



SUBMITTAL TO THE RIVERSIDE UNIVERSITY HEALTH
SYSTEM MEDICAL CENTER GOVERNING BOARD
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

Riverside
University
HEALTH SYSTEM
Medical Center

ITEM
15.1
(ID # 8896)

MEETING DATE:

Tuesday, March 19, 2019

FROM : RUHS-MEDICAL CENTER:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-MEDICAL CENTER: Acceptance of Measure A Specialized Transit Grant Award from Riverside County Transportation Commission Effective July 1, 2018 through June 30, 2021; 3 years; Districts - All; [Grant Amount \$960,000; Match Fund Amount \$1,420,647; Total Cost of \$2,380,647 - 40.3% Riverside County Transportation Commission, 59.7% Hospital Enterprise Fund]; 4/5 VOTE.

RECOMMENDED MOTION: That the Governing Board:

1. Accept the Measure A Specialized Transit Grant Award from Riverside County Transportation Commission in the amount of \$960,000 for three fiscal years allocated as follows: \$310,000 for FY 2018/2019, \$320,000 for FY 2019/2020, and \$330,000 for FY 2020/2021 to provide specialized non-emergency medical transportation services to persons with disabilities, low-income, and senior citizens throughout Riverside County;
2. Ratify and approve Funding Agreement No. 18-26-122-00 with Riverside County Transportation Commission for the Western Riverside County Measure A Specialized Transit Program effective July 1, 2018 through June 30, 2021, and authorize the Chairman of the Board to sign the agreement on behalf of the County; and
3. Authorize the CEO, or designee, to sign all certifications, assurances, reports, or other documents required by Riverside County Transportation Commission related to the above-mentioned agreement.

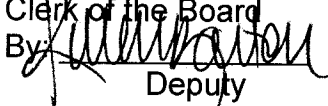
ACTION:Policy


Jennifer Cruikshank, Chief Executive Officer - Health System 3/4/2019

MINUTES OF THE GOVERNING BOARD

On motion of Supervisor Perez, seconded by Supervisor Spiegel and duly carried by unanimous vote, IT WAS ORDERED that the above matter is received and filed as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: March 19, 2019
xc: RUHS-Medical Center

Kecia Harper
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE RIVERSIDE UNIVERSITY HEALTH
SYSTEM MEDICAL CENTER GOVERNING BOARD OF DIRECTORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 752,568	\$ 792,830	\$ 2,380,647	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: 40.3% Riverside County Transportation Commission; 59.7% Hospital Enterprise Fund			Budget Adjustment: No	
			For Fiscal Year: 18/19-20/21	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The requested Board action will allow Riverside University Health System - Medical Center (RUHS MC) to receive a grant award from Riverside County Transportation Commission to improve transportation services to persons with disabilities, low-income, and senior citizens throughout Riverside County.

The voter-approved 1988 and 2002 Measure A specified funding allocations for the provision of transit services for persons with disabilities, low income, and senior citizens provided by the transit operators and non-profit agencies. To fulfill the provisions of Measure A for FY 2018/2019 through FY 2020/2021, RUHS MC will lease two new wheelchair equipped transportation vans and designate both for Measure A. RUHS MC will designate one wheelchair equipped van to the east region or the desert area of the county to provide door to door services to Mecca, Oasis, North Shore and the Indio communities. The projected performance indicators for one-way passenger trips for each of the above fiscal years are as follows:

Performance Indicators	Goal - Year 1	Goal - Year 2	Goal - Year 3
# of one-way passenger trips provided to:			
a. Seniors	1,200	1,300	1,400
b. Persons with disabilities	1,500	1,600	1,700
c. Low-income	4,300	4,600	4,900
d. Others			
<i>Of the above (a-d), how many <u>trips</u> are from military service personnel or veterans?</i>	200	300	400
Total One-Way Passenger Trips:	7,000	7,500	8,000

Impact on Citizens and Businesses

This service impacts the patients residing in Riverside County receiving care from Riverside University Health System Medical Center in that directly operated transportation services will maintain and enhance services for senior citizens, persons with disabilities, and low-income.

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Additional Fiscal Information

On March 28th, 2018 the Riverside County Transportation Commission (RCTC) Programs and Projects Committee approved Measure A Specialized Transit Grant Award Agreement No. 18-26-122-00 to the Riverside University Health System Medical Center (RUHS MC) for the provision of directly operated transportation services (Specialized Non-Emergency Medical Transportation program) in an amount not to exceed \$960,000.00 over three (3) years. In turn, RUHS will match the funds provided by RCRC for a total amount of \$1,420,647 over three (3) years. As approved by Commission, the table below illustrates the annual grant fund amount and RUHS match fund:

Year	Grant	Match Funding Hospital Enterprise Fund	Total
Year 1	\$310,000	\$442,568	\$752,568
Year 2	\$320,000	\$472,830	\$792,830
Year 3	\$330,000	\$505,249	\$835,249
TOTAL	\$960,000	\$1,420,647	\$2,380,647

RCTC	\$960,000	40.30%
Match Funding (Hospital Enterprise Fund)	\$1,420,647	59.70%
Total Cost	\$2,380,647	100.000%

ATTACHMENTS

Attachment A: Funding Agreement No. 18-26-122-00 with Riverside County Transportation Commission for the Western Riverside County Measure A Specialized Transit Program



 Gregory V. Priarios, Director County Counsel 3/5/2019

CLERK'S COPY

cc Riverside County Clerk of the Board, Stop 1010
Post Office Box 1147, Riverside, Ca 92502-1147
Thank you.

Agreement No. 18-26-122-00

**Riverside County Transportation Commission
Western Riverside County Measure A Specialized Transit Program
FY 2018/19; FY 2019/20 and FY 2020/21**

**FUNDING AGREEMENT FOR Riverside University Health System Medical
Center**

1. Parties and Date. This Agreement is made and entered into this ____ day of _____, 2019, by and between the Riverside County Transportation Commission, hereinafter referred to as "RCTC", and the County of Riverside, a political subdivision of the State of California, on behalf of Riverside University Health System-Medical Center, hereinafter referred to as "Recipient". The term of this Agreement shall not commence until the Effective Date, as set forth below.

2. Recitals.

2.1 In 1988 the voters of Riverside County approved Measure A, imposing a one-half (1/2) percent sales tax within Riverside County to fund transportation programs and improvements.

2.2 In 2002 the voters of Riverside County approved a thirty (30) year extension of the one-half (1/2) percent Measure A sales tax within Riverside County for the continued funding of transportation programs and improvements.

2.3 RCTC has developed a specialized transit program to provide discount fares and expanded transit services for seniors, persons with disabilities, and the truly needy, as mandated by Measure A, under which RCTC has contracted with other entities to develop and implement transportation services and programs for these specialized groups.

2.4 Recipient has prepared and submitted to RCTC a grant application, attached hereto as Exhibit "A", to provide transportation services (the "Proposal").

2.5 The Proposal submitted by Recipient describes certain priority projects which RCTC has determined merit funding.

2.6 Funding for the Project shall be provided pursuant to the terms contained in this Agreement in the form of Measure A funds.

2.7 Recipient shall utilize the funding allocated and distributed by RCTC solely for the Project.

3. Terms.

3.1 Services of Recipient; Definitions.

A. Definitions.

1. Days - As used in this Agreement, "days" shall be calendar days.

2. Project - The program proposed by Recipient as described herein and in the Proposal attached hereto as Exhibit "A" and incorporated herein by reference, which has been reviewed and approved by RCTC.

3. Effective Date - July 1, 2018.

4. Definition of Funding Periods –
"Year 1" shall refer to funds appropriated for the period 7/1/2018 through 6/30/19;
"Year 2" shall refer to funds appropriated for the period 7/1/2019 through 6/30/20; and
"Year 3" shall refer to funds appropriated for the period 7/1/2020 through 6/30/21.

B. General Scope of Grant. Recipient shall use the funds granted hereunder exclusively to implement, staff, manage, and operate the Project. Recipient shall be solely responsible for implementing, staffing, managing and operating the Project in the manner described herein.

The funds provided pursuant to Section 4 of this Agreement are specifically for the Project and are the entire amount which RCTC intends to provide to the Project. Any subsequent amendments to the Project scope or description or additional services to be provided are not covered by this Agreement, and the funding for any such amendments or additional services shall be the sole responsibility of Recipient unless such amendments or additional services are approved in writing by RCTC prior to the provision of such additional services.

C. Approval by RCTC. Any use of funds granted hereunder shall be subject to the review and approval of RCTC.

D. Funding Reimbursement by Recipient. If it is determined pursuant to a Project audit that any funds granted hereunder have been improperly expended, Recipient shall reimburse RCTC for the full amount of such improperly expended funds within thirty (30) days of notification and request for repayment by RCTC.

E. Term. The term of this Agreement shall be from the Effective Date to June 30, 2021, unless terminated at an earlier date as provided herein.

F. Term Contingent on Funding. Notwithstanding the term as defined in subsection E above, the continuation of this Agreement into a second or third year

shall be contingent upon the appropriation of funds to Recipient by action of RCTC. If such appropriation has not been made, RCTC may terminate this Agreement pursuant to Section 6.1 herein.

G. Expenditure of Funds Beyond Fiscal Year. If there are remaining unspent funds granted by RCTC in the account of Recipient at the end of any fiscal year covered by this Agreement, Recipient may apply in writing to the Executive Director of RCTC for authorization to spend the remaining funds in the next fiscal year, provided that the remaining funds shall be spent exclusively on the Project. Such request may be approved or denied at the sole discretion of the Executive Director of RCTC.

3.2 Responsibilities of Recipient

A. Indemnification. Recipient shall defend, indemnify and hold RCTC, its directors, officials, officers, employees, agents and/or volunteers free and harmless from any and all liability from loss, damage, or injury to property or persons, including wrongful death, in any manner arising out of or incident to any acts, omissions or willful misconduct of Recipient or any of its agents, employees, contractors, volunteers, or service providers arising out of or in connection with Recipient's performance of this Agreement, including without limitation the payment of consequential damages and attorneys' fees. Further, Recipient shall defend at its own expense, including the payment of attorneys' fees, RCTC, its officials, officers, employees, and agents in any legal action based upon such acts, omissions or willful misconduct. Recipient shall reimburse RCTC and its directors, officials, officers, employees, agents and/or volunteers, for any and all legal expenses and costs incurred by each of them in connection therewith or in enforcing the indemnity herein provided.

B. Standard of Care; Performance Standards.

1. Recipient shall implement the Project in a skillful and competent manner and in accordance with all applicable local, state, and federal laws, rules and regulations. Recipient shall be responsible to RCTC for any errors or omissions in its execution of this Agreement and the implementation of the Project.

2. Recipient shall meet or exceed the following performance standards for the Project.

a. Recipient shall adhere to the timeline set forth in this Agreement or as subsequently directed by RCTC.

b. Recipient shall expend RCTC financial contributions entirely on the Project.

c. Recipient shall implement the Project in a manner consistent with Exhibit "A" and all provisions of this Agreement.

d. Recipient shall comply with any requirements and restrictions imposed by RCTC on the use of RCTC financial contributions provided for the Project.

C. Insurance.

1. Time for Compliance. Recipient shall not commence work under this Agreement until it has provided evidence satisfactory to RCTC that it has secured all insurance required under this section, in a form and with insurance companies acceptable to RCTC. In addition, Recipient shall not allow any subcontractor to commence work on any subcontract until it has secured all insurance required under this section.

2. Minimum Requirements. Recipient shall, at its expense, procure and maintain for the duration of the Agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the Agreement or the Project by Recipient, its agents, representatives, employees or subcontractors. Recipient shall also require all of its subcontractors to procure and maintain the same insurance for the duration of the Agreement. Such insurance shall meet at least the following minimum levels of coverage:

a. Minimum Scope of Insurance. Coverage shall be at least as broad as the latest version of the following: (1) *General Liability*: Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001 or exact equivalent); (2) *Automobile Liability*: Insurance Services Office Business Auto Coverage (form CA 0001, code 1 (any auto) or exact equivalent); and (3) *Workers' Compensation and Employer's Liability*: Workers' Compensation insurance as required by the State of California and Employer's Liability Insurance.

b. Minimum Limits of Insurance. Recipient shall maintain limits no less than: (1) *General Liability*: \$2,000,000 per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with general aggregate limit is used, either the general aggregate limit shall apply separately to this Agreement/location or the general aggregate limit shall be twice the required occurrence limit; (2) *Automobile Liability*: \$1,000,000 per accident for bodily injury and property damage; and (3) *if Recipient has an employees, Workers' Compensation and Employer's Liability*: Workers' Compensation limits as required by the Labor Code of the State of California. Employer's Practices Liability limits of \$1,000,000 per accident.

3. Insurance Endorsements. The insurance policies shall contain the following provisions, or Recipient shall provide endorsements on forms approved by RCTC to add the following provisions to the insurance policies:

a. General Liability.

(i) Commercial General Liability Insurance must include coverage for (1) bodily injury and property damage; (2) personal injury/advertising injury; (3) premises/operations liability; (4) products/completed operations liability; (5) aggregate limits that apply per Project; (6) explosion, collapse and underground (UCX) exclusion deleted; (7) contractual liability with respect to this Agreement; (8) broad form property damage; and (9) independent consultants coverage.

(ii) The policy shall contain no endorsements or provisions limiting coverage for (1) contractual liability; (2) cross liability exclusion for claims or suits by one insured against another; or (3) contain any other exclusion contrary to this Agreement.

(iii) The policy shall give RCTC, its directors, officials, officers, employees, and agents insured status using ISO endorsement forms 20 10 10 01 and 20 37 10 01, or endorsements providing the exact same coverage.

(iv) The additional insured coverage under the policy shall be "primary and non-contributory" and will not seek contribution from RCTC's insurance or self-insurance and shall be at least as broad as CG 20 01 04 13, or endorsements providing the exact same coverage.

b. Automobile Liability. The automobile liability policy shall be endorsed to state that: (1) RCTC, its directors, officials, officers, employees and agents shall be covered as additional insureds with respect to the ownership, operation, maintenance, use, loading or unloading of any auto owned, leased, hired or borrowed by Recipient or for which Recipient is responsible; and (2) the insurance coverage shall be primary insurance as respects RCTC, its directors, officials, officers, employees and agents, or if excess, shall stand in an unbroken chain of coverage excess of Recipient's scheduled underlying coverage. Any insurance or self-insurance maintained by RCTC, its directors, officials, officers, employees and agents shall be excess of Recipient's insurance and shall not be called upon to contribute with it in any way.

c. Workers' Compensation and Employers Liability Coverage.

(i) Recipient certifies that he/she is aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and he/she will comply with such provisions before commencing work under this Agreement.

(ii) The insurer shall agree to waive all rights of subrogation against RCTC, its directors, officials, officers, employees and agents for losses paid under the terms of the insurance policy which arise from work performed by Recipient.

d. All Coverages.

(i) Defense costs shall be payable in addition to the limits set forth hereunder.

(ii) Requirements of specific coverage or limits contained in this section are not intended as a limitation on coverage, limits, or other requirement, or a waiver of any coverage normally provided by any insurance. It shall be a requirement under this Agreement that any available insurance proceeds broader than or in excess of the specified minimum insurance coverage requirements and/or limits set forth herein shall be available to RCTC, its directors, officials, officers, employees and agents as additional insureds under said policies. Furthermore, the requirements for coverage and limits shall be (1) the minimum coverage and limits specified in this Agreement; or (2) the broader coverage and maximum limits of coverage of any insurance policy or proceeds available to the named insured; whichever is greater.

(iii) The limits of insurance required in this Agreement may be satisfied by a combination of primary and umbrella or excess insurance. Any umbrella or excess insurance shall contain or be endorsed to contain a provision that such coverage shall also apply on a primary and non-contributory basis for the benefit of RCTC (if agreed to in a written contract or agreement) before RCTC's own insurance or self-insurance shall be called upon to protect it as a named insured. The umbrella/excess policy shall be provided on a "following form" basis with coverage at least as broad as provided on the underlying policy(ies).

(iv) Recipient shall provide RCTC at least thirty (30) days prior written notice of cancellation of any policy required by this Agreement, except that Recipient shall provide at least ten (10) days prior written notice of cancellation of any such policy due to non-payment of premium. If any of the required coverage is cancelled or expires during the term of this Agreement, Recipient shall deliver renewal certificate(s) including the General Liability Additional Insured Endorsement to RCTC at least ten (10) days prior to the effective date of cancellation or expiration.

(v) The retroactive date (if any) of each policy is to be no later than the effective date of this Agreement. Recipient shall maintain such coverage continuously for a period of at least three years after the completion of the work under this Agreement. Recipient shall purchase a one (1) year extended reporting period A) if the retroactive date is advanced past the effective date of this Agreement; B) if the policy is cancelled or not renewed; or C) if the policy is replaced by another

claims-made policy with a retroactive date subsequent to the effective date of this Agreement.

(vi) The foregoing requirements as to the types and limits of insurance coverage to be maintained by Recipient, and any approval of said insurance by RCTC, is not intended to and shall not in any manner limit or qualify the liabilities and obligations otherwise assumed by Recipient pursuant to this Agreement, including but not limited to, the provisions concerning indemnification.

(vii) If at any time during the life of the Agreement, any policy of insurance required under this Agreement does not comply with these specifications or is canceled and not replaced, Commission has the right but not the duty to obtain the insurance it deems necessary and any premium paid by Commission will be promptly reimbursed by Recipient or Commission will withhold amounts sufficient to pay premium from Recipient payments. In the alternative, Commission may cancel this Agreement. RCTC may require Recipient to provide complete copies of all insurance policies in effect for the duration of the Project.

(viii) Neither RCTC nor any of its directors, officials, officers, employees or agents shall be personally responsible for any liability arising under or by virtue of this Agreement.

Each insurance policy required by this Agreement shall be endorsed to state that:

4. Deductibles and Self-Insurance Retentions. Any deductibles or self-insured retentions must be declared to and approved by RCTC. If RCTC does not approve the deductibles or self-insured retentions as presented, Recipient shall guarantee that, at the option of RCTC, either: (1) the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects RCTC, its directors, officials, officers, employees and agents; or, (2) Recipient shall procure a bond guaranteeing payment of losses and related investigation costs, claims and administrative and defense expenses.

5. Acceptability of Insurers. Insurance is to be placed with insurers with a current A.M. Best's rating no less than A:VIII, licensed to do business in California, and satisfactory to RCTC.

6. Verification of Coverage. Recipient shall furnish Commission with original certificates of insurance and endorsements effecting coverage required by this Agreement on forms satisfactory to RCTC. The certificates and endorsements for each insurance policy shall be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements must be received and approved by RCTC before work commences. RCTC reserves the right to require complete, certified copies of all required insurance policies, at any time.

7. Subconsultant Insurance Requirements. Recipient shall not allow any subcontractors or subconsultants to commence work on any subcontract until they have provided evidence satisfactory to RCTC that they have secured all insurance required under this section. Policies of commercial general liability insurance provided by such subcontractors or subconsultants shall be endorsed to name RCTC as an additional insured using ISO form CG 20 38 04 13 or an endorsement providing the exact same coverage. If requested by Recipient, RCTC may approve different scopes or minimum limits of insurance for particular subcontractors or subconsultants.

8. Recipient's Self-Insurance Insurance. The insurance requirements contained in this Agreement are met by the Recipient's program of self-insurance.

D. Tax Exempt Status. Throughout the term of this Agreement, Recipient shall maintain its status as a political subdivision of the state of California.

E. Obligation to Provide Match Funding.

1. Recipient must provide funding (or equivalent services) as a match to the funds provided by RCTC for the Project, in a minimum amount as follows:

Year 1: \$442,568.00

Year 2: \$472,830.00

Year 3: \$505,249.00

2. Before RCTC shall disburse any portion of the funds to be provided by RCTC for the Project, Recipient must certify by signing Exhibit "B" that it has obtained or will obtain the amount which it agrees to provide in match funding for the applicable fiscal year.

3. In addition to the requirement by RCTC that Recipient furnish the certification form attached hereto as Exhibit "B" certifying that it has obtained adequate match funding, RCTC also has the right to conduct an audit of Recipient's records at any time during the period of this Agreement, with forty-eight (48) hours' advance notice. RCTC reserves the right to require Recipient to return any portion or all of the funds provided by RCTC, in the event that RCTC discovers through audit or other means that Recipient has failed to meet the requirements of match funding provided in this Agreement.

4. The approved in-kind contributions or equivalent services to be provided by Recipient, if any, are described in Exhibit "A". No services or in-kind contributions, other than those set forth in Exhibit "A", shall be counted towards Recipient's share of match funding unless a written description of proposed substitute in-kind contributions or services is submitted to RCTC for review, and approved in writing by RCTC as qualifying in-kind contributions or equivalent services.

F. Recognition of RCTC; Agreement to RCTC Marketing Rights.

1. If the Project involves the provision of transit services, Recipient shall place RCTC logos, which shall be provided by RCTC, on the outside and inside of vehicles used on the Project.

2. Recipient shall acknowledge RCTC as a funding source in all printed and digital materials describing the Project, and shall include website links to RCTC.org in all digital materials describing the Project.

3. Recipient shall allow RCTC to film, record and interview Recipient staff regarding the Project for RCTC marketing purposes, provided that RCTC obtain individual consent from the participating Recipient staff person(s).

4. Recipient shall allow RCTC to use images of Project services in RCTC marketing materials, provided that RCTC obtain consent to the use of such images from any individuals identifiable in the images, to the extent legally required.

4. RCTC's Responsibilities.

4.1 Disbursement of Funds.

A. RCTC shall disburse up to a total of Nine Hundred Sixty Thousand dollars (\$960,000.00) in Measure A funds earmarked for specialized transit programs to Recipient for the Project.

B. The total funding amount is allocated as follows:

1. Total amount for Year 1: \$310,000.00

2. Total amount for Year 2: \$320,000.00

3. Total amount for Year 3: \$330,000.00

C. The funds described above shall be disbursed to Recipient as follows:

RCTC shall disburse funds monthly in arrears within thirty (30) days of Recipient's submission and RCTC approval of the required Monthly Project Invoice, in a form satisfactory to RCTC, and reporting as specified herein.

5. Accounting Records.

5.1 Retention of Records. Recipient shall maintain complete and accurate records with respect to costs incurred and other records generated under this Agreement. All such records shall be clearly identifiable. Recipient shall allow a representative of RCTC during normal business hours to examine, audit, and make

transcripts or copies of such records. Recipient shall maintain all work, data, documents, proceedings, and activities related to the Agreement for a period of three (3) years from the expiration of this Agreement and shall allow inspection hereunder during such time.

5.2 Accounting of Funds. When requested by RCTC, Recipient shall within ten (10) days provide RCTC with a full reporting and accounting of all Measure A funds received during the term of this Agreement.

5.3 Reporting.

A. Monthly Reporting: Within ten (10) working days following the close of each month during the term of this Agreement, Recipient shall prepare and submit to RCTC a written report detailing the financial and operating performance of the Project. The initial format and content of these reports as specified by RCTC are contained herein as Exhibit "C", Reporting Requirements. The format and content of these reports is subject to change by RCTC from time to time upon written notice to Recipient.

B. Year-End Reporting: No later than fifteen (15) days following the close of each funding year, Recipient shall ensure that complete and accurate reports have been filed with RCTC detailing the financial and operating performance of the Project for the prior year.

C. Data Availability for RCTC Review: In addition to the reporting specified herein, the operating and financial data required to be collected and maintained by the Recipient shall be made available to RCTC and access shall be given to RCTC and its agents to the systems and records used to collect and maintain that data upon request. If so requested, such data shall be delivered to RCTC and access granted to data systems and records within three (3) business days of receipt of said request or at such time as agreed upon by RCTC and Recipient.

5.4 Annual Audit.

A. RCTC shall notify Recipient in writing, by the end of the fiscal year, if Recipient is required to conduct an annual financial audit of records pertaining to the Project. If an audit is required, it shall be completed and submitted to RCTC by December 31st of the following fiscal year ("Audit Deadline"). In order to ensure compliance with the Audit Deadline, Recipient shall respond promptly to the auditor's requests for documentation and records.

B. RCTC may, in its sole and absolute discretion, grant an extension of the Audit Deadline upon written request of the Recipient, which request shall include an explanation for the delay. No extension of the Audit Deadline shall exceed ninety (90) days.

C. Recipient shall promptly resolve all audit matters to the satisfaction of RCTC.

D. If Recipient fails to complete the audit by the Audit Deadline or by the date of any authorized extension, or if Recipient fails to promptly resolve all audit matters to the satisfaction of RCTC, Recipient's funding shall be suspended and RCTC shall have the right to withhold any and all future payments to Recipient.

6. General Provisions.

6.1 Termination of Agreement.

A. This Agreement may be terminated in whole or in part, at any time, with or without cause, by either party by giving written notice to the other party of such termination, and specifying the effective date thereof. Upon termination, Recipient shall cease expenditure of Measure A funds and promptly return all unexpended Measure A funds to RCTC.

B. In the event this Agreement is terminated in whole or in part as provided in paragraph A of this Section, RCTC may procure, upon such terms and in such manner as it may determine appropriate, services similar to those terminated.

C. If this Agreement is terminated as provided in paragraph A of this Section, RCTC may require Recipient to provide to RCTC all finished or unfinished documents, data, studies, drawings, reports, etc., prepared by Recipient in connection with the performance of this Agreement.

6.2 Delivery of Notices. All notices permitted or required under this Agreement shall be given to the respective parties at the following address, or at such other address as the respective parties may provide in writing for this purpose:

Riverside County Transportation Commission
4080 Lemon Street, Third Floor
P. O. Box 12008
Riverside, California 92502-2208
Attn: Anne Mayer, Executive Director

Riverside University Health System – Medical Center
26520 Cactus Avenue
Moreno Valley, CA 92555
Attn: Adem Lapaj

Such notice shall be deemed made when personally delivered or when mailed, forty-eight (48) hours after deposit in the U.S. mail, first class postage prepaid and addressed to the party at its applicable address.

6.3 Attorneys' Fees. If either party commences an action against the other party arising out of or in connection with this Agreement, the prevailing party in such litigation shall be entitled to have and recover from the losing party reasonable attorneys' fees and costs of suits.

6.4 Entire Agreement. This Agreement contains the entire Agreement of the parties with respect to the subject matter hereof, and supersedes all prior negotiations, understandings or agreements. This Agreement may only be modified in writing and signed by both parties.

6.5 Governing Law. This Agreement shall be governed by the laws of the State of California. Venue shall be in Riverside County.

6.6 Time of Essence. Time is of the essence for each and every provision of this Agreement.

6.7 Successors and Assigns. This Agreement shall be binding on the successors and assigns of the parties, and shall not be assigned by Recipient without the prior written consent of RCTC.

6.8 Administration.

A. RCTC's Executive Director, or his designee, shall administer this contract on behalf of RCTC.

B. Recipient hereby designates Adem Lapaj (Title), or his or her designee, to act as its representative to administer this contract on behalf of Recipient ("Recipient's Representative"). Recipient's Representative shall have full authority to represent and act on behalf of Recipient for all purposes under this contract.

7. Equal Opportunity Employment. Recipient represents that it is an equal opportunity employer and it shall not discriminate against any employee or applicant for employment because of race, religion, color, national origin, ancestry, sex or age. Such non-discrimination shall include, but not be limited to, all activities related to initial employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination.

8. Subcontracting. Recipient shall not subcontract any portion of the work required by this Agreement without prior written approval of RCTC. Subcontracts, if any, shall contain a provision making them subject to all provisions stipulated in this Agreement.

9. Incorporation of Recitals. The Recitals set forth above are true and correct and are incorporated into this Agreement by reference as though fully set forth herein.

10. Incorporation of Exhibits. This Agreement contains three (3) exhibits, Exhibits A through C, which are attached hereto and incorporated into this Agreement by reference.

11. Counterparts. This Agreement may be signed in counterparts, each of which shall constitute an original.
12. Invalidity; Severability. If any portion of this Agreement is declared invalid, illegal, or otherwise unenforceable by a court of competent jurisdiction, the remaining provisions shall continue in full force and effect.
13. Conflicting Provisions. In the event that provisions of any attached exhibits conflict in any way with the provisions set forth in this Agreement, the language, terms and conditions contained in this Agreement shall govern over any conflicting provisions in the exhibits.
14. Headings. Article and Section Headings, paragraph captions or marginal headings contained in this Agreement are for convenience only and shall have no effect in the construction or interpretation of any provision herein.
15. Authority to Enter Agreement. Recipient has all requisite power and authority to conduct its business and to execute, deliver, and perform the Agreement. Each party warrants that the individuals who have signed this Agreement have the legal power, right, and authority to make this Agreement and bind each respective party.
16. Survival. All rights and obligations hereunder that by their nature are to continue after any expiration or termination of this Agreement, including, but not limited to, the indemnification obligations, shall survive any such expiration or termination.
17. No Third Party Beneficiaries. There are no intended third party beneficiaries of any right or obligation assumed by the parties.

[Signatures on following page]

Signature Page
to
Riverside County Transportation Commission
Western Riverside County Measure A Specialized Transit Program
FY 2018/19; FY 2019/20 and FY 2020/21

IN WITNESS WHEREOF, the parties hereto have executed the Agreement on the Effective Date.

**RIVERSIDE COUNTY
TRANSPORTATION COMMISSION**

COUNTY OF RIVERSIDE, a political subdivision of the State of California, on behalf of Riverside University Health System-Medical Center

By: _____
Anne Mayer, Executive Director

By: 

Name: Kevin Jeffries

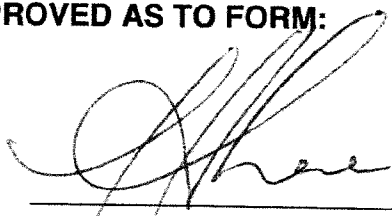
Title: Chairman, Board of Supervisors

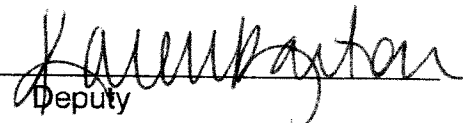
Date: MAR 19 2019

APPROVED AS TO FORM:

ATTEST:

Kecia Harper-~~them~~
Clerk of the Board


By: 

By: 
Deputy

Best Best & Krieger LLP
Counsel to the Riverside
County Transportation Commission

APPROVED AS TO FORM:

Gregory P. Priamos
County Counsel

By: 

Name: Danielle Maland

Title: Deputy County Counsel

Date: 2/28/19

EXHIBIT "A"

GRANT APPLICATION
("PROPOSAL")



**RIVERSIDE
COUNTY
TRANSPORTATION
COMMISSION**

**Due: January 9, 2018
Tuesday, 4 P.M.**

**2018 Specialized Transportation
Call for Projects**
(3-Year Call for FYs 2018/19 – 2020/21 funding)

APPLICATION FORM

**Measure A Western Riverside Specialized
Transportation Program**

(For Use by Agencies and Organizations in Western Riverside County)

Project Name: RUHS-MC Transportation Program		
Agency (Applicant) Name: Riverside University Health System Medical Center (RUHS-MC)		
Address: 26520 Cactus Ave.		
City: Moreno Valley		Zip: 92555
Primary Contact Person: Adem Lapaj		
Phone: (951) 486-4380	Fax: (951) 486-4300	Email Address: A.Lapaj@RUhealth.org
Other Partner Organizations on This Grant Proposal		
Partner Organization 1: _____		Contact Person: _____
Partner Organization 2: _____		Contact Person: _____
Has your agency received Measure A Grant funding before? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Applications are due by 4:00 pm on Tuesday, January 9th, 2018.
Submit one (1) original application, five (5) copies and one (1) electronic copy on a flash drive or CD.

Alternate formats available by request:

Riverside County Transportation Commission
4080 Lemon Street, 3rd Floor
Riverside, CA 92502-2208
Attn: Josefina Clemente

SECTION I: AGENCY PROFILE - PROJECT SUMMARY

A. Applicant/Lead Agency Information:

Legal Name: Riverside University Health System Medical Center (RUHS-MC)

Address: 26520 Cactus Ave.

City/State/Zip: Moreno Valley, Ca 92555

Contact Person: Adem Lapaj

Email: A.Lapaj@RUhealth.org

Phone: (951) 486-4380

Fax: (951) 486-4300

B. Project Title:

RUHS-MC Transportation Program

C. Project Area to Be Served:

Western Riverside

D. Project Type (check ALL that apply to THIS project):

Operating

Capital

Mobility Management

Travel Training

Mileage Reimbursement Program

Other: _____

E. Target Population Information - *Enter unique persons* (count everyone **only once** to represent the number of individuals your program is likely to serve annually - do not double count):

	# OF UNIQUE PERSONS:		
	Year 1 (FY 18/19)	Year 2 (FY 19/20)	Year 3 (FY 20/21)
a. Number of unique seniors:	1,200	1,300	1,400
b. Number of unique persons with disabilities:	1,500	1,600	1,700
c. Number of unique eligible low-income persons:	3,000	3,200	3,400
d. Number of other unique persons, not included above. Description: _____			
<i>Of the above (a-d), how many unique persons are military service personnel or veterans?</i>	500	575	650
F. Total number of one-way passenger trips:	Year 1	Year 2	Year 3
<small>(one-way passenger trips are not equal to the number of unique persons above. One unique person can make two or more one-way trips)</small>	7,000	7,500	8,000
G. Budget Summary:	Year 1*	Year 2*	Year 3*
a. Amount of Measure A Operation Request	\$ 310,000	\$ 320,000	\$ 330,000
b. Amount of Measure A Capital Request	\$	\$	\$
c. Total Local Match for Project (non-Measure A)	\$ 442,567.98	\$ 472,829.42	\$ 505,248.74
TOTAL PROJECT BUDGET (a+b+c)	\$752,567.98	\$792,829.42	\$835,248.74
<small>*Figures entered here should all match the budget sheet provided in Section V.</small>			

SECTION II. ORGANIZATIONAL CAPABILITIES

- A. Briefly describe your agency's purpose and services. Supporting documentation may be attached in the Appendix (e.g., agency brochure and any other explanatory information considered important by the applicant). This section should include at least the following agency details:

<p>Years of operation: Riverside University Health System (RUHS), formerly RCRMC, and prior to that RGH, has been in operation since 1893.</p>
<p>Agency Mission: To improve the health and well-being of our patients and communities through our dedication to exceptional and compassionate care, education and research.</p>
<p>Description of agency and available programs: RUHS provides sensitive and culturally appropriate support for families and individuals facing behavioral health and substance abuse challenges, as well as trusted programs to improve the lives and advance the health of our communities. RUHS is a comprehensive system of service delivery for Behavioral Health, Ambulatory Care, Inpatient Medical, Public Health, and Population Health Management.</p>
<p>Size of agency: >3,000 # of total employees</p>
<p>28 # of employees working on this project</p>
<p>15 # of total vehicles available for transportation</p>
<p>10 # of vehicles available for this project</p>
<p>Please describe agency facilities including physical size: RUHS – Medical Center is a 520,000 sq. ft. state-of-the art tertiary care, and Level II adult and pediatric trauma center. The Inpatient Psychiatric Hospital and Psychiatric Emergency Department are located in Riverside's Arlington District, and comprises 77 inpatient beds. The Ambulatory Care Division comprises 10 Community Health Centers spread out throughout the county from Indio, Palm Springs, Banning, Hemet, Perris, Lake Elsinore, Corona, Riverside, Rubidoux and Jurupa. While the Behavioral Health clinics are located in Banning, Cathedral City, Desert Hot Springs, Lake Elsinore, Riverside, Blythe, Corona, Indio, San Jacinto, and Temecula..</p>
<p>How does proposed service fit within the mission of the agency? This proposed service fits within our mission to improve the health and well-being of our patients and communities because Riverside County is the 4th largest county in California by population and stretches 7,200 square miles. Many patients and families within remote areas of our county have difficulties accessing primary and behavioral health services, not to mention specialty care services if it were not for our established Route and Door-to-Door Transportation Services.</p>
<p>Administration capabilities: (Describe Excel proficiency and name key personnel assigned to the management of this project – add resume(s)/qualifications in the Appendix) RUHS-MC capabilities to administer the Measure A program are extensive given the vast resources not only available within the medical center itself, but also the vast resources available throughout the other County Departments, such as the County's Information Technology Department. The current Transportation Supervisor (Attachment I) has been in the Transportation Department during the prior three Grant calls. His Office Assistants (Attachment I) are certified in Excel and Microsoft Word, and the County of Riverside's DOT/DMV Compliance Officer has 22 years of transportation safety and regulatory experience.</p>

- B. Please describe the target population groups that the proposed project will serve (seniors, persons with disabilities, low-income, or others) and how the persons to be served are determined eligible for your program. Also indicate what percent of total passenger trips or units of service to be provided will be attributed to a given population group.

Measure A:

The intended target groups will be made up of the core patient population already seen by the hospital and the community health centers throughout the county as well as dialysis patients that may or may not be RUHS patients. There is an increase of at least 15% in the Medi-Cal mix for each year. Because there is overlap among these groups, the estimated percentages to total trips are represented below as a range.

Low-Income/Truly Needy:

RUHS is the largest indigent patient care provider for all hospitals operating within Riverside County, providing about 65-70% of the indigent care within the county. In Fiscal Year 2014/15, at least 55% of the patients seen at RUHS were low-income or indigent. This population consists of patients qualifying for the Medically Indigent Services Program (MISP), Medi-Cal and Self-Pay – specifically those self-pay patients who then qualify for Charity Care status. The Medi-Cal population would include mothers and babies/children and families on limited income such as Aid to Families with Dependent Children (AFDC), while the medically indigent or MISP and self-pay population would be individuals between the ages of 21 and 64 years of age, many who are undocumented, or may only qualify for the Food Stamp program, or the Charity Care program, or may be homeless, but all below 100% of the Federal Poverty level. To be determined eligible for transportation services under the Measure A project, RUHS will use existing eligibility criteria that have deemed individuals eligible, and, thereby, currently receiving full-scope Medi-Cal (with no share-of-cost), MISP, or Self-Pay/Charity Care. Homeless patients will automatically qualify for transportation based on their lack of a home address on their hospital registration and admission record.

Percent of Low Income/Truly Needy To Total Passenger Trips: 40-50%

Individuals with Disabilities:

Individuals with disabilities comprise approximately 10% of RUHS's total patient population served in 2014/15. Individuals with disabilities seen by RUHS are typically individuals who are low-income and receiving State Disability Income (SDI), Social Security Disability Income (SSDI) and/or on Supplemental Security Income (SSI). They may also be receiving Medi-Cal and/or Medicare based on their disability with an expected duration of a year or more. These are patients with End-stage Renal Disease requiring dialysis, Paraplegia or Quadriplegia requiring extensive rehabilitation such as physical and/or occupational therapies, Post-Stroke patients requiring speech and other rehabilitation therapies, Cancer at various levels of staging requiring chemo and/radiation treatments, Post Trauma patients requiring Hyperbaric Oxygen Treatments, Pulmonary Diseases requiring breathing treatments and oxygen therapy, as a few examples. To be determined eligible for transportation services under the Measure A project, RUHS will use existing eligibility criteria that have deemed the individual eligible, and, thereby, currently receiving SDI, SSDI, SSI, Medi-Cal and/or Medicare benefits. Individuals not currently receiving the above benefits will need to have a noticeable disability requiring the use of an ambulatory assistive device such as quad-cane, walker, wheelchair, motorized scooter, or guide-dog for the blind, etc.

Percent of Individuals with Disabilities to Total Passenger Trips: 10 - 20%

Seniors:

Seniors comprise approximately 17% of RUHS's total patient population served in Fiscal Year 2014/2015. They include the Medicare and/or Medi-Cal population that are 65 years of age and over, including those enrolled in senior managed care insurance plans. Many are receiving social security retirement income and/or supplemental security income, and/or other retirement pensions. To be determined eligible for transportation services under the Measure A project, RUHS will use existing eligibility criteria that have deemed the individual eligible, and, thereby, receiving straight Medi-Cal or receive both Medi-Cal and Medicare, and having declared their age as 65 years or older.

Percent of Senior Transports to total Passenger Trips: 20 - 30%

- C. Briefly detail the current population and geographic area(s) that is served and the population and geographic area(s) that will be served by the proposed project. *Supporting documentation or an 8½" x 11" map of the service area must be attached.*

RUHS-MC is the largest trauma center provider for all of Riverside County providing about 40% of all the trauma care and 65-70% of the indigent care within the county. RUHS serves residents in all three geographic areas: Western Region, Coachella and Palo Verde Valleys (Refer to door to door service area and total geographic area available for transports Attachment II – Map of Service Area); and is well positioned to provide services to a wide range of Limited English Proficient (LEP) patients/clients as well. (Refer to Attachment III – Limited English Proficient (LEP) Policy & Procedures) According to current demographic data, RUHS's patient mix is less than 1% Native American or Alaskan Native, 2% Asian, 16% African American, 33% White, and 48% Hispanic or Latino. An estimated 30% of RUHS's patients list Spanish as their primary language, while another 1% of patients list Tagalog, Vietnamese, Laotian or Korean as their primary language. A small but special population that RUHS focuses special attention in providing services is the deaf and hard-of-hearing population. According to interpreter encounter data collected for calendar year 2014 RUHS's Medical Interpreting department provided 607 interpreted encounters to the deaf or hard of hearing patients residing throughout Riverside County.

To better serve the Limited English Proficient (LEP) population seeking services at RUHS, in December of 2006, RUHS joined the Health Care Interpreter Network (HCIN). The HCIN is a system of shared language interpreter services operated by a network of county hospitals in California that uses audio video and telephonic technology to pool together language interpreters to maximize language interpreting resources. The connectivity to HCIN is established under a minute, is user friendly, and accesses over 170 different languages and dialects, including American Sign Language.

While in the field and in the course of their transportation duties, RUHS Medical Transportation Technicians (drivers) have access to the HCIN system by using their hospital issued wireless telephones. Person-to-person language interpreting services is also available to RUHS Transportation drivers and/or patients through RUHS's Language and Cultural Services Department, which include 12 bilingual (English/Spanish) State and/or Federally certified Medical Interpreter/Translators, and 1 trilingual (English/Spanish/American Sign Language)

Medical Interpreter/Translator and 1 quatorlingual (English/Spanish/Portugese/American Sign Language). All RUHS patient related literature, including Transportation Department brochures and flyers, are reviewed and translated into Spanish by RUHS's most competent translator staff. (Refer to Attachment IV – RUHS Transportation Brochure)

Measure A:

As stipulated Measure A services the Western Region of Riverside County, population of 2.1 million as based on the 2010 Census, of those the target population is estimated to be between 122,000 – 223,000 (Exhibit 2, Geographically-Related Priority Transportation Needs of the Target Populations, Transportation Coordination Plan). The 2012 Public Transit – Human Services Transportation Coordination Plan for Riverside County projects that the target population will increase modestly by 17 – 19% of the total population, and suggests that the target population potentially can reach ranges of between 394,073 to 438,854 persons by 2010 (Table 3-2 of the 2008 Public Transit – Human Services Transportation Coordination Plan of Riverside County). Of these, RUHS projects it will serve within the proposed project approximately 800 – 1,000 unique persons in the Western Region of Riverside County. Of which 30 – 40% will be Limited English Proficient (LEP).

SECTION III. PROPOSED PROJECT NARRATIVE

Please provide the following details about your proposed project:

Responsive applications must be tied to the Public Transit-Human Services Transportation Coordination Plan for Riverside County, 2016 Update. This document can be found at:
www.rctcdev.info/uploads/media_items/rctc-2016-cp.original.pdf

Grant applicants must demonstrate an understanding of the county's available transportation services as well as the coordinated plan goals, objectives and/or strategies that the project will specifically address.

While completing this grant application, refer to the Project Evaluation and Scoring Criteria on Pages 7 of the Application Instructions for additional guidance on each of the questions. Each response will be scored for clarity, completeness and accuracy.

- A. Please provide a narrative to describe your transportation project. Describe the purpose of the project, type of service to be provided, roles and responsibilities of project staff and days and hours of operation. This response should provide the evaluators with a detailed explanation of how your project will operate.

Project Narrative:

Measure A:

RUHS was awarded a two year Measure A Grant for Fiscal Years 2006/07 – 2007/08 and another two year grant for 2009/10 – 2010/11, and a New Freedom Grant for Fiscal Years 2011/12 – 2012/13 and another two year Measure A Grant for the Fiscal Years 2014/15. RUHS, formerly RCRMC, was awarded another three year grant for 2015/16-2017/2018. During the last grant award RCRMC underwent a name change to Riverside University Health System. RUHS's transportation program for the Measure A grant ties in well with the Riverside

Coordinated Plan in that it is a Para transit program providing daily, Monday through Friday, services to the Western Region of Riverside County, and to all the three target groups (Goal 2.0, sec. 2.1, pg. 6). At this time weekend services are provided for Dialysis patients and a small number of door to door transports. During the grant period RUHS expanded its Family Care Clinic services to Saturdays and evening hours. A needs assessment was conducted of the patients using the Saturday Family Care Clinic to determine the need and demand for expanding Saturday transportation services to more than just Dialysis patients. RUHS expanded its Dialysis transportation services to Saturdays and early morning hours. RUHS currently begins dialysis service each day by picking up the first patient a four o'clock in the morning Monday thru Saturday and taking home the last dialysis patient at six o'clock in the evening. In order to continue to provide door-to-door (sec. 2.2, pg. 9) non-emergency medical transportation service with an anticipated increase of 10-12% additional one way trips, RUHS is applying for another three year Grant for the Fiscal Years 2018/19 – 2020/21.

- B. Briefly describe how your proposed project is consistent with the goals of the Measure a Specialized Transportation Program, as listed on Page 3 of the Application Instructions.

Consistent with Goal 2.0 of the Riverside Coordinated Plan, in the last grant award period, RUHS extended its service hours to 4:00 A.M. – 8:00 P.M., Monday – Friday and 4:00 A.M. – 5:00 P.M. on Saturday, to ensure that patients are able to get to the earliest appointments and get home from the last appointment. Saturday hours were initially designated in the prior grant to only transport Dialysis patients to the DaVita Dialysis Center on the campus of RUHS. However, shortly after starting this service, RUHS Transportation Department has to expand Dialysis transportation to DaVita Dialysis Center on Elsworth Street in Moreno Valley, and the DaVita Dialysis Center on Magnolia and La Sierra in Riverside. The intended target group is comprised of the core patient population already seen by the Medical Center as well as dialysis patients, both patients of RUHS and those patients of other medical providers in the County. These include the Medicare population, made up of mostly the elderly or those individuals on SSI Disability. The Medi-Cal population which would include mothers, babies and families on limited income, as well as those individuals designated as medically indigent, or truly needy. Numerous clinic appointments have been missed or canceled in the past because patients have been unable to find or could not afford transportation. By continuing to provide reliable transportation at no charge to the patient, RUHS ensures continuity (uninterrupted) of medical care, and subsidy assistance when patients visit the our facilities to apply for Covered California, MISDP, Medi-Cal and/or other programs offered through the Department of Public Social Services at the hospital, or elsewhere.

- C. Specify how your project addresses the gap(s) and/or barrier(s) identified in the Public Transit-Human Services Transportation Coordination Plan for Riverside County, 2016 Update. Indicate the relevant section/page number in the Coordinated Plan document.

The segment of the population most in need of transportation assistance are also the highest demographic segment of the population served by the Medical Center and Community Health Centers, including Dialysis Centers throughout the county (Goal 2.2, Figures 2-1 thru 2-10). As demands for Dialysis services grow, some centers

have had to expand its Dialysis runs to **seven-day-a-week**, and to **twenty-four hours a day** Goal 2.2, Figures 2-1 thru 2-10). Patients need programs that are flexible such as RUHS Transportation services that can expand as needs grow to meet the demands. RUHS already provides 24/7 on-call transportation services to both the medical and psychiatric Emergency Departments of RUHS, and with funding from the new Measure A Grant can easily expand necessary services within a short period of time to accommodate the needs of the residents of Riverside County.

- D. Using the Coordinated Plan as a guide, describe the existing transportation services operating in the proposed service area and why the existing transportation services cannot be utilized by the target population you propose to serve.

RUHS has had previous contact with Independent Living Partnership, Riverside Transit Authority, Disabled Medical Transportation, Valley Medical Transport, and Western Riverside Transportation Operators (Taxi Companies) on a limited basis. The disabled, including those on dialysis, require specialized transportation beyond what is available through other transportation programs, including Dial a Ride. Also, Dialysis Centers do not have their own transportation programs on-site. Non-emergency medical transportation contract agencies normally rely upon reimbursement from Medi-Cal for patients who meet certain criteria. A great number of Dialysis patients are still ambulatory and able to walk without the use of assistive devices, and as a result, are not eligible for subsidized transportation by these contract agencies. Accessibility to public transportation and/or reliable personal transportation is not readily available to the neediest of patients/clients. Factor in that Dialysis patients must arrive to the Dialysis Center at their scheduled appointment time, and that once there, should the port used for dialyzing be blocked or other medical complications occur, there then needs to be enough flexibility in the program to allow for transportation to offer assistance to an alternate Dialysis Center, and then possibly back again (Goal 2.2, Figures 2-1 thru 2-10). Also, Dialysis appointments can be scheduled very early in the morning, as well as very late at night (Goal 2.2, Figures 2-1 thru 2-10). In short, RUHS's Transportation Services is a vital asset to the residents of Riverside County (Refer to Attachment V, Letter of Support from Supervisor Perez).

- E. For Operating projects, describe your operational implementation plan that includes defined routes, schedules, current and projected ridership, key personnel, and marketing strategies or deliverables. Detail the steps you will take to place your program into service for the proposed budget year.

Operating project: Patient appointment schedules are obtained from the RUHS Clinic Management or DaVita Center staff. The Dialysis patients are placed on the transportation schedule, and then remain on the same schedule rotation (unless admitted to the Hospital), while the scheduled clinic patients are worked into the transportation schedule to determine the most cost effective route. Whenever possible patients with appointments at or near the same time, and who live in the same area, are scheduled for the pick up during one trip, although not always possible but this is the most efficient and preferred method to schedule such trips. Two client slips are generated by reservations/dispatch the day prior to travel, one for the pick-up and one for the return home and the driver is given a schedule and slips for each rider. The driver is also responsible to obtain a signature on the individual client slip from each patient/client being transported. This is an acknowledgment by the patient that services were provided on the date and time indicated on the slip. Client slips are only counted

after the patient signs the form. This ensures that rides are not counted erroneously; as there have been times for example when RUHS has taken the client to the dialysis center and then the client is transported home by ambulance. A return trip by RUHS is not provided and therefore should not be counted. Vehicle mileage is noted on the vehicle log at the beginning and end of each trip, Should a vehicle be used for a non-Measure A trip there is a separate log for the mileage. Mileage is then entered into a worksheet, total monthly vehicle miles are calculated by subtracting the beginning odometer reading from the month end reading. Measure A miles and non-Measure A miles are then added together to confirm the monthly mileage. To allow the overall department to operate effectively there are times when non-dedicated Measure A drivers will be used for the program and the reverse. However, only those hours actually worked on the program are captured. This is accomplished by using a unique program indicator when reporting hours to payroll. All vehicles used in the Measure A program are leased from Fleet Services and are for the most part new 2011 models. The monthly lease charge is calculated by using the percentage of Measure A miles to the overall miles reported on the vehicles, if 90% of the miles are related to the Measure A program, then 90% of the lease, which includes maintenance, fuel, salvage and fixed (lease) charges are then billed back to the program. It is rare that the reported Measure A miles balance to the mileage reported on the Fleet Billing, this is because the mileage on the report is captured during refueling of the vehicle and this may occur prior to month end. If the Measure A miles reported exceeds those on the Fleet Billing, the balance of the miles is carried over to the following month.

Having been a Grant recipient in three previous calls, RUHS has effectively implemented changes and improvements on how to capture, verify, and report data to RCTC, and most currently, to plan for staffing and/or vehicle changes. Should RUHS be awarded a Grant in the next period, RUHS will seek to hire one additional Medical Transportation Technician and add two new wheelchair equipped transportation vans, as well as replace two of the oldest and end of life wheelchair vans per grant year. Having more Measure A drivers available would serve to maintain and/or exceed projected transportation goals for the next grant award period

- F. Detail the outreach activities your agency will undertake to connect existing and new consumers to the proposed project. How will you promote public awareness and keep stakeholders involved and informed throughout the project?

RUHS will also step up its marketing efforts by revising the existing RUHS Transportation brochure that highlights Measure A services through RUHS, and distribute the revised brochure to Dialysis centers and other healthcare providers, including senior citizen centers, Office on Aging, Department of Public Social Services offices and community agencies. RUHS will participate in Health Fairs throughout Riverside County with a fair booth and transportation employees on site to greet and meet the public. RUHS has all program requirements and details in place and will be able to seamlessly transition into a new Grant period, should RUHS be awarded a new grant.

- G. Describe how you will comply with the annual consumer satisfaction survey required by the executed contract between RCTC and approved applicants.

Methodologies and Procedures for Ongoing Monitoring and Evaluation:

RUHS will continue to report performance measures on the current indicators; total number of one way trips provided to seniors, the disabled and low-income/truly needy. Measurable indicators also include vehicle miles, staff hours/payroll, and County matching funds. RUHS transportation personnel will continue to have available in all the vehicles designated for Measure A use, surveys for clients and patients to complete, should they desire, at any time to document their commendation or complaint. However, on a monthly basis during the first week of the month, the transportation personnel will distribute commendation/complaint surveys to all clients/patients using the transportation services, and encourage them to return the surveys to the driver or the department. Information gleaned from the survey provide details on several performance measures such as tracking early arrivals, late arrivals, driver courtesy, vehicle/equipment condition, and ability to reach Limited English Proficient (LEP) clients with information related to transportation services available to them in their geographic areas. All trips provided under the Measure A program are directly related to transportation for medical care provided to the program recipient.

Individual trips are monitored via the client reservation slip. Each program participant has a transport reserved in advance; a client slip is generated for each trip and is given to the driver responsible for the route along with their daily schedules. The driver is required to obtain the participants signature prior to departing the vehicle, this is acknowledgement that service has been provided. Each vehicle is supplied with a mileage log for both Measure A and non-Measure A trips, the driver is responsible for documenting the beginning and ending mileage for each trip on the appropriate log, mileage information is then entered into a mileage worksheet which is audited and balanced monthly. Salary hours and expense is captured by the employee on their timesheet, drivers assigned full time to the Measure A program use the Measure A cost center as the "home" identifier, should this employee cover a route outside the Measure A program a unique identifier is hand written on the timesheet and that department is charged for the trip. Should a non-Measure A driver assist with a Measure A transport salary hours and expense is again captured by the employee on their timesheet using the Measure A cost center as a unique identifier.

- H. Complete the following project milestones table. (Use as many rows as necessary to adequately identify your project's milestones)

Proposed Project Milestones	Estimated Date of Completion
1. Press Release announcing grant award and availability to provide non-emergency transportation services to the Western Region of Riverside County and Coachella/Palo Verde Valleys	07/2018
2. Initiate Marketing Campaign to include: revision of brochure containing new enhancements and/or extended hours; mailers of RUHS Transportation brochure to community agencies and healthcare providers, specifically Dialysis centers and County Public Health Clinics	07/2018 to 06/2021
3. Lease an additional two (2) new vehicles from County Fleet Services and designate both vehicles to Measure A, and designate one for the	07/2018

East Region or Desert Area of the County to provide Door-to-Door services to Mecca, Oasis, North Shore, and Indio communities	
4. Replace two end of life wheelchair vans per grant period with two new vehicles from County Fleet Services.	07/2018 – 6/2021
5. Conduct Needs Assessment as to the demand and/or need to add a Saturday run to Western Region, and/or Indio and Palm Springs locations	12/2018 – 6/2019
6. Conduct annual safety and sensitivity training to all Transportation Department staff, with specific focus on Measure A designated staff to improve and maintain patient/client survey satisfaction scores 90% and above	Ongoing throughout grant period

- i. Identify the performance indicators you will use to track the effectiveness of your proposed project. This will represent the quantitative goals your program proposes to meet.

Performance Indicators	Goal - Year 1	Goal - Year 2	Goal - Year 3
# of one-way passenger trips provided to:			
a. Seniors	1,200	1,300	1,400
b. Persons with disabilities	1,500	1,600	1,700
c. Low-income	3,000	3,200	3,400
d. Others			
<i>Of the above (a-d), how many <u>trips</u> are from military service personnel or veterans?</i>	200	300	400
Total One-Way Passenger Trips:	7,000	7,500	8,000
OTHER MEASURES (identify as appropriate or propose alternative, quantitative measures)			
# of vouchers distributed			
# of persons receiving vouchers			
# of bus passes distributed			
# of persons receiving bus passes			
# of miles to be reimbursed			
# of mobility manager/training agency contacts			
# of mobility manager consumer contacts			
# of "other" units of service (identify):			

- J. For previously funded transportation program, please describe performance goals by performance indicators from the previous cycle and how well those goals were met over the past three years.

Past Program Goals Set/Past Actual Performance:

For grant periods FY15/16 RUHS was not able to meet its projected target goal of 8,000 total passenger trips, completing only 7,104. For grant period FY 16/17 RUHS-MC was not able to meet its projected target goal of 8,500 total passenger trips completing 8,041. RUHS is still

seeing significant shift in patient mix by financial class due to the Affordable Care Act (ACA). For the current grant year FY 17/18 the projected target goal is 9,000 trips. RUHS does expect to meet this target goal for the current grant period.

SECTION IV. COORDINATION STATEMENT

- A. Identify key stakeholders involved in the project at its outset. Identify potential future partners and methods of obtaining their participation in the project. List may include, but not be limited to, Health and Human Services Agencies, public/private sector, non-profit agencies, transportation providers, and members of the public representing seniors or individuals with disabilities and from public transit agencies.

Stakeholders:

RUHS outpatient clinics have the capacity to manage 200,000 patient visits per year, and are one of the largest referral bases for RUHS Transportation Department. All clinics within the hospital refer potential program participants and are considered the program's internal stakeholders. Areas of need continue to be identified by clinic and hospital personnel and include radiology, hyperbaric oxygen therapy (HBO), Orthopedics, OB/GYN, Medically Indigent Adult Services (MISP), Department of Public Social Services (DPSS) Medi-Cal Division in the Hospital, Department of Public Health, Patient and Family Services, and the Riverside County Child Assessment Team (formerly Child Abuse and Neglect Team) with more service areas referring on a daily basis. Individually as a profession, RUHS Medical Social Workers and Clinical Therapists are the largest stakeholders in referring patients being discharged from the hospital, the emergency department, or same-day surgery requiring transportation home. The largest stakeholder outside the Medical Center are the ten Riverside County Community Health Centers, along with DaVita Dialysis Center.

Future Stakeholders:

An invitation to meet at RUHS will be sent to all Measure A and New Freedom award recipients to discuss present and future partnerships, interests in setting up a Transportation Coalition for the Western Region of Riverside (Measure A) and the Coachella Valley (NF), and learn from sharing of past failures, successes and best practices.

- B. Explain how this proposed project will make the effort to connect to other existing transit and transportation programs. Attach letters of support from stakeholders appropriate to this grant application (can be referenced here and included as an Appendix).

The RUHS Transportation program is able to connect with other transit and other transportation programs by providing free transportation services to clients that are not able to receive service from other transportation agencies. For instance, this program accommodates last minute appointments, provides twenty-four hour service, and services clients with special needs such as electric wheel chairs/scooters.

SECTION V. PROPOSED PROJECT BUDGET

- A. The budget to be submitted is for the project being proposed for funding through this application, not the entire budget for your agency or organization. Applicants are requested to provide additional detail where appropriate to facilitate the understanding and review of your application. Electronic versions of the budget are available to all applicants by accessing the following link: <http://rctcdev.info/funding/federal-and-state-funding/call-for-projects>
- B. Local match - Specify the source(s) (e.g., private donations, revenue from other agency programs, grants, contract service revenues, in-kind contributions) and amount(s) of the local share portion of the total project cost. Do not identify the source as simply a bank account or an agency fund. For instance, if funds are obtained from revenue generated from other agency programs, identify their source.
- C. If you are an existing transportation program currently funded by Measure A, provide a copy of your agency's transportation program budget from last fiscal year.
- Identify:
- 1) The cost per trip/cost per unit of service for your current transportation program \$ 44.67;
 - 2) The proposed cost per trip/cost per unit of service \$ 64.64; Actual is \$105.81 per trip
- D. Please submit a copy of the most recently completed agency/organization financial audit (may be referenced here and included as an Appendix to the overall application).

Please use the Excel form to complete your proposed budget. The form can be found at http://rctcdev.info/uploads/media_items/measure-a-budget-form-2018-revised11-8-17.original.xls

PROPOSED PROJECT BUDGET FORM

Agency Name: RUHS
 Project Title: Measure A



EXPENSE	Position % Time	Year 1 FY 18/19	Year 2 FY 19/20	Year 3 FY 20/21
Salaries by Position (include benefits): (Example: drivers, scheduler, trainer, etc.)				
A. Drivers		\$ 435,531.26	\$ 459,485.47	\$ 484,757.18
B. Dispatch/Scheduler		\$ 84,731.62	\$ 89,391.86	\$ 94,308.41
C.		\$ -	\$ -	\$ -
D.		\$ -	\$ -	\$ -
E.		\$ -	\$ -	\$ -
F.		\$ -	\$ -	\$ -
Non-Personnel Expenses: (Example: fuel, rent, insurance, utilities, etc.)				
A. Fuel, Oil, Vehicle Lease, Vehicle Maintenance		\$ 223,797.26	\$ 234,987.12	\$ 246,736.47
B. General Office Expenses		\$ 880.18	\$ 924.18	\$ 970.39
C. Telephone		\$ 1,283.94	\$ 1,348.14	\$ 1,415.55
D.		\$ -	\$ -	\$ -
E.		\$ -	\$ -	\$ -
F.		\$ -	\$ -	\$ -
Capital Expenses: (Example: computers, technology, equipment)				
A.		\$ -	\$ -	\$ -
B.		\$ -	\$ -	\$ -
C.		\$ -	\$ -	\$ -
Administrative Overhead (d) (maximum of 8% of total project expenses)		\$ 6,343.74	\$ 6,692.65	\$ 7,060.75
TOTAL PROJECT EXPENSES (a+b+c+d)		\$ 752,568.00	\$ 792,829.42	\$ 835,248.75
REVENUE				
Agency Match (Cash) Grant Revenues (not Measure A): (Example: General fund, CDBG, Donations, etc.)				
A. Cash Match - Measure A Operations		\$ 255,873.12	\$ 269,562.00	\$ 283,984.57
B. Required Minimum Local Match		\$ 186,694.88	\$ 203,267.42	\$ 221,264.18
C.		\$ -	\$ -	\$ -
D.		\$ -	\$ -	\$ -
Agency Match (In-Kind)				
Salaries by Position (include benefits):				
A.		\$ -	\$ -	\$ -
B.		\$ -	\$ -	\$ -
C.		\$ -	\$ -	\$ -
Non-Personnel Match (in-kind):				
A.		\$ -	\$ -	\$ -
B.	RUH	\$ -	\$ -	\$ -
C.		\$ -	\$ -	\$ -
Measure A Operating Request (g)		\$ 310,000.00	\$ 320,000.00	\$ 330,000.00
Measure A Capital Request (h)		\$ -	\$ -	\$ -
TOTAL REVENUES (e+f+g+h)		\$ 752,568.00	\$ 792,829.42	\$ 835,248.75

	YEAR ONE FY 18/19	YEAR TWO FY 19/20	YEAR THREE FY 20/21
Measure A Request Amount:	\$ 310,000.00	\$ 320,000.00	\$ 330,000.00
Agency Match Amount:	\$ 442,568.00	\$ 472,829.42	\$ 505,248.75
TOTAL	\$ 752,568.00	\$ 792,829.42	\$ 835,248.75

EXHIBIT "B"

CERTIFICATE OF MATCH FUNDS

(RUHS-MC)

Riverside University

I, Kevin Jeffries, certify that Health System-Medical Center has

obtained match funding as required by RCTC under this Agreement, in the following amounts:

Year 1:

Four Hundred Forty-Two Thousand Five Hundred Sixty-Eight Dollars (\$442,568)

Year 2:

Four Hundred Seventy-Two Thousand Eight Hundred Thirty Dollars (\$472,830)

Year 3:


Five Hundred Five Thousand Two Hundred Forty-Nine Dollars (\$505,249)

RCTC has the right to audit the records of RUHS-MC to make an independent inspection as to RUHS-MC's compliance with its obligations herein.

I certify under penalty of perjury that the foregoing is true and correct.

Executed this 19th day of March, 2019 at Riverside, California.

Authorized Representative:

Signature: 

Print Name: Kevin Jeffries

Title: Chairman, Board of Supervisors

ATTEST:

KECIA R. HARPER, Clerk

By  DEPUTY

EXHIBIT "C"

REPORTING REQUIREMENTS

C-1: Monthly Invoice

C-2: Quantitative Reporting Requirements

C-3: Qualitative Reporting Requirements

C-4: Annual Year End Report

[see attached pages]

EXHIBIT C-1 – MONTHLY INVOICE

Vendor _____ Contract No. _____ GL: _____



MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM

Measure A Payment Remit: _____

Agency Name: Test
 Project Title: Test
 Month Invoiced: August 2018

Salaries by Position (include benefits):			
A.	# of Drivers:	0%	\$ 2.00
B.		0%	\$ 2.00
C.		0%	\$ 2.00
D.		0%	\$ 2.00
E.		0%	\$ 2.00
F.		0%	\$ 2.00

Non-Personnel Expenses:	
A.	\$ 2.00
B.	\$ 2.00
C.	\$ 2.00
D.	\$ 2.00
E.	\$ 2.00
F.	\$ 2.00
	\$ 2.00
	\$ 2.00
	\$ 2.00
	\$ 2.00
	\$ 2.00
	\$ 2.00
	\$ 2.00
	\$ 2.00

Capital Expenses:	
A.	\$ 2.00
B.	\$ 2.00
C.	\$ 2.00

Admin Overhead (d) 6% of total allowable \$ 2.00

REVENUES	
Agency Match (Cash)	
A. Farebox/Rider Donations	\$ 20.00
*Grant Revenues (not Measure A)	
A.	\$ 2.00
B.	\$ 2.00
C.	\$ 2.00
	\$ 2.00
	\$ 2.00
Total Cash Match (e)	
	\$ 28.00
Agency Match (In-Kind)	
*Salaries by Position (include benefits):	
A.	0% \$ 2.00
B.	0% \$ 2.00
C.	0% \$ 2.00
*Non-Personnel Match (in-kind):	
A.	0% \$ 2.00
B.	0% \$ 2.00
C.	0% \$ 2.00
	\$ 2.00
	\$ 2.00
Total In-Kind Match (f)	
	\$ 12.00
Measure A Operating Invoiced This Month (g)	\$ 20.00
Measure A Capital Invoiced This Month (h)	\$ 20.00
TOTAL REVENUES	
	\$ 80.00

91% 66% Max Measure A (min 34% required match (Cash/In-Kind))
 45% 50% Max Measure A (min 50% required match (Cash/In-Kind))

Current Measure A Invoice Amount:	\$	40.00
Current Measure A Agency Match Amount:	\$	40.00
TOTAL		\$ 80.00

Please Revise - Expenses are not Equal to Revenues
 Note: if 'expenses are not equal to revenues' is stated and it looks like both expenses and revenues are equal, then there is a rounding issue. Do not round.

Total Measure A Award \$68,036.10
 Measure A Billed to Date (including this invoice): \$60.00
 Measure A Balance Remaining \$67,976.10
 % Remaining 99.9%

I certify that the program work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with terms of the agreement and the Federal, State, or local intent of funds.

 (Representative Name) PRINT Representative Title

 (Representative Name) SIGNATURE Date

Vendor	Contract No.	GL:
MONTHLY PROJECT INVOICE		
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM		
Measure A Payment Remit: [REDACTED]		
Agency Name:	Test	
Project Title:	Test	
Month Invoiced:	September 2018	

Salaries by Position (include benefits):			
A.	# of Drivers:	0%	\$ 3.00
B.		0%	\$ 3.00
C.		0%	\$ 3.00
D.		0%	\$ 3.00
E.		0%	\$ 3.00
F.		0%	\$ 3.00

Non-Personnel Expenses:			
A.		\$	3.00
B.		\$	3.00
C.		\$	3.00
D.		\$	3.00
E.		\$	3.00
F.		\$	3.00
	0	\$	3.00
	0	\$	3.00
	0	\$	3.00
	0	\$	3.00
	0	\$	3.00

Capital Expenses:			
A.		\$	3.00
B.		\$	3.00
C.		\$	3.00
Admin Overhead (d) 8% of total allowable			\$ 3.00

REVENUES			
Agency Match (Cash)			
A.	Farebox/Rider Donations	\$	30.00
*Grant Revenues (not Measure A)			
A.		\$	3.00
B.		\$	3.00
C.		\$	3.00
	0	\$	3.00
Total Cash Match (e)			\$ 42.00
Agency Match (In-Kind)			
<small>Position % Time</small>			
*Salaries by Position (include benefits):			
A.		0%	\$ 3.00
B.		0%	\$ 3.00
C.		0%	\$ 3.00
*Non-Personnel Match (in-kind):			
A.		0%	\$ 3.00
B.		0%	\$ 3.00
C.		0%	\$ 3.00
Total In-Kind Match (f)			\$ 18.00
Measure A Operating Invoiced This Month (g)		\$	30.00
Measure A Capital Invoiced This Month (h)		\$	30.00
TOTAL REVENUES			\$ 120.00

91% 66% Max Measure A (min 34% required match (Cash/In-Kind))
 45% 50% Max Measure A (min 50% required match (Cash/In-Kind))

Current Measure A Invoice Amount:	\$ 60.00
Current Measure A Agency Match Amount:	\$ 60.00
TOTAL	\$ 120.00

Please Revise - Expenses are not Equal to Revenues
 Note: If 'expenses are not equal to revenues' is stated and it looks like both expenses and revenues are equal, then there is a rounding issue. Do not round.

Total Measure A Award	\$68,036.10
Measure A Billed to Date (including this invoice):	\$120.00
Measure A Balance Remaining	\$67,916.10
<small>% Remaining 99.8%</small>	

I certify that the program work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with terms of the agreement and the Federal, State, or local intent of funds.

(Representative Name) PRINT	Representative Title
(Representative Name) SIGNATURE	Date

Vendor _____ Contract No. _____ GL: _____

RCTC RIVERSIDE COUNTY TRANSPORTATION COMMISSION

MONTHLY PROJECT INVOICE
 FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM

Measure A Payment Remit: _____

Agency Name: Test
 Project Title: Test
 Month Invoiced: October 2018

Salaries by Position (include benefits):			
A.	# of Drivers:	0%	\$ 4.00
B.		0%	\$ 4.00
C.		0%	\$ 4.00
D.		0%	\$ 4.00
E.		0%	\$ 4.00
F.		0%	\$ 4.00

Non-Personnel Expenses:			
A.		\$	4.00
B.		\$	4.00
C.		\$	4.00
D.		\$	4.00
E.		\$	4.00
F.		\$	4.00
	0	\$	4.00
	0	\$	4.00
	0	\$	4.00
	0	\$	4.00
	0	\$	4.00
	0	\$	4.00

Capital Expenses:			
A.		\$	4.00
B.		\$	4.00
C.		\$	4.00
Admin Overhead (d) 2% of total allowable		\$	4.00

REVENUES			
Agency Match (Cash)			
A. Farebox/Rider Donations		\$	40.00
*Grant Revenues (not Measure A)			
A.		\$	4.00
B.		\$	4.00
C.		\$	4.00
	0	\$	4.00
Total Cash Match (e)		\$	56.00
Agency Match (In-Kind)			
*Salaries by Position (include benefits):			
A.	0%	\$	4.00
B.	0%	\$	4.00
C.	0%	\$	4.00
*Non-Personnel Match (in-kind):			
A.	0%	\$	4.00
B.	0%	\$	4.00
C.	0%	\$	4.00
Total In-Kind Match (f)		\$	24.00
Measure A Operating Invoiced This Month (g)		\$	40.00
Measure A Capital Invoiced This Month (h)		\$	40.00
TOTAL REVENUES		\$	160.00

91% 66% Max Measure A (min 34% required match (Cash/In-Kind))
 45% 50% Max Measure A (min 50% required match (Cash/In-Kind))

Current Measure A Invoice Amount:	\$	80.00
Current Measure A Agency Match Amount:	\$	80.00
TOTAL	\$	160.00

Please Revise - Expenses are not Equal to Revenues
 Note: If 'expenses are not equal to revenues' is stated
 and it looks like both expenses and revenues are equal,
 then there is a rounding issue. Do not round.

Total Measure A Award	\$68,036.10
Measure A Billed to Date (including this invoice):	\$ 200.00
Measure A Balance Remaining	\$67,836.10
% Remaining 99.7%	

I certify that the program work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with terms of the agreement and the Federal, State, or local intent of funds.

 (Representative Name) PRINT Representative Title

 (Representative Name) SIGNATURE Date

Vendor	Contract No.	GL:
MONTHLY PROJECT INVOICE		
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM		
Measure A Payment Remit:		
RCTC RIVERSIDE COUNTY TRANSPORTATION COMMISSION		
Agency Name:	Test	
Project Title:	Test	
Month Invoiced:	November 2018	

Salaries by Position (include benefits):			
A.	# of Drivers:	0%	\$ 5.00
B.		0%	\$ 5.00
C.		0%	\$ 5.00
D.		0%	\$ 5.00
E.		0%	\$ 5.00
F.		0%	\$ 5.00

Non-Personnel Expenses:			
A.			\$ 5.00
B.			\$ 5.00
C.			\$ 5.00
D.			\$ 5.00
E.			\$ 5.00
F.			\$ 5.00
	0		\$ 5.00
	0		\$ 5.00
	0		\$ 5.00
	0		\$ 5.00
	0		\$ 5.00
	0		\$ 5.00

Capital Expenses:			
A.			\$ 5.00
B.			\$ 5.00
C.			\$ 5.00

Admin Overhead (d) 8% of total allowable	\$ 5.00
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REVENUES			
Agency Match (Cash)			
A. Farebox/Rider Donations			\$ 50.00
*Grant Revenues (not Measure A)			
A.			\$ 5.00
B.			\$ 5.00
C.			\$ 5.00
	0		\$ 5.00
Total Cash Match (e)			\$ 70.00
Agency Match (In-Kind)			
*Salaries by Position (include benefits):			
A.		0%	\$ 5.00
B.		0%	\$ 5.00
C.		0%	\$ 5.00
*Non-Personnel Match (in-kind):			
A.		0%	\$ 5.00
B.		0%	\$ 5.00
C.		0%	\$ 5.00
Total In-Kind Match (f)			\$ 30.00
Measure A Operating Invoiced This Month (g)			\$ 50.00
Measure A Capital Invoiced This Month (h)			\$ 50.00
TOTAL REVENUES			\$ 200.00

91% 56% Max Measure A (min 34% required match (Cash/In-Kind))
45% 50% Max Measure A (min 50% required match (Cash/In-Kind))

Current Measure A Invoice Amount:	\$ 100.00
Current Measure A Agency Match Amount:	\$ 100.00
TOTAL	\$ 200.00

Please Revise - Expenses are not Equal to Revenues
Note: If 'expenses are not equal to revenues' is stated and it looks like both expenses and revenues are equal, then there is a rounding issue. Do not round.

Total Measure A Award	\$68,036.10
Measure A Billed to Date (including this invoice):	\$ 300.00
Measure A Balance Remaining	\$67,736.10
% Remaining 99.56%	

I certify that the program work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with terms of the agreement and the Federal, State, or local intent of funds.

(Representative Name) PRINT

Representative Title

(Representative Name) SIGNATURE

Date

Vendor	Contract No.	GL:
RCTC RIVERSIDE COUNTY TRANSPORTATION COMMISSION	MONTHLY PROJECT INVOICE	
	FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM	
Measure A Payment Remit:		
Agency Name:	Test	
Project Title:	Test	
Month Invoiced:	January	2019

Salaries by Position (include benefits)			
A.	# of Drivers:	0%	\$ 7.00
B.		0%	\$ 7.00
C.		0%	\$ 7.00
D.		0%	\$ 7.00
E.		0%	\$ 7.00
F.		0%	\$ 7.00

Non-Personnel Expenses:			
A.		\$	7.00
B.		\$	7.00
C.		\$	7.00
D.		\$	7.00
E.		\$	7.00
F.		\$	7.00
	0	\$	7.00
	0	\$	7.00
	0	\$	7.00
	0	\$	7.00
	0	\$	7.00

Capital Expenses:			
A.		\$	7.00
B.		\$	7.00
C.		\$	7.00

Admin Overhead (d) 8% of total allowable \$ 7.00

REVENUES			
Agency Match (Cash)			
A. Farebox/Rider Donations		\$	70.00
*Grant Revenues (not Measure A)			
A.		\$	7.00
B.		\$	7.00
C.		\$	7.00
	0	\$	7.00
Total Cash Match (e)			\$ 98.00
Agency Match (In-Kind)			
Position % Time			
*Salaries by Position (include benefits):			
A.	0%	\$	7.00
B.	0%	\$	7.00
C.	0%	\$	7.00
*Non-Personnel Match (in-kind):			
A.	0%	\$	7.00
B.	0%	\$	7.00
C.	0%	\$	7.00
Total In-Kind Match (f)			\$ 42.00
Measure A Operating Invoiced This Month (g)			\$ 7.00
Measure A Capital Invoiced This Month (h)			\$ 8.00
TOTAL REVENUES			\$ 155.00

91% 86% Max Measure A (min 34% required match (Cash/In-Kind))
5% 50% Max Measure A (min 50% required match (Cash/In-Kind))

Current Measure A Invoice Amount:	\$ 15.00
Current Measure A Agency Match Amount:	\$ 140.00
TOTAL	\$ 155.00

Please Revise - Expenses are not Equal to Revenues
Note: If 'expenses are not equal to revenues' is stated and it looks like both expenses and revenues are equal, then there is a rounding issue. Do not round.

Total Measure A Award	\$68,036.10
Measure A Billed to Date (including this invoice):	\$ 435.00
Measure A Balance Remaining	\$67,601.10

% Remaining 99.4%

I certify that the program work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with terms of the agreement and the Federal, State, or local intent of funds.

(Representative Name) PRINT

Representative Title

(Representative Name) SIGNATURE

Date

Vendor _____ Contract No. _____ GL _____



RIVERSIDE COUNTY TRANSPORTATION COMMISSION

MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM

Measure A Payment Remit: _____

Agency Name: Test
 Project Title: Test
 Month Invoiced: February 2019

Salaries by Position (include benefits):			
A.	# of Drivers:	0%	\$ 8.00
B.		0%	\$ 8.00
C.		0%	\$ 8.00
D.		0%	\$ 8.00
E.		0%	\$ 8.00
F.		0%	\$ 8.00

Non-Personnel Expenses:			
A.		\$	8.00
B.		\$	8.00
C.		\$	8.00
D.		\$	8.00
E.		\$	8.00
F.		\$	8.00
	0	\$	8.00
	0	\$	8.00
	0	\$	8.00
	0	\$	8.00
	0	\$	8.00
	0	\$	8.00

Capital Expenses:			
A.		\$	8.00
B.		\$	8.00
C.		\$	8.00

Admin Overhead (d) 8% of total allowable \$ 8.00

REVENUES			
Agency Match (Cash)			
A. Farebox/Rider Donations		\$	80.00
*Grant Revenues (not Measure A)			
A.		\$	8.00
B.		\$	8.00
C.		\$	8.00
	0	\$	8.00
Total Cash Match (e)		\$	112.00
Agency Match (In-Kind)			
Position % Time			
*Salaries by Position (include benefits):			
A.	0%	\$	8.00
B.	0%	\$	8.00
C.	0%	\$	8.00
*Non-Personnel Match (in-kind):			
A.	0%	\$	8.00
B.	0%	\$	8.00
C.	0%	\$	8.00
Total In-Kind Match (f)		\$	48.00
Measure A Operating Invoiced This Month (g)		\$	8.00
Measure A Capital Invoiced This Month (h)		\$	9.00
TOTAL REVENUES		\$	177.00

91% 66% Max Measure A (min 34% required match (Cash/In-Kind))
 5% 50% Max Measure A (min 50% required match (Cash/In-Kind))

Current Measure A Invoice Amount:	\$ 17.00
Current Measure A Agency Match Amount:	\$ 160.00
TOTAL	\$ 177.00

Please Review - Expenses are not Equal to Revenues
 Note: If 'expenses are not equal to revenues' is stated and it looks like both expenses and revenues are equal, then there is a rounding issue. Do not round.

Total Measure A Award \$68,036.10
 Measure A Billed to Date (including this Invoice): \$ 452.00
 Measure A Balance Remaining \$67,584.10
 % Remaining 99.3%

I certify that the program work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with terms of the agreement and the Federal, State, or local intent of funds

(Representative Name) PRINT _____ Representative Title _____

(Representative Name) SIGNATURE _____ Date _____

Vendor	Contract No.	GL:
MONTHLY PROJECT INVOICE		
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM		
RCTC RIVERSIDE COUNTY TRANSPORTATION COMMISSION	Measure A Payment Remit: _____	
Agency Name:	Test	
Project Title:	Test	
Month Invoiced:	March	2019

Salaries by Position (include benefits):			
A.	# of Drivers:	0%	\$ 9.00
B.		0%	\$ 9.00
C.		0%	\$ 9.00
D.		0%	\$ 9.00
E.		0%	\$ 9.00
F.		0%	\$ 9.00

Non-Personnel Expenses:			
A.		\$	9.00
B.		\$	9.00
C.		\$	9.00
D.		\$	9.00
E.		\$	9.00
F.		\$	9.00
	0	\$	9.00
	0	\$	9.00
	0	\$	9.00
	0	\$	9.00
	0	\$	9.00
	0	\$	9.00

Capital Expenses:			
A.		\$	9.00
B.		\$	9.00
C.		\$	9.00

Admin Overhead (d) 8% of total allowable	\$ 9.00
---	----------------

REVENUES			
Agency Match (Cash)			
A. Farebox/Rider Donations		\$	90.00
*Grant Revenues (not Measure A)			
A.		\$	9.00
B.		\$	9.00
C.		\$	9.00
	0	\$	9.00
Total Cash Match (e)			\$ 126.00
Agency Match (In-Kind)			
*Salaries by Position (include benefits):			
A.	0%	\$	9.00
B.	0%	\$	9.00
C.	0%	\$	9.00
*Non-Personnel Match (in-kind):			
A.	0%	\$	9.00
B.	0%	\$	9.00
C.	0%	\$	9.00
Total In-Kind Match (f)			\$ 54.00
Measure A Operating Invoiced This Month (g)			\$ 9.00
Measure A Capital Invoiced This Month (h)			\$ 10.00
TOTAL REVENUES			\$ 199.00

91% 56% Max Measure A (min 34% required match (Cash/In-Kind))
5% 50% Max Measure A (min 50% required match (Cash/In-Kind))

Current Measure A Invoice Amount:	\$ 19.00
Current Measure A Agency Match Amount:	\$ 180.00
TOTAL	\$ 199.00

Please Revise - Expenses are not Equal to Revenues
Note: if 'expenses are not equal to revenues' is stated and it looks like both expenses and revenues are equal, then there is a rounding issue. Do not round.

Total Measure A Award	\$68,036.10
Measure A Billed to Date (including this invoice):	\$471.00
Measure A Balance Remaining	\$67,565.10
% Remaining	99.3%

I certify that the program work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with terms of the agreement and the Federal, State, or local intent of funds.

John Uhrig, Jr.

(Representative Name) PRINT

Executive
Director

Representative Title

(Representative Name) SIGNATURE

Date

Vendor _____ Contract No. _____ GL: _____



MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM

Measure A Payment Remit: _____

Agency Name: Test
 Project Title: Test
 Month Invoiced: April 2019

Salaries by Position (include benefits):			
A.	# of Drivers:	0%	\$ 10.00
B.		0%	\$ 10.00
C.		0%	\$ 10.00
D.		0%	\$ 10.00
E.		0%	\$ 10.00
F.		0%	\$ 10.00

Non-Personnel Expenses:			
A.		\$	10.00
B.		\$	10.00
C.		\$	10.00
D.		\$	10.00
E.		\$	10.00
F.		\$	10.00
	0	\$	10.00
	0	\$	10.00
	0	\$	10.00
	0	\$	10.00
	0	\$	10.00
	0	\$	10.00

Capital Expenses:			
A.		\$	10.00
B.		\$	10.00
C.		\$	10.00

Admin Overhead (d) 8% of total allowable \$ 10.00

REVENUES			
Agency Match (Cash)			
A. Farebox/Rider Donations		\$	100.00
*Grant Revenues (not Measure A)			
A.		\$	10.00
B.		\$	10.00
C.		\$	10.00
	0	\$	10.00
Total Cash Match (e)		\$	140.00
Agency Match (In-Kind)			
*Salaries by Position (include benefits):			
A.	0%	\$	10.00
B.	0%	\$	10.00
C.	0%	\$	10.00
*Non-Personnel Match (in-kind):			
A.	0%	\$	10.00
B.	0%	\$	10.00
C.	0%	\$	10.00
Total In-Kind Match (f)		\$	60.00
Measure A Operating Invoiced This Month (g)		\$	10.00
Measure A Capital Invoiced This Month (h)		\$	11.00
TOTAL REVENUES		\$	221.00

91% 56% Max Measure A (min 34% required match (Cash/In-Kind))
 5% 50% Max Measure A (min 50% required match (Cash/In-Kind))

Current Measure A Invoice Amount:	\$	21.00
Current Measure A Agency Match Amount:	\$	200.00
TOTAL	\$	221.00

Please Review - Expenses are not Equal to Revenues
 Note: If 'expenses are not equal to revenues' is stated and it looks like both expenses and revenues are equal, then there is a rounding issue. Do not round.

Total Measure A Award	\$68,036.10
Measure A Billed to Date (including this invoice):	\$492.00
Measure A Balance Remaining	\$67,544.10
% Remaining	99.3%

I certify that the program work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with terms of the agreement and the Federal, State, or local intent of funds.

John Unhrig, Jr.
 (Representative Name) PRINT

Executive
 Director
 Representative Title

(Representative Name) SIGNATURE

5-6-
 Date

Vendor _____ Contract No. _____ GL: _____

RCTC RIVERSIDE COUNTY TRANSPORTATION COMMISSION
MONTHLY PROJECT INVOICE
 FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM

Measure A Payment Remit: _____

Agency Name: Test
 Project Title: Test
 Month Invoiced: May 2019

Salaries by Position (include benefits):			
A.	# of Drivers:	0%	\$ 11.00
B.		0%	\$ 11.00
C.		0%	\$ 11.00
D.		0%	\$ 11.00
E.		0%	\$ 11.00
F.		0%	\$ 11.00

Non-Personnel Expenses:			
A.		\$	11.00
B.		\$	11.00
C.		\$	11.00
D.		\$	11.00
E.		\$	11.00
F.		\$	11.00
	0	\$	11.00
	0	\$	11.00
	0	\$	11.00
	0	\$	11.00
	0	\$	11.00
	0	\$	11.00

Capital Expenses:			
A.		\$	11.00
B.		\$	11.00
C.		\$	11.00

Admin Overhead (D) 8% of total allowable \$ 11.00

REVENUES			
Agency Match (Cash)			
A. Farebox/Rider Donations		\$	110.00
*Grant Revenues (not Measure A)			
A.		\$	11.00
B.		\$	11.00
C.		\$	11.00
	0	\$	11.00
Total Cash Match (e)			\$ 154.00
Agency Match (In-Kind)			
*Salaries by Position (include benefits):			
A.	0%	\$	11.00
B.	0%	\$	11.00
C.	0%	\$	11.00
*Non-Personnel Match (in-kind):			
A.	0%	\$	11.00
B.	0%	\$	11.00
C.	0%	\$	11.00
Total In-Kind Match (f)			\$ 66.00
Measure A Operating Invoiced This Month (g)			\$ 11.00
Measure A Capital Invoiced This Month (h)			\$ 12.00
TOTAL REVENUES			\$ 243.00

91% 96% Max Measure A (min 34% required match (Cash/In-Kind))
 5% 50% Max Measure A (min 50% required match (Cash/In-Kind))

Current Measure A Invoice Amount:	\$	23.00
Current Measure A Agency Match Amount:	\$	220.00
TOTAL	\$	243.00

Please Revise - Expenses are not Equal to Revenues
 Note: if 'expenses are not equal to revenues' is stated and it looks like both expenses and revenues are equal, then there is a rounding issue. Do not round.

Total Measure A Award \$68,036.10
 Measure A Billed to Date (including this invoice): \$515.00
 Measure A Balance Remaining \$67,521.10
 % Remaining 99.2%

I certify that the program work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with terms of the agreement and the Federal, State, or local intent of funds.

(Representative Name) PRINT _____ Representative Title _____

(Representative Name) SIGNATURE _____ Date _____

Vendor _____ Contract No. _____ GL _____



RIVERSIDE COUNTY TRANSPORTATION COMMISSION

MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM

Measure A Payment Remit: _____

Agency Name: Test
 Project Title: Test
 Month Invoiced: June 2019

Salaries by Position (include benefits)			
A.	# of Drivers:	0%	\$ 12.00
B.		0%	\$ 12.00
C.		0%	\$ 12.00
D.		0%	\$ 12.00
E.		0%	\$ 12.00
F.		0%	\$ 12.00

Non-Personnel Expenses:			
A.		\$	12.00
B.		\$	12.00
C.		\$	12.00
D.		\$	12.00
E.		\$	12.00
F.		\$	12.00
	0	\$	12.00
	0	\$	12.00
	0	\$	12.00
	0	\$	12.00
	0	\$	12.00
	0	\$	12.00

Capital Expenses:			
A.		\$	12.00
B.		\$	12.00
C.		\$	12.00

Admin Overhead (d) 8% of total allowable \$ 12.00

REVENUES			
Agency Match (Cash)			
A.	Farebox/Rider Donations	\$	120.00
*Grant Revenues (not Measure A)			
A.		\$	12.00
B.		\$	12.00
C.		\$	12.00
	0	\$	12.00
Total Cash Match (e)		\$	168.00
Agency Match (In-Kind)			
Position % Time			
*Salaries by Position (include benefits):			
A.		0%	\$ 12.00
B.		0%	\$ 12.00
C.		0%	\$ 12.00
*Non-Personnel Match (In-kind):			
A.		0%	\$ 12.00
B.		0%	\$ 12.00
C.		0%	\$ 12.00
Total In-Kind Match (f)		\$	72.00
Measure A Operating Invoiced This Month (g)		\$	12.00
Measure A Capital Invoiced This Month (h)		\$	13.00
TOTAL REVENUES		\$	265.00

91% 66% Max Measure A (min 34% required match (Cash/In-Kind))
 5% 50% Max Measure A (min 50% required match (Cash/In-Kind))

Current Measure A Invoice Amount:	\$ 25.00
Current Measure A Agency Match Amount:	\$ 240.00
TOTAL	\$ 265.00

Please Revise - Expenses are not Equal to Revenues
 Note: If 'expenses are not equal to revenues' is stated and it looks like both expenses and revenues are equal, then there is a rounding issue. Do not round.

Total Measure A Award	\$68,036.10
Measure A Billed to Date (including this invoice):	\$540.00
Measure A Balance Remaining	\$67,496.10
% Remaining	98.2%

I certify that the program work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with terms of the agreement and the Federal, State, or local intent of funds.

(Representative Name) PRINT _____ Representative Title _____

(Representative Name) SIGNATURE _____ Date _____

EXHIBIT C-2 - QUANTITATIVE REPORTING REQUIREMENTS



RIVERSIDE COUNTY TRANSPORTATION COMMISSION

**MONTHLY PROJECT INVOICE
SPECIALIZED TRANSIT PROGRAM**

Agency Name: Test
Project Title: Test
Fiscal Year:

Salaries by Position (include benefits)	July	August	September	October	November	December	January	February	March	April	May	June	Total	% of Total
A. 0%	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.4%
B. 0%	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.7%
C. 0%	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.7%
D. 0%	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.7%
E. 0%	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.7%
F. 0%	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	2.1%
Non-Personnel Expenses:														
A.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.8%
B.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	5.7%
C.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	5.0%
D.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	35.3%
E.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	49.6%
F.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	2.7%
G.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	1.2%
H.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	4.7%
I.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.15%
J.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	9.5%
Capital Expenses:														
A.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	7.8%
B.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	3.8%
C.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	9.5%
Admin Overhead (0) 8% of total allowable	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	75.0%

REVENUES	July	August	September	October	November	December	January	February	March	April	May	June	Total	% of Total
Agency Match (Cash)														
A. Farebox/Other Donations	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00	\$ 60.00	\$ 70.00	\$ 80.00	\$ 90.00	\$ 100.00	\$ 110.00	\$ 120.00	\$ 780.00	27.7%
B. Grant Revenues (not Measure A)	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.3%
C.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.3%
D.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.3%
Total Cash Match (G)	\$ 14.00	\$ 28.00	\$ 42.00	\$ 56.00	\$ 70.00	\$ 84.00	\$ 98.00	\$ 112.00	\$ 126.00	\$ 140.00	\$ 154.00	\$ 168.00	\$ 1,026.00	0.3%
Agency Match (In-Kind)														
A. Salaries by Position (include benefits):														
B.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.1%
C.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.1%
Non-Personnel Match (In-Kind):														
A.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.1%
B.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.1%
C.	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.1%
Total In-Kind Match (H)	\$ 6.00	\$ 12.00	\$ 18.00	\$ 24.00	\$ 30.00	\$ 36.00	\$ 42.00	\$ 48.00	\$ 54.00	\$ 60.00	\$ 66.00	\$ 72.00	\$ 462.00	0.1%
Measure A Operating Invoiced This Month (I)	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00	\$ 60.00	\$ 70.00	\$ 80.00	\$ 90.00	\$ 100.00	\$ 110.00	\$ 120.00	\$ 780.00	0.4%
Measure A Capital Invoiced This Month (J)	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00	\$ 78.00	0.4%
TOTAL REVENUES (e+I+J+H)	\$ 40.00	\$ 80.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 240.00	\$ 280.00	\$ 320.00	\$ 360.00	\$ 400.00	\$ 440.00	\$ 480.00	\$ 2,106.00	9.3%

EXHIBIT C-3 – QUALITATIVE REPORTING REQUIREMENTS

Potential Survey Questions To Collect Demographic And Satisfaction Data From Measure A Call Project Beneficiaries

NOTE: A consumer-oriented survey activity is required at least once annually during the funded project term. The following data elements are representative of the kinds of information that may be collected. Alternative data elements may be collected with the approval of RCTC staff.

Potential Data Elements

- ◆ Demographic Characteristics of Program Beneficiaries (end users, passengers)
 - Age (ask for current age...it can be categorized as needed later).
 - Income (suggested categories)
 - (1) Less than \$10,000 (2) \$10,000 to \$14,999 (3) \$15,000 to \$19,999
 - (4) \$20,000 to \$24,999 (5) \$25,000 to \$34,999 (6) \$35,000 to \$49,999
 - (7) \$50,000 to \$74,999 (8) \$75,000 to \$100,000 (9) More than \$100,000
 - Employment Status (employed full or part time, student full or part time, retiree, unemployed, unable to work due to disability)
 - Ethnicity (optional)
- ◆ Trip Purpose? (work, school, medical, social service visit, adult day care, shopping, etc.)
- ◆ How would trip be made without this service? (would not be made, would get a ride, walk, bike, drive, etc.) What challenges/difficulties would there be in making the trip without this service?
- ◆ How did you make this trip previously?
- ◆ Has service/program provided the user with new opportunity? (define response categories based on objectives of program: new employment, school/training, better access to medical care)
- ◆ How satisfied is the user with the service being provided or subsidized? (5=completely satisfied, 4=somewhat satisfied, 3=neutral, 2=somewhat dissatisfied, 1=very dissatisfied)
 - Overall Satisfaction
 - How well the service meets their transportation needs
 - Timeliness/Reliability of service
 - Convenience of service
 - Travel time
 - Courtesy of Service Employees
 - Cost of Service

Potential Data Collection Methods

- ◆ Fixed Route or Vanpool program: Distribute a self administered survey form to passengers on the vehicle along with a business reply mailback envelope (no postage necessary).
- ◆ Demand Response Service or TRIP program: Interview participants by phone (best) or mail them a survey form with a business reply mailback envelope.
- ◆ Voucher program: Handout survey, prepared as a self-mailer or with a reply envelope along with voucher.
- ◆ Travel Training Program: Ask participant to complete evaluation form at end of training.

EXHIBIT C-4 - ANNUAL YEAR END REPORT

RCTC

Agency Name

Indicate Trip Purposes, comparison of goals versus actual performance, summary of activities for the year and overall impact of the program for the elderly, persons with disabilities and low income.

Enter amount of vehicles used for FY 2016/17:
Enter amount of back-up vehicles used for FY 2016/17:

Measure A Received	Total Match	Total Project Cost
0	0	0

(complete what is applicable)

One-Way Passenger Trips Supported	Consumers Trained	Agencies Contacted	Drivers Trained	Unique Persons Served for the Year*	Total Project Service Hrs	Total Project Service Miles	Agency Goal

(Taken from Agreement).....indicate which goal are you entering information

*Unique persons served for the year: Count the unique persons served for the whole year. If Jane was served once a month (July-June), count her as 1 unique person for the year. This number should not be cumulative of the unique persons reported per month or per quarter. The monthly, quarterly and yearly totals are independent from each other and are not related.

Subsidy per Trip #DIV/0! (MA Received/ 1-Way PTS)