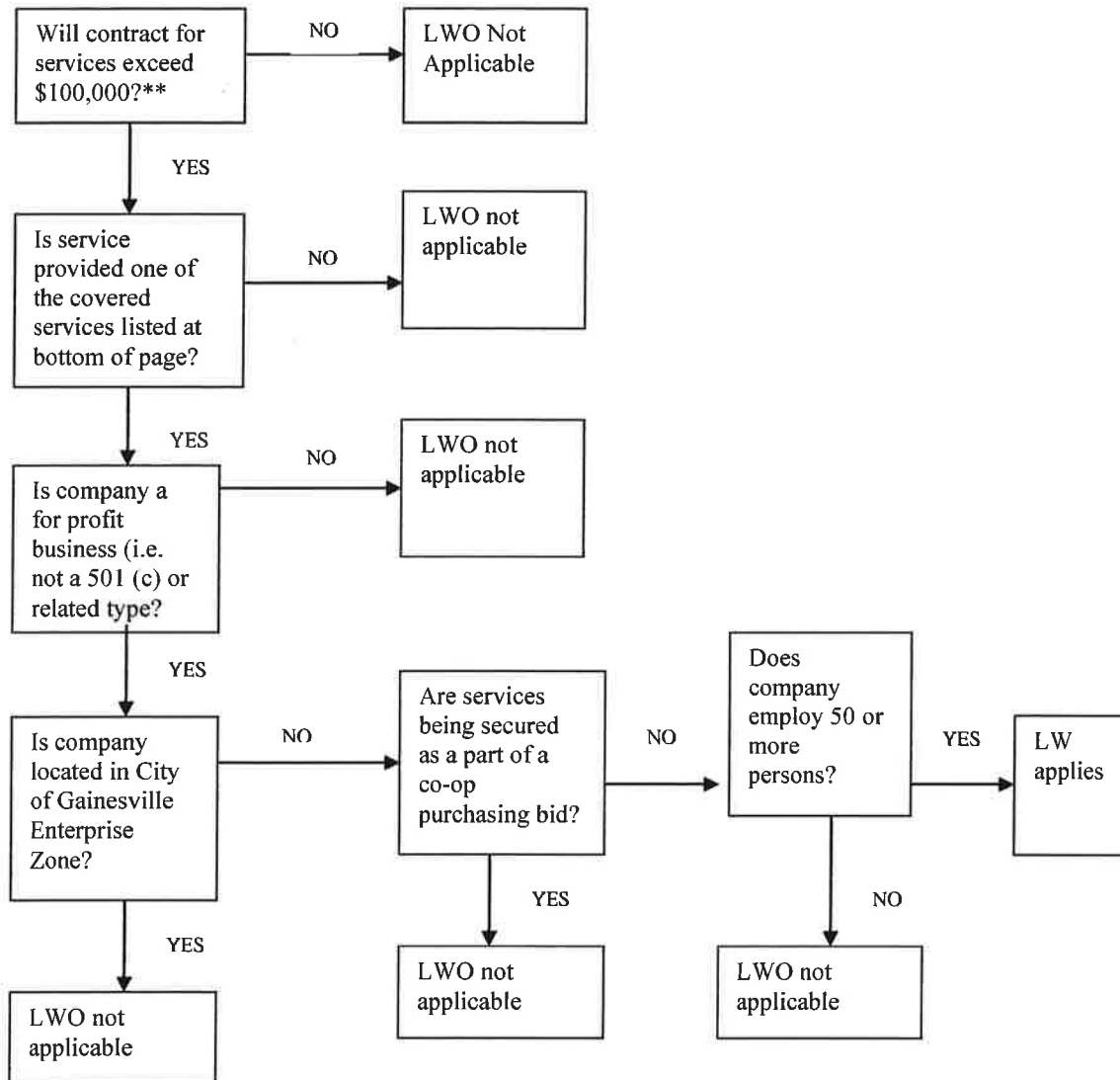
Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_



### LIVING WAGE DECISION TREE

While not all encompassing, the following is provided as a guideline for contractors in determining whether the City of Gainesville Living Wage Ordinance applies to their firm in the performance of specified service contracts for covered services\* with the City. Contractors are advised to review the entire text of the Living Wage Ordinance in conjunction with this guideline.



**\*Covered Services:** food preparation and/or distribution; custodial/cleaning; refuse removal; maintenance and repair; recycling; parking services; painting/refinishing; printing and reproduction services; landscaping/grounds maintenance; agricultural/forestry services; and construction services  
**\*\*Total value of contract.**

**LIVING WAGE COMPLIANCE**  
See Living Wage Decision Tree (Exhibit C hereto)

Check one:

- Living Wage Ordinance does not apply  
(check all that apply)
- Not a covered service
  - Contract does not exceed \$100,000
  - Not a for-profit individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, who or which employees 50 or more persons, but not including employees of any subsidiaries, affiliates or parent businesses.
  - Located within the City of Gainesville enterprise zone.
- Living Wage Ordinance applies and the completed Certification of Compliance with Living Wage is included with this bid.

NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.

**PROPOSAL RESPONSE FORM – SIGNATURE PAGE**

#160968D

(submit this form with your proposal)

TO: City of Gainesville, Florida  
200 East University Avenue  
Gainesville, Florida 32601

PROJECT: **ADA Eligibility and Certification Determination, Etc.**

RFP#: **RTSX-180001-DS**

RFP DUE DATE: **March 28, 2017**

Proposer's Legal Name: \_\_\_\_\_

Proposer's Alias/DBA: \_\_\_\_\_

Proposer's Address: \_\_\_\_\_  
\_\_\_\_\_

PROPOSER'S REPRESENTATIVE (to be contacted for additional information on this proposal):

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**ADDENDA**

The Proposer hereby acknowledges receipt of Addenda No.'s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, to these Specifications.

**TAXES**

The Proposer agrees that any applicable Federal, State and Local sales and use taxes, which are to be paid by City of Gainesville, are included in the stated bid prices. Since often the City of Gainesville is exempt from taxes for equipment, materials and services, it is the responsibility of the Contractor to determine whether sales taxes are applicable. The Contractor is liable for any applicable taxes which are not included in the stated bid prices.

**QUALIFIED LOCAL SMALL BUSINESS STATUS (check one)**

Is your business qualified as a Local Small Business in accordance with the City of Gainesville Small Business Procurement Program? (Refer to Definitions)  YES  NO

**SERVICE-DISABLED VETERANS' BUSINESS (check one)**

Is your business certified as a service-disabled veterans' business?  YES  NO

**LIVING WAGE COMPLIANCE**

See Living Wage Decision Tree (Exhibit C hereto)

**Check One:**

- Living Wage Ordinance does not apply (check all that apply)
  - Not a covered service
  - Contract does not exceed \$100,000

- Not a for-profit individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, who or which employees 50 or more persons, but not including employees of any subsidiaries, affiliates or parent businesses.
- Located within the City of Gainesville enterprise zone.

Living Wage Ordinance applies and the completed Certification of Compliance with Living Wage is included with this bid.

NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.

**SIGNATURE ACKNOWLEDGES THAT: (check one)**

- Proposal is in full compliance with the Specifications.
- Proposal is in full compliance with specifications except as specifically stated and attached hereto.

Signature also acknowledges that Proposer has read the current City of Gainesville Debarment/Suspension/Termination Procedures and agrees that the provisions thereof shall apply to this RFP.

(CORPORATE SEAL)

ATTEST:

PROPOSER:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**CITY OF GAINESVILLE  
GENERAL GOVERNMENT  
PURCHASING DIVISION SURVEY  
BID INFORMATION**

**BID #:**     **RTSX-180001-DS**

**DUE DATE:**   **March 28, 2017**  
                  **@ 3:00 p.m. (local time)**

**SEALED PROPOSAL ON:**   **ADA Eligibility and Certification Determination, Etc.**

**IF YOU DO NOT BID**

Please check the appropriate or explain:

- 1.     Not enough bid response time.
- 2.     Specifications not clear.
- 3.     Do not submit bids to Municipalities.
- 4.     Current work load does not permit time to bid.
- 5.     Delay in payment from Governmental agencies.
- 6.     Do not handle this item.
- 7.     Other: \_\_\_\_\_  
\_\_\_\_\_

**Company:** \_\_\_\_\_

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

## ADDENDUM NO. 1



**Date:** March 7, 2017

**Bid Date:** March 28, 2017  
3:00 P.M. (Local Time)

**Bid Name:** ADA Eligibility and Certification Determination... **Bid No.:** RTSX-180001-DS

NOTE: This Addendum has been issued to the holders of record of the specifications.

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The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

1. Any remaining questions are to be submitted in writing to the City of Gainesville Purchasing Division by March 12, 2017. Questions are to be submitted as follows:
  - Faxed (352) 334-3163
  - Attention: Daphyne Sesco
  - or
  - Email: [sescoda@cityofgainesville.org](mailto:sescoda@cityofgainesville.org)
2. Find attached:
  - Copy of the lobbying and blackout period definitions (Purchasing Procedure 41-423) distributed during non-mandatory pre-bid meeting
  - Copy of the pre-bid meeting sign-in sheet
3. Daphyne Sesco, Purchasing Division, discussed bid requirements:
  - Sign-in Sheet is circulating. Since this is not a mandatory meeting neither failure to sign-in nor non-attendance will result in bid response not being accepted.
  - Verbal instruction does not change the terms of the solicitation – changes can only be made via a written addenda. Questions/Answers and topics of discussion addressed at this meeting will be available in an addendum for download through DemandStar.
  - Send questions in writing to Daphyne via fax or email. Any contact with staff other than the Purchasing representative may be basis for disqualification of your bid. Question submittal deadline is **March 12, 2017** not March 23, 2017 as I stated in the pre-bid meeting.

- As Addenda are issued, the signature page should be included in the response acknowledging receipt of the addendum.
- Responses are to be received in the Purchasing office no later than 3:00 p.m. (local time) on March 28, 2017. Any bids after 3:00 p.m. on that date will not be accepted. Bids must be physically received in the City's Purchasing Department. Only hand-delivered responses are acceptable (i.e., in person or through a delivery service such as FedEx, UPS).
- Update to B. RFP Timetable, Discussions/Oral Presentations, if applicable will occur the week of April 10, 2017

3. Millie Crawford, ADA Transit Service Coordinator for the City Regional Transit System, gave an overview of the services to be provided under this contract. This included general discussion of the current contractor and certification processes for these services, as well as, those of the paratransit contractor. Medicaid cuts have greatly increased the number of people applying for certification. To ensure clarity by all bidders the City will not be providing any support, financial or otherwise, under this contract. It is the bidder's responsibility to bear all costs related to a facility, staff and provision of services outlined in the bid solicitation.

---

4. The following questions were asked at the pre-bid meeting:

Question1: For the Price Proposal, are we to break out the pricing for the different areas of service?

**Answer1: Proposers are not to break out pricing or indicate dollar amounts attributed to any sub-contractor, if any, as stated in A. Format and Contents of Proposal, 3. Price Proposal. Provide a flat rate fee amount to provide all services. No a la carte pricing is requested. Bidder's proposal, however, should clearly state how you will fulfill the requirements for the different areas of service.**

Question2: How many actual applications received for the last three (3) years?

**Answer2: About 100 per month.**

Question3: Of those applicants how many are being functional tested?

**Answer3: None, currently.**

Question4: You are curious about the functional testing component and will look at that but not necessarily looking for someone to have functional testing component in place in order to award contract?

**Answer4: Yes we are interested; however, we have decided that we will not request information for this component.**

Question5: What is the budget for this contract?

**Answer5: \$80,000 annually but that depends upon the outcome of the RFP.**

Question6: What is the annual ADA cost to City of Gainesville?

**Answer6: \$1.1 million, the contract with MV Transportation who provides the service is about \$1 million. More of the trips have been shifted from Medicaid to ADA.**

Question7: Any requirements on font size, type, etc.?

**Answer7: No, you can use large font if needed.**

#160968D

5. Section C, 1.11, page 14 has been changed to read as follows (deletions = strikethrough, additions = underline):

“1.11 Contractor shall schedule eligibility appointments for Triennial review of ADA certification. Applicants must be booked for an appointment within two (2) weeks of the initial call to the Contractor to schedule the appointment. Contractor will notify ~~visually impaired~~ all clients at least one (1) month before expiration of their ADA certification requiring a Triennial review.”

6. The following paragraph is hereby added as 1.8, under Section IV Technical Specifications, A.:


“During the course of the contract it may become necessary to incorporate one or more of the higher levels of eligibility determinations for ADA certification; i.e. specifically the following: use of the F.A.C.Ts (Functional Assessment of Cognitive Transit Skills), and/or Functionally-Based Determination of Eligibility assessment, or an O&M Specialist. None of these higher levels of eligibility are currently a requirement in this RFP. Therefore, at any time throughout the term of the contract, the City reserves the right to negotiate a price with the contractor to incorporate any or all of these assessments into the eligibility/determination criteria.”

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 1 by his or her signature below, **and shall attach a copy of this Addendum to its proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 1 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER: Center For Independent Living of NCF

BY: Anthony Delisle 

DATE: march 23, 2017



CITY OF \_\_\_\_\_  
GAINESVILLE

FINANCIAL SERVICES  
PROCEDURES MANUAL

41-423      Prohibition of lobbying in procurement matters

Except as expressly set forth in Resolution 060732, Section 10, during the black out period as defined herein no person may lobby, on behalf of a competing party in a particular procurement process, City Officials or employees except the purchasing division, the purchasing designated staff contact. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

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~~Black out period means the period between the issue date which allows for immediate submittals to the~~  
City of Gainesville Purchasing Department for an invitation for bid or the request for proposal, or qualifications, or information, or the invitation to negotiate, as applicable, and the time the City Officials and Employee awards the contract.


Lobbying means when any natural person for compensation, seeks to influence the governmental decision making, to encourage the passage, defeat, or modification of any proposal, recommendation or decision by City Officials and Employees, except as authorized by procurement documents.

CITY OF GAINESVILLE  
GENERAL GOVERNMENT PURCHASING DIVISION  
NON-MANDATORY PRE-BID CONFERENCE  
SIGN-IN SHEET  
DATE: March 7, 2017 at 9:00 AM LOCAL TIME  
BID #RTSX-180001-DS  
RFP for ADA Eligibility and Certification Determination, etc.  
DUE DATE: March 28, 2017 at 3:00PM


YOUR COMPANY'S NAME, ADDRESS &  
PHONE NUMBER

YOUR SIGNATURE, PRINTED NAME,  
EMAIL ADDRESS & FAX NUMBER

1) Center for Enterprise Learning  
232 SW 36th Ter  
Gainesville FL 32609  
PHONE # (352) 378-7474

  
SIGNATURE  
Colette Grumell  
PRINTED NAME  
E-MAIL: Colette@CCLRF.org  
FAX # (352) 378-5582


2) Same  
PHONE # ( )

  
SIGNATURE  
TONY DELISE  
PRINTED NAME  
E-MAIL: TONY@CCLRF.ORG  
FAX # ( )

3) RTS ADA  
PHONE # ( )

  
SIGNATURE  
PRINTED NAME  
E-MAIL:  
FAX # ( )

4) Wayne Beck  
2122 Th 9446 Phillips Hwy Ste 3  
Jax FL 32256  
PHONE # (904) 508-5800

  
SIGNATURE  
Wayne Beck  
PRINTED NAME  
E-MAIL: Wayne.FPS@gmail.com  
FAX # (904) 212-2246

5) \_\_\_\_\_  
PHONE # ( )

\_\_\_\_\_  
SIGNATURE  
\_\_\_\_\_  
PRINTED NAME  
E-MAIL: \_\_\_\_\_  
FAX # ( )

**ADDENDUM NO. 2****Date:** March 13, 2017**Bid Date:** March 28, 2017  
3:00 P.M. (Local Time)**Bid Name:** ADA Eligibility and Certification Determination... **Bid No.:** RTSX-180001-DS

**NOTE:** This Addendum has been issued to the holders of record of the specifications and attendees of the non-mandatory pre-bid meeting held March 7, 2017.

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The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

1. The question submittal deadline has passed. No additional questions will be answered.
2. The following questions were received by the question submittal deadline:

Question1: Who is the current contractor?

**Answer1: Transitional Living of North Central Florida dba Center for Independent Living.**

Question2: How many mystery rides do you estimate for five (5) hours a month?

**Answer2: It depends on which route they ride. Most routes run an hour so it would be at least five (5) trips, but if they rode more than one route in an hour's time then they might get as many as 10 trips/rides.**

Question3: Could you provide a copy of the current mystery rider form used?

**Answer3: The form used is provided on page 3 of this addendum.**

Question4: Do the mystery rides only include ride information or is the call center included as well?


**Answer4: No, the call center is not included.**

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 2 by his or her signature below, **and shall attach a copy of this Addendum to its proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 2 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER: Center For Independent Living of NCF

BY: Anthony Dellese 

DATE: March 23, 2017

**RTS Ride Audit**



Route#: \_\_\_\_\_ Direction: N S E W Date/Time: \_\_\_\_\_ am/pm

Driver Description: \_\_\_\_\_

Please check/circle all items that are appropriate.

1. Did the bus stop where you waited provide:
  - a. A clearly marked RTS sign    Y    N
  - b. A covered shelter            Y    N
  - c. A bench                        Y    N
  - d. A connected sidewalk        Y    N

---

2. Able to easily get from the bus stop onto the bus, through either the stairs or lift?    Y    N
3. Was assistance provided to you to enter the bus if you required or requested assistance?    Y    N
4. Were there seats reserved/available for you and other people with disabilities near the front of the bus?    Y    N
5. If you use a wheelchair, did the driver assist you to secure your wheelchair?    Y    N
6. How many wheels were secured on your wheelchair? 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_
7. Were announcements made on the bus by either the driver or a PA system for:
  - a. Bus stops                    Always \_\_\_\_\_    Sometimes \_\_\_\_\_    Never \_\_\_\_\_
  - b. Landmarks                  Always \_\_\_\_\_    Sometimes \_\_\_\_\_    Never \_\_\_\_\_
  - c. Major Intersections        Always \_\_\_\_\_    Sometimes \_\_\_\_\_    Never \_\_\_\_\_
  - d. Bus Transfer Points        Always \_\_\_\_\_    Sometimes \_\_\_\_\_    Never \_\_\_\_\_
8. Were you provided assistance while leaving the bus, such as:
  - a. Removing the restraints on a wheelchair    Y    N
  - b. Lowering the bus or the lift                    Y    N
  - c. Navigating from your seat to the exit        Y    N
9. Was the bus stop you arrived at easy to access?    Y    N
10. Was the bus driver sensitive to your disability and to other riders with disabilities?    Y    N
  - a. Please provide example if driver was rude or insensitive:  
\_\_\_\_\_
  - b. Please comment on positive examples of driver behavior:  
\_\_\_\_\_

Total Time (round to .25 hrs.): \_\_\_\_\_

**CERTIFICATION REGARDING LOBBYING**

#160968D


The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions

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3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

  
 \_\_\_\_\_ Signature of Contractor's Authorized Official  
 Anthony Delisle  
 \_\_\_\_\_ Name and Title of Contractor's Authorized Official  
 3-23-17 \_\_\_\_\_ Date

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES #160968D

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

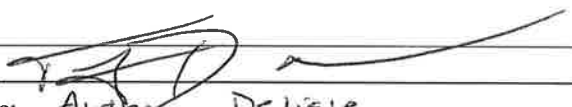
1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES**  
 Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
 (See reverse for public burden disclosure.)

#160988D OMB  
 0348-0046

*(To be submitted by bidder, if applicable, refer to instructions on the next page)*

|   |  |  |
|---|--|--|
| <b>1. Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance   | <b>2. Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award  | <b>3. Report Type:</b><br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><br><b>For Material Change Only:</b><br>Year _____ quarter _____<br><br>date of last report _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, if known :   |  | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br><br><br>Congressional District, if known:  |
| <b>6. Federal Department/Agency:</b><br><br><br>Congressional District, if known: 4c  |  | <b>7. Federal Program Name/Description:</b><br><br><br>CFDA Number, if applicable: _____   |
| <b>8. Federal Action Number, if known :</b>   | <b>9. Award Amount, if known :</b><br>\$ _____   |  |
| <b>10. a. Name and Address of Lobbying Registrant</b><br><i>(if individual, last name, first name, MI):</i>   | <b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i><br><i>(last name, first name, MI):</i>  |  |
| <b>11</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: <br>Print Name: <u>Anthony DeLisio</u><br>Title: <u>Executive Director</u><br>Telephone No.: <u>352-378-7474</u> Date: <u>3-23-17</u> |  |
| <b>Federal Use Only:</b>  |  | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97)   |

N/A



**CERTIFICATION REGARDING DEBARMENT**

The Contractor shall comply and facilitate compliance with U.S. DOT regulations, "Nonprocurement Suspension and Debarment," 2 C.F.R. part 1200, which adopts and supplements the U.S. Office of Management and Budget (U.S. OMB) "Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," 2 C.F.R. part 180. These provisions apply to each contract at any tier of \$25,000 or more, and to each contract at any tier for a federally required audit (irrespective of the contract amount), and to each contract at any tier that must be approved by an FTA official irrespective of the contract amount. As such, the Contractor shall verify that its principals, affiliates, and subcontractors are eligible to participate in this federally funded contract and are not presently declared by any Federal department or agency to be:

- a) Debarred from participation in any federally assisted Award;
- b) Suspended from participation in any federally assisted Award;
- c) Proposed for debarment from participation in any federally assisted Award;
- d) Declared ineligible to participate in any federally assisted Award;
- e) Voluntarily excluded from participation in any federally assisted Award; or
- f) Disqualified from participation in ay federally assisted Award.

By signing and submitting its bid or proposal, the bidder or proposer certifies as follows:

The certification in this clause is a material representation of fact relied upon by the AGENCY. If it is later determined by the AGENCY that the bidder or proposer knowingly rendered an erroneous certification, in addition to remedies available to the AGENCY, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The bidder or proposer agrees to comply with the requirements of 2 C.F.R. part 180, subpart C, as supplemented by 2 C.F.R. part 1200, while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

  
\_\_\_\_\_  
Signature of Contractor's Authorized Official

Anthony Delisic  
\_\_\_\_\_  
Name of Contractor's Authorized Official

Executive Director  
\_\_\_\_\_  
Title of Contractor's Authorized Official

3-23-17  
\_\_\_\_\_  
Date

## CONTRACTOR RESPONSIBILITY CERTIFICATION

#160968D

The Bidder is required to certify compliance with the following contractor responsibility standards by checking appropriate boxes. For purposes hereof, all relevant time periods are calculated from the date this Certification is executed.

|  | YES                                 | NO                                  |
|--|-------------------------------------|-------------------------------------|
| 1. Has the firm been suspended and/or debarred by any federal, state or local government agency or authority in the past three years?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Has any officer, director, or principal of the firm been convicted of a felony relating to your business industry?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Has the firm defaulted on any project in the past three (3) years?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Has the firm had any type of business, contracting or trade license revoked or suspended for cause by any government agency or authority in the past three (3) years?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Has the firm been found in violation of any other law relating to its business, including, but not limited to antitrust laws, licensing laws, tax laws, wage or hour laws, environmental or safety laws, by a final unappealed decision of a court or government agency in the past three (3) years, where the result of such adjudicated violation was a payment of a fine, damages or penalty in excess of \$1,000?       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Has the firm been the subject of voluntary or involuntary bankruptcy proceedings at any time in the past three (3) years?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. Has the firm successfully provided similar products or performed similar services in the past three (3) years with a satisfactory record of timely deliveries or on-time performance?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. Does the firm currently possess all applicable business, contractor and/or trade licenses or other appropriate licenses or certifications required by applicable state or local laws to engage in the sale of products or services?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9. Does the firm have all the necessary experience, technical qualifications and resources, including but not limited to equipment, facilities, personnel and financial resources, to successfully provide the referenced product(s) or perform the referenced service(s), or will obtain same through the use of qualified, responsible subcontractors?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 10. Does the firm meet all insurance requirements per applicable law or bid specifications including general liability insurance, workers' compensation insurance, and automobile liability insurance?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. Firm acknowledges that it must provide appropriate documentation to support this Contractor Responsibility Certification if so requested by the City of Gainesville. The firm also understands that the City of Gainesville may request additional information or documents to evaluate the responsibility of firm. Firm agrees to provide such additional information or supporting documentation for this Certification. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**Under the penalty of perjury, the Bidder's authorized representative hereby certifies that all information included in the Contractor Responsibility Certification or otherwise submitted for purposes of determining the Bidder's status as a responsible contractor is true, complete and accurate and that he/she has knowledge and authority to verify the information in this certification or otherwise submitted on behalf of the Bidder by his or her signature below.**

Bidder Name: Center For Independent Living of NEF

Name/Title of person completing this form: Anthony Delisic

Signature:  Date: 3-23-17

**SUBCONTRACTOR/SUBCONSULTANT LIST  
and  
BIDDER STATUS**

The Bidder/Proposer shall provide information on ALL prospective subcontractor(s)/subconsultant(s) who submit bids/quotations in support of this solicitation. Use additional sheets as necessary.

| IDENTIFY EVERY SUBCONTRACTOR(S)/ SUBCONSULTANT(S)            | SCOPE OF WORK TO BE PERFORMED | CERTIFIED D/M/WBE FIRM?<br>(Check all that apply) | PERVIOUS YEAR'S ANNUAL GROSS RECEIPT'S            | UTILIZING ON THIS PROJECT |
|--|-------------------------------|---|---|---------------------------|
| NAME: _____<br>ADDRESS: _____<br>_____                       | SCOPE OF WORK:<br>_____       | YES _____<br>NO: _____                            | ____ Less than \$500K<br>____ \$500K-\$2 mil      | YES                       |
| PHONE: _____<br>FAX: _____<br>CONTACT PERSON: _____<br>_____ | AGE OF FIRM: _____            | IF YES, DBE _____<br>OR MBE _____<br>OR WBE _____ | ____ \$2 mil - \$5 mil<br>____ more than \$5 mil. | or<br>NO                  |
| NAME: _____<br>ADDRESS: _____<br>_____                       | SCOPE OF WORK:<br>_____       | YES _____<br>NO _____                             | ____ Less than \$500K<br>____ \$500K-\$2 mil      | YES                       |
| PHONE: _____<br>FAX: _____<br>CONTACT PERSON: _____<br>_____ | AGE OF FIRM: _____            | IF YES, DBE _____<br>OR MBE _____<br>OR WBE _____ | ____ \$2 mil - \$5 mil<br>____ more than \$5 mil. | or<br>NO                  |
| NAME: _____<br>ADDRESS: _____<br>_____                       | SCOPE OF WORK:<br>_____       | YES _____<br>NO _____                             | ____ Less than \$500K<br>____ \$500K-\$2 mil      | YES                       |
| PHONE: _____<br>FAX: _____<br>CONTACT PERSON: _____<br>_____ | AGE OF FIRM: _____            | IF YES, DBE _____<br>OR MBE _____<br>OR WBE _____ | ____ \$2 mil - \$5 mil<br>____ more than \$5 mil. | Or<br>NO                  |

**Check here if use of subcontractor(s)/subconsultant(s) is/are not applicable for this project:**

Name of Bidder/Proposer: Center For Independent Living of NCF

Name/Title of person completing this form: Anthony Delisle / Executive Director

Is Bidder/Proposer a DBE?  Yes  No      If No, is Bidder/Proposer a M/WBE?  Yes  No

Signature:       Date: 3-23-17

**DRUG-FREE WORKPLACE FORM**

#160968D

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that


Center For Independent Living of NCF does:  
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for the drug abuse violations.

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3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

  
\_\_\_\_\_  
Bidder's Signature  
3-23-17  
\_\_\_\_\_  
Date

## CITY OF GAINESVILLE

### CERTIFICATION OF COMPLIANCE WITH LIVING WAGE

**The undersigned** hereby agrees to comply with the terms of the Living Wage Ordinance and to pay all covered employees, as defined by City of Gainesville Ordinance 020663 as amended at 030168 (Living Wage Ordinance), during the time they are directly involved in providing covered services under the contract with the City of Gainesville for \_\_\_\_\_ a living wage of \$ \_\_\_\_\_ per hour to covered employees who receive Health Benefits from the undersigned employer and \$ \_\_\_\_\_ per hour to covered employees not offered health care benefits by the undersigned employer.

|   |
|---|
| Name of Service Contractor/Subcontractor: _____<br><br>Address: _____<br><br>Phone Number: _____<br><br>Name of Local Contact Person _____<br><br>Address: _____<br><br>Phone Number: _____<br><br><br>\$ _____<br>(Amount of Contract) |
|---|

Signature:  Date: 3-23-17

Printed Name: Anthony Delisic

Title: Executive Director

**LIVING WAGE COMPLIANCE**  
See Living Wage Decision Tree (Exhibit C hereto)

Check one:

- Living Wage Ordinance does not apply  
(check all that apply)
- Not a covered service
  - Contract does not exceed \$100,000
  - Not a for-profit individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, who or which employees 50 or more persons, but not including employees of any subsidiaries, affiliates or parent businesses.
  - Located within the City of Gainesville enterprise zone.
- Living Wage Ordinance applies and the completed Certification of Compliance with Living Wage is included with this bid.

NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.

**PROPOSAL RESPONSE FORM – SIGNATURE PAGE**

#160968D

(submit this form with your proposal)

TO: City of Gainesville, Florida  
200 East University Avenue  
Gainesville, Florida 32601

PROJECT: **ADA Eligibility and Certification Determination, Etc.**

RFP#: **RTSX-180001-DS**

RFP DUE DATE: **March 28, 2017**

Proposer's Legal Name: Transitional Living of North Central Florida

Proposer's Alias/DBA: Center for Independent Living of North Central FL

Proposer's Address: 222 SW 36th Ter  
Gainesville, FL 32607

PROPOSER'S REPRESENTATIVE (to be contacted for additional information on this proposal):

Name: Anthony Delise Telephone Number: 352-378-7474

Date: 3-23-17 Fax Number: 352-378-5582

Email address: tdelise@cihnctf.org

**ADDENDA**

The Proposer hereby acknowledges receipt of Addenda No.'s 1, 2, to these Specifications.

**TAXES**

The Proposer agrees that any applicable Federal, State and Local sales and use taxes, which are to be paid by City of Gainesville, are included in the stated bid prices. Since often the City of Gainesville is exempt from taxes for equipment, materials and services, it is the responsibility of the Contractor to determine whether sales taxes are applicable. The Contractor is liable for any applicable taxes which are not included in the stated bid prices.

**QUALIFIED LOCAL SMALL BUSINESS STATUS (check one)**

Is your business qualified as a Local Small Business in accordance with the City of Gainesville Small Business Procurement Program? (Refer to Definitions)  YES  NO

**SERVICE-DISABLED VETERANS' BUSINESS (check one)**

Is your business certified as a service-disabled veterans' business?  YES  NO

**LIVING WAGE COMPLIANCE**

See Living Wage Decision Tree (Exhibit C hereto)

**Check One:**

- Living Wage Ordinance does not apply (check all that apply)
  - Not a covered service
  - Contract does not exceed \$100,000

- Not a for-profit individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, who or which employs 50 or more persons, but not including employees of any subsidiaries, affiliates or parent businesses.
- Located within the City of Gainesville enterprise zone.

Living Wage Ordinance applies and the completed Certification of Compliance with Living Wage is included with this bid.

NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.

**SIGNATURE ACKNOWLEDGES THAT: (check one)**

- Proposal is in full compliance with the Specifications.
- Proposal is in full compliance with specifications except as specifically stated and attached hereto.

Signature also acknowledges that Proposer has read the current City of Gainesville Debarment/Suspension/Termination Procedures and agrees that the provisions thereof shall apply to this RFP.

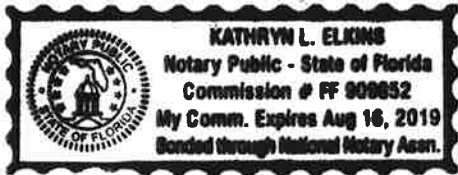
(CORPORATE SEAL)

ATTEST:

PROPOSER:

Signature: Kathryn L. Elkins  
 By: Kathryn L. Elkins  
 Title: Notary

Signature: [Handwritten Signature]  
 By: Anthony Delioie  
 Title: Executive Director







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/20/2017  
#160968D

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

|   |   |                                    |                               |
|---|---|------------------------------------|-------------------------------|
| PRODUCER<br><br>Insureon (BIN Insurance Holdings LLC.)<br>1101 Central Expy. South, Suite 250<br>Allen, TX 75013  | CONTACT NAME: Kim Morrisette                              | PHONE (A/C, No, Ext): 469-941-0322 | FAX (A/C, No): (877) 826-9067 |
|   | E-MAIL ADDRESS: kim.morrisette@insureon.com               |                                    |                               |
| INSURED<br><br>Transitional Living of N. Central Florida dba Center for Independent Living of N. Central Florida<br>222 S.W. 36th Terr<br>Gainesville, FL 32607 | INSURER(S) AFFORDING COVERAGE                             |                                    | NAIC #                        |
|   | INSURER A : Harleysville Insurance Co.                    |                                    |                               |
|   | INSURER B : American Casualty Insurance Co of Reading, PA |                                    |                               |
|   | INSURER C : Nationwide Mutual Insurance Company           |                                    |                               |
|   | INSURER D : Harleysville Preferred Insurance Co.          |                                    |                               |
|   | INSURER E :   |                                    |                               |
| INSURER F :   |   |                                    |                               |

## COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSR WVD                  | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-------------------------------------|----------------|-------------------------|-------------------------|--|
| D        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |                                     | GL00000065427M | 2/25/2017               | 2/25/2018               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| C        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS<br><input checked="" type="checkbox"/>  |                                     | BA00000065426M | 2/25/2017               | 2/25/2018               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |                                     |                |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> N/A |                |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | Professional Liability (Errors and Omissions)   |                                     | PL00000065425M | 2/25/2017               | 2/25/2018               | \$1,000,000 / \$2,000,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
  
B: Property Coverage 3011048025 2/16/2017 - 2/16/2018

|   |  |
|---|--|
| CERTIFICATE HOLDER<br><br>For Informational Purposes Only | CANCELLATION<br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | AUTHORIZED REPRESENTATIVE<br><br>  |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
#16096820/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |                               |
|--|--|-------------------------------|
| PRODUCER<br>Scarborough Insurance<br>2811 NW 41st Street<br>Suite A-1<br>Gainesville FL 32606  | CONTACT NAME: Linda Whiddon              |                               |
|  | PHONE (A/C, No, Ext): (352) 377-2002     | FAX (A/C, No): (352) 376-8393 |
|  | E-MAIL ADDRESS: lwhiddon@scarins.com     |                               |
|  | INSURER(S) AFFORDING COVERAGE            | NAIC #                        |
|  | INSURER A: Bridgefield Casualty Ins. Co. |                               |
| INSURED<br>Transitional Living of North Central Florida, Inc.,<br>Center for Independent Living<br>222 SW 36 Terrace<br>Gainesville FL 32607 | INSURER B:                               |                               |
|  | INSURER C:                               |                               |
|  | INSURER D:                               |                               |
|  | INSURER E:                               |                               |
|  | INSURER F:                               |                               |

**COVERAGES** CERTIFICATE NUMBER: 17-18 WC REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$           |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                     |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | 083041166     | 2/16/2017               | 2/16/2018               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>For Informational Purposes | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | AUTHORIZED REPRESENTATIVE<br><br>B. Scarborough/LRWH  |

## I. History

The History of The Center for Independent Living of North Central Florida (CILNCF) involves over 36 years of service by people with disabilities, for people with disabilities. The CILNCF is a locally controlled community based, 501(C)3 private not-for-profit organization headquartered in Gainesville, Florida. The CILNCF is an equal opportunity employer maintaining a drug free work environment (See Attachment – 01). The CILNCF provides services to individuals on a cross-disability basis and is consumer controlled, having at least 51% people with disabilities comprising both the governing board of directors as well as staff.

The CILNCF delivers the Five -Core Services of the Independent Living Program which include Independent Living Skills Education, Peer Support, Advocacy, Information & Referral and Transitions Services. The CILNCF also has many additional services including: the ADA Paratransit Program; Sign Language Interpreting services; Employment Services and Solutions; High School High Tech program; "Building Ramps, Building Lives!" wheelchair ramp program; Florida Telecommunications and Relay, Inc. (FTRI) phone distribution services; Durable Medical Equipment closet; and we regularly provide Disability Awareness and Sensitivity Trainings to a wide variety of public and private entities.

The CILNCF has several other programs complimenting the IL Program provided through important partnerships with organizations like: Florida Department of Education; the Department of Vocational Rehabilitation, the Department of Health; the Alachua, Bradford, Citrus, Levy, Marion and Putnam County School Boards; the ABLE Trust Foundation; the University of Florida; UF Health; Santa Fe College; the Veterans Health Administration; Center for Autism and Related Disorders and many private businesses.

The CILNCF has a long history of securing contracts with public transportation systems within our catchment area and providing high quality support services for riders with disabilities wanting to utilize fixed route and Paratransit services as defined under The Americans with Disabilities Act (ADA). The CILNCF has been providing ADA Paratransit screening, eligibility determination, Travel Training services, Mystery Ride audits and disability awareness training in Alachua and Marion Counties for nearly twenty (20) years. The CILNCF has a strong record of delivering efficient and effective Paratransit Services and advocacy in the area of accessible and affordable public transportation.

The CILNCF has remained an active leader in support of the local deaf community by coordinating and delivering our Sign Language Interpreting services in Alachua and surrounding counties. The CILNCF has six (6) highly qualified sign language interpreters on staff. The CILNCF is partnered with Florida Telecommunications and Relay, Inc. (FTRI) and is the designated Regional Distribution Center (RDC) of specialized telecommunications equipment in North Central Florida. With this program, we work with area Audiologists, as well as Speech and Language professionals by providing communication access related services to people who are deaf, hard of hearing, deaf/blind, and speech-impaired.

The CILNCF Employment Services Program is operated in partnership with the Department of Education, Division of Vocational Rehabilitation Services. This multi-faceted Employment program focuses on job placement, increasing employability skills and ensuring long-term success on the job. Additionally, we provide comprehensive vocational testing and evaluation services. We have been successful in placing individuals with significant disabilities into meaningful employment with a majority of those individuals obtaining jobs above minimum wage and with benefits.

The CILNCF operates six (6) High School/High Tech Programs in five (5) school districts in North Central Florida. High School High Tech (HSHT) was developed out of concern that too few students, especially those with disabilities, were being prepared for technology-based careers. Like other HSHT programs throughout the state, our program is designed to provide young people who have all types of disabilities the opportunity to explore jobs and post-secondary education leading to technology-related careers. Locally, it is a community-based partnership made up of students, parents and caregivers, businesses, educators and rehabilitation professionals.

“Building Ramps, Building Lives!” is a wheelchair ramp building program that constructs approximately 15-20 ramps per year for low income people with a disability who are in need of a ramp and do not have financial resources for it. The CILNCF created this program twelve (12) years ago to respond to the growing community need in Gainesville for a wheelchair ramp building program through a strategy of grant writing and solicitation of donations in order to develop the means to purchase ramp materials. Further, CILNCF actively partners with other service organizations and mobilized community groups and individual volunteers who provide the labor.

The CILNCF offers regular Disability Awareness Trainings to public and private entities, agencies, and/or organizations. The Disability Awareness Trainings include topics about: appropriate terminology and definitions associated with disabilities; the various types of disabilities; prevalence and incident rates of disabilities; history of disability; common challenges for people with disabilities; strengths of people with disabilities; common myths about disability and social etiquette when communicating to people with disabilities. The CILNCF Disability Awareness Trainings utilize a variety of teaching methods, engaging activities and are tailored to address multiple learning styles. These trainings are offered in alternative formats to accommodate anyone with a disability. The CILNCF has offered Disability Awareness Trainings to: Transit professionals including bus drivers and administrators; Health professionals; emergency management professionals; teachers and other school officials; and to a wide variety of private and public business entities.

By continuing to contract with the CILNCF, The City of Gainesville and RTS ensure that ADA Paratransit screening services are wrapped together with all other CILNCF services and are offered at no cost to consumers.

**Mission:**

The Mission of the CILNCF is to empower people with disabilities to exert our individual rights to live as independently as possible, make personal life choices and achieve full community inclusion.

**Areas Served:**

The Area and Population served by the CILNCF is very diverse. We provide all of our services at no cost to consumers residing within a 16 county region in North Central Florida including: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union counties.

**II. Capacity**

The CILNCF has been doing business in Gainesville for 36 years. Our organization is operated by people with disabilities, for people with disabilities. The CILNCF owns a 10,000 square foot building and has several offices to house staff, two classrooms and one large boardroom, as well as a large consumer activity room used for classes and social events (See Attachment - 02).

During the 2015-2016 program year, 1,382 ADA Paratransit screenings were conducted and 1,297 Determinations made. The space at CILNCF is more than adequate to accommodate the continued needs of the ADA Paratransit Screening and related services. Therefore, if awarded a contract, the CILNCF intends to continue providing these services from our office located in Gainesville, FL. Our facility is fully accessible, located in the center of town and on major bus routes offering easy access for participants.

The CILNCF is required to maintain a staff of at least 51% majority of people with significant disabilities and currently our staffing composition is comprised of 62% of people with significant disabilities. The staff composition and experience enriches service delivery immensely and further enhances ADA Paratransit and related services. Not only does staff have expert knowledge, experience and skill-sets relating to ADA Paratransit Screening and related services, they have their own personal experiences with disability to offer applicants for Paratransit. Therefore, assessments, as well as interactions with staff, are made easier and create an experience for the applicant that cannot be found elsewhere. The resulting benefit for The City and RTS is a uniquely qualified provider, able to deliver ADA Paratransit Screening and related services.

The current Project Manager, Mr. Mark Mayfield, with a background in law, together with his personal experience with disability, has proven to have an outstanding skill-set for applying the ADA and Federal Transit Administration (FTA) guidelines. Mr. Mayfield thoroughly understands FTA and ADA regulations, especially as they relate to a person's civil rights to have access to and use of public transportation. Understanding critical aspects pertaining to ADA Paratransit Eligibility allows Mr. Mayfield to effectively organize and manage procedures for implementing the ADA Paratransit services.

In summary, the CILNCF facility and staff characteristics is evidence of our capacity and ability to be "The" Community Disability Resource Center, fully able to perform ADA Paratransit and related services on behalf of the City and RTS. Our ability in this area is proven by our 20 year history of delivering excellent services and is further exemplified by the number of screenings and determinations the CILNCF is able to

administer on behalf of The City and RTS without complaint and in full compliance with ADA and FTA requirements.

### **III. Scope of Services – ADA Paratransit Screening**

The CILNCF currently holds contracts with the City of Gainesville to provide Americans with Disabilities Act (ADA) Paratransit screenings and eligibility determinations. The CILNCF has been performing ADA Paratransit eligibility screenings for The City of Gainesville and other area municipalities for nearly 20 years. The CILNCF entered into contracts with the City of Gainesville to work directly with members of the community on transportation issues because of the ADA's significant and positive impact on transportation and access for people with disabilities. The CILNCF has efficient and effective policy and procedures guiding the ADA Paratransit screenings and eligibility determinations and is proven to be an outstanding resource in the implementation of the ADA (Attachment – 03).

ADA Paratransit Screenings, with the exception of those done off-site (i.e. screenings conducted at a nursing home), will be conducted at our main office located at: 222 SW 36th Terrace, Gainesville, FL 32607. The Contract Manager or specified designee will be available during our regular working days and hours of Monday through Friday from 9:00 am to 5:00 pm, with the exclusion of City and/or CILNCF approved holidays.

#### **Screening Process:**

**Making appointments:** Individuals contact the CILNCF and request an appointment to initiate the application process. Applicants must call the CILNCF (Monday through Friday between 8:30 am – 5:00 pm) and schedule an ADA Paratransit appointment. All attempts are made to schedule appointments as soon as possible and within no more than two (2) weeks of the initial contact (if possible). CILNCF staff calls each of the applicants 24-48 hours before the scheduled appointment to remind them about it.

**Application appointment:** CILNCF staff complete an RTS ADA Paratransit Application Form with consumers during their appointment (See Attachment – 04).. The ADA Paratransit Application and screening interview obtains general information about the applicant, details about their disability, assesses how a person's disability affects them functionally and in using public transportation. Each person's disability affects them functionally in various ways, and our assessment identifies the most appropriate eligibility determination for meeting their individual needs. Applicants are interviewed by trained and qualified CILNCF staff members. CILNCF staff is uniquely qualified to work with a wide variety of disabilities and are skilled in critical areas such as insuring necessary accommodations are in place to complete the screening and application process.

**Verification:** The application process requires documentation of having a disability via Professional Verification Form(See Attachment – 05). This form requires signed verification from a certified health care provider, social worker, rehabilitation counselor, vocational evaluator or other qualified medical/rehabilitation professional in order to verify the applicant has a diagnosed disability as defined by the ADA.

The Professional Verification Form includes the combined weight of both the client and mobility device. Further, the CILNCF has a scale to weigh any applicant utilizing a large mobility device that may be over the limits of wheelchair lifts; which, for fixed route vehicles is a combined weight of 600 lbs. and 800 lbs. combined weight for Paratransit vehicles.

### **Eligibility Determination**

Eligibility determination is made once the person's application and verification form is completed in its entirety. Eligibility is currently separated into three categories, each representing the current ability of the person applying for certification. They are: Fully Eligible, Conditionally Eligible, and Not Eligible.

1. Fully Eligible:

The person may use Paratransit service or fixed route service without exception based on functional, cognitive, physical, mental and/or visual disabilities.

2. Conditionally Eligible:

Eligibility may be limited to certain conditions or destinations based on the person's ability to ride the fixed route system in certain situations.

3. Not Eligible:

The person's disability does not prevent them from using the fixed route system. Therefore, they do not qualify for Paratransit service under the ADA

Once the person has been determined to be eligible for Paratransit services, they are allowed to use fixed route service and Paratransit service interchangeably. A person is given notice of their eligibility determination via approval letter (See Attachment - 06). CILNCF staff has 21 days, as required by the ADA and FTA guidelines, to determine eligibility. If a determination is not made within the 21 day time period, the person is considered at a minimum conditionally eligible under Federal Transit rules and will remain in that status until a determination is made by CILNCF staff.

**Appeals to eligibility determination:** Paratransit eligibility is determined once the person's application and professional verification form are signed and date-stamped in our office. If a person is determined either conditionally eligible or not eligible, they have the right to request a hearing to appeal the decision. The rider has 60 days from the date of determination to send an appeal request to RTS. RTS has been the agency responsible for hearing appeals as CILNCF staff makes the initial recommendation. The appeal committee can include a staff member from the CILNCF, but it cannot include the person who made the initial decision. The City has historically been the agency to handle this obligation, but the CILNCF is more than willing to participate in this process.

**ADA Identification Cards:** If an applicant is deemed eligible (full or conditional) after the application and verification is complete, a digital photo of the person taken during the application process is used to produce an identification card for the applicant. The

identification cards are presented to fixed route and Paratransit bus drivers in order for applicants to access and utilize transportation services.

**Renewal:** Beginning January 1, 2016, the CILNCF began designating riders who have a “permanent disability” (a disability where the person is not going to recover from the condition or there is no known cure for it). Riders with a “permanent disability” will be eligible for five years (instead of only three years) from the date of certification. Applicants with a permanent disability will only be required to update their demographics and take a new picture for their ADA Identification card when recertifying. No newly completed Professional Verification Form will be required when riders with a permanent disability recertify.

Additionally, the CILNCF will provide reasonable notice to those persons with visual impairments whose eligibility is expiring within a coming month.

### **Applicant information, data management and confidentiality**

Applicant Information: All information collected, including the ADA Paratransit Application, will be kept in a locked room with locked file cabinets in a secure part of the CILNCF building. A secured electronic database of pertinent rider information is maintained and forwarded to RTS staff on a weekly basis. This database includes the following information:

- Name
- Eligibility type & length of time  
(If other than usual 3 years)
- Conditions of eligibility  
(If a conditional determination is made)
- PCA status
- Address
- Alternate format (if needed)
- Mobility device (if applicable)
- Medicaid beneficiary recipient
- Application date
- Date of determination
- Evacuation assistance (if requested)
- Phone number



**Electronic Database Management:** The CILNCF uses an electronic database known as “Big Mama” to track all applicants’ information once they have been determined eligible or ineligible and will include the following information: name, address, phone number, DOB, PCA status, application number, Medicaid status, alternate contact format (if applicable), application date, verification date, 21 day start date (latter of application date and verification date), date application is processed, number of days between 21 day start date and application process date, mobility device used (if applicable), evacuation assistance request (yes or no), notes on eligibility (i.e., nursing home residence) and conditions on eligibility (for those determined conditionally eligible). The database has been recently updated to include: 1) Verification date, 2) Date processed, 3) 21 day start date, 4) Number of days to process. This information will be inputted regularly as determinations are made by the Paratransit Director.

The CILNCF keeps an Applications Processed spreadsheet that includes a tracking component to alert us when we are approaching 21 days since a person applied for Paratransit. This will let all staff involved know when 14 days have passed from the application date. If the person has been certified eligible before then, the Paratransit Director will color-code the date red; if the person has been denied eligibility, the date will be color-coded blue. If no color change is indicated by the 14<sup>th</sup> day, the staff who interviewed the applicant will determine if the verification form has been received but not yet processed or not yet received. If it hasn’t been received, follow-up efforts will be made by staff to acquire verification. This is in line with the letter sent with the verification form that requests verification within 14 days. If no verification is received within 21 days from the date of application, staff will notify the applicant and ask them to contact the doctor or other professional to help get the verification needed to process their application.

### **Accommodations under the Americans with Disabilities Act:**

The CILNCF has the ability to provide all required accommodations to consumers applying for ADA Paratransit services. The CILNCF has staff members who provide disability related accommodations on-site including, but not limited to: providing certified sign language interpreters, providing all written materials in Braille, audio format and large print format. In addition, we have staff that are experienced with TDD and/or video relay equipment, which is all available on-site and are able to work with clients to communicate by those means. CILNCF staff are experienced and qualified in working and communicating with people who have cognitive disabilities and/or mental health disabilities.

### **Materials:**

The CILNCF is able to provide the materials used in the processing and distribution of ADA ID cards. This includes digital cameras, stock cards, and laminating pouches to produce proper identification cards.

### **Additional Services**

**Off site Paratransit eligibility services:** Currently, the CILNCF routinely conducts ADA Paratransit screenings off-site at medical and long-term care facilities such as

GRACE Marketplace, nursing homes, ARC's, dialysis centers, schools and other agencies having a large number of applicants needing to be screened. The CILNCF will continue off-site Paratransit eligibility services if awarded this contract.

**Wrap around services:** Staff that completes the ADA Paratransit application and interview will work as part of a larger rehabilitation team that strives to facilitate increased independence for every applicant. This is achieved by a comprehensive screening and inter-office referral protocol intended to identify other Independent Living services that can be wrapped around the ADA Paratransit services at no cost (See Attachment – 07)..

### **Emergency Procedures**

The CILNCF has current policies and procedures in place to safely and efficiently deal with emergency situations should they arise. Safety procedures include emergency action plans for weather, fire, medical or criminal emergencies (See Attachment - 08). The CILNCF staff are trained and re-trained each year on the center's emergency action plans for weather, fire, medical and criminal emergencies.

### **IV. Scope of Services – Travel Training**

The CILNCF has the personnel, facilities, equipment and processes necessary to carry out effective Travel Training for all who are interested in it. As the current Contractor providing Paratransit screenings and related services, the CILNCF ensures all who apply or re-certify are made aware of the availability of free Travel Training Services.

The CILNCF currently provides training to individuals with disabilities interested in learning to use public fixed route transportation safely and independently. In recent years, the CILNCF has developed a very successful and Travel Training program. Our program enrolls a strong cross-section of the disability community. Participants include students with disabilities from area middle and high schools, elderly adults, as well as other individuals with disabilities living throughout the Gainesville community. Access to public transportation and improved levels of independence translates to fewer incidences of isolation and significant increases in community inclusion, both of which are fundamental to our organization's mission.

Travel Training is provided to people of all diagnosed disabilities across the entire disability spectrum. CILNCF staff has extensive experience teaching activities of daily living (ADL) with people having a variety of disabilities that include, but are not limited to those that are cognitive, physical, visual or hearing in nature. Therefore, the staff working in the ADA Paratransit Services is skilled in delivering the educational content contained in the Travel Training Services in a manner that addresses a wide variety of learning styles.

Travel training is a unique form of one-on-one instruction, teaching people with disabilities how to use the city fixed route system confidently, independently, and safely. It is the most cost effective form of education for public transportation available and allows the flexibility of independent and spontaneous travel. The current Travel Training program at the CILNCF consists of both classroom and actual field based

training on the fixed route bus system. Travel training will be conducted on an individual basis for a majority of participants. However, group training will be provided whenever possible and the CILNCF will maintain a ratio of 1 Travel Trainer for every 5 participants.

### **Getting Started**

Once a person has been determined eligible for Paratransit, they are then eligible to participate in the Travel Training program. Once a person indicates that they are interested in the Travel Training program, the CILNCF will contact them and set up an appointment to begin Travel Training within two (2) weeks of Paratransit approval. If additional time is needed to work and schedule appointments with consumers, the CILNCF will contact RTS staff with that request.

### **Consumer Intake Form**

Individuals seeking Paratransit Services and who participate in Travel Training become formal Consumers of the CILNCF. This means a Consumer Service Record (CSR) is opened and an Independent Living Plan (ILP) developed in order to establish in writing all Travel Training goals, progress and timelines (See Attachment - 09). In addition to recording these goals and tracking these goals, CSR's records additional consumer information including: name, contact information (address phone numbers, email, demographic information, disability type and verification, etc.

### **Travel Training Education**

The CILNCF staff provides detailed information (in a variety of formats dependent upon the learning style of the consumer) to all who have requested Travel Training, ensuring that each participant leaves with the specific knowledge and skills they need to safely and independently access the fixed route RTS bus system.

Currently the City allows fifteen (15) hours of Travel Training per consumer with an agreement that five (5) additional hours may be awarded if the consumer requires it to complete their training. Travel training typically involves assessing and strengthening skills in the following areas:

- Rider confidence
- Reading maps
- Planning trips
- Navigating fixed routes
- Requesting accommodations
- Bus cards and passes
- Fares
- Reading schedules
- Making transfers
- RTS service hours
- RTS service areas
- RTS policies
- Grievances
- Use of Service animals

**Classroom Topics:** Our classroom based education and one-on-one time with consumers provides training on: understanding how the RTS transportation system works; knowing where and when the buses will be available; and becoming familiar with the tools that can assist in navigating transit routes. Our classroom sessions focus on the skills needed to safely and confidently use the fixed route bus service. The session begins with a discussion of bus safety and proper bus behavior. Detailed training includes reading the bus schedule, planning trips, requesting assistance from drivers, and loading of wheelchairs, scooters, guide dogs and walkers (if applicable). Other points that are critical to properly using the fixed route system include, but are not limited to making transfers, recognition and location of stops, personal safety, getting to and from a bus stop as well as safe street crossing skills.

**Travel Training while using Fixed Route Transit.** Our Travel Training field work involves CILNCF staff accompanying the consumer while they navigate their actual bus routes and the transit system. This field-based hands on education is conducted until each person is comfortable with their ability to access and use RTS buses effectively and without undue stress.

**The Trip Planning Worksheet:** The Trip Planning Worksheet allows staff and the consumer to plan out the specific starting and destination address or intersection for the route on which the consumer wishes to travel. It allows the consumer and staff member to plan the “going” part of the trip as well as the “return” part of the trip. The consumer can keep this worksheet with them in case they have a difficult time remembering specific pieces of the trip. It gives them an opportunity to review the route based on the time they need to be at their destination. It denotes starting and destination addresses, route number, location of bus stop, scheduled boarding and arrival time as well as any notes that are specific to the consumer (See Attachment - 10).

#### **V. Scope of Services – Disability Awareness Training**

The CILNCF has been successfully teaching Disability Awareness Training workshops for public and private entities for more than 36 years. These workshops are meaningful, engaging, interactive and strive to break down long held misconceptions regarding persons with disabilities. Disability Awareness Trainings allow for open and honest discussion regarding how people should work and interact with persons with disabilities. These forums also serve a secondary purpose of updating fixed route drivers about the rules and requirements of the ADA. There are many requirements that affect the daily operation of fixed route service and this gives the drivers an opportunity to ask pertinent questions regarding those requirements.

As a Center for Independent Living, one of our most important goals is to exemplify and foster an environment that recognizes the worth and potential of individuals with disabilities. As an organization that is staffed and governed by a majority of people with disabilities, we are most familiar with the enormous difference employee awareness can make. The purpose of our Disability Awareness Program is to enhance basic knowledge, skills and comfort levels when working with individuals with disabilities. Through an increased understanding of disability, we gain a greater awareness of the impact of attitudinal and environmental barriers that create unnecessary obstacles for people with disabilities. This program focuses on transit staff perspectives as they

engage with riders with disabilities and is designed to develop an improved understanding of what it is like to “walk in our shoes.”

Disability Awareness Trainings will have the added enhancement of being facilitated by an experienced staff person who themselves is a person with a disability.

Our Disability Awareness Trainings utilize interactive exercises, multimedia educational technologies, hard copy and electronic informational materials and videos focusing on areas such as:

### **1. Introduction to ADA**

This information provides an overview of the ADA, how it relates to transportation, and what or how much accommodation is appropriate for people with disabilities.

### **2. General information on disabilities and abilities**

Information includes prevalence of disability, understanding the various types of disabilities and history of disability.

### **3. Specific discussions covering areas unique to public transportation**

This portion of the training discusses situations relevant to accessing transportation for people with disabilities and includes information about: announcing stops, wheelchair securement questions, personal care attendants, service animals and elderly and disabled preferred seating.

### **4. Exercises that dispel common myths**

This portion of the training discusses commonly held myths about disability and provides evidence based facts to counter these misperceptions.

### **5. Etiquette**

This portion of the training discusses appropriate ways to communicate with people who have various types of disabilities. Information about the best way to greet someone who is visually impaired or uses a wheelchair and how to respond to challenging behaviors are included in this portion of the training.

### **6. Empathy**

Our workshops are designed to inspire empathy and give practical tips while presenting a close look at the life of people with disabilities.

### **7. Hidden Disabilities**

Not every disability is noticeable or visible. This portion of the training addresses how to interact and work with people who do not have visible disabilities in an effective manner.

## 8. Quality of Life

This portion of the training describes the impact of social, attitudinal, and environmental barriers on the quality of life for people with disabilities.

## 9. Person-First Language

The language used when addressing people with disabilities or used generally to describe a disability has a huge impact on the way people with disabilities are perceived. It is therefore essential that language present a positive image, not a negative one, and does not cause offense.

Additionally, the training offers an in-depth perspective on working with individuals who are visually impaired or blind and offers driver the following insights:

If you see a person who is blind who seems to be in need of assistance:

- DO introduce yourself and ask the person if he needs assistance.
- DO provide assistance if it is requested.
- DO respect the wishes of the person who is blind.
- DON'T insist upon trying to help if your offer of assistance is declined.

If a person who is blind asks you for directions:

- DO use words such as "straight ahead," "turn left," "on your right."
- DON'T point and say "go that way" or "it's over there." If you are asked to guide a person who is blind:
- DO allow the person you are guiding to hold your arm and follow as you walk.
- DO move your guiding arm behind your back when approaching a narrow space so the person you are guiding can step behind you and follow single-file.
- DO hesitate briefly at a curb or at the beginning of a flight of stairs.
- DO tell the person you are guiding whether the steps go up or down.
- DO allow the person you are guiding to find the handrail and locate the edge of the first step before proceeding.
- DON'T grab the person you are guiding by the hand, arm, or shoulder and try to steer him.
- DON'T grab the person's cane or the handle of a dog guide's harness.

At the completion of training, each RTS staff member will be surveyed so that they can report back to us on the effectiveness of the training.

## VI. Scope of Services – Mystery Ride Audits

The CILNCF's long-term presence in the community as the agency that people with all disabilities look to for assistance makes us uniquely qualified to provide ride audits. We are established, trusted, and have been advocating for people with disabilities for more than 36 years. The personnel at CILNCF are keenly aware of how people with disabilities should be treated in a public accommodation. No one else has our experience or level of commitment. Our experience, together with our understanding of ADA and FTA requirements, results in a unique ability to assess whether drivers are adhering to ADA and FTA requirements.

As required by the contract, the CILNCF will continue offering 2.5 hours a month of audits on fixed routes as well as 2.5 hours a month on ADA Paratransit rides. The "Mystery Rider" service ride audits are conducted by CILNCF staff and other members of the public anonymously while riding the fixed route and Paratransit systems. These audits are intended to assist the City and RTS by identifying potential ADA compliance concerns. Service delivery areas that may be audited include:

- RTS bus top signage
- Amenities at the bus stop
- Wheelchair assistance
- Wheelchair securement
- Stop announcements
- Driver assistance

Mystery Riders may also be used to assist the City to identify and provide useful documentation on inaccessible or non-compliant ADA bus stops.

We do not want drivers, through the Mystery Rider program, to only be singled out when performance needs improvement or when a mistake occurs. Therefore, when drivers meet or exceed requirements, their performance will also be noted and reported to RTS utilizing the Mystery Ride Audit Form (See Attachment – 11).

## **VII. Qualifications of Staff**

The CILNCF is uniquely qualified to perform the ADA Paratransit Screenings, Eligibility Determinations and Re-certifications, Travel Training, Mystery Ride Audits and Disability Awareness Training services for the City of Gainesville. The CILNCF has been one of the more stable Centers for Independent Living in the State of Florida and has been successful in securing funding from a variety of sources in order to expand services to Gainesville and the surrounding communities (See Attachment - 12).

The CILNCF has a proven record of managing public resources responsibly, maintaining strong internal controls and delivering high quality services. Each year, the CILNCF has an independent audit conducted by an outside auditing firm. The CILNCF record of fiscal responsibility is confirmed by the fact that we have not had a single audit finding in the past twenty five (25) consecutive years (See Attachment – 13).

The Executive Director for the CILNCF is Dr. Tony Delisle and is himself a person who has a significant disability. Dr. Delisle has a strong track record of: providing effective services and programs for people with disabilities; leveraging material, human and financial resources to meet the needs of people with disabilities; advocating for disability rights; and is a well known collaborator with the agencies and organizations that serve the disability community (see attachment 14). His contact information is:

Tony Delisle  
 Executive Director  
 Center for Independent Living of NCF  
 222 SW 36th Terrace  
 Gainesville, FL 32607

Phone: 352-378-7474 x12

Email: [tdelisle@cilncf.org](mailto:tdelisle@cilncf.org)

Should the CILNCF be awarded a contract, the Project Manager for ADA Paratransit Eligibility and related services will continue to be our ADA Paratransit Director, Mr. Mark V. Mayfield, Esq. Mr. Mayfield has an extensive background in the areas of advocacy and disability law and is himself a person with a significant disability.

Additionally, Mr. Mayfield was a member on the City of Gainesville's Citizens Disability Advisory Committee (CDAC) from its inception to its recent merger into the Citizens Diversity and Inclusion Advisory Committee (CDIAC). Mr. Mayfield has almost six (6) years experience managing our current ADA Paratransit Eligibility and related services. Mr. Mayfield is responsible for determining applicant eligibility as well as overseeing appeals and grievances, Travel Training, Mystery Ride Audits, database maintenance and supervision of three (3) staff members who regularly conduct Paratransit screenings (See Attachment – 14).

In addition, Mr. Mayfield also serves as the liaison between ADA Paratransit services offered by the CIL to the Gainesville community and its diverse group of community organizations. These important community partners often need timely information about ADA Paratransit services and frequently their constituents have an urgent need for access to ADA Paratransit services. It is the responsibility of Mr. Mayfield to respond to these needs. These organizations may include: dialysis centers, nursing homes, senior centers, etc. Mr. Mayfield, along with another staff member, will conduct the Disability Awareness training to RTS staff.

Mr. Mayfield's contact information is as follows:

Mark Mayfield, J.D.  
ADA Paratransit Director  
Center for Independent Living of NCF  
222 SW 36th Terrace  
Gainesville, FL 32607  
Phone: 352-378-7474 x18  
Email: [mmayfield@cilncf.org](mailto:mmayfield@cilncf.org)

Mr. Mayfield directs three (3) seasoned CILNCF staff members who have 15 years of combined experiences in the implementation of the ADA Paratransit Services. All three of the ADA Paratransit Services staff have extensive knowledge and experience in all components of the ADA Paratransit services and work cohesively in an efficient and effective manner. Throughout the years their work has served literally thousands of consumers utilizing ADA Paratransit services.

All CILNCF program directors and program coordinators contribute to the transportation program by assisting with the Paratransit screening process. We have a satellite office in our service area in Ocala, wherein we manage a similar ADA Paratransit Services contract in Marion County with SunTran.

As a Center for Independent Living (CIL), we are required by The Rehabilitation Act of 1973, to be comprised of at least 51% of people with significant disabilities. We have



always exceeded this minimum requirement and currently have a staff composition of 62% of people with disabilities. The CILNCF is currently staffed with a combination of full-time and part-time employees who provide the following services: Independent Living Skills, Advocacy, Peer Support, Travel Training, Sign Language Interpreting Services, Information & Referral and Transition Services (See Attachment – 15).

The CILNCF has been the sole contracting agency for the City of Gainesville to provide ADA Paratransit Screening services, Travel Training, Mystery Rider and Disability Awareness Training services since 1997. In July 2004, the CILNCF assumed responsibility for ADA Paratransit Eligibility and Recertification Determinations as well. Programming at the CILNCF is designed specifically for individuals with disabilities and intended to support their personal goals to maintain, regain or attain independence in the community, for which accessible transportation is a key to achieving.

## VIII. References

### Suntran

Gennie G. Garcia

General Manager

1805 NE 30<sup>th</sup> Ave Building 900

Ocala, FL 34470

352-404-6958 Office

352-401-6995 Fax

[ggarcia@ocalafl.org](mailto:ggarcia@ocalafl.org)

Provide ADA Paratransit Screenings Service Provided July 1999-Present

### Vocational Rehabilitation

Julie Kates, Chief, Bureau of Program Development and Assistance

2<sup>nd</sup> Floor, Room 215N

4070 Esplanade Way

Tallahassee, FL 32399-7016

850-245-3338

### GRACE Marketplace

Jon DeCarmine, Operations Director

3055 NE 28<sup>th</sup> Drive

Gainesville, FL 32609

352-792-0800 x106

[jdecarmine@gracemarketplace.org](mailto:jdecarmine@gracemarketplace.org)

### Parklands Care Center

Elliot Williams, Administrator

1000 SW 16<sup>th</sup> Ave

Gainesville, FL 32601

352-376-2461

[elliott.williams@parklandsc.com](mailto:elliott.williams@parklandsc.com)

## **IX. Attachments**

All attachments numerically referenced throughout the proposal and follow in their corresponding sections.

RECEIVED SEP 29 1989

#160968D

Department of the Treasury  
Internal Revenue Service  
Quality Review Staff  
Taxpayer Assistance Group  
P. O. Box 1055 - RM 907  
Atlanta, Georgia 30370-0000

Date: SEP 26 1989

Date of Inquiry:  
08/29/89  
Refer Reply To:  
QRS:EO:TPA  
EIN:  
59-2177488  
FFN:  
580004326

TRANSITIONAL LIVING OF NORTH  
CENTRAL FLORDIA, INC.  
1023 SE 4TH AVENUE  
GAINESVILLE, FL 32601-6908

Dear Taxpayer:

This is in response to your request for confirmation of your exemption from Federal Income Tax.

You were recognized as an organization exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code by our letter of September, 1982. You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified, or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any changes in your name and address.

Thank you for your cooperation.

Sincerely yours,



Exempt Organizations Coordinator



## Consumer's Certificate of Exemption

#160968D  
DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

|                    |                |                 |                        |
|--------------------|----------------|-----------------|------------------------|
| 85-8012671675C-2   | 01/31/2015     | 01/31/2020      | 501(C)(3) ORGANIZATION |
| Certificate Number | Effective Date | Expiration Date | Exemption Category     |

This certifies that

TRANSITIONAL LIVING OF NORTH CENTRAL  
FLORIDA INC  
DBA CENTER FOR INDEPENDENT LIVING  
222 SW 36TH TER  
GAINESVILLE FL 32607-2863

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

**CILNCF Policy A-28****EQUAL EMPLOYMENT OPPORTUNITY AND  
AFFIRMATIVE ACTION**

**POLICY:** The CILNCF shall provide equal employment opportunity to all employees and applicants for employment. No person shall be discriminated against because of race, color, national origin, gender, age, marital status, religion, sexual orientation, gender identity and disability. CILNCF shall comply with the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act of 1990 and other applicable Federal, State, and local laws, rules and regulations.

In accordance with the Standards and Assurances for Centers with Independent Living, Section 725, Section (6) of the 1992 amendments to the Rehabilitation Act, the CIL-NCF shall ensure that the majority of staff are individuals with significant disabilities.

**PROCEDURES:**

1. This policy shall apply to all terms, conditions, and privileges of employment, including, but not limited to, hiring, probation, training, promotion, demotion, compensation and employee facilities.
2. Any advertising for a job opening shall contain a statement that a person with a disability is encouraged to apply.
3. The work area will be free of any behavior, conduct, action, or inference that could result in discrimination, intimidation or harassment.

**CILNCF Policy A-31****DRUG FREE ENVIRONMENT**

It is the policy of CILNCF that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance (illegal or non-prescribed controlled substance) is prohibited in the workplace. Community treatment programs are available and employees are encouraged to self-refer should the need develop.

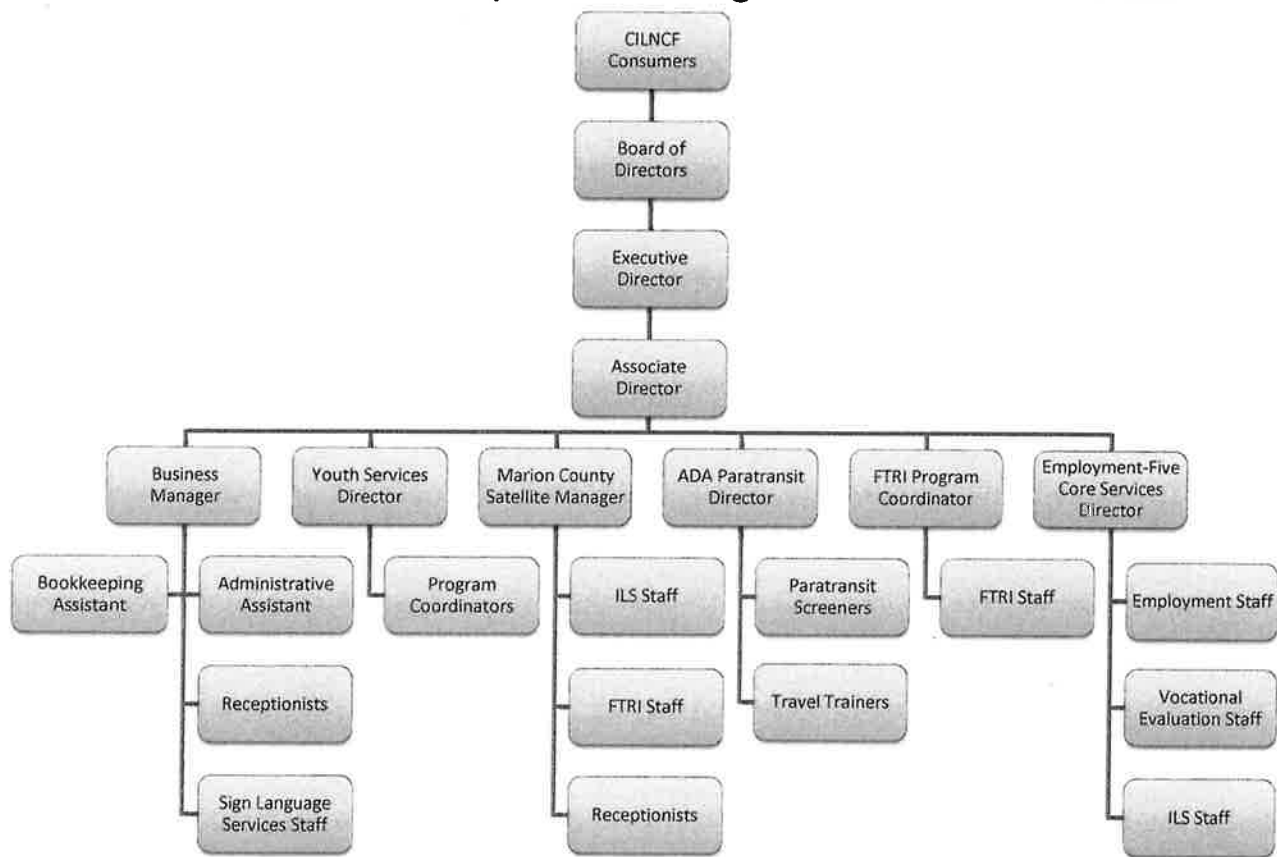
1. An employee must notify the Executive Director in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five calendar days after the employee has been convicted.
2. Any employee who violates the Drug Free Environment policy will face appropriate personnel action up to and including the possibility of termination. This personnel action will take place within 30 calendar days of notification to the Executive Director. The employee may be required to participate and make satisfactory gains in a drug abuse treatment program.
3. CILNCF will notify Federal agencies if an employee who is engaged in Center activities under a Federal award advises the Executive Director of a conviction, or if the Center learns of the conviction through other sources. This notification must be in writing and include the employee's position title and the identification number(s) of each award affected. The notification will be sent to all Federal agencies under which the convicted employee worked.
4. At hire and on a yearly basis, staff will be informed about the drug free environment policy and discuss 1) the dangers of drug abuse in the workplace; 2) the Center's policy; 3) the availability of drug counseling and rehabilitation programs and 4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
5. Reporting to work with impaired abilities, or under the influence, or in possession, consumption, or distribution of an illegal substance or alcohol while on duty shall be grounds for disciplinary action, up to and including termination.

Ref. 34 EDGAR 84.200

Rev. 1/2015



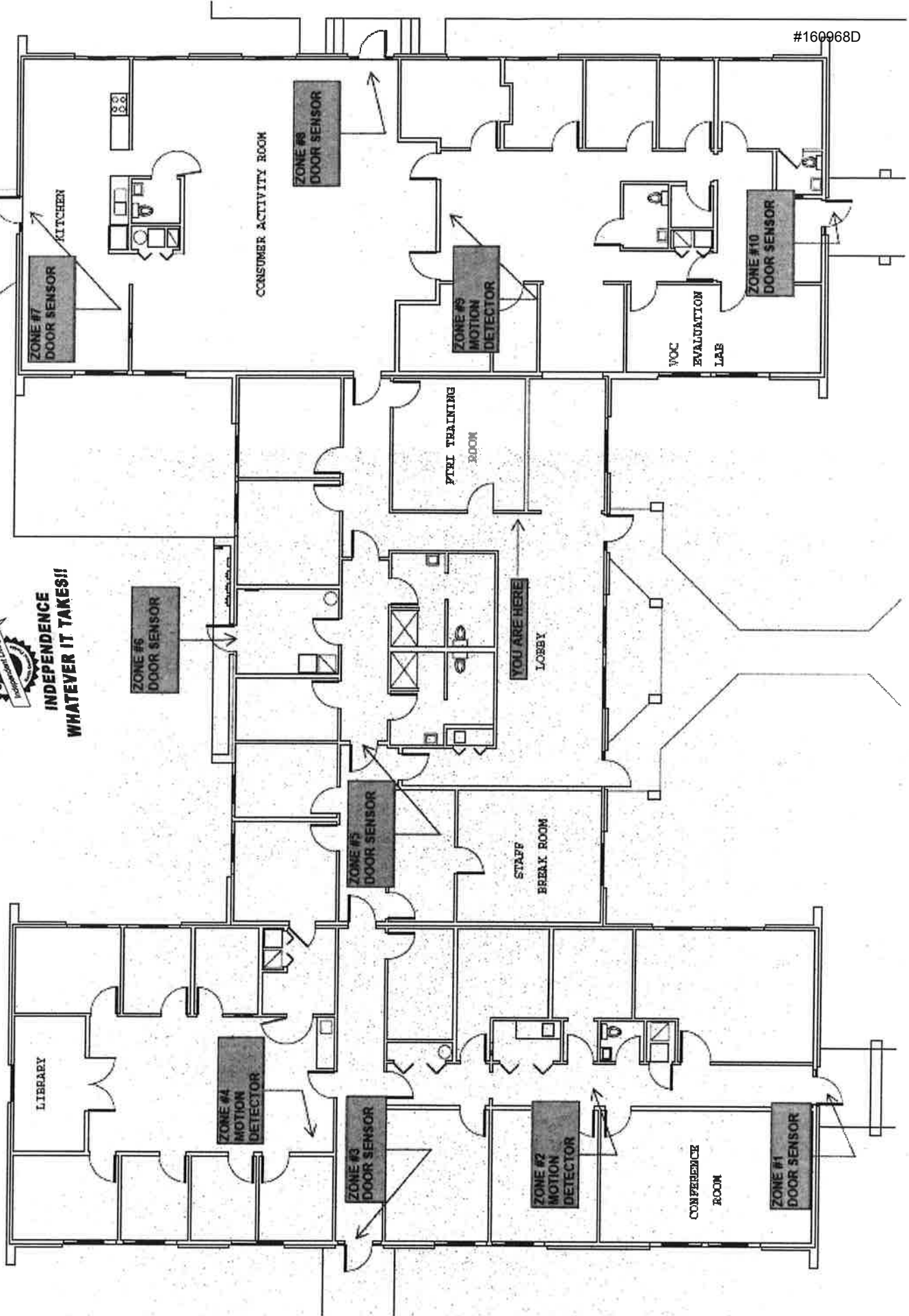
# The Center for Independent Living of North Central Florida







**INDEPENDENCE  
WHATEVER IT TAKES!!**



# **Paratransit Policy & Procedures**

## **Center for Independent Living of North Central Florida (CIL)**

### **Paratransit Eligibility Certification, Recertification and Eligibility Determination:**

The CIL has been performing ADA Paratransit eligibility screenings for The City of Gainesville as well as other area municipalities for over 20 years. In an effort to assist with the implementation of the American's with Disabilities Act and its significant impact on transportation, the CIL entered into contracts with the City of Gainesville to work directly with members of the community on transportation issues directly affecting persons with disabilities. Additionally, the CIL currently holds contracts with the City of Gainesville to provide ADA Paratransit eligibility determinations. This is the process by which the Project Manager understands and can effectively implement the Federal Transit Administration (FTA) ADA regulations as they relate to a person's civil right to have access to and use of public transportation. Eligibility is currently broken down into three categories, each representing the current ability of the person applying for certification.

### **Screening Process:**

The CIL works with individuals on a cross disability basis. Each person's disability affects them personally and individually in very different ways, even when a diagnosis is shared. The application and screening interview is intended to capture, in person, how each person's disability affects them functionally. Individuals contact the CIL and request an application appointment. Applicants are able to call and set an ADA Paratransit appointment within two (2) weeks of the initial contact.

### **Setting Appointments:**

Persons interested in obtaining certification (or recertification) for Paratransit eligibility must call the Center for Independent Living for an appointment that will be scheduled for the week of the second Monday thereafter unless an earlier opening or cancellation spot is available. Appointments are available Monday through Thursday at 9:30, 10:30, 11:30, 1:30, 2:30 and 3:30, except Wednesday when there is no 3:30 appointment. There are at least two (2) appointments available for each morning time period except on Thursday when only 9:30 has multiple appointments. This is subject to change as staff and intern availability changes.

### **Appointment calendar procedures:**

CIL staff will enter the person's name, telephone number, mailing address and recertification status on the Outlook calendar for Paratransit. Once an appointment slot has been filled, staff will change the color of that time slot to blue to indicate it is filled. Staff are to call each person the day before their appointment (call on Friday for Monday

appointments) to remind them. Once the person has been reached or a voice mail message left, staff will change the time slot color to green. If no one answers and no voice mail is available, staff will leave the time slot color blue. If a person calls to cancel their appointment, staff will change the time slot color to yellow and remove the person's information. If that time slot gets filled again, staff will change the color to blue again.

If an applicant arrives for their scheduled appointment, staff will change the time slot color to orange. If the applicant does not show up for their appointment and does not call beforehand to cancel, staff will change the time slot color to red. The person's name will then be added to the "Paratransit Missed Appointments" database and they will not be permitted to make another appointment until one (1) month after their missed appointment.

All Paratransit screeners will be responsible for indicating when their time slots should not be filled because of time off or other commitments. Screeners will put "Do not fill" or "Do not schedule" next to their name in the appropriate time slot.

### **Conducting appointments:**

Once they arrive at the CIL, applicants are interviewed by a qualified staff member. Staff completing the ADA Paratransit application/interview work as part of a larger rehabilitation team that strives to facilitate increased independence for every applicant. This is achieved by a comprehensive screening and inter-office referral protocol intended to identify other Independent Living services that can be wrapped around the ADA Paratransit services at no-cost. Staff members are uniquely qualified to work with a variety of disabilities and skilled in critical areas such as insuring necessary accommodations are in place to complete the screening and application process.

In some situations, staff will conduct ADA Paratransit screenings off-site at facilities, schools or other agencies having a number of applicants needing to be screened. After the screening is completed, a digital photo of the person is taken and stored in order to produce identification cards. The application itself, however, will not be considered complete until the required Professional Verification (PV) form from a health care provider, social worker, rehabilitation counselor, vocational evaluator or other qualified medical or rehabilitation professional is received. Eligibility determination is made once the person's application is completed in its entirety. The PV form includes a request of the medical provider to write down combined weight of both the client and mobility device, if applicable.

Once the application is complete, CIL staff has 21 days, as required by the ADA and FTA guidelines, to determine eligibility. If a determination is not made within the 21 day time period, the person is considered, at a minimum, conditionally eligible under Federal Transit rules, and will remain in that status until a determination is made by CIL staff.

A database is kept and forwarded to RTS staff on a weekly basis. This database includes the following information:

- Name
- Application number
- Eligibility type
- Conditions of eligibility (if a conditional determination is made)
- PCA status
- Address
- Phone number
- Date of Birth
- Alternative format (if needed)
- Mobility device (if applicable)
- Medicaid beneficiary status
- Application date
- Date of determination
- Evacuation assistance (if requested)

Beginning January 1, 2016, the CIL will designate riders who have a “permanent disability” – one where the person is not going to recover from the condition or there is no known cure. This will be noted in the database by the Year cell being filled in with yellow color. These riders will be eligible for five (5) years from the date of certification and, upon return for recertification, will only be required to update their demographics and take a new picture for their ADA Identification card. No newly completed PV form will be required.

Additionally, the CIL will provide written notice quarterly to persons whose eligibility will be expiring within the coming three (3) months.

#### **Eligibility options:**

##### 1. Fully Eligible:

The person may use Paratransit service or fixed route service without exception based on functional, cognitive, physical, mental and/or visual disabilities.

##### 2. Conditionally Eligible:

Eligibility may be limited to certain conditions or destinations based on the person's ability to ride the fixed route system in certain situations.

##### 3. Not Eligible:

The person's disability does not prevent them from using the fixed route system. Therefore, they do not qualify for Paratransit service under the Americans with Disabilities Act.

Once the person has been deemed eligible for Paratransit service, they are allowed to use fixed route service and Paratransit service interchangeably, as needed. A person's eligibility is valid for three (3) years unless stated differently in their approval letter. A person's eligibility will be valid until the end of the calendar month printed on their identification card regardless of the actual calendar day eligibility was determined.

### **Accommodations under the Americans with Disabilities Act:**

The Center for Independent Living will provide accommodations required to a client applying for ADA Paratransit eligibility. The CIL provides sign language interpretation for those who request it. The CIL will also provide all written materials in Braille, audio format or large print format upon request. In addition, we have staff that is able to work with consumers who use video relay services.

### **Notification of Eligibility Status:**

Paratransit eligibility is determined once the person's application is completed and the Professional Verification form is signed, date-stamped and returned to our office. Once eligibility status has been determined, a letter will be created and mailed to the person along with their Identification Card. (During the application process, a person may request to come by the CIL and pick up the letter and card. If so requested, the person will be called and notified that the materials are ready.) The letter states the type of eligibility for which they qualify (Full, Conditional or Denial) and tells them how they may use the Paratransit service and/or the fixed-route bus service. If the eligibility is conditional, the letter also states the conditions of their eligibility. If the person is denied eligibility, the letter states who gave the CIL the information that was used as well as how they may submit further information to have their eligibility reconsidered.

### **Appeals to eligibility determination:**

If a person is determined either conditionally eligible or not eligible, they have the right to request a hearing to appeal the determination. The City currently handles all appeals that are brought forth in writing. The rider has 60 days from the date of determination to send an appeal request to RTS. RTS is the agency responsible for hearing appeals since CIL staff makes the initial recommendation. The appeal committee can include a staff member from the CIL, but it cannot include the person who made the initial decision.

### **Materials:**

The CIL provides the materials used in the processing and distribution of ADA ID cards. This includes digital cameras, card stock and laminating pouches to produce proper identification cards.

### **ADA Identification cards:**

Identification cards consist of the qualified person's picture, name, expiration date and PCA status as well as the words "ADA Complimentary Paratransit Certified" in red, "RTS" in bold blue letters and "Center for Independent Living" in blue letters. The person's name will have an orange background if the person's PCA status is YES; the background will be white if the PCA status is NO.

**Replacement of ADA Identification cards:**

If a person's identification card is lost, stolen or damaged, they can request a replacement that will be provided for free. The person may call or come in to the CIL to make the request. Upon phone request of a replacement card, staff will complete a Replacement ID Request Form that will be processed so the person receives the replacement card within 7 to 10 days from the date of request. If a request is made in person at the CIL, the person must fill out the form using blue ink and sign it. The person may then use the replacement form in place of their identification card and RTS will honor it as if it was the identification card. The form states when it was filled out and when it expires (10 days from completed date) and, therefore, no longer be accepted by RTS.

**ADA PARATRANSIT APPLICATION FORM**

**PART I - General Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address (& Apt#): (May not be a P.O. Box)

\_\_\_\_\_  
City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Mailing Address (*if different from home address*): (May be a P.O. Box)

\_\_\_\_\_  
City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Other): \_\_\_\_\_ (E-Mail) \_\_\_\_\_

**Please give the name and number of someone we can call in an emergency.**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**PART II - Applicant's Certification**

I understand the purpose of this evaluation form is to determine my ability to access the Regional Transit System's fixed-route buses and eligibility for ADA complementary paratransit service. I understand that information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify to the best of my knowledge that information in this evaluation is true and correct. I understand that false or misleading information could result in my eligibility status being re-examined as well as other actions by RTS.

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

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

# PART III - Information about the Applicant's Disability

**1. Which of the following disabilities prevents your ability to use the fixed-route system?**

- General Medical Condition
- Developmental Disability
- Visual Impairment/Blindness/Hearing
- Lung or Breath Conditions
- Brain/Nerve/Muscle Conditions
- Mental Illness
- Physical Disability
- No Disabilities

Please describe how your disability functionally prevents you from using the RTS fixed-route system.

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**2. Is the disability described above temporary or permanent?**

- Temporary
- I expect it to last another \_\_\_\_\_ months.
- Permanent
- I don't know



**3. Please indicate if you use any of the following mobility aids or equipment when traveling in the community.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cane           | <input type="checkbox"/> leg brace(s)     | <input type="checkbox"/> manual wheelchair    |
| <input type="checkbox"/> Crutches       | <input type="checkbox"/> picture board    | <input type="checkbox"/> powered wheelchair   |
| <input type="checkbox"/> Walker         | <input type="checkbox"/> alphabet board   | <input type="checkbox"/> powered scooter/cart |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> Oxygen dependent | <input type="checkbox"/> none of the above    |

**4. If you are determined eligible, are there trips where you would require an individual to provide you assistance? This is called a Personal Care Attendant (PCA) and is someone who assists you with daily life functions. (If answer is always or sometimes go to question 5, if never go to question 6)**

- Always                       Sometimes                       Never

**5. Does your Personal Care Attendant travel with you?**

- Yes  
 No

**6. If you travel with someone who assists you, does this person assist you:**

- Get to the bus stop  
 Get on or off the bus  
 Ride the bus  
 Get where I am going once I am off the bus  
 Other (describe): \_\_\_\_\_

**7. Does your disability change from day to day in a way that would make it easier or more difficult to access and use the fixed-route system?**

- Yes, my condition is good on some days and bad on others.  
 No, my condition does not change much from day to day.

## PART IV - Questions about Using the Fixed-Route Buses

**1. Are you currently using the fixed-route system (bus)?**

Yes  No

**2. Are you capable of riding on the RTS fixed-route buses?**

*The following items will assist in answering this question.*

a. Can independently travel 3/4 of a mile (9 blocks) to a bus stop or travel the necessary distance to access a fixed-route stop?

Yes  No  Sometimes

If no or sometimes, explain: \_\_\_\_\_  
\_\_\_\_\_

b. Is your ability to independently travel this distance affected by steep hills, soft dirt, or other barriers?

No

Yes

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

c. Can wait at a bus stop without support for up to 30 minutes

Yes  No  Sometimes

If no or sometimes, explain: \_\_\_\_\_  
\_\_\_\_\_

d. Can climb three 8-inch steps without assistance

Yes  No  Sometimes

If no or sometimes, explain: \_\_\_\_\_  
\_\_\_\_\_

e. How do you feel when you ride on the bus?

Very Comfortable

Worried that I will miss my connection or will end up in the wrong place

Nervous, but I will ride by myself

Scared, and I will not ride by myself

Other: Describe \_\_\_\_\_

f. After boarding the bus, can get to a seat or wheelchair position without assistance

Yes  No  Sometimes

If no or sometimes, explain: \_\_\_\_\_

g. Can independently navigate the system (read a bus schedule, recognize landmarks, make transfers, etc.)

Yes  No  Sometimes

If no or sometimes, explain: \_\_\_\_\_

**3. Are there any climatic conditions (i.e. hot weather) that you are sensitive to and cause you to be unable to use a fixed-route bus?**

Yes  No  Sometimes

If yes or sometimes, explain: \_\_\_\_\_

*If this is the case, the applicant may be granted conditional paratransit eligibility during the periods or circumstances that he/she is sensitive.*

**4. If you are not currently using the fixed-route system, why not?**

I do not know about the fixed-route system.

I do not know where the closest bus stop is to my home or destination.

The route has no wheelchair accessible bus stops.

Other reasons \_\_\_\_\_

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**5. Most of the time can you cross the street in the following situations?**

**Curb Cuts:**  Always  Sometimes  Never

**A two-lane street:**  Always  Sometimes  Never

**Busy Intersections:**  Always  Sometimes  Never

**6. If you meet the criteria set by Alachua County Emergency Management for assistance, would you need transportation services moving from your home to a special needs shelter? Yes  No**

**PART V - Information about Travel Training**

**Are you interested in any of the following:**

- Learning safe street crossing skills
- Interpretation of bus maps and schedule
- Learning specific routes to your destination (including transfers)
- Using landmarks to orient yourself
- Learning appropriate interaction with bus drivers and/or passengers

**NOTE:** Travel training is personal (one-to-one) instruction that teaches an individual how to use the RTS fixed-route buses. Instruction consists of 15 hours of instruction, which includes classroom and field sessions with a skilled travel trainer.

**CIL is now offering free instruction to anyone interested in learning how to ride the fixed-route buses. Would you be interested in receiving training?**

Yes

No

Notification Letter: Print  Large Print  Audio Tape  Braille

Staff's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff's signature: \_\_\_\_\_

Additional Comments by Staff: \_\_\_\_\_



# PROFESSIONAL VERIFICATION FORM

**Part 1 Disability Verification:** (To be completed by a physician, social worker, healthcare professional, or rehabilitation professional.)

YES    NO

    Does this patient have a disability? If YES please provide diagnosis in the space below.

\_\_\_\_\_  
\_\_\_\_\_

    If disability is cognitive or psychiatric in nature, please provide DSM-IV diagnosis.

\_\_\_\_\_  
\_\_\_\_\_

    Does this person travel with a comfort animal?

    Does the person take medication that is contraindicated by exposure to direct sunlight and/or heat?

    Does this patient have a visual impairment? (Please provide visual acuity) /

    Does this person travel with a service animal?

**Part 2 Key Functional Ability:**

Please describe how this person's disability prevents them from using the regular bus system (i.e. Can the applicant get on/off the bus, is the applicant capable of making a transfer, is their mobility or endurance impaired in any way, can the applicant travel independently, read a schedule or recognize landmarks).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 3 Assistive Devices & Equipment:**

What type of mobility aid does this person use to travel within the community? (Check all that apply) →

If this patient is using a wheelchair/scooter, please provide total combined weight of person and mobility device.

  Lbs.

- Manual Wheelchair
- Power Wheelchair
- Cane
- Walker
- Oxygen
- Other

**Part 4 Signatures:**

Health Care Professional Name and Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State Zip Code: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the above professional to furnish RTS and the Center for Independent Living with information necessary to certify my eligibility:

Patient/Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

APPLICANT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# The Center for Independent Living of North Central Florida

*Empowering people with disabilities to live independently!*



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

Date

«AddressBlock»

Determination: Full Eligibility

Dear Ms. «Last\_Name»,

Based upon a review of your application for Paratransit service, The Center for Independent Living has determined that you are eligible for ADA Paratransit service for any trip within the service area. This includes any trip made within the City of Gainesville City limits or within three-quarters of a mile from a current fixed bus route outside of the City limits. This determination also enables you to use similar Paratransit services nationwide. In addition, this card enables you to use the fixed-route for free. Paratransit trips are currently \$3.00 per one-way trip.

Attached is your identification card. Please carry it with you at all times. Your certification is valid for five (5) years from the date of this letter unless otherwise indicated. Calling MV Transportation at 375-2784 allows you to make trip reservations.

Although you have met your goals for transportation, the Center for Independent Living offers many other programs as discussed in your interview. You have the right to keep your file active and develop new goals should you choose. You will have 10 days to contact us about your desire to develop new goals; otherwise, we will be inactivating your case file.

As a reminder, the Client Assistance Program (CAP), also known as Disability Rights Florida, will work with you to resolve any unresolved complaints.

Disability Rights Florida  
2473 Care Drive, Suite 200  
Tallahassee, Florida 32308  
(Voice) 1-800-342-0823 (TDD) 1-800-346-4127

If you have any questions about MV Transportation or services at the Center for Independent Living, please feel free to call 378-7474.



CILNCF Headquarters: 222 SW 36th Terrace, Gainesville, FL 32607 | Voice (352) 378-7474 | VP (352) 240-3079 | Fax (352) 378-5582 | Toll Free (800) 265-5724  
Ocala Office Serving Marion & Surrounding Counties: 3445 NE 24th Street, Ocala, FL 34470 | Voice (352) 368-3788 | TTY (352) 368-2969 | Fax (352) 629-0098  
Sign Language Interpreting Services: Toll Free (877) 629-8840 | Fax (352) 378-2889

Sincerely,

Mark V. Mayfield, J.D.  
ADA Paratransit Director  
Center for Independent Living of North Central Florida

Enclosure: ADA Paratransit eligibility ID

# The Center for Independent Living of North Central Florida

*Empowering people with disabilities to live independently!*



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Date

«AddressBlock»

Determination: Conditional Eligibility

Dear Mr. «Last\_Name»,

Based upon a review of your application for ADA Paratransit service, The Center for Independent Living has determined that you are eligible with the following conditions:

1. You are eligible for ADA Paratransit service when your medical condition affects your ability to navigate the fixed-route bus system.
2. You are also fully eligible for Paratransit service when your medication is contraindicated by exposure to direct sunlight and/or heat, aggravates your disability and prevents the use and access of the fixed route system.
3. You are also fully eligible for Paratransit service when sensitivity to cold weather extremes aggravates your disability and prevents the use and access of the fixed route system.

This evaluation was conducted in accordance with the 1990 Americans with Disabilities Act. This determination also enables you to use similar Paratransit service nationwide. The conditions stated in this letter may be used by RTS to determine if and when you may be able to use regular bus service. You are encouraged to use the regular buses whenever possible. Your ADA card allows you to use the fixed-route for free. Paratransit trips are \$3.00 per one-way trip.

If you do not agree with the limitations that have been placed on your eligibility, you have the right to appeal this determination. RTS will arrange for an independent party to hear your case. Any request for an appeal must be made in writing and must be mailed within 60 days of the date of this letter. Mail your request for appeal to:

RTS  
P.O. Box 490, Station 5  
Gainesville, FL 32602-0490  
Attn: Paratransit Appeal

Please note that you may reapply at any time if you feel there have been further changes in your ability to use the regular bus service. Attached is your identification





card. Please carry it with you at all times. Your certification is valid for three years<sup>#160968D</sup> from the date of this letter unless otherwise indicated. Calling MV Transportation at 375-2784 allows you to make trip reservations.

Although you have met your goals for transportation, the Center for Independent Living offers many other programs as discussed in your interview. You have the right to keep your file active and develop new goals should you choose. You will have 10 days to contact us about your desire to develop new goals; otherwise, we will be inactivating your case file.

If you have any questions about this letter or feel your eligibility needs extending, feel free to call me at 378-7474.

Sincerely,

Mark V. Mayfield, J.D.  
ADA Paratransit Director  
Center for Independent Living of North Central Florida

Enclosure: ADA Paratransit eligibility ID

# The Center for Independent Living of North Central Florida

Empowering people with disabilities to live independently!



www.CILNCF.org

Date,

{Address Block}

Determination: Not Eligible

Dear Mr. {Last Name},

Based on a review of your application, The Center for Independent Living has determined that you are not eligible for Paratransit service. The decision was made based on the following:

1. You do not currently meet the ADA criteria for Paratransit certification. The ADA regulations provide three categories of Paratransit eligibility. All three categories include criteria for people who may be able to ride fixed route transit for some trips and not for other trips, and eligibility may be conditional based on the person's ability to ride fixed route for certain trips.
2. According to the information provided by your physician, \_\_\_\_\_ at \_\_\_\_\_, you do not have a disability that currently prevents your use or access of the fixed route bus system. As a result of this, you cannot be approved for Paratransit service at this time. If you have additional information that you would like to submit on your behalf, please let us know.
3. The federal regulations state that you must have a disability (i.e. cognitive, physical, emotional, visual) that in some way prevents you from using the regular bus system in order to qualify for Paratransit service. If you have additional information that would allow us to reevaluate your application, please let us know.

This decision was made in accordance with the rules set out in the 1990 Americans with Disabilities Act. If you do not agree with this decision, you must send a written request for an appeal within 60 days of the date at the top of this letter. In the letter, briefly describe why you feel you should still be considered eligible for Paratransit service. RTS will arrange for an independent party to review your case.

Send this letter to:

RTS  
P.O. Box 490, Station 5  
Gainesville, FL 32602-0490  
Attn: Paratransit Appeal



If you have any questions, please call the Center for Independent Living at (352) 378-7474.

Sincerely,

Mark V. Mayfield, J.D.  
ADA Paratransit Director  
Center for Independent Living of North Central Florida

# The Center for Independent Living of North Central Florida

*Empowering people with disabilities to live independently!*



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

## NOTICE OF ADA PARATRANSIT ELIGIBILITY RECERTIFICATION

The Center for Independent Living (CIL) certifies riders eligible for Americans with Disabilities Act (ADA) Complementary Paratransit Services. Certification is required every three (3) years. If you are in receipt of this letter, your eligibility for ADA Complementary Paratransit services may soon expire (within the next 3 months). When this happens, your ADA Complementary Paratransit ID Card will no longer be honored by RTS bus drivers and your eligibility for MV Paratransit service will end. Please follow the steps below in order to re-apply for ADA Complementary Paratransit services:

- 1) Call the **Center for Independent Living (CIL)** at 378-7474 to schedule an appointment to re-apply for ADA Complementary Paratransit service. This appointment will take from 45 minutes to one hour.
- 2) Call **MV Transportation** at 375-2784 to schedule a free ride (Roundtrip) to our office. When you call MV it is important you tell staff your trip is for ADA recertification. You must call MV at least one day before your appointment in order to reserve transportation.
- 3) If possible, have your Doctor or other professional complete the enclosed Professional Verification form and bring it with you to your appointment or have it faxed to 352-372-3443.

If you receive this letter after already making a recertification appointment, please disregard it. If you have any questions please feel free to call me at 378-7474.

Sincerely,

*Mark V. Mayfield*

Mark V. Mayfield, JD  
ADA Paratransit Director



## Center for Independent Living of North Central Florida Questionnaire about Services

Please take a few minutes to complete this questionnaire. This is an overview of programs and services that are offered at the CILNCF. Completing the questionnaire is optional. Thank you.

- 1) Have you received information regarding the services available through the CILNCF?                      Yes                      No
  - 2) Are you currently a Consumer of the CILNCF?    Yes    No
  - 3) Do you receive **Medicaid** assistance?    Yes    No    **Medicare**?    Yes    No
  - 4) Are you a veteran with a current primary physician at the VA?    Yes    No
- (If yes, please refer them to the L.A.M.P. Project for additional services at 376-1611 x 4949 if they need accommodations or modifications for their home.)

### Services offered through the CIL-NCF:

- 4) **The CIL-NCF offers the following core services to our consumers: (Please check those areas of interest)**

- Information and Referral (Housing)
- Peer Support/Support Group Classes
- Independent Living Skills Education
- Advocacy

**The CIL-NCF offers additional services beyond the four core services described above. (Please check area of interest)**

- Amplified phones and services for people with hearing and/or speech impairments through FTRI
- Assistance with Wheelchair ramps
- Loan Closet (Walkers, shower chairs, bedside commodes, wheelchairs)

### Employment Services:

- 5) **The CILNCF offers Employability Skills Workshops to all interested consumers. We also provide other employment opportunities through a contract with Vocational Rehabilitation.**

Are you interested in learning more about Vocational Rehabilitation or other employment services?

- Yes                      No

Center for Independent Living of North Central Florida  
Questionnaire about Services

**Staff:** If the applicant is requesting services, please assess which service is most desired at the time of the interview. Please make a copy for the appropriate staff member and place in their box. If multiple services are being requested, have the consumer pick one to begin with. Only make one referral at this time. This will avoid duplicate creation of CSR's. Keep the original with the application. Thank you for taking the time to complete this questionnaire.

**For Staff Use Only**

Service Requested by consumer: \_\_\_\_\_

Referred To:

\_\_\_\_\_ **Independent Living Skills** (Terri Poucher)

\_\_\_\_\_ **Peer Support** (Terri Poucher)

\_\_\_\_\_ **FTRI** (Peter Morales)

\_\_\_\_\_ **Wheelchair ramps** (Mark Brisbane)

\_\_\_\_\_ **Information and Referral** (Mark Brisbane or Don Barnes)

\_\_\_\_\_ **Employment services** (Please give monthly consumer calendar for Employability Skills Workshop days and times as well as a VR referral/application form. **NOTE:** Please make no referral to a staff member at this time.)

Consumer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Referral By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CILNCF Policy A-37****SAFETY MANAGEMENT**

**POLICY:** It is the policy of the CILNCF to take reasonable and appropriate steps to ensure safety and minimize risks associated with daily work duties in the facility.

**PROCEDURE:** In support of this policy the CILNCF requires the following:

1. Orientation and continuing education for safety-related issues shall be conducted on an ongoing basis. This education is mandatory for all new employees regardless of employment status. This education shall consist of:
  - a) Fire Safety
  - b) First Aid Training
  - c) Emergency preparedness planning and safety
  - d) Risk management, including unusual incident reporting procedures
  - e) Infection Control
  - f) Intruder Alert
2. Materials will be offered by a qualified individual or self-study upon hire and annually thereafter.
3. Additional training will be implemented upon the review of quality assessments and based on improved safety measures .
4. Local health and safety regulations will be reviewed with any revisions or recommended changes being presented to the Board of Directors by the Executive Director.
5. Completion of the Annual Review Check List.

**CILNCF Policy A-30****EMERGENCY PROCEDURES**

Evacuation flow charts are posted throughout the building for guidance in case of an emergency. They display all exits, accessible exits and locations of all fire extinguishers.

At least annually, emergency drills will be conducted to assist in preparing all consumers and personnel to respond in the most expedient and efficient manner possible. Emergency drills will include Fire, Inclement Weather, Intruder Alert and Medical Emergencies.

All fire extinguisher and alarm systems will be inspected annually by the City Fire Department.

All procedures for Fire, Inclement Weather, Intruder Alert and Medical Emergencies are located in the CILNCF Employee Handbook.





# QUARTERLY DRILL REPORT FORM

Office (circle): GAINESVILLE Ocala

### Quarterly Drills

- Conducted annually under A-30 (EMERGENCY PROCEDURES).
- Drills for Fire, Inclement Weather, Intruder Alert and Medical Emergencies.

| Drill             | Date and Time | Who called Drill? | How much Time? | How many Staff Present? | How many Others Present? | Problems? Y/N |
|-------------------|---------------|-------------------|----------------|-------------------------|--------------------------|---------------|
| Fire Drill        |               |                   |                |                         |                          |               |
| Inclement Weather |               |                   |                |                         |                          |               |
| Intruder Alert    |               |                   |                |                         |                          |               |
| Medical Emergency |               |                   |                |                         |                          |               |

Corrective Action:

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Additional Comments:

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Executive Director Signature

Date

# The Center for Independent Living of North Central Florida

*Empowering people with disabilities to live independently!*



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

## Eligibility Determination

\_\_\_\_\_ is an individual with a significant  
disability of \_\_\_\_\_

Documented by: Self-report \_\_\_\_ Documentation \_\_\_\_

It is determined that this disability limits his/her ability to function independently in the family, home, or community, or to obtain, maintain, or advance in employment. This consumer has also requested services through the Center for Independent Living of North Central Florida and believes these services will improve the ability to function, continue functioning, or move toward functioning in the family, home, community, or in employment.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



CILNCF Headquarters : 222 SW 36th Terrace, Gainesville, FL 32607 | Voice (352) 378-7474 | TTY (352) 372-3443 | Fax (352) 378-5582 | Toll Free (800) 265-5724  
Ocala Office Serving Marion & Surrounding Counties : 3445 NE 24th Street, Ocala, FL 34470 | Voice (352) 368-3788 | TTY (352) 368-2969 | Fax (352) 629-0098  
Sign Language Interpreting Services : Toll Free (877) 629-8840

| <b>Independent Living Plan</b>   |  |               |         |          |
|--|--|---------------|---------|----------|
| <b>Consumer:</b>   |  | <b>Staff:</b> |         |          |
| <b>Topic Area:</b> Community Inclusion <input checked="" type="checkbox"/> Employment <input type="checkbox"/> <b>Goal Type:</b> Mobility/Transportation |  |               |         |          |
| <b>Independent Living Goal:</b>  |  |               |         |          |
| <b>Anticipated Outcome Date:</b>   |  |               |         |          |
| Area of Access   | Action Steps   | Start         | Dropped | Achieved |
|  | <b>Step 1:</b> I Will apply for the ADA Paratransit.   |               |         |          |
| A-<br>Transportation   | <b>Step 2:</b> I will receive my ADA Paratransit card which I will use to access transportation in my community. |               |         |          |
|  | <b>Step 3:</b>   |               |         |          |
|  | <b>Step 4:</b>   |               |         |          |

I have requested the above services and believe that these services will improve my ability to function, or help me to continue to function independently in the family, home, community or employment.

\_\_\_\_\_  
Consumer/Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# The Center for Independent Living of North Central Florida

*Empowering people with disabilities to live independently!*

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



## Grievance and Complaint Procedures

The following procedures have been established for consumers not satisfied with CILNCF services or staff. Please sign and date this statement in the space provided below.

⇒ Discuss the matter directly with the staff member whom you feel is not assisting you.

-OR-

⇒ Submit a written or taped statement of your grievance to the Executive Director.

-OR-

⇒ Submit a written or tape statement to the CILNCF Board of Directors.

-OR-

⇒ Consumers may also file a complaint with the Disability Rights Florida, Client Assistance Program (CAP). Disability Rights Florida is the statewide designated protection and advocacy system for individuals with disabilities in the State of Florida.

Disability Rights Florida  
2473 Care Drive, Suite 200  
Tallahassee, Florida 32308  
(Voice) 1-800-342-0823 (TDD) 1-800-346-4127

---

Consumer Signature

Date

---

Staff Signature

Date



# VOTER REGISTRATION PREFERENCE FORM

#160968D

## To Register to Vote in Florida, You Must:

- Be a U.S. citizen (a lawful permanent resident cannot register or vote)
- Be a Florida Resident
- Be at least 18 years old (you may pre-register if you are at least 16 years old although you cannot vote until your are 18 years old)
- Have had your right to vote restored if you have ever been convicted of a felony
- Have had your right to vote restored if a court has ever declared you to be mentally incapacitated as to your right to vote

**If you do not meet these requirements, you are not eligible to register.**

## Consumer Preference

**If you do not check any box, it will be considered that you chose not to register or update your voter registration at this time.**

1. If you are not registered to vote where you live now, would you like to apply to register to vote today?

Yes       No, I choose to decline

2. If you are registered to vote where you live now, would you like to update your voter registration record?

Yes       No, I choose to decline

## Notice of Rights

●If you would like help in filling out the voter registration application, we will help you. ●The decision whether to seek help or accept help is yours. ●You may fill out the registration application in private. ●If you are applying for public assistance from this agency, applying to register, or declining to register to vote, it will not affect the amount of assistance you will be provided by this agency. ●If you decline to register to vote, your decision will remain confidential and may be used only for voter registration purposes. ●If you choose to register to vote or update a voter registration record, information regarding the office to which your application is submitted will remain confidential and may be used only for voter registration purposes. ●If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to chose your own political party or other political preference, you may file a complaint with the Secretary of State, by mailing your complaint to:

**Florida Department of State  
c/o NVRA Coordinator, Division of Elections,  
3RD Floor, R.A. Gray Building  
500 S. Bronough Street  
Tallahassee, Florida 32399-0250**

**Or  
Call: 850-245-6200**

Forms for filing a complaint are available at: <http://dos.myflorida.com/media/693246/dsde18.pdf>.

I live in \_\_\_\_\_ County.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Center for Independent Living of North Central Florida Questionnaire about Services

Please take a few minutes to complete this questionnaire. This is an overview of programs and services that are offered at the CILNCF. Completing the questionnaire is optional. Thank you.

- 1) Have you received information regarding the services available through the CILNCF?                      Yes                      No
- 2) Are you currently a Consumer of the CILNCF?    Yes    No
- 3) Do you receive **Medicaid** assistance? Yes    No    **Medicare**? Yes    No
- 4) Are you a veteran with a current primary physician at the VA?    Yes    No

(If yes, please refer them to the L.A.M.P. Project for additional services at 376-1611 x 4949 if they need accommodations or modifications for their home.)

### Services offered through the CIL-NCF:

- 4) The CIL-NCF offers the following core services to our consumers: (Please check those areas of interest)**

- Information and Referral (Housing)
- Peer Support/Support Group Classes
- Independent Living Skills Education
- Advocacy

**The CIL-NCF offers additional services beyond the four core services described above. (Please check area of interest)**

- Amplified phones and services for people with hearing and/or speech impairments through FTRI
- Assistance with Wheelchair ramps
- Loan Closet (Walkers, shower chairs, bedside commodes, wheelchairs)

### Employment Services:

**5) The CILNCF offers Employability Skills Workshops to all interested consumers. We also provide other employment opportunities through a contract with Vocational Rehabilitation.**

Are you interested in learning more about Vocational Rehabilitation or other employment services?

- Yes                      No

Center for Independent Living of North Central Florida  
Questionnaire about Services

**Staff:** If the applicant is requesting services, please assess which service is most desired at the time of the interview. Please make a copy for the appropriate staff member and place in their box. If multiple services are being requested, have the consumer pick one to begin with. Only make one referral at this time. This will avoid duplicate creation of CSR's. Keep the original with the application. Thank you for taking the time to complete this questionnaire.

**For Staff Use Only**

Service Requested by consumer: \_\_\_\_\_

Referred To:

\_\_\_\_\_ **Independent Living Skills** (Terri Poucher)

\_\_\_\_\_ **Peer Support** (Terri Poucher)

\_\_\_\_\_ **FTRI** (Peter Morales)

\_\_\_\_\_ **Wheelchair ramps** (Mark Brisbane)

\_\_\_\_\_ **Information and Referral** (Mark Brisbane or Don Barnes)

\_\_\_\_\_ **Employment services** (Please give monthly consumer calendar for Employability Skills Workshop days and times as well as a VR referral/application form. **NOTE:** Please make no referral to a staff member at this time.)

Consumer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Referral By: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Trip Planning Worksheet for RTS**

Days of the Week: [Sun] [Mon] [Tues] [Wed] [Thurs] [Fri] [Sat]

**Going There**

Starting Location: \_\_\_\_\_

\_\_\_\_\_

Destination: \_\_\_\_\_

\_\_\_\_\_

I want to depart after: \_\_\_\_\_ Arrive by: \_\_\_\_\_

Route Number: \_\_\_\_\_ Location of bus stop: \_\_\_\_\_

Scheduled boarding time: \_\_\_\_\_ Scheduled arrival time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**Coming Back**

Starting Location: \_\_\_\_\_

\_\_\_\_\_

Destination: \_\_\_\_\_

\_\_\_\_\_

I want to depart after: \_\_\_\_\_ Arrive by: \_\_\_\_\_

Route Number: \_\_\_\_\_ Location of bus stop: \_\_\_\_\_

Scheduled boarding time: \_\_\_\_\_ Scheduled arrival time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_



**RTS Ride Audit**

#160968D



Route#: \_\_\_\_\_ Direction: N S E W Date/Time: \_\_\_\_\_ am/pm

Driver Description: \_\_\_\_\_

Please check/circle all items that are appropriate.

1. Did the bus stop where you waited provide:
  - a. A clearly marked RTS sign      Y      N
  - b. A covered shelter                      Y      N
  - c. A bench                                      Y      N
  - d. A connected sidewalk                  Y      N
  
2. Able to easily get from the bus stop onto the bus, through either the stairs or lift?    Y    N
3. Was assistance provided to you to enter the bus if you required or requested assistance?    Y    N
4. Were there seats reserved/available for you and other people with disabilities near the front of the bus?    Y    N
5. If you use a wheelchair, did the driver assist you to secure your wheelchair?    Y    N
6. How many wheels were secured on your wheelchair? 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_
7. Were announcements made on the bus by either the driver or a PA system for:
 

|                        |              |                 |             |
|------------------------|--------------|-----------------|-------------|
| a. Bus stops           | Always _____ | Sometimes _____ | Never _____ |
| b. Landmarks           | Always _____ | Sometimes _____ | Never _____ |
| c. Major Intersections | Always _____ | Sometimes _____ | Never _____ |
| d. Bus Transfer Points | Always _____ | Sometimes _____ | Never _____ |
  
8. Were you provided assistance while leaving the bus, such as:
  - a. Removing the restraints on a wheelchair      Y    N
  - b. Lowering the bus or the lift                              Y    N
  - c. Navigating from your seat to the exit                  Y    N
  
9. Was the bus stop you arrived at easy to access?    Y    N
10. Was the bus driver sensitive to your disability and to other riders with disabilities?    Y    N
  - a. Please provide example if driver was rude or insensitive:  
\_\_\_\_\_
  - b. Please comment on positive examples of driver behavior:  
\_\_\_\_\_

**Total Time (round to .25 hrs.):** \_\_\_\_\_

## ADA Rider Tips

#160968D

- Paratransit (MV) one way fare: **\$3.00**
- Fixed route (RTS) fare with ID card: **Free**
- Personal Care Attendants (**PCA's**): Free on both systems
- Reservations for MV must be made by 5:00 pm prior to the day service is needed
- MV is a door-to-door advanced reservation service
- MV is a **shared ride** service. You may be traveling with other passengers.
  
- **Scheduling a trip on MV:**
  - Please have the address and phone number of where you need to be picked up as well as your destination
  - If you need to be somewhere by a specific time (ie: doctor, work, school), this is your appointment time
  - You must be ready one hour prior to your appointment time to travel on the Paratransit system. For example, if you have an appointment time of 9:00am then you must be ready to travel by 8:00am.
  - When you make your reservation by phone, please get the name of the person to whom you are speaking. If there is a problem with your trip then you will know who to reconfirm your information with.
  
- **Return trip on MV:**
  - This is the trip you need to return home. MV will pick you up between the time you request to go home and up to 30 minutes thereafter. For example, if you ask to be picked up at 3:00pm, MV can pick you up between 3:00pm and 3:30pm.
  
- **Travel time:** Should not exceed one hour in the vehicle
  
- Once the MV vehicle has arrived and is within the one hour window of your appointment time, you have **5 minutes** to board the vehicle
  
- You may not alter or change destinations that are on the manifest
  
- You must have the **correct fare**. Drivers cannot make change.
  
- **No show policy:** Riders will be suspended from service for fifteen days after two no-shows within a 60-day period. Written notification shall be provided to the rider prior to the suspension of service. The full policy can be requested through MV.
  
- For complaints or commendations regarding service, please contact Ed Griffin, General Manager or Walter Curry, Operation Manager at MV Transportation at 375-2784.

## Applying for ADA Paratransit service

#160968D

- All applicants must come to the Center for Independent Living located at :
  - **Address:** 222 SW 36<sup>th</sup> Terrace, Gainesville, FL 32607
  - **Phone:** 352-378-7474
  - **Fax:** 352-378-5582
  
- The appointment will take approximately one (1) hour. As a part of the application process, a professional verification form must be completed by your physician or health care provider. This can be brought to the application appointment if it is completed or we will contact the medical professional after the application is complete. We will fax your professional verification form to your health care provider for verification of your disability.
  
- Once the application process is completed (application completed and a valid professional verification form is completed and received in our office), the CIL has **21 days** (this corresponds to the Federal regulations) to review and make a determination on the individual's eligibility status.
  
- There is no fare for the certification round trip to the CIL for your application. RTS pays the full fare to the CIL for the ADA certification trip.
  
- You will be mailed your determination letter along with your identification card if you are approved for ADA Paratransit service. CIL staff makes the final determination of eligibility in all cases.
  
- If you need transportation assistance to the CIL, please call MV at 375-2784 and arrange your trip request through the reservation line. Tell them you are coming to the CIL for your transportation application to be completed and give them the address above as your destination.

# RSA-704 Part II for Transitional Living of North Central Florida - 90IL0153-01 report through September 30, 2016

## Subpart I - Administrative Data

### Sources and Amounts of Funds and Resources

Indicate amount received by the CIL as per each funding source. Enter 0 for none.

#### Item 1 - All Federal Funds Received

|                              |           |
|------------------------------|-----------|
| (A) Title VII, Ch. 1, Part B | \$68,648  |
| (B) Title VII, Ch. 1, Part C | \$301,241 |
| (C) Title VII, Ch. 2         | \$0       |
| (D) Other Federal Funds      | \$436,247 |

#### Item 2 - Other Government Funds

|                            |           |
|----------------------------|-----------|
| (E) State Government Funds | \$252,748 |
| (F) Local Government Funds | \$6,396   |

#### Item 3 - Private Resources

|  |           |
|--|-----------|
| (G) Foundations, Corporations, or Trust Grants | \$126,814 |
| (H) Donations from Individuals                 | \$91,428  |
| (I) Membership Fees                            | \$0       |
| (J) Investment Income/Endowment                | \$370     |
| (K) Fees for Service (program income, etc.)    | \$667,845 |
| (L) Other resources                            | \$4,057   |

#### Item 4 - Total Income

Total income \$1,955,794

#### Item 5 - Pass-Through Funds

|   |         |
|---|---------|
| Amount of other funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to | \$4,492 |
|---|---------|

consumers, e.g., personal assistance services, representative payee funds, Medicaid funds, etc.)

**Item 6 - Net Operating Resources**

[Total Income (Section 4) minus Pass-Through Funds amount (Section 5) = \$1,951,302  
Net Operating Resources

## Subpart II - Number and Types of Individuals With Significant Disabilities Receiving Services

### Section A - Number of Consumers Served During the Reporting Year

|  |      |
|--|------|
| (1) Enter the number of active CSRs carried over from September 30 of the preceding reporting year | 359  |
| (2) Enter the number of CSRs started since October 1 of the reporting year                         | 2128 |
| (3) Add lines (1) and (2) to get the <i>total number of consumers served</i>                       | 2487 |

**Section B - Number of CSRs Closed by September 30 of the Reporting Year**

|  |      |
|--|------|
| (1) Moved  | 9    |
| (2) Withdrawn  | 48   |
| (3) Died   | 2    |
| (4) Completed all goals set  | 1767 |
| (5) Other  | 208  |
| (6) Add lines (1) + (2) + (3) + (4) +(5) to get <i>total CSRs closed</i> | 2034 |

## **Section C - Number of CSRs Active on September 30 of the Reporting Year**

Indicate the number of CSRs active on September 30th of the reporting year.

Section A(3) [minus] Section (B)(6) = Section C 453



**Section D - IL Plans and Waivers**

Indicate the number of consumers in each category below.

|  |      |
|--|------|
| (1) Number of consumers who signed a waiver                    | 121  |
| (2) Number of consumers with whom an ILP was developed         | 2366 |
| (3) Total number of consumers served during the reporting year | 2487 |

## Section E - Age

Indicate the number of consumers in each category below.

|                       |      |
|-----------------------|------|
| (1) Under 5 years old | 4    |
| (2) Ages 5 - 19       | 162  |
| (3) Ages 20 - 24      | 152  |
| (4) Ages 25 - 59      | 1010 |
| (5) Age 60 and Older  | 1138 |
| (6) Age unavailable   | 21   |
| (7) Total             | 2487 |

**Section F - Sex**

Indicate the number of consumers in each category below.

|                              |      |
|------------------------------|------|
| (1) Number of Females served | 1158 |
| (2) Number of Males served   | 1329 |
| (3) Total                    | 2487 |

## Section G - Race and Ethnicity

Indicate the number of consumers served in each category below. Each consumer may be counted under ONLY ONE of the following categories in the 704 Report, even if the consumer reported more than one race and/or Hispanic/Latino ethnicity).

|   |      |
|---|------|
| (1) American Indian or Alaska Native Number of Consumers                    | 15   |
| (2) Asian Number of Consumers   | 24   |
| (3) Black or African American Number of Consumers                           | 951  |
| (4) Native Hawaiian or Other Pacific Islander Number of Consumers           | 4    |
| (5) White Number of Consumers   | 1375 |
| (6) Hispanic/Latino of any race or Hispanic/Latino only Number of Consumers | 89   |
| (7) Two or more races Number of Consumers                                   | 28   |
| (8) Race and ethnicity unknown Number of Consumers                          | 1    |
| (9) Total   | 2487 |

## Section H - Disability

Indicate the number of consumers in each category below.

|                           |      |
|---------------------------|------|
| (1) Cognitive             | 320  |
| (2) Mental/Emotional      | 295  |
| (3) Physical              | 1113 |
| (4) Hearing               | 441  |
| (5) Vision                | 128  |
| (6) Multiple Disabilities | 183  |
| (7) Other                 | 7    |

## Section I - Individuals Served by County During the Reporting Year

List each county within the CIL's service area, as indicated in the CIL's application for Part C funds and the approved SPIL. Add additional rows as necessary. For each county, indicate how many individuals residing in that county were served by the CIL during the reporting year.

| County name | Number of county residents served |
|-------------|-----------------------------------|
| Alachua     | 1751                              |
| Bradford    | 27                                |
| Citrus      | 25                                |
| Columbia    | 7                                 |
| Dixie       | 3                                 |
| Gilchrist   | 4                                 |
| Hamilton    | 1                                 |
| Hernando    | 41                                |
| Lafayette   | 1                                 |
| Levy        | 24                                |
| Marion      | 571                               |
| Putnam      | 28                                |
| Sumter      | 1                                 |
| Union       | 3                                 |

## Subpart III - Individual Services and Achievements

### Section A - Individual Services and Achievements

List the number of consumers requesting and the number of consumers receiving each of the following services during the reporting year, including the IL core services. The total of these numbers is not expected to equal the number of active CSRs during the reporting year, as a consumer may receive multiple services during the reporting year. Also, individuals who receive information and referral (I&R) services only may not have a CSR.

| Services  | Consumers Requesting Services | Consumers Receiving Services |
|---|-------------------------------|------------------------------|
| (A) Advocacy/Legal Services                           | 60                            | 60                           |
| (B) Assistive Technology                              | 371                           | 371                          |
| (C) Children's Services                               | 0                             | 0                            |
| (D) Communication Services                            | 10                            | 10                           |
| (E) Counseling and Related Services                   | 0                             | 0                            |
| (F) Family Services                                   | 2                             | 2                            |
| (G) Housing, Home Modifications, and Shelter Services | 6                             | 6                            |
| (H) IL Skills Training and Life Skills Training       | 78                            | 78                           |
| (I) Information and Referral Services                 | 41                            | 41                           |
| (J) Mental Restoration Services                       | 2                             | 2                            |
| (K) Mobility Training                                 | 10                            | 10                           |
| (L) Peer Counseling Services                          | 55                            | 55                           |
| (M) Personal Assistance Services                      | 1                             | 1                            |
| (N) Physical Restoration Services                     | 0                             | 0                            |
| (O) Preventive Services                               | 0                             | 0                            |
| (P) Prostheses, Orthotics, and Other Appliances       | 0                             | 0                            |
| (Q) Recreational Services                             | 62                            | 62                           |
| (R) Rehabilitation Technology Services                | 1                             | 1                            |
| (S) Therapeutic Treatment                             | 30                            | 30                           |
| (T) Transportation Services                           | 1500                          | 1500                         |
| (U) Youth/Transition Services                         | 244                           | 244                          |
| (V) Vocational Services                               | 281                           | 281                          |
| (W) Other Services                                    | 0                             | 0                            |

## Section B - Increased Independence

### Item 1 - Goals Related to Increased Independence in a Significant Life Area

Indicate the number of consumers who set goals related to the following significant life areas, the number whose goals are still in progress, and the number who achieved their goals as a result of the provision of IL services.

| Significant Life Area   | Goals Set | Goals Achieved | In Progress |
|---|-----------|----------------|-------------|
| (A) Self-Advocacy/Self-Empowerment  | 76        | 71             | 5           |
| (B) Communication   | 7         | 4              | 3           |
| (C) Mobility/Transportation   | 1626      | 1602           | 24          |
| (D) Community-Based Living  | 3         | 3              | 0           |
| (E) Educational   | 86        | 67             | 19          |
| (F) Vocational  | 226       | 139            | 87          |
| (G) Self-care   | 22        | 18             | 4           |
| (H) Information Access/Technology   | 407       | 394            | 13          |
| (I) Personal Resource Management  | 1         | 0              | 1           |
| (J) Relocation from a Nursing Home or Institution to Community-Based Living | 0         | 0              | 0           |
| (K) Community/Social Participation  | 5         | 5              | 0           |
| (L) Other   | 0         | 0              | 0           |

### Item 2 - Improved Access To Transportation, Health Care and Assistive Technology

#### (A) Table

In column one, indicate the number of consumers who required access to previously unavailable transportation, health care services, or assistive technology during the reporting year. Of the consumers listed in column one, indicate in column two, the number of consumers who, as a result of the provision of IL services (including the four core services), achieved access to previously unavailable transportation, health care services, or assistive technology during the reporting year. In column three, list the number of consumers whose access to transportation, health care services or assistive technology is still in progress at the end of the reporting year.

| Area | Number of Consumers Requiring | Number of Consumers Achieving | Number of Consumers Whose |
|------|-------------------------------|-------------------------------|---------------------------|
|------|-------------------------------|-------------------------------|---------------------------|



|                          | Access | Access | Access is<br>in Progress |
|--------------------------|--------|--------|--------------------------|
| (A) Transportation       | 5114   | 4981   | 133                      |
| (B) Health Care Services | 2380   | 2247   | 133                      |
| (C) Assistive Technology | 2185   | 2179   | 6                        |

Note: For most IL services, a consumer's access to previously unavailable transportation, health care and assistive technology is documented through his or her CSR. In some instances, consumers may achieve an outcome solely through information and referral (I&R) services. To document these instances as successful outcomes, providers are not required to create CSRs for these consumers but must be able to document that follow-up contacts with these consumers showed access to previously unavailable transportation, health care and assistive technology.

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### **(B) I&R Information**

To inform RSA how many service providers engage in I&R follow-up contacts regarding access to transportation, health care services or assistive technology, please indicate the following:

Follow-up contacts with I&R recipients: 123 service providers engaged in I & R follow-up contacts regarding access to transportation, health care services, or assistive technology.

The service provider **did** engage in follow-up contacts with I&R recipients to document access gained to previously unavailable transportation, health care or assistive technology.

## **Section C - Additional Information Concerning Individual Services or Achievements**

Please provide any additional description or explanation concerning individual services or achievements reported in subpart III, including outstanding success stories and/or major obstacles encountered.

**Success story 1:** An 88 year old long time Gainesville resident who uses a wheelchair and has dementia, (we refer to her as “Mrs. N”) was confined to her mobile park trailer for 14 months because she did not have a wheelchair ramp to leave or return to her home. Mrs. N and her family did not have the money to pay for a ramp. When the CILNCF learned of her situation we worked to install a 40 foot wheelchair ramp on a weekend in May of 2016. The CILNCF provided the ramp materials and we collaborated with a local contractor and recruited volunteers to build this wheelchair ramp. Without these efforts, Mrs. N would not have a ramp, and likely would still be confined to her trailer. Mrs. N’s daughter called the CILNCF several times to inform us that her mother’s physical, mental, social, and emotional health has improved immensely. Mrs. N’s daughter stated her mother has a new lease on life and is grateful beyond words for the funds and support used to get her mother a wheelchair ramp.

**Success story 2:** Another consumer with a significant disability won tickets at a CIL raffle to The Nutcracker Ballet. Her care taker was having some issues with her hitting others and acting out and expressed reservations about her ability to be out in public. We in turn educated the consumer about social etiquette and how The Nutcracker was for adults and good behavior was expected if she wanted to go to the show. We taught her how to sit quietly and watch the show like an adult. The following weekend she went to The Nutcracker and her care taker stated she behaved wonderfully and really enjoyed the ballet and being out in the community. Through our ILS classes and the open, friendly environment offered at the CIL, we helped her gain the confidence she needed and it was a successful evening for all involved.

We have been expanding our connections in the schools and with Vocational Rehabilitation through the WIOA. Our Employment Program is prepared for all potential youth transition services provided through our contract with Vocational Rehabilitation. Last year we developed several employment curriculums related to youth transition services. We continued with the program we developed a little over a year ago called “U2” which was designed for transitional youth. Through these efforts, we served 104 transitional youth during this reporting period.

# Subpart IV - Extent of CIL Compliance with the Six Evaluation Standards

## Section A - Compliance Indicator 1: Philosophy

### Item 1 - Consumer Control

#### (A) Board Member Composition

Enter requested governing board information below.

|   |   |
|---|---|
| Total Number of Board Members                         | 7 |
| Number of Board Members with Significant Disabilities | 4 |

#### (B) Staff Composition

Enter requested staff information in the table below.

|                       | Total Number of FTEs | FTEs Filled by Individuals with Disabilities | FTEs Filled by Individuals from Minority Populations |
|-----------------------|----------------------|--|--|
| Decision-Making Staff | 7                    | 4  | 0  |
| Other Staff           | 31.5                 | 19.5   | 6.5  |

### Item 2 - Self-Help and Self-Advocacy

Briefly describe how the CIL has promoted self-help and self-advocacy among individuals with significant disabilities during the reporting year.

**Youth consumer advocacy group:** The CILNCF supported the efforts of 3 consumers who were interested in continuing to organize a youth advocacy group that was formed in early 2016. This group identified several critical needs in the areas of housing, transportation, employment, and increased social supports. The group expressed interest in hosting a CIL sponsored social in early winter of 2017 aimed at bringing our CILNCF youth consumers together with local young professionals and academics who also have a disability.

**Parent Advocacy group:** The CILNCF supported a parent advocacy group called Independence Opportunity Network (ION), of Gainesville in early 2016 to help engage youth through the involvement of their primary caregivers (parents / guardians). ION is comprised of 10 parents of young adults with various disabilities between 18-26 years of age. ION met

monthly in the last quarter and worked on issues related to employment for young adults with disabilities, as well as emerging issues in law enforcement related to disability. ION helped to leverage input and supports for youth with disabilities during this time.

**Collaborations with local schools:** We continue to provide classes on Self-Awareness and Self-Advocacy throughout the year. We created an advocacy curriculum and extended our classes to the schools to provide information about Self-Advocacy. We went to the classrooms as well as having ESE classes come to the CIL to learn about advocacy. Our employment services staff held multiple meetings with ESE school officials across 5 counties in several high schools to help them understand CIL and transition services available for students and graduates. Our employment staff also identified and networked with the appointed school liaisons to work towards implementing WIOA and STAR programming. The director for ESE Alachua County agreed to pilot test a youth transition service in one of the high schools

**Advocacy events:** The CILNCF also partnered with the EOC to bring the ADA Expo to the community where approximately 200 community participants learned about their rights under the ADA and how to advocate for themselves. The CIL helped to develop and run this very successful community event. The CILNCF also hosted 3 “town hall” type forums during 2016 and include topics on: Employment Service Providers for people with disabilities; Question and Answers about The ABLE ACT; 2017-19 SPIL informational and community input.

---

### Item 3 - Peer Relationships and Peer Role Models

Briefly describe how, during the reporting year, the CIL has promoted the development of peer relationships and peer role models among individuals with significant disabilities.

**Peer Support Classes:** The CILNCF continued to increase the size of our Peer Support group this year. We have also started our new Peer Mentoring program on a small scale with 5 peers completing the Peer Training. With the 5<sup>th</sup> Core emphasis on youth in transition, we added approximately 104 transitional youth and many have benefited from our young Peer Mentors. Peer support topics covered in our peer classes included: Appropriate cell phone/computer use; Understanding your disability; Stress relief tips including yoga, meditation, and cultivating what makes you feel happy; Dealing with transitions/changes; How to deal with stigma related to disability; Appreciation for what you have and letting go of what you do not have; Peer sharing and encouraging others to keep working on gaining/keeping their independence.

**Development of a Peer Support and Advocacy survey:** Several of our ILS and employment staff worked closely with a youth consumer who recently attained their master’s degree to develop a survey to assess peer and advocacy needs of our consumers. This group met several times to develop and refine the survey instrument. The group created a data collection and management plan for administering the surveys in 2017.

---

### Item 4 - Equal Access

**(A) Briefly describe how, during the reporting year, the CIL has ensured equal access of individuals with significant disabilities, including communication and physical access, to the center's services, programs, activities, resources, and facilities, whether publicly or privately funded. Equal access, for the purposes of this indicator, means that the same access is provided to any individual with a significant disability regardless of the individual's type of significant disability.**

The CILNCF ensures equal access by having interpreters on staff available to assist walk-ins and appointments; offering video phone services at both locations for better communications; making available printed materials in alternate formats as requested; ensuring accessible technology by having Zoom Text, desktop electronic magnifier and JAWS available for those in need; the availability of vocational testing in alternate formats; and having accessible buildings in both locations that are close to public transportation.

---

**(B) Briefly describe how, during the reporting year, the CIL has advocated for and conducted activities that promote the equal access to all services, programs, activities, resources, and facilities in society, whether public or private, and regardless of funding source, for individuals with significant disabilities. Equal access, for the purposes of this indicator, means that the same access provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities.**

The CILNCF worked to provide equal access in several areas critical to independent living including access to health care, transportation, housing, education, employment, emergency management and via participating in community events such as the ADA Expo:

**Medical Services:** We provided a substantial amount of sign language interpreting services for consumers who are deaf or hard of hearing when accessing health care services across multiple health care facilities throughout our catchment area.

**Transportation:** The CILNCF has paratransit contracts with transportation departments in Alachua and Marion counties. We serve as a third party entity to identify if people are eligible for paratransit services due to disability. We offer enrollment in a private door to door transportation service for consumers who cannot use the typical bus transit system. We also provide ride along education for consumers who need help navigating their bus routes. The CILNCF promotes equal access of individuals with disabilities by assisting 1,500 individuals with the application process for ADA paratransit services for greater mobility.

**Housing:** We have wheelchair ramp building program that installs wheelchair ramps for consumers who do not have access in or out of their homes. We also provided Information and referral services to consumers inquiring about accessible, affordable, and safe housing in Alachua and Marion counties.

**Education:** Staff continue to advocate for youth with disabilities by attending IEP meetings and School Board transition council meetings, as well as sitting on the local Career Source's Education and Youth Committee. Through our High School High Tech program, we advocate for youth with disabilities to achieve academic goals and employment involving high tech careers.

**Employment:** During the past reporting year, our employment program staff have remained strong advocates for the community. We helped several people maintain their jobs through advocacy efforts and in one case win a settlement after being fired. We also continuously advocate with Vocational Rehabilitation for the rights of consumers to make informed vocational choices and change their minds about their employment goals or have more than one vocational goal, as any individual can freely do during the course of searching for employment.

**Sign Language Interpreting Services:** Through our interpreter coordination program, we have made great efforts to ensure all individuals receiving services have the right to communicate effectively with providers. When consumers indicate issues, staff contact service providers and discuss the need for ADA compliance.

**Emergency Management and equal access for People With Disabilities:**

- 1) **Shelter accessibility preparedness:** Our CILNCF staff will work closely with those who operate EM shelters to ensure they are accessible for people with various disabilities.
- 2) **Provision of Disability Awareness Trainings:** Disability awareness trainings will educate Emergency Management and public health professionals on the various types of disabilities, and build their skills on how to best communicate and interact PWD when preparing and responding to emergencies.
- 3) **Participating in EM drills:** The CILNCF will recruit and involve people with a wide range of disabilities in the participation of live EM drills and trainings held by Emergency Management professionals.

**ADA Expo:** We co-sponsored and co-presented in the ADA Expo 2016 where community participants learned about their rights under the ADA and how to advocate for themselves in employment situations.

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## Item 5 - Alternative Formats

Briefly describe how, during the reporting year, the CIL has ensured the availability in alternative formats of all of its written policies and materials and IL services, as appropriate.

The CILNCF ensures equal access of written policies, materials and services by having interpreters on staff available to assist walk-ins and appointments to better understand written materials; having video relay services available on-site; making available printed materials in alternate formats as requested; and ensuring accessibility for individuals with visual disabilities by having a desktop electronic magnifier, Braille, taped materials or materials sent via e-mail; and vocational testing in alternate formats.

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## **Section B - Compliance Indicator 2: Provision of Services on a Cross-Disability Basis**

Briefly describe how, during the reporting year, the CIL has ensured that IL services are provided to eligible individuals with a diversity of significant disabilities and individuals who are members of populations that are unserved or underserved, without restrictions based on the particular type or types of significant disability and in a manner that is neither targeted nor limited to a particular type of significant disability.

The CILNCF made conscious efforts to provide services to eligible individuals with significant disabilities regardless of their disability or ability to obtain transportation to our offices.

**Veterans:** Veterans have been identified as an underserved and diverse population by the Florida Independent Living Council (FILC), and Florida Association of Centers for Independent Living (FACIL). In accordance our CILNCF has established formal and ongoing collaborations with the North Florida / South Georgia VA's Center for Innovation on Disability Rehabilitation Research (CINDRR). The purpose of this partnership is to establish institutional collaborations between the VA and CIL's. During the last quarter our working group has applied for funding from the Office of Rural Health to conduct a national assessment on the extent to which Veterans are currently accessing and utilizing CIL services; as well as identifying what services Veterans would like CIL to offer Veterans.

**Rural outreach:** Our FTRI program participated in several community based events held within our rural areas. We reached our rural populations by setting up FTRI distribution centers in rural parts of Alachua and Marion Counties and rural counties such as Bradford, Columbia, Dixie, Gilchrist, Levy, Putnam and Suwannee. These events often attract minority groups. Our FTRI staff distribute CIL promotional and informational resources they at these events. Additionally, the CILNCF ED and a staff went to UF Health Shands Lake City Rehabilitation Centers to present and met with several disabilities support groups held in rural areas. This support group was comprised of several minorities in its membership. The CILNCF traveled to rural counties to provide vocational evaluations to consumers near their place of residence. This allowed the CILNCF to reach those who otherwise did not have the mobility to receive services in our two office locations. Additionally, we continued serving high school students with disabilities in need of transition services in rural parts of Alachua and Marion Counties and rural counties such as Bradford, Levy and Putnam.

**Outreach via collaborations:** The CILNCF continued to maintain relationships with organizations and groups such as The Division of Blind Services, Division of Vocational Rehabilitation, The Brain Injury Association, Center for Autism and Related Disorders, Traumatic Brain Injury Support Group, Spinal Cord Injury Support Group, ESE departments within the schools, and many organizations to reach underserved populations representing all disabilities. These efforts have allowed the CIL to reach those who otherwise would not have been able to receive services.

## **Section C - Compliance Indicator 3: Independent Living Goals**

### **Item 1 - Consumer Information**

Briefly describe how, during the reporting year, the CIL has ensured that consumers have the opportunity to develop and achieve their goals (either with or without an ILP) and that the consumer has the opportunity to express satisfaction with the center and such consumer satisfaction results are evaluated by the center.

ILP Training was provided to CILNCF staff to help them understand the importance of allowing consumers to develop personal goals to determine services and guide individuals toward achievement of their goals. These trainings emphasized consumer control and provided guidance on how to help consumers explore their personal needs to find goals that are meaningful, outcome based, realistic, time-framed, manageable and realistic to accomplish. Periodic reviews of Consumer Service Records (CSR's) were conducted to ensure that staff was assisting consumers in developing personal goals and individual staff training was offered when needed.

Satisfaction Surveys are available to consumers throughout the provision of services. Staff are periodically reminded of the importance of consumer feedback and encourage consumers to complete the surveys which are available in multiple formats.

### **Item 2 - Consumer Service Record Requirements**

Briefly describe how, during the reporting year, the CIL ensured that each consumer's CSR contains all of the required information.

Staff training was provided to teach staff about the required documentation needed for CSRs and about the importance of maintaining accurate and consistent records of consumers. This training included, but was not limited to, documenting requested services, assessing consumers needs to guide in the development of the ILP or Waiver with goals, how to document services provided and all achievements, how often to review ILPs, how to document eligibility, and other requirements. All programs were also monitored and asked to review files on a periodic basis at least once a year utilizing a CSR Review guide and directed on how to make corrective actions.



## Section D - Compliance Indicator 4: Community Options and Community Capacity

### Item 1 - Community Activities Table

Summarize the community activities involving the CIL's staff and board members during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

| Issue Area           | Activity Type                              | Hours Spent | Objective(s)   | Outcome(s)   |
|----------------------|--|-------------|--|--|
| Assistive Technology | Community and Systems Advocacy             | 0.25        | To assist a retirement village to obtain a pool lift for residents who are wheelchair users.                 | CIL staff conducted phone conference with Bonfire Village HOA to discuss advocacy issue with resident wheelchair users.  |
| Assistive Technology | Community Education and Public Information | 23.5        | To educate and inform the community about FTRI and Assistive Technology devices available as accommodations. | Provided extensive education and distribution efforts to ensure individuals with hearing and communication disabilities understood the assistive technology available to them under the ADA. |
| Assistive Technology | Network/ Collaboration                     | 1.75        | To expand availability of assistive technology to increase independence.                                     | Collaborated with community organizations and increased awareness regarding AT and DME Closet resources to expand services to persons with disabilities.                                     |
| Assistive Technology | Outreach                                   | 10          | To promote awareness of FTRI, AT devices and CIL services.   | Provided presentations about CIL, AT devices and our FTRI program and distributed no cost amplified and specialized telephones.  |
| Assistive Technology | Technical Assistance                       | 3981        | To assist the community in ensuring services, program, activities and facilities are accessible.             | Interpreter services and interpreting coordination services were provided to schools, health care facilities and community service organizations to ensure accessibility for                 |

|                      |  |        |  |  |
|----------------------|--|--------|--|--|
|                      |  |        |  | persons who are Deaf. Provided several FTRI and Florida Relay presentations to 911 operators from the AL Co. Sheriff's Office.   |
| Health Care Services | Community and Systems Advocacy             | 12     | To ensure equality and enhance awareness in the access of health care services and provision of quality care for people with disabilities. | Provided advocacy services through the Affordable Housing Summit and expressed the needs of people with disabilities for housing. Conducted CIL Consumer Forum regarding SPIL information.   |
| Health Care Services | Community Education and Public Information | 138.75 | To educate and inform the public about health care issues and services.  | Assisted in the coordination and presentation of the Alachua County ADA Event, provided information and education programs through several local organizations, meetings and events and provided two disability awareness presentations.                       |
| Health Care Services | Network/ Collaboration                     | 163.25 | To build connections with the community that benefit consumers in terms of better service provision.                                       | Staff collaborated with local Boards, Coalitions and connected with the Red Cross, rehabilitation hospitals, colleges, school boards and multiple other organizations and community events where they network to build connections that benefit our consumers. |
| Health Care Services | Outreach                                   | 57.5   | To reach unserved and underserved populations with information regarding health services.  | Attended events and conducted meetings with various organizations and individuals to encourage participation in CIL services and participation within the Hispanic community.  |
| Other                | Community Education                        | 6      | To educate and inform the public of services   | Provided presentations to inform community   |

|       |                          |         |  |   |
|-------|--------------------------|---------|--|---|
|       | and Public Information   |         | available to people with disabilities.   | members of services and Disability Awareness.   |
| Other | Network/ Collaboration   | 8.75    | To establish connections with the community that benefit consumers and enhance CIL services. | Staff collaborated with local organizations, businesses and attended events where they network to establish connections that benefit our consumers. |
| Other | Information and Referral | 2800.75 | To provide I & R to the community allowing for better access to services.                    | 2800.75 hours of I & R service was provided to the community allowing for better access to services.  |

**Item 2 – Description of Community Activities**

For the community activities mentioned above, provide additional details such as the role of the CIL staff board members and/or consumers, names of any partner organizations and further descriptions of the specific activities, services and benefits.

**Employment, Education, and Youth Transitions:** The CILNCF partners with school boards in five counties to enhance the ability of students with disabilities to succeed in their educational and vocational pursuits. We partner with Vocational Rehabilitation in an effort to ensure all individuals with significant disabilities have the best possible opportunity to succeed in employment and often advocate for services. Our employment services staff held multiple meetings with ESE school officials across 5 counties in several high schools to help them understand CIL and transition services available for students and graduates. Our employment staff also identified and networked with the appointed school liaisons to work towards implementing WIOA and STAR programming. The director for ESE Alachua County agreed to pilot test a youth transition service in the one of the high school Pre-planning and formative efforts have: yielded formal partnerships between CIL and schools; aided in the exchange of technical assistance for addressing logistical implementation of youth employment services; and youth have been identified to participate in the program. These collaborative efforts are essential in laying the foundation for youth to have the opportunity to determine their choice of employment

**Florida Fire College collaboration:** Our employment director held several collaborative meetings with administrators running the Florida Fire College. These meetings focused on increasing the number of applicants with disabilities in the field of firefighting. Pre-planning and formative efforts have yielded formal partnerships between CIL and Florida Fire

College. Youth with disabilities will have a unique opportunity to attend the fire college and explore careers in the fire field.

**University of Florida Human Resources:** The UF is the largest employer in Alachua County. The CILNCF Executive Director and Director for Employment presented to 15 high ranking HR management personnel in HR who oversee the hiring of multiple departments throughout the UF. The Executive Director and Director for Employment Services were invited keynote speakers at a HR sponsored conference attended by more than 100 HR UF staff who hire throughout the UF. We raised awareness about the need for hiring youth with disabilities throughout the UF work force. UF HR officials were educated on the importance in hiring youth with disabilities, the benefits of hiring youth with disabilities, and dispelling commonly held myths of employers about employees who have disabilities.

Our presence on the Career Source board and Youth and Transitions Committee continues to influence the focus of that organization and bring awareness of the lack of opportunities that are provided to individuals who may not fit an education track toward employment.

By the CILNCF sitting in on the Transportation Disadvantaged Coordinating Board meetings, we have been able to network for future collaborations and speak out about issues that affect our disability community.

## **Section E - Compliance Indicator 5: IL Core Services and Other IL Services**

In addition to the data provided in Subpart III, describe how information and referral services and the other IL core and other IL services are provided to those who request such services in formats accessible to the individual requesting the services. Describe any innovative practices (not mentioned elsewhere in this report) to enhance the availability and effectiveness of IL services.

The CILNCF provides a multimodal approach to learning for ILS classes to include written worksheets with availability of alternate fonts, verbal presentations, discussions, PowerPoint presentations with pictures, and learning through activities. Sign language interpreters are on staff and available for all individual and class activities. Our Vocational Evaluation unit uses alternate testing materials to accommodate individuals, such as, Beta III for testing individuals who are non-verbal or Deaf, SIT-R for individuals who have low vision or are blind, TABE in audio edition for individuals who are blind, and R-FVII:II and Envision Your Career for individuals with certain cognitive disabilities or are Deaf. Many other accommodations such as untimed testing is also provided. Moreover, we have two direct service staff that communicate through ASL who work directly with consumers who are Deaf.

## **Section F - Compliance Indicator 6: IL Resource Development Activities**

Briefly describe the CIL's resource development activities conducted during the reporting year to expand funding from sources other than chapter 1 of title VII of the Act.

The CILNCF conducted a Silent Auction at our annual Alachua County High School High Tech Kick-Off Event; James Moore and Co., continued to partner with the CIL and conducted a staff campaign; we conducted a raffle leading up to our Gainesville Open House; the CILNCF participated in the first annual Amazing Give through the Community Foundation; the CILNCF continued to expand fee-for-service programming with our sign language interpreting services and Florida Telecommunications Relay, Inc. program.



**TRANSITIONAL LIVING OF NORTH  
CENTRAL FLORIDA, INC.  
D/B/A CENTER FOR INDEPENDENT LIVING  
OF NORTH CENTRAL FLORIDA**

**FINANCIAL STATEMENTS**

**SEPTEMBER 30, 2016 AND 2015**



**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.**  
**D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA**  
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**SEPTEMBER 30, 2016**

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## INDEPENDENT AUDITORS' REPORT

To the Board of Directors,  
Transitional Living of North Central Florida, Inc.  
d/b/a Center for Independent Living of North Central Florida:

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Transitional Living of North Central Florida, Inc., d/b/a Center for Independent Living of North Central Florida (a nonprofit organization), which comprise the statements of financial position as of September 30, 2016 and 2015, and the related statements of activities, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

### ***Management's Responsibility 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.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits 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. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

- 1 -

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***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Transitional Living of North Central Florida, Inc., d/b/a Center for Independent Living of North Central Florida, as of September 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

***Other Matters******Other Information***

Our audits were 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 purposes of additional analysis as required by the 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* (Uniform Guidance), and is not a required part 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 State Financial Assistance is 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 February 17, 2017, on our consideration of Transitional Living of North Central Florida, Inc.'s, d/b/a Center for Independent Living of North Central Florida, 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 the 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 Transitional Living of North Central Florida, Inc.'s, d/b/a Center for Independent Living of North Central Florida, internal control over financial reporting and compliance.

*James Moore & Co., P.L.*

Gainesville, Florida  
February 17, 2017

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.**  
**D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA**  
**STATEMENTS OF FINANCIAL POSITION**  
**SEPTEMBER 30, 2016 AND 2015**

| <u>ASSETS</u>   | <u>2016</u>         | <u>2015</u>         |
|---|---------------------|---------------------|
| <b>Current assets</b>                                   |                     |                     |
| Cash and cash equivalents                               | \$ 365,795          | \$ 265,442          |
| Grants and contracts receivable                         | 119,378             | 102,511             |
| Other receivables                                       | 93,768              | 100,710             |
| Prepaid expenses  | 300                 | 129                 |
| Property held for sale                                  | 80,000              | -                   |
| Total current assets                                    | 659,241             | 468,792             |
| <b>Property and equipment, net</b>                      | 777,254             | 795,818             |
| <b>Loan costs, net</b>                                  | -                   | 2,823               |
| <b>Total Assets</b>                                     | <b>\$ 1,436,495</b> | <b>\$ 1,267,433</b> |
| <u>LIABILITIES AND NET ASSETS</u>                       |                     |                     |
| <b>Current liabilities</b>                              |                     |                     |
| Current portion of note payable                         | \$ -                | \$ 36,668           |
| Accounts payable and accrued expenses                   | 108,766             | 89,443              |
| Deferred revenue  | 54,218              | 49,031              |
| Total current liabilities                               | 162,984             | 175,142             |
| <b>Net assets</b>                                       |                     |                     |
| Unrestricted  |                     |                     |
| Invested in property and equipment, net of related debt | 777,254             | 759,150             |
| Designated for ramp projects                            | 24,770              | 20,903              |
| Unrestricted, undesignated                              | 471,487             | 311,341             |
| Total unrestricted                                      | 1,273,511           | 1,091,394           |
| Temporarily restricted                                  | -                   | 897                 |
| Total net assets  | 1,273,511           | 1,092,291           |
| <b>Total Liabilities and Net Assets</b>                 | <b>\$ 1,436,495</b> | <b>\$ 1,267,433</b> |

The accompanying notes to financial statements  
are an integral part of these statements.

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.  
D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA  
STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED SEPTEMBER 30, 2016**

|                                       | <u>Unrestricted</u> | <u>Temporarily<br/>Restricted</u> | <u>Total</u>        |
|---------------------------------------|---------------------|-----------------------------------|---------------------|
| <b>Support and revenue</b>            |                     |                                   |                     |
| Grants and contracts                  | \$ 1,090,790        | \$ -                              | \$ 1,090,790        |
| Contributions                         | 91,986              | -                                 | 91,986              |
| Fees for services                     | 774,568             | -                                 | 774,568             |
| Other income                          | 5,827               | -                                 | 5,827               |
| Net assets released from restrictions | 897                 | (897)                             | -                   |
| Total support and revenue             | <u>1,964,068</u>    | <u>(897)</u>                      | <u>1,963,171</u>    |
| <b>Expenses</b>                       |                     |                                   |                     |
| Program services                      | 1,438,350           | -                                 | 1,438,350           |
| Management and general                | 343,601             | -                                 | 343,601             |
| Total expenses                        | <u>1,781,951</u>    | <u>-</u>                          | <u>1,781,951</u>    |
| <b>Change in net assets</b>           | <u>182,117</u>      | <u>(897)</u>                      | <u>181,220</u>      |
| <b>Net assets, beginning of year</b>  | 1,091,394           | 897                               | 1,092,291           |
| <b>Net assets, end of year</b>        | <u>\$ 1,273,511</u> | <u>\$ -</u>                       | <u>\$ 1,273,511</u> |

The accompanying notes to financial statements  
are an integral part of this statement.

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.**  
**D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA**  
**STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2015**

|                                       | <u>Unrestricted</u> | <u>Temporarily<br/>Restricted</u> | <u>Total</u>        |
|---------------------------------------|---------------------|-----------------------------------|---------------------|
| <b>Support and revenue</b>            |                     |                                   |                     |
| Grants and contracts                  | \$ 967,966          | \$ -                              | \$ 967,966          |
| Contributions                         | 22,089              | -                                 | 22,089              |
| Fees for services                     | 752,604             | -                                 | 752,604             |
| Other income                          | 10,124              | -                                 | 10,124              |
| Net assets released from restrictions | 2,114               | (2,114)                           | -                   |
| Total support and revenue             | <u>1,754,897</u>    | <u>(2,114)</u>                    | <u>1,752,783</u>    |
| <b>Expenses</b>                       |                     |                                   |                     |
| Program services                      | 1,455,291           | -                                 | 1,455,291           |
| Management and general                | 283,845             | -                                 | 283,845             |
| Total expenses                        | <u>1,739,136</u>    | <u>-</u>                          | <u>1,739,136</u>    |
| <b>Change in net assets</b>           | <u>15,761</u>       | <u>(2,114)</u>                    | <u>13,647</u>       |
| <b>Net assets, beginning of year</b>  | 1,075,633           | 3,011                             | 1,078,644           |
| <b>Net assets, end of year</b>        | <u>\$ 1,091,394</u> | <u>\$ 897</u>                     | <u>\$ 1,092,291</u> |

The accompanying notes to financial statements  
are an integral part of this statement.

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.**  
**D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2016**

|                                | <u>Program<br/>Services</u> | <u>Management<br/>and General</u> | <u>Total<br/>Expenses</u> |
|--------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Advertising                    | \$ 1,800                    | \$ -                              | \$ 1,800                  |
| Depreciation                   | 22,953                      | 5,738                             | 28,691                    |
| Dues and publications          | 2,153                       | 18,640                            | 20,793                    |
| Insurance                      | 172,969                     | 38,437                            | 211,406                   |
| Interest                       | 975                         | 2,834                             | 3,809                     |
| Interpreter service            | 118,331                     | -                                 | 118,331                   |
| Office                         | 17,448                      | 311                               | 17,759                    |
| Payroll taxes                  | 66,319                      | 17,341                            | 83,660                    |
| Pension                        | 35,984                      | 8,161                             | 44,145                    |
| Postage                        | 4,354                       | -                                 | 4,354                     |
| Professional fees              | 19,651                      | 23,196                            | 42,847                    |
| Program                        | 11,483                      | -                                 | 11,483                    |
| Rent                           | 15,091                      | -                                 | 15,091                    |
| Repairs and maintenance        | 14,521                      | 1,890                             | 16,411                    |
| Seminars, travel, and training | 56,060                      | -                                 | 56,060                    |
| Staff salaries                 | 831,898                     | 227,053                           | 1,058,951                 |
| Student activities             | 12,030                      | -                                 | 12,030                    |
| Utilities and telephone        | 29,108                      | -                                 | 29,108                    |
| Miscellaneous                  | 5,222                       | -                                 | 5,222                     |
| Total expenses                 | <u>\$ 1,438,350</u>         | <u>\$ 343,601</u>                 | <u>\$ 1,781,951</u>       |

The accompanying notes to financial statements  
are an integral part of this statement.

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.  
D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA  
STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

|                                | <u>Program<br/>Services</u> | <u>Management<br/>and General</u> | <u>Total<br/>Expenses</u> |
|--------------------------------|-----------------------------|-----------------------------------|---------------------------|
| Depreciation and amortization  | \$ 23,109                   | \$ 4,078                          | \$ 27,187                 |
| Dues and publications          | 10,256                      | 4,706                             | 14,962                    |
| Insurance                      | 159,722                     | 43,651                            | 203,373                   |
| Interest                       | 7,220                       | 4,820                             | 12,040                    |
| Interpreter service            | 162,114                     | -                                 | 162,114                   |
| Office                         | 17,556                      | 98                                | 17,654                    |
| Payroll taxes                  | 66,956                      | 13,533                            | 80,489                    |
| Pension                        | 31,820                      | 8,018                             | 39,838                    |
| Postage                        | 4,250                       | -                                 | 4,250                     |
| Professional fees              | 12,380                      | 20,097                            | 32,477                    |
| Program                        | 14,196                      | -                                 | 14,196                    |
| Rent                           | 11,273                      | -                                 | 11,273                    |
| Repairs and maintenance        | 20,322                      | 2,875                             | 23,197                    |
| Seminars, travel, and training | 53,228                      | -                                 | 53,228                    |
| Staff salaries                 | 817,471                     | 179,005                           | 996,476                   |
| Student activities             | 12,251                      | -                                 | 12,251                    |
| Utilities and telephone        | 28,387                      | -                                 | 28,387                    |
| Miscellaneous                  | 2,780                       | 2,964                             | 5,744                     |
| Total expenses                 | <u>\$ 1,455,291</u>         | <u>\$ 283,845</u>                 | <u>\$ 1,739,136</u>       |

The accompanying notes to financial statements  
are an integral part of this statement.



**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.**  
**D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA**  
**STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015**

|  | <u>2016</u>       | <u>2015</u>       |
|--|-------------------|-------------------|
| <b>Cash flows from operating activities</b>  |                   |                   |
| Change in net assets   | \$ 181,220        | \$ 13,647         |
| Adjustments to reconcile change in net assets<br>to net cash provided by operating activities: |                   |                   |
| Depreciation and amortization expense  | 28,691            | 27,187            |
| Deferred fees charged to interest expense  | 2,823             | 3,764             |
| Loss on disposal of property and equipment   | -                 | 1,010             |
| Noncash contribution (property held for sale)  | (80,000)          | -                 |
| Net change in:   |                   |                   |
| Grants and contracts receivable  | (16,867)          | (980)             |
| Prepaid expenses   | (171)             | (114)             |
| Other receivables  | 6,942             | 1,121             |
| Accounts payable and accrued expenses  | 19,323            | 2,667             |
| Deferred revenue   | 5,187             | 208               |
| Total adjustments  | <u>(34,072)</u>   | <u>34,863</u>     |
| Net cash provided by operating activities  | <u>147,148</u>    | <u>48,510</u>     |
| <b>Cash flows from investing activities</b>  |                   |                   |
| Purchases of property and equipment  | (10,127)          | (20,742)          |
| <b>Cash flows from financing activities</b>  |                   |                   |
| Payments on note payable   | (36,668)          | (149,650)         |
| <b>Net increase (decrease) in cash and cash equivalents</b>                                    | <u>100,353</u>    | <u>(121,882)</u>  |
| <b>Cash and cash equivalents, beginning of year</b>  | 265,442           | 387,324           |
| <b>Cash and cash equivalents, end of year</b>  | <u>\$ 365,795</u> | <u>\$ 265,442</u> |
| <b>Supplemental disclosure of cash flow information</b>  |                   |                   |
| Cash paid during the year for interest   | \$ 986            | \$ 8,276          |
| Noncash contribution (property held for sale)  | \$ 80,000         | \$ -              |

The accompanying notes to financial statements  
are an integral part of these statements.

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.**  
**D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2016 AND 2015**

(1) **Summary of Significant Accounting Policies:**

The following is a summary of the more significant accounting policies and practices of Transitional Living of North Central Florida, Inc. d/b/a Center for Independent Living of North Central Florida (the Organization), which affect significant elements of the accompanying financial statements.

(a) **General**—The Organization is a nonprofit corporation located in Gainesville, Florida, which provides services to sixteen counties throughout north central Florida. Program services include skills education, advocacy, peer support, employment, transition, interpreting and information and referral services for people with disabilities that they might learn to live more independently. For the years ended September 30, 2016 and 2015, approximately 56% and 55%, respectively, of the support and revenue of the Organization for program services is provided by federal and state governmental agencies.

(b) **Financial statement presentation**—The Organization's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor imposed restrictions. The Organization records all revenues and gains that are spent in the same fiscal year as unrestricted revenue. Any amounts not spent are recorded as either temporarily restricted or permanently restricted revenue if donor restrictions exist.

Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

*Unrestricted net assets* – Net assets that are not subject to donor-imposed restrictions.

*Temporarily restricted net assets* – Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organization and/or the passage of time.

*Permanently restricted net assets* – Net assets subject to donor-imposed stipulations that will not be met by either actions of the Organization and/or the passage of time.

As of September 30, 2016 and 2015, there were no permanently restricted net assets.

(c) **Property and equipment**—Property and equipment additions exceeding \$1,000 are recorded at cost if purchased or fair value if contributed. The cost of property and equipment is being charged to operations using the straight-line method of depreciation over estimated useful lives ranging from three to forty years.

(d) **Income taxes**—The Organization is exempt from Federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and Florida Statutes. Therefore, no provision for income taxes is provided in the financial statements.

The Organization files income tax returns in the U.S. federal jurisdiction. The Organization's income tax returns for the past three years are subject to examination by tax authorities and may change upon examination. The Organization has reviewed and evaluated the relevant technical merits of each of its tax positions in accordance with the accounting principles generally accepted in the United States of America for accounting for uncertainty in income taxes, and determined that there are no uncertain tax positions that would have a material impact on the financial statements of the Organization.

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.**  
**D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2016 AND 2015**

(1) **Summary of Significant Accounting Policies:** (Continued)

(e) **Cash and cash equivalents**—For purposes of reporting cash flows, cash and cash equivalents include investments with original maturities of three months or less.

(f) **Loan costs**—Loan costs are charged to interest expense over the 10-year term of the loan beginning in the year ended September 30, 2015. For the year ended September 30, 2014, loan costs were amortized over the 10-year term of the loan. At September 30, 2015, net loan costs were \$2,823. There were no net loan costs at September 30, 2016.

(g) **Use of estimates**—The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(h) **Functional allocations of expenses**—The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among programs and supporting services benefited.

(i) **Contributions**—All contributions of the Organization are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

(j) **Grants, contracts and other receivables**—Grants, contracts and other receivables are stated at the amount management expects to collect from balances outstanding at year-end. Based on management's assessment of the credit history with customers having outstanding balances and current relationships with them, it has concluded that realization losses on balances outstanding at year-end will be immaterial.

(k) **Donated services**—Many individuals volunteer their time and perform a variety of tasks that help the Organization carry out its mission. No amounts have been reflected in the financial statements for the value of these services, because they do not meet the criteria for recognition under accounting principles generally accepted in the United States of America.

(l) **Advertising**—Advertising costs are expensed as incurred. There was \$1,800 for September 30, 2016. There were no advertising costs for September 30, 2015.

(m) **Deferred revenue**—Deferred revenue primarily consists of advances received for contracted programs that apply to future periods.

(n) **Subsequent events**—Subsequent events have been evaluated through February 17, 2017, which is the date the financial statements were available to be issued. No subsequent events have been recognized or disclosed other than those described in Note 11.

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.**  
**D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2016 AND 2015**

(2) **Property and Equipment:**

Property and equipment at September 30, is summarized as follows:

|                                | <u>2016</u>       | <u>2015</u>       |
|--------------------------------|-------------------|-------------------|
| Land                           | \$ 160,500        | \$ 160,500        |
| Building and improvements      | 928,283           | 918,156           |
| Furniture and equipment        | <u>96,711</u>     | <u>96,711</u>     |
|                                | 1,185,494         | 1,175,367         |
| Less: Accumulated depreciation | <u>408,240</u>    | <u>379,549</u>    |
| Total property and equipment   | <u>\$ 777,254</u> | <u>\$ 795,818</u> |

(3) **Note Payable:**

The Organization had a mortgage note payable with a local bank. Monthly payments were \$3,931 including interest at 5.95%. This loan was repaid in full as of September 30, 2016.

(4) **Line of Credit:**

The Organization has a \$50,000 available line of credit with a local bank. The line requires monthly interest payments with an interest rate of Prime + 1.25% (3.5% at September 30, 2016 and 2015). As of September 30, 2016 and 2015, there were no advances on this line.

(5) **Concentrations of Credit Risk:**

Information related to significant concentrations of credit risk for financial instruments owned by the Organization is as follows:

(a) **Demand deposits**—The Organization has demand deposits with a local bank. The Organization has no policy requiring collateral to support these deposits and accounts, although demand deposits with banks are federally insured up to Federal Deposit Insurance Corporation (FDIC) limits. At times such deposits may be in excess of the FDIC insurance limit. The Organization does not believe it is exposed to any significant credit risk on such deposits. At September 30, 2016 and 2015, the bank balances totaled \$367,911 and \$278,044, respectively.

(b) **Grants, contracts and other receivables**—The Organization receives certain fees for services provided to organizations and individuals located in north central Florida. The other receivables represent amounts due from these organizations and individuals. The Organization also has amounts due from federal and state governmental agencies under cost reimbursement and service grants and contracts related to various education and assistance activities. The Organization has no policy requiring collateral or other security to support its receivables.

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.  
D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2016 AND 2015**

(6) **Significant Funding Source:**

The Organization receives approximately 26% and 31%, for the years ended September 30, 2016 and 2015, respectively, of its funding from the U.S. Department of Education that is either direct or passed through the State of Florida Department of Education. A significant reduction in the level of this funding, if this were to occur, could have an adverse effect on the Organization's programs and activities.

(7) **Operating Leases:**

The Organization leases office space and office equipment under separate noncancellable operating leases. The leases expire in varying periods through March 2021. Rent expense charged to operations amounted to \$15,091 and \$11,273 for the years ended September 30, 2016 and 2015, respectively.

| Year Ending<br>September 30, | Amount    |
|------------------------------|-----------|
| 2017                         | \$ 11,288 |
| 2018                         | 11,288    |
| 2019                         | 11,288    |
| 2020                         | 11,288    |
| 2021                         | 4,703     |
|                              | \$ 49,855 |

(8) **Retirement Plans:**

The Organization sponsors a simplified employee pension plan covering substantially all full-time employees who have at least three years of service. Employer contributions are 5% of eligible participant's salary. Employer contributions to the plan were \$44,145 and \$39,838 for the years ending September 30, 2016 and 2015, respectively. Pension costs are funded as accrued and there are no prior service costs.

The Organization has a deferred income plan under Internal Revenue Code section 403(b) which provides retirement benefits for all of its employees. The Organization does not match contributions. In accordance with the provisions of the Internal Revenue Code, the amounts contributed to the 403(b) plan are the assets of the employees. Therefore, these assets are not reflected in the Organization's financial statements.

(9) **Net Assets:**

The Board has designated \$24,770 and \$20,903 of unrestricted net assets at September 30, 2016 and 2015, respectively for use in future ramp projects.

Temporarily restricted net assets represent amounts which have been restricted for specific purposes for which the conditions have not been met either by actions of the Organization and/or the passage of time. At September 30, 2016 and 2015, all temporarily restricted net assets were restricted for use in advocacy issues for accessibility for people who are disabled.

The Organization did not hold any permanently restricted net assets as of September 30, 2016 and 2015.

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.**  
**D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2016 AND 2015**

(10) **Recently Issued Accounting Pronouncements:**

The Financial Accounting Standards Board (FASB) issued new or modifications to, or interpretations of, existing accounting guidance during the year ended June 30, 2016. The Organization has considered the new pronouncements that altered accounting principles generally accepted in the United States of America, and other than as disclosed in the notes to the financial statements below, does not believe that any other new or modified principles will have a material impact on the Organization's reported financial position or operations in the near term.

In May 2014, the FASB issued Accounting Standards Update 2014-09: Revenue from Contracts with Customers, to clarify the principles used to recognize revenue for all entities. The new standard (as amended) is effective for fiscal years beginning after December 15, 2018 and may be adopted early. The Organization is currently evaluating the effect that implementation of the new standard will have on its financial position, results of operations, and cash flows.

In February 2016, the FASB issued Accounting Standards Update 2016-02: Leases (Topic 842), to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. The new standard is effective for fiscal years beginning after December 15, 2019 and may be adopted early. The Organization is currently evaluating the effect that implementation of the new standard will have on its financial position, results of operations, and cash flows.

In August 2016, the FASB issued Accounting Standards Update 2016-14: Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities, to make improvements to the information provided in financial statements and accompanying notes of not-for-profit entities, including net asset classification requirements and the information presented about an entity's liquidity, financial performance, and cash flows. The new standard is effective for fiscal years beginning after December 15, 2017 and may be adopted early. The Organization is currently evaluating the effect that implementation of the new standard will have on its financial position, results of operations, and cash flows.

(11) **Property Held for Sale:**

During the year ended September 30, 2016 there was a house donated to the Organization that was valued at \$80,000. This property was sold on December 28, 2016 for a sales price of \$80,000.

TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.  
 D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA  
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
 FOR THE YEAR ENDED SEPTEMBER 30, 2016

| Federal Agency/Pass-through Entity/State<br>Agency Program Title                                   | CFDA<br>Number | Pass-Through Entity/<br>Contract Identifying Number | Program<br>Expenditures |
|--|----------------|---|-------------------------|
| <b>FEDERAL AWARDS</b>  |                |   |                         |
| <b><u>U.S. Department of Education</u></b>   |                |   |                         |
| Passed through State of Florida Department of<br>Education, Division of Vocational Rehabilitation: |                |   |                         |
| Independent Living - State Grants  | 84.169         | 14-121  | \$ 346,873              |
| Rehabilitation Services - Vocational Rehabilitation<br>Grants to States                            | 84.126         | VR5036  | 163,444                 |
| <b>Total U.S. Department of Education</b>  |                |   | <u>510,317</u>          |
| <b><u>U.S. Department of Health and Human Services</u></b>   |                |   |                         |
| Direct Program:  |                |   |                         |
| ACL Centers for Independent Living   | 93.432         | 90IL0153-02-00                                      | 301,241                 |
| <b>Total U.S. Department of Health and Human Services</b>  |                |   | <u>301,241</u>          |
| <b><u>U.S. Department of Housing and Urban Development</u></b>                                     |                |   |                         |
| Passed through the City of Gainesville<br>Department of Community Development:                     |                |   |                         |
| Community Development Block Grants/Entitlement Grant:  | 14.218         | N/A   | 6,396                   |
| <b>Total U.S. Department of Housing and Urban Development</b>                                      |                |   | <u>6,396</u>            |
| <b>TOTAL FEDERAL AWARDS</b>  |                |   | <u>\$ 817,954</u>       |

See accompanying Notes to Schedule of Expenditures of Federal Awards

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.  
D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED SEPTEMBER 30, 2016**

(1) **Basis of Presentation:**

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes federal award activity of Transitional Living of North Central Florida, Inc., d/b/a Center for Independent Living of North Central Florida, (the Organization) under programs of the federal government for the year ended September 30, 2016. The information in this 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 the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

(2) **Summary of Significant Accounting Policies:**

Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Pass-through entity identifying numbers are presented where available.

No amounts were passed through to subrecipients during the year ended September 30, 2016.

(3) **De Minimis Indirect Cost Rate Election:**

The Organization does not elect to use the 10% de minimis indirect cost rate as covered in §200.414, *Indirect (F&A) costs*, of the Uniform Guidance.



**INDEPENDENT AUDITORS' 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**

To the Board of Directors,  
Transitional Living of North Central Florida, Inc.  
d/b/a Center for Independent Living of North Central Florida:

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 Transitional Living of North Central Florida, Inc., d/b/a Center for Independent Living of North Central Florida (the Organization) which comprise the statements of financial position as of and for the year ended September 30, 2016, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 17, 2017.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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 Organization'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.

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Telephone: 352/378-1331  
Fax: 352/372-3741  
gmv@jmco.com

2477 Tim Gamble Place, Suite 200  
Tallahassee, FL 32308-4386  
Telephone: 850/386-6184  
Fax: 850/422-2074  
tlh@jmco.com

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Organization'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 determination of financial statement amounts. 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.

James Moore & Co., P.L.

Gainesville, Florida  
February 17, 2017

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM GUIDANCE**

To the Board of Directors,  
Transitional Living of North Central Florida, Inc.  
d/b/a Center for Independent Living of North Central Florida:

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

We have audited Transitional Living of North Central Florida, Inc.'s, d/b/a Center for Independent Living of North Central Florida (the Organization) compliance with the types of compliance requirements described in the U.S. *Office of Management and Budget (OMB) Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended September 30, 2016. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

***Auditors' Responsibility***

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the 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* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

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Tallahassee, FL 32308-4386  
Telephone: 850/386-6184  
Fax: 850/422-2074  
tlh@jmco.com

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

In our opinion, the Organization complied, in all material respects, with the types of 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, 2016.

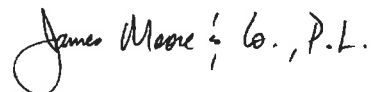
**Report on Internal Control over Compliance**

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program as a basis for designing auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's 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 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 first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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 Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Gainesville, Florida  
February 17, 2017

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.  
D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED SEPTEMBER 30, 2016**

**Section I. Summary of Auditors' Results:**

**Financial Statements**

Type of auditors' report issued: Unmodified

Internal control over financing report:

- Material weakness(es) identified?  Yes  No
- Significant deficiency(ies) identified that are not considered to be material weakness(es)?  Yes  None reported

Noncompliance material to financial statements noted?  Yes  No

**Federal Awards**

Internal control over major programs:

- Material weakness(es) identified?  Yes  No
- Significant deficiency(ies) identified that are not considered to be material weakness(es)?  Yes  None reported

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

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?  Yes  No

Identification of major programs: CFDA No. 93.432, Centers For Independent Living - Part C

Dollar threshold used to distinguish between the type A and type B program: \$ 750,000

Auditee qualified as a low-risk auditee?  Yes  No

**TRANSITIONAL LIVING OF NORTH CENTRAL FLORIDA, INC.  
D/B/A CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL FLORIDA  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED SEPTEMBER 30, 2016**

(Continued)

|  |  |
|--|--|
| <b>Section II. Findings Relating to the Financial Statements Which are Required to be Reported in Accordance With Government Auditing Standards:</b> | None   |
| <b>Section III. Findings and Questioned Costs for Federal Awards:</b>  | None   |
| <b>Section IV. Prior Audit Findings and Corrective Action Plan for Federal Awards:</b>   | No corrective action plan was necessary as there were no prior audit findings. |

**Anthony T. Delisle, PhD.**

Curriculum Vitae  
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Gainesville, FL 32605  
352-363-0620  
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**EDUCATION:**

**Doctor of Philosophy in Health and Human Performance, 2012**

Department of Health Education & Behavior  
University of Florida  
Gainesville, FL 32611  
Specialization: Health Education & Behavior

**Master of Science in Health Education and Behavior, 2008**

Department of Health Education & Behavior  
University of Florida  
Gainesville, FL 32611  
Specialization: Community Health Education

**Master of Science in Exercise and Sport Science, 1995**

Department of Exercise & Sport Science  
University of Florida  
Gainesville, FL 32611  
Specialization: Exercise Physiology

**Bachelor of Science in Exercise and Sport Science, 1992**

Department of Exercise & Sport Science  
University of Florida  
Gainesville, FL 32611  
Specialization: Exercise and Sport Science (Pedagogy)

---

**PROFESSIONAL EXPERIENCE:**

**Executive Director, Center for Independent Living of North Central Florida (CILNCF)**

**Gainesville, Florida, August 2015 – present. Email: [tdelisle@cilncf.org](mailto:tdelisle@cilncf.org) Phone: (352) 378-7474 ext- 12. Fax: (352) 378-5582**

- Responsible for achieving the CILNCF's mission of empowering people with disabilities to exert their individual rights to live as independently as possible, to make personal life choices, and achieve full community inclusion.
- Oversee the successful delivery of services, programs, and resources offered to individuals on a cross-disability basis in 16 counties in the North Central Florida region.
- Responsible for fostering and sustaining productive collaborations with public, private and nonprofit entities.
- Responsible for administrative activities including management of 1.8 million dollar annual budget; supervision and evaluation of employee performance; and development of business contracts with partner agencies.

**Post-Doctoral Associate, Department of Health Education & Behavior  
University of Florida, Gainesville, Florida, August 2012 -August 2015.**

- Research responsibilities include work as a Co-PI on a 4 year National Science Foundation grant to support the needs of students with Learning Disabilities, a Co-PI on a community health program for young adults with an Intellectual Disability, and PI on a CVD prevention program for local firefighters.
- Instructional responsibilities include curriculum design, instruction, and evaluation of post-secondary undergraduate and graduate courses
- Courses taught include: Personal & Family Health, Injury Prevention, Patient Education, Medical Terminology, Principles and Foundations of Health Education and Promotion, Community Health, and Planning Health Education and Promotion Programs

**Health Research Scientist, Center of Innovation on Disability Rehabilitation Research  
North Florida / South Georgia Veterans Health Administration, Gainesville, FL.  
July 2013-present**

- Responsibilities include grant writing efforts to obtain funding for research aimed at addressing the health and rehabilitation needs of veterans.
- Currently involved in several research projects as Co-PI focused on identifying and supporting the academic, health, rehabilitation, and reintegration needs of veterans enrolled in post-secondary education.

**Graduate Teaching Assistant, Department of Health Education & Behavior  
University of Florida, Gainesville, Florida, August 2005- June 2011**

- Responsibilities include curriculum design, instruction, and evaluation of post-secondary undergraduate and graduate courses.
- Courses taught include Medical Terminology, Foundations & Principles of Health Promotion, and Personal & Family Health.

**Family and Youth Counselor, Department of Child and Family Services  
Newport, Rhode Island, 2002–2005**

- Responsible for court-ordered diagnostic assessments of the psychological, educational, and behavioral functioning of wayward youths for long term living placements.
- Duties include administering formal clinical evaluations, implementing educational and recreational activities, behavioral modification, and distribution of prescribed medications

**Adjunct Professor, Rhode Island College  
Providence, Rhode Island, 2004–2005**

- Responsibilities included curriculum design, implementation, and evaluation of college-level undergraduates and graduate courses in Teaching Methods/Materials for primary and secondary educators.
- Additional instructional courses included teaching Personal Fitness, tennis, and other physical activity based courses.

**Special Educator & Physical Educator, Bristol-Warren School District  
Bristol, Rhode Island, 2002–2005**

- Responsibilities included Implementation of educational and behavioral lesson plans for students with special needs.
- Experience teaching grades K-12 in all areas of academics including: literacy, science, mathematics, social studies, physical education, health education, and adaptive education



**Program Coordinator, Grassroots Aspen Experience****Aspen, Colorado, 1996-2002**

- Worked at a non-profit Colorado-based outdoor adventure activity and education program providing self-esteem building experiences and counseling services for high-risk youth.
- Responsibilities include:
  - behavior change program design, implementation, and evaluation
  - volunteer recruitment and training, and youth counseling

**Manager, Committee Chair, & Coach, Aspen Ski Company****Aspen, Colorado, 1995-2002**

- Duties included: training, scheduling, teaching, coaching, and performance evaluations of employees.
- Coached all levels of competitive snowboarding from beginner through elite.
- Managed a team of 60 snowboard coaches and instructors.
- Served as a chair on an advisory board focused on business management issues related to operations, guest service, and employee training for a multi-million dollar corporation.

**Head Coach, Florida Aquatic Swim Team****Gainesville, Florida, 1993-1995**

- Coached competitive swimmers at the state, national, and international levels of competition.
- Implemented yearly, seasonal, weekly, and daily training programs based upon the latest scientific applications of sports performance enhancement.
- Developed individualized training objectives based on skill level, experience and personal goals.

**Research Grant Activity:****Co-Investigator (2015) The Veteran's Health Administration Office of Rural Health Grant**

**Title:** Community-Based Agricultural Initiatives for Transitioning Rural Veterans.

**Principal Investigator:** Karen Besterman-Dehan, Center of Innovation for Disability Rehabilitation Research, Veteran Affairs: \$155,860

**Co-Principal Investigator (2013-2017) The National Science Foundation. Research in Disability Education Enrichment MB Level 1 Grants.**

**Title:** Comprehensive support for STEM students with learning disabilities.

**Principal Investigator:** Dr. William. C. Mann, Department of Occupational Therapy, University of Florida.: \$840,000

**Co-Principal Investigator (2013-2014) American Medical Association. Health Communities Healthy America Grant**

**Title:** Evaluation of community based intervention strategies for promoting healthy nutritional behaviors in low income communities.

**Principal Investigator:** Dr. Nancy Hardt, College of Medicine, University of Florida.: \$25,000

**Co-Principal Investigator, (2013-2014). American Academy of Pediatrics, Community Access to Child Health (CATCH).**

**Title:** A Neighborhood Mother-Baby Medical Home Clinic Needs Assessment

**Principal Investigator:** Lindsay Thompson, MD MS, Department of Pediatrics, University of Florida.: \$12,000.

**Principal Investigator, (2010) National Science Foundation, University of Florida, I-Cubed (Innovation through Institutional Integration) Program**

**Title:** Catalyzing Institutional Change in STEM at UF. (Grant HRD 0833439) Needs assessment of the University of Florida's capacity to broaden participation and supports for students with a disability in post-secondary education.

**Principal Investigator:** Dante Buckley, College of Engineering, and Anthony Delisle, College of Health and Human Performance, University of Florida.: \$2,220.

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**Honors and Awards:**

**2012 Scholarship of Engagement in Community Service Winner**, Department of Education, University of Florida

**2011 Student Research Award**, American Public Health Association: Public Health Education and Health Promotion Section

**2010-2011 Graduate Student Teacher of the Year** University of Florida

**2011 Doctoral Student of the Year**, Department of Health Education & Behavior, University of Florida

**2011 Student Presentation Award Winner**, American Public Health Association 139th Annual Conference Proceedings, Washington DC, October 31-November 2, 2011.

**2011 Emerging Scholars Award**, National Consortium for Physical Education and Recreation for Individuals with Disabilities Reston, VA.

**2010 Doctoral Student of the Year**, Department of Health Education & Behavior, University of Florida

**2010 National Science Foundation Joint Annual Meeting (JAM10) Invitee**. Washington, DC, June 2010. Travel awarded by University of Florida I-Cubed program [\$1700]

**2010 Grinter Fellowship**, University of Florida Honor awarded annually for exceptional graduate students

**2009 Grinter Fellowship**, University of Florida Honor awarded annually for exceptional graduate students

**2008 Grinter Fellowship**, University of Florida Honor awarded annually for exceptional graduate students

**2008 Master's Student of the Year**, Department of Health Education & Behavior, University of Florida

**1987-1992 Athletic Scholarship, Varsity Swimming**, University of Florida Competed at the national at international levels of competition. Competed at 1988 Olympic Trials.

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**Peer Reviewed Publications:**

- Joshi G, **Delisle A**, Gezan S, Stopka C, Tillman M, and Pigg M. (2015). Intentions of College Students to Serve as Informal Caregiver for their Older Relatives: Theory of Planned Behavior Approach. *Journal of Gerontology Education*. Volume 4, Number 5, 384-396.
- Kreider C, **Delisle A**, Lan M, Medina S, Gorske J, Wu C, Percival S, Byrd C, and Mann W. (2014). Engineering A Multifaceted Approach to Supporting STEM/SBE Students with Learning Disability for Enhancing their Academic Achievements: Highlights of Engineering Student Participants. Leaders Conference on Engineering Education, Doha, Qatar, 9-11 Nov. 2014. *Peer reviewed paper published in the conference proceedings*.
- Delisle AT**, Piazza-Gardner A, Sayedul-Huq M, Cowen, T, Delisle, AL, Stopka, C, and Tillman M. (2014). "Validation of a Cardiorespiratory Fitness Assessment for Firefighters" *Journal of Strength & Conditioning Research*, Volume 28, Number 10, 2717-2723.
- Gardner A, Barry A, Chaney C, Dodd V, Weiler R, and **Delisle A**. (2014). Covariates of Alcohol Consumption among Career Firefighters. *Occupational Medicine*, Volume 64, Number 8, 580-582.
- Delisle, AT**, Delisle, AL., Chaney, B, Stopka, C, and Northcutt, W. (2013). Methods for Fostering a Community Academic Partnership in a Firefighter Community. *American Journal of Health Behavior*. Volume 37, Number 6, 721-733.
- Dipnarine, K., **Delisle, A.**, and Stopka, C. (2012). Adapted PE web-page for PELINKS4U; "A preliminary evaluation of a Social Cognitive Theory-based structured physical activity program for improving fitness in populations with an intellectual disability", Volume 14 Number 7, August/September 2012. Accessible at: [http://www.pelinks4u.org/articles/adapted8-9\\_2012.htm](http://www.pelinks4u.org/articles/adapted8-9_2012.htm)
- Pastula M, Stopka C, **Delisle A**, and Hass C. (2012). "Effect of moderate-intensity exercise training on the cognitive function of young adults with intellectual disabilities," *Journal of Strength and Conditioning Research*. Volume 26, Number 12, 3441-3448.
- Barwick R, Tillman M, Stopka C, Dipnarine K, **Delisle A**, and Sayedul-Huq M. (2012). "Physical Capacity and Functional Abilities Improve in Young Adults with Intellectual Disabilities after Functional Training, *Journal of Strength and Conditioning Research*. Volume 26, Number 6, 695-700.
- Delisle, A**, Werch C, Bian H, Wong A, and Weiler R. (2010). The Relationship between Intensity of Physical Activity and Multiple Health Behaviors among Adolescents. *Journal of School Health*, Volume 80, Number 3, 134-140.

**Publications under Review:**

- Joshi G, Gezan S, Stopka C, **Delisle A.**, Tillman M, and Pigg M. College Students as Informal Caregivers and their Attitudes towards Older Adults and Relatives. *The International Journal of Aging and Society*

**Delisle AT**, Delisle AL, Sayedul-Huq, M, Stopka, C, and Tillman M. Results of a Community Based Participatory Research CVD prevention program for Firefighters: a pilot study. *Journal of Strength and Conditioning Research*.

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### Refereed Research Presentations:

American Occupational Therapy Association Annual Conference & Expo, April 16-19, 2015, Kreider CM, Comstock C\*, Medina S\*, **Delisle A**, Mann WC. Habits and Routines of Academically Progressing University Students with Learning and Attention Disorders.

American Occupational Therapy Association Annual Conference & Expo, April 16-19, 2015, Nashville, TN. Kreider CM, Mann WC, **Delisle A**, Wu CY, Percival S, Lan MF, Steinberg MA Engaging University with Learning Disabilities in Targeting Individual and Institutional Level Change.

Assistive Technology Industry Association (ATiA) Conference 2015. Orlando, FL. Steinberg MA, Kreider CM, Hart M, Lan MF, **Delisle A**, Mann WC. (January 27-31, 2015). Avatars and Self Efficacy.

National Science Foundation Capacity Building Institute, Seattle Washington, February 2014. **Delisle, A.**, Kreider, C., Gorski, J. Oral Presentation: Mentorship Support Model for Students with Learning Disabilities in STEM.

National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) Annual Conference, Reston, VA, July 17, 2014. Forgas, S; Sayedul Huq, Stopka, **Delisle**, Stewart. "Exercise Intervention's Influence on Cognition of Young Adults with Intellectual Disabilities – Twelve Week Program," Poster Presentation,

National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) Annual Conference, Reston, VA, July 20, 2012. **Delisle, A.**, McLean, J., Van Putten, A., Sayedal-Huq, M., Wegman, M., & Stopka, C. Poster Presentation. "Utilizing CBPR principles and student organizations to create community-academic partnerships for health promotion to prevent health-related disabilities.

NCPERID Annual Conference, Reston, VA, July 20, 2012. **Delisle., A.**, Dipnarine, K., Sayedul Huq, M., Ha, C., & Stopka, C. Poster Presentation. "Correlation Between Self Efficacy Theory & Fitness Improvements on Young Adults with Intellectual Disabilities," published abstract, *NCPERID Annual Conference Proceedings*, Reston, VA, July 19-21, 2012, p. 3.

NCPERID Annual Conference, Reston, VA, July 20, 2012. Pastula, M., Hass, C., **Delisle, A.**, Dipnarine, K., Sayedul Huq, M., & Stopka, C. Poster Presentation. "The Effect of Moderate-Intensity Exercise Training on the Cognitive Function of Young Adults with Intellectual Disabilities," *NCPERID Annual Conference*, Reston, VA, July 19, 2012, p. 3.

NCPERID Annual Conference, Reston, VA, July 20, 2012. Van Putten, A., **Delisle, A.**, Solomon, M., Dipnarine, K., Sayedul Huq, M., & Stopka, C. Poster Presentation. "Integrating STEM and SBE Disciplines into Community-Based Research to Promote Healthy Lifestyles in Underserved Populations with Disabilities," *NCPERID Annual Conference*, Reston, VA, July 20, 2012, p.6.

American Public Health Association 139th Annual Conference Proceedings, Washington DC, October 31-November 2, 2011, **Delisle, A;** Stopka, C; Barwick, R; Huq, M; Dipnarine, K. Oral Presentation: "Fostering and Sustaining a Community-Academic Partnership to Promote Health Enhancing Physical Activity in young Adults with Intellectual Disabilities".

Scientific Meeting of the American Academy of Health Behavior, 11<sup>th</sup> Annual. Hilton Head, South Carolina, March, 2011. **Delisle, A.** Poster Presentation. "Methods for Fostering Community-Academic Partnerships and Utilizing Intervention Mapping in a Firefighter Population."

NCPERID Annual Conference, Reston, VA, July 14-16, 2011. Grabel, Z; Stopka, C; Barwick, R; **Delisle, A;** Idica, J. Poster Presentation. "Can One Weekend of Volunteering Improve Self-Satisfaction?"

NCPERID Annual Conference, Reston, VA, July 14-16, 2011, Barwick, R; Tillman, M; Stopka, C; Dipnarine, K, **Delisle, A;** Huq, M. Poster Presentation. "Physical Capacity and Functional Abilities Improve in Young Adults with Intellectual Disabilities after Functional Training."

American College of Sports Medicine and World Exercise is Medicine Conference, Washington, DC, June, 2010. **Delisle, A.** Poster Presentation. "Evaluation of a Work Site Health Intervention on Cardiovascular Disease Risk Factors in Firefighters: A Pilot Study."

American College of Sports Medicine and World Exercise is Medicine Conference, Washington, DC, June 2010. Poster Presentation. Cowen, T., **Delisle, A.,** Dabroski., A., Abt, N., Tillman, M. Poster Presentation. "Validation of Aerobic Capacity Assessments in Firefighters."

American College of Sports Medicine and World Exercise is Medicine Conference, Washington, DC, June 2010. **Delisle A,** Dipnarine K, Beamer W, Barwick R, Brombecher S, Tillman M, Stopka, C. Poster Presentation. "A Preliminary Evaluation of a Theory Based Structured Physical Activity Program for Improving Fitness in Populations with an Intellectual Disability."

National Consortium for Physical Education and Recreation for Individuals with Disabilities, Washington, DC, July, 2010. Poster Presentation. **Delisle, A.,** Stopka, C. et al. "Longitudinal fitness assessment of a Social Cognitive Theory Based Physical Activity Intervention on Young Adults with an Intellectual Disability."

National Consortium for Physical Education and Recreation for Individuals with Disabilities, Washington, DC, July, 2010. Solomon, M; **Delisle, A;** Stopka, C. "The effects of a peer mentor driven community based participatory research model in an inclusive physical education program for students with intellectual disabilities,"

National Consortium for Physical Education and Recreation for Individuals with Disabilities, Virginia, July 2009. Poster Presentation. "Applying the PRECEDE-PROCEED Model towards Improving Health Outcomes in Populations with an Intellectual Disability and in the Health Promoters Serving their Needs."

Society of Behavioral Medicine 29<sup>th</sup> Annual Scientific Meeting, San Diego, California, March 2008. Poster Presentation. **Delisle, A.**, Werch, C., Wong, A., Bian, H. "The Relationship between Intensity of Physical Activity and Multiple Health Behaviors among Adolescents"

4<sup>th</sup> Annual Hispanic Graduate Student Association Research Symposium, University of Florida, Gainesville, FL, November, 2007. Oral Presentation. **Delisle, A.** "Effects of Drinking Specials on Patrons Exiting College Bars"

3<sup>rd</sup> Annual Symposium on Addictive and Health Behavior Research, Amelia Island, Florida, September, 2007. Session Chair. Responsibilities included moderating round table discussions with symposium presenters and conference attendees.

### **Peer Reviewing Experience:**

I have reviewed a variety of articles for the following journals since 2009:

Journal of School Health, Journal of Strength and Conditioning Research, and Medicine & Science in Sports and Exercise

### **Research Projects:**

#### **Assistant Project Coordinator, 2010-2011**

**Project Title:** A Multiple Health Behavior Internet Program for College Students National Institute of Health R-O3 award, Small Business Innovations Program. Pro-Change Behavior Systems. (Grant 5R44HLO74485-04). Principal Investigator: Dr. Sara Johnson, Pro-Change Health Behavior Services, University of Rhode Island.: \$205,150.

#### **Principal Investigator, September 2007-Present**

**Project Title:** Fostering Community-Academic Partnerships and Utilizing Intervention Mapping in Designing, Implementing and Evaluating a Cardiovascular Disease Program in Firefighters. **Community Partners:** Chief Northcutt, Alachua County Fire and Rescue; Chief Joanne Rice, Gainesville Fire Rescue; Alexis Dabroski, MS, Firefighter, Gainesville Fire Rescue. **Co-Principal Investigators:** Dr. Christine Stopka, Department of Health Education & Behavior, University of Florida, Dr. Mark Tillman, Department of Applied Physiology & Kinesiology, University of Florida.

#### **Principal Investigator, May 2009-2012**

**Project Title:** Validation of Aerobic Capacity Assessment in Firefighters. **Community Partner:** Gainesville Fire and Rescue Department. **Co-Principal Investigators:** Dr. Mark Tillman, Department of Applied Physiology & Kinesiology, University of Florida, Alexis Dabroski, MS, Department of Epidemiology Health Policy Research, University of Florida, Dr Christine Stopka, Department of Health Education & Behavior, University of Florida.

#### **Principal Investigator, September 2007-Present**

**Project Title:** Evaluation of a Work Site Health Intervention on Improving Cardiovascular Disease Risk Factors in Firefighters: A Pilot Study. **Community Partner:** Gainesville Fire and Rescue Department. **Co-Principal Investigators:** Dr. Mark Tillman, Department of Applied Physiology & Kinesiology, University of Florida, Alexis Dabroski, MS,

Department of Epidemiology Health Policy Research, University of Florida, Dr Christine Stopka, Department of Health Education & Behavior, University of Florida.

**Co-Principal-Investigator, Sidney Lanier Program, August 2009-Present**

**Project Title:** Developing and Sustaining a Community Academic Partnership to Promote Physical Activity and Health Outcomes in Young Adults with an Intellectual Disability.

**Community Partner:** Ann Goodman, Sidney Lanier School, Alachua County Schools.

**Co-Principal Investigators:** Dr. Christine Stopka, Monica Solomon, Mona Sayedul-Huq, Department of Health Education & Behavior, University of Florida.

**Principal Investigator, Sidney Lanier Program, August 2008-2012**

**Project Title:** Longitudinal Assessment of a Structured Physical Activity Program on Improving Cardiovascular Disease Risk Factors in Young Adults with an Intellectual Disability and in the Health Promoters Serving their Needs. **Co-Principal Investigator:** Dr. Mark Tillman, Department of Applied Physiology & Kinesiology, Dr. Christine Stopka, , Krishna Dipnarine, Mona Sayedul-Huq, Ryan Barwick, Department of Health Education & Behaviors, University of Florida.

**Principal Investigator and Project Coordinator, Sidney Lanier Program, August 2008-2012**

**Project Title:** Applying the PRECEDE-PROCEED Model towards Improving Health Outcomes in Populations with an Intellectual Disability and in the Health Promoters Serving their Needs. **Community Partner:** Ann Goodman, Sidney Lanier School, Alachua County Schools. **Co-Principal Investigators:** Dr. Christine Stopka, Anne Goodman, Monica Solomon

**Co-Principal-Investigator, Sidney Lanier Program, January 2009-Present**

**Project Title:** Development of a Hierarchal Model to Assess Volunteer Motivations in Health Promoters Serving Populations with an Intellectual Disability. **Community Partner:** Ann Goodman, Sidney Lanier School, Alachua County Schools. **Co-Principal Investigators:** Dr. Christine Stopka, Mona Sayedul-Huq, Ryan Barwick, Department of Health Education & Behavior, University of Florida.

**Field Research Assistant, February 2011**

**Project Title:** Grading physical activity resources in recreational parks. **Principal Investigator:** Dr. Jeffery Roth, Department of Maternal Health and Education Research and Data Center

**Field Research Assistant, September 2006- August 2007**

**Project Title:** A Field Assessment on the Effects of Drinking Specials on Exiting Patrons Blood Alcohol Concentration. **Principal Investigator:** Dr. Dennis Thombs, Department of Health Education & Behavior, University of Florida.

**Field Research Assistant, November 2007**

**Project Title:** A Comparative Field Assessment of Campus Tobacco Policy Violations. **Principal Investigator:** Dr. Steven B. Pokorny, Department of Health Education & Behavior, University of Florida.

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**Professional Consulting:**

**Food and Drug Administration Graphic Tobacco Label Study, October 2012. Principal Investigator:** Dr. Matthew Kreuter, University of Washington, St. Louis.. **Project Title:**

Understanding people's reactions to graphic cigarette warning labels. **Role:** Responsible for recruiting nearly 100 research participants in a low-income community into the study, securing various community-based venues to conduct the survey, and training of undergraduate and graduate research assistants to aid with data collection.

**Pro-Change Behavior Systems, University of Rhode Island, January 2010. Principal Investigator:** Dr. Sara Johnson, Pro-Change Health Behavior Services, University of Rhode Island, Providence, Rhode Island **Project Title:** A Multiple Health Behavior Change Internet Program for College Students. **Role:** Review and advise a Phase 2 National Institute of Health funded computer-tailored multiple health behavior internet program targeting first year college students. Successfully gained a letter of support from the Dean of Student Affairs to allow an external institution to disseminate a Phase II randomized control trial based on a computer tailored intervention into First Year Freshman Courses in the Fall 2010 and Spring 2011 semesters.

**Student Health Interdisciplinary Program, University of Florida, Department of Pediatrics, Maternal Child Health and Education Research and Data Center, February 2011. Principal Investigator:** Dr. Jeffery Roth, Director of Maternal Health, and Education Research, and Data Center **Project Title:** Transforming Pediatric Residency Training to Improve Care for Underserved Children: A Team-Based Approach. **Role:** Contributed grant writing effort towards the evaluation section of a Community Pediatrics Training grant for the Department of Pediatrics at the University of Florida. Key components of this evaluation plan includes protocols for assessing health literacy, health advocacy, community capacity building, and information on how to conduct health and education programming evaluations.

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### Course Instruction:

**Planning and Evaluating Health Education and Promotion Programs (HSC 4713)**  
Spring 2014. Department of Health Education & Behavior, University of Florida

**Planning Health Education and Promotion Programs (HSC 6318)**  
Spring 2013. Department of Health Education & Behavior, University of Florida

**Community and Environmental Health (HSC 3201)**  
Spring 2013. Department of Health Education & Behavior, University of Florida

**Personal and Family Health (HSC 3102)**  
Fall 2006-Present. Department of Health Education & Behavior, University of Florida

**Methods in Community Injury Prevention and Control (HSC 4663)**  
Fall 2012. Department of Health Education & Behavior, University of Florida

**Patient Education (HSC 4233)**  
Fall 2012. Department of Health Education & Behavior, University of Florida

**Principles and Foundations of Health Education (HSC 3032)**  
Summer 2009 & 2010. Department of Health Education & Behavior, University of Florida



**Medical Terminology (HSC 3537),**

Fall 2008-Spring 2009, Summer 2012, Summer 2013 Department of Health Education & Behavior, University of Florida

**Advanced Swimming / Physical Fitness & Conditioning,**

Fall 2005-Fall 2006, Department of Sport & Fitness, University of Florida

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**Invited Keynotes and Presentations:**

**Graduation Commencement Speaker**, Sidney Lanier High School, June 2009.

**Invited Lecturer:** “Integrating the ecological model of health promotion into community based participatory research design” **Course:** Community Health Promotion (HSC 3120) Fall, 2010, Department of Health Education & Behavior, University of Florida,

**Invited Lecturer:** “Comparing Intervention Mapping to the PRECEDE-PROCEED health planning model.” **Course:** Health Promotion Planning (HSC 3102). Spring 2010, Department of Health Education & Behavior, University of Florida.

**Invited Lecturer:** “The Relationship between Physical Activity and Multiple Health Behaviors” **Course:** Determinants of Obesity (HSC 3102) Fall, 2008, Spring 2009, Department of Health Education & Behavior, University of Florida.

**Workshop Instructor:** “Physical Fitness Assessment Team.” Fall 2008-Present, Department of Health Education and Behavior, University of Florida. A certification-based curriculum on how conduct a wide variety of physical fitness health outcomes including cardiorespiratory, body composition, muscular endurance, flexibility, and other physical fitness-based assessments.

**Workshop Instructor:** “Conducting Systematic Literature Reviews, the Matrix Method: Navigating the UF eLibrary Databases, and Managing References in Endnotes.” Fall 2008-Summer 2010, Department of Health Education & Behavior, University of Florida.

**Workshop Instructor:** “Managing and Analyzing Scientific Data: Methods for data entry, management, and analysis using SPSS software.” Fall 2008-Present, Department of Health Education & Behavior, University of Florida.

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**Professional Membership and Community Service:**

**June 2013-present: Chair, Southwest Advocacy Group (SWAG).** The Southwest Advocacy Group (SWAG). SWAG is a local non for profit agency serving the health and education needs of seven neighborhoods experiencing the greatest crime, health, and education disparities in Alachua County. My role as the chair for SWAG includes; to convene and preside at meetings of the Board, shall appoint members of committees and designate their chairs, support SWAG mission, goals, and objectives facilitate efforts and

interactions of SWAG board members, network with stakeholders from several different sectors within Alachua county including (but not limited to): SWAG community members/landlords, county commissioners, non-profit agencies, charitable organizations, private business, Alachua County Sheriff's Office, Alachua County department heads and staff, Alachua County Health Department director and staff, Alachua County Fire and Rescue, Gainesville Regional Utilities, Alachua County School Board/district, University of Florida, citizens of Alachua County.

**December 2011-June 2013: Board Member, Community Academic Liaison, Southwest Advocacy Group (SWAG).** My role was to serve as the gatekeeper between SWAG and the University of Florida and to leverage human and material resources from the UF to address the issues facing the SWAG community.

**2010-present: Faculty Advisor, Founding Member, & Project Coordinator, Health & Education research Outreach & Empowerment Services (HEROES).** H.E.R.O.E.S is a University of Florida student organization with the mission of empowering communities in Gainesville to advocate for their health and educational needs by fostering healthy environments through service, education, and research.

**2009-2012: Graduate Student Advisory Council member,** Innovation through Institutional integration Program (I-Cubed): Catalyzing Institutional Change in STEM & SBE sciences at the Institutional level. I-Cubed is a five million dollar NSF funded project award #0833439; (PI: James Bernard Machen, PhD, Co PIs: Douglas Levey, PhD, Henry Frierson, PhD, & Sandra Russo, PhD).

**2007-2012: Chair, Graduate Student Advisory Council,** College of Health & Human Performance, Responsible for efforts focused on the academic, professional, and social development for graduate students in the College of Health & Human Performance. University of Florida

**2009-2011: Health Education and Behavior Department Representative** for the Graduate Student Council, a university wide organization focused on the academic and professional for all graduate students attending the University of Florida.

**2009:** Special Olympics Volunteer, Gainesville Florida

**2006-2007:** Research Colloquium Member, Florida Center for Health Promotion Health Education and Behavior, University of Florida

**2007:** Volunteer, Circle of Change-Challenge Day, Alachua County School District, Gainesville, Florida

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## Mark Mayfield

3700 Windmeadows Blvd, K117 • Gainesville, FL 32608 • United States  
Home: 352-339-3788 • mvmptr@yahoo.com

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### Summary of Qualifications

- Meticulous and Detail-Oriented
- Excellent at juggling multiple tasks and working under pressure.
- Broad experience includes Information & Referral, Independent Living Skills Education, Advocacy and Legal.

### Summary of Accomplishments

- Supervised team of five staff members
- Created new department protocols
- Revised department procedures

### Education

**B.A., Criminology, 5/89**  
University of Florida, Gainesville, FL

**J.D., Law, 5/92**  
University of Florida, Gainesville, FL

### Professional Experience

|                |   |                                      |
|----------------|---|--------------------------------------|
| 7/05 - 8/11    | <b>ILS Specialist</b>                         | CILNCF, Gainesville, FL              |
| 8/11 - Present | <b>Consumer Transportation Advocate</b>       | CILNCF, Gainesville, FL              |
| 5/95 - Present | <b>Citizens Disability Advisory Committee</b> | City of Gainesville, Gainesville, FL |
|                | Chair since 2002                              |                                      |

### Professional Affiliations

6/93  
Florida Bar  
Currently Inactive, but Member in Good Standing

**Mark E.  
Brisbane**

4000 NW 51<sup>ST</sup> STREET  
APT. N251  
GAINESVILLE FL.32606  
352-225-2237  
mbrisbane@cilncf.org

**Objective**

To continue progress and grow in customer service skills, advocacy training, and disability awareness and to continue to serve and assist the disability community.

**Employment History**

**Consumer Specialist**

December 2010 Center for Independent Living of North Central Florida, Gainesville, FL

- Completes and assists consumers with paratranist screening.
- Assist with planning and facilitating peer support and independent living skills classes.
- Assist consumers with information and referral services.
- RAMP program liaison. Partnering with Christians Concerned with Community and referring consumers for potential ramp assistance through various resources in the community that's referred to me through The Center for Independent Living of North Central Florida. Works with the disabled and the elderly population.

**Mental Health Technician**

1998-2010 Panther Success Center, Jasper, FL

- Working with youth offenders for anger management and substance abuse issues and one on one counseling in a moderate risk program.
- Conducted administrative duties for the Department of Juvenile Justice.

**Communications Operator**

1991-1993 Altamonte Springs Police Department, Altamonte Springs, FL

- 911 operator who answered emergency and non-emergency calls and alerted the proper authorities (police and fire department).

**Education**

1981-1985 Hamilton County High School, Jasper, FL

- High School Diploma

**Other Experience**

Certified Behavioral Health Technician

**References**

References are available on request.

## Curriculum Vitae

### Donald W. Barnes

16 S.W. 80th Boulevard  
Gainesville, FL 32607  
352-332-3921  
donbar53@bellsouth.net

EXPERIENCE 41 years total experience working with people with disabilities.

- 2015-present      Center for Independent Living of North Central Florida, **Outreach Specialist**
- Provided information and referral services. Conducted applicant screenings for ADA Paratransit services both on site and off site and followed up with healthcare providers as needed. Provided presentations about CILNCF services, disability awareness trainings and participated in other community awareness/disability awareness events. Maintained CILNCF Durable Medical Equipment Program to assist people with disabilities to acquire needed DME items.
- 2008-2015      Center for Independent Living of North Central Florida, **Consumer Specialist**
- Performed a variety of functions across programs including Information & Referral, ADA Paratransit, Durable Medical Equipment Program, High School/High Tech Program.
- 2007-2008      Center for Independent Living of North Central Florida, **Vocational Evaluator**
- Administered vocational skills tests, interpreted results and made recommendations with regard to future employment to both clients and referring vocational rehabilitation counselor.
- 1998-2007      Division of Blind Services, Gainesville, FL. **Sr. Rehabilitation Specialist.**
- Provide services for blind and visually impaired individuals. Includes building referral database of clients and employer contacts, obtaining medical services, and conducting community education. Supervise practicum and intern UF Rehabilitation Counseling students.
- 1996-1998      Division of Vocational Rehabilitation, Ocala, FL. **Vocational Rehabilitation Counselor.**
- Provided services for disabled clients to prepare for and obtain employment. Maintained database of employer contacts. Established Native American Liaison program. EEOC Liaison for the office.
- 1995-1996      We Care Physician Referral Network, Gainesville, Florida. **Primary Care Associate.**
- Helped establish a county-wide program to provide quality health care to indigent patients through volunteer physician effort. Utilized ability to effectively relate to physicians, their staff, and patients. Maintained laptop computer database of patient information.
- 1983-1994      Veterans Administration Hospital, Gainesville, Florida. **Study Coordinator.**
- Coordinated research programs for patients with epilepsy. Includes interaction with physicians, other health professionals and patients to provide comprehensive care and services at the VA and Shands Teaching Hospital. Developed candidate referral system, educated patients about their drug regimen, scheduled follow-up visits, lab studies and

coordinated with other healthcare services.

Supervised students from the College of Health Related Professions for Vocational Rehabilitation practicum.

- 1982-1983 Health and Rehabilitative Services, Gainesville, Florida. **Vocational Evaluator.**  
Administered vocational skills tests, interpreted results and made recommendations with regard to future employment to both clients and referring vocational rehabilitation counselor.
- 1978-1982 Health and Rehabilitative Services, Gainesville, Florida. **Vocational Rehabilitation Counselor**  
Assisted disabled people to return to employment through developing, implementing, and coordinating a written plan of services for eligible clients. Worked two years in Starke in high school caseload and as VRC liaison to area prisons. Established a specialty caseload for deaf and hearing-impaired persons and helped establish a deaf services center.
- 1972-1976 Maas Brother's Department Store, Gainesville, Florida. **Sales Associate.**  
Assisted customers, authorized certain transactions, and approved customer checks.
- 1971-1972 Woolco Department Store, Gainesville, Florida. **Salesperson.**  
Responsible for leased department offering paint and related supplies.
- 1970-1971 Jimmy Hughes Sporting Goods, Gainesville, Florida. **Sales and Customer Service.**  
Sold a variety of athletic products including medical products related to sports injuries.

## EDUCATION

- 1976-1977 **Master of Health Sciences**, University of Florida.  
Rehabilitation Counseling.
- 1973-1976 **Bachelor of Arts**, University of Florida.  
Psychology.
- 1971-1973 **Associate of Arts**, Santa Fe Community College.  
Major course work in Business Administration.

- CERTIFICATION **Commission on Rehabilitation Counselor Certification.**  
1979-Date  
Renewed via Continuing Education Units maintenance.

## AFFILIATIONS

North Central Florida Rehabilitation Association, positions held include President-Elect, President, and Past-President

National Rehabilitation Association, Member.

Florida Rehabilitation Association, Board Member at Large

OTHER Familiar with Windows 7, Microsoft Word 2007, Outlook email, and internet. Sign-language skills.

REFERENCES Full references will be furnished on request.

**We do even more...**

*Ask our staff about these other services...*

- Youth Transition
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- Employability Skills Training
- High School High Tech
- Job Placement
- Vocational Evaluation
- Accessibility Studies
- Sign Language Interpretation

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After Hours Please Call (352) 598-2755

**Headquarters**

222 SW 36th Terrace

Gainesville, FL 32607

(352) 378-7474 phone

Video Phone (352) 240-3079

(352) 378-5582 fax

**Marion County Branch**

3445 NE 24<sup>th</sup> Street

Ocala FL 34470

(352) 368-3788 phone

(352) 368-2969 TDD

Video Phone (352) 414-1833

(352) 629-0098 fax

**1-800-265-5724**

**FL Relay dial 711**

**Center for Independent Living  
of North Central Florida**



**“Empowering people with  
disAbilities to exert our individual  
right to live as independently as  
possible, make personal life choices  
and achieve full community inclusion”**

**A 501(c)(3) Private Not-For-Profit  
Organization Committed to the Principles  
of the Independent Living Philosophy #160968D**

**Staffed and Governed  
by a majority of People with disAbilities**



## Advocacy

- Increasing awareness of the rights of people with disAbilities to be free from discrimination under the Americans with Disabilities Act
- Increasing access by people with disAbilities to programs and facilities open to the public
- Providing both individual and systems Advocacy in Support of:
  - ⇒ ADA
  - ⇒ Fair Housing
  - ⇒ Community Inclusion
  - ⇒ Equal Access
  - ⇒ IDEA

**Remember, our rights are not favors!**

- Call our **ADVOCACY HOTLINE** at 1-800-265-5724 to report problems and/or request assistance.



*Our Services are offered at no cost thanks in part to funders like  
The Florida Department of Education, Division of Vocational Rehabilitation and  
The US Department of Education, Rehabilitation Services Administration*

Self-Empowerment

## Independent Living Skills



- ADA Paratransit Eligibility
- Weekly Workshops
- Assistive Devices and Technology
- Equipment Refurbishment
- Individual and Group Services
- Self Care & Home Management
- Issues surrounding access to Healthcare
- disAbility Forums
- Travel Training on Public Transportation Systems

## Information and Referral

- Apply for ADA Paratransit Services
- Apply for Transportation Disadvantaged Services
- Assistance with Housing Applications
- Notary Services Available
- Access our Community Resources Database
- Video Relay Services Available
- Durable Medical Equipment Closet

## Peer Support

- Individual and Group Activities
- Group Controlled **"You set the agenda"**
- We are a staff of people with disAbilities and **"... We've been there!!"**

Consumer Control



Cross-Disability

#160968D