



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



ITEM: 15.2
(ID # 17038)

MEETING DATE:

Tuesday, September 14, 2021

FROM : RUHS-MEDICAL CENTER:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-MEDICAL CENTER: Ratify and Approve the Grant Funding Agreement No. 21-26-094-00 from Riverside County Transportation Commission for the Western Riverside County Measure A Specialized Transit Program Effective July 1, 2021 through June 30, 2024, All Districts. [Total Grant Amount \$1,759,672; Total Match Fund Amount \$1,370,849; Total Cost \$3,130,521; 56.2% Riverside County Transportation Commission and 43.8% Hospital Enterprise Fund]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and approve the Grant Funding Agreement No. 21-26-094-00 with the Riverside County Transportation Commission (RCTC) for the Western Riverside County Measure A Specialized Transit Program to provide specialized non-emergency medical transportation services in the amount of \$1,759,672 for the term July 1, 2021 through June 30, 2024 and authorize the Chair of the Board to sign the agreement on behalf of the County; and
2. Authorize the Riverside University Health System-Medical Center CEO or designee to sign all certifications, assurances, reports, or other documents required by Riverside County Transportation Commission related to this Funding Agreement.

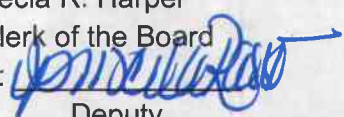
ACTION:Policy


Jennifer Crulshani, Chief Executive Officer - Health System 8/19/2021

MINUTES OF THE GOVERNING BOARD

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

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: September 14, 2021
xc: RUHS-Medical Center, RCTC

Kecia R. 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	\$ 1,008,337	\$ 1,058,754	\$ 3,130,521	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: 56.2% Riverside County Transportation Commission and 43.8% Hospital Enterprise Fund			Budget Adjustment: No	
			For Fiscal Year: 21/22-23/24	

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 (RCTC) to improve transportation services to person 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 person with disabilities, low income, and senior citizens provided by the transit operators and non-profit agencies. RUHS MC first received a grant award in 2006. Since then, RUHS MC has submitted grant applications to RCTC and have been awarded various grant funding to support Measure A.

On February 17, 2021, RUHS MC submitted its application to RCTC for a grant award for Fiscal Year 2021/2022 - 2023/2024. On June 16, 2021, RUHS MC received notification approval from RCTC and was presented with the Funding Agreement No. 21-26-0964-00 in the amount of \$1,759,672 for three fiscal years. To fulfill the provisions of the Agreement, RUHS MC will receive capital funds to lease at total of eight (8) new vehicles over the three-year grant period.

Impact on Citizens and Businesses

These services are a component of RUHS's system of care aimed at improving the health and safety of its patients and the community.

Additional Fiscal Information

The Funding Agreement requires RUHS MC to match the funds provided by RCTC for a total amount of \$1,370,849. As approved by the Transportation Commission, the table below illustrates the annual Grant Fund amounts and the Match Fund amounts:

Year	Grant Amount	Match Fund Amount Hospital Enterprise Fund	Total
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1	\$561,839	\$446,498	\$1,008,337
2	\$594,064	\$464,690	\$1,058,754
3	\$603,769	\$459,661	\$1,063,430
TOTAL	\$1,759,672	\$1,370,849	\$3,130,521

ATTACHMENTS:

Attachment A: **Funding Agreement No. 21-26-094-00 with Riverside County
Transportation Commission for the Western Riverside County
Measure A Specialized Transit Program**



Gregory V. Priamos, Director County Counsel 8/27/2021

**Riverside County Transportation Commission
Western Riverside County Measure A Specialized Transit Program
FY 2021/22; FY 2022/23 and FY 2023/24**

**FUNDING AGREEMENT FOR RIVERSIDE UNIVERSITY HEALTH SYSTEM –
MEDICAL CENTER**

1. Parties and Date. This Agreement is made and entered into this ____ day of _____, 2021, 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.

WHEN DOCUMENT IS FULLY EXECUTED RETURN
CLERK'S COPY
to Riverside County Clerk of the Board, Stop 1010
Post Office Box 1147, Riverside, Ca 92502-1147
Thank you.

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, 2021.

4. Definition of Funding Periods –

"Year 1" shall refer to funds appropriated for the period 7/1/2021 through 6/30/22;
"Year 2" shall refer to funds appropriated for the period 7/1/2022 through 6/30/23; and
"Year 3" shall refer to funds appropriated for the period 7/1/2023 through 6/30/24.

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, 2024, 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*: \$2,000,000 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.

D. Tax Exempt Status. Throughout the term of this Agreement, Recipient shall maintain its Federal and State tax exempt status as a duly constituted non-profit organization incorporated in the State of California. Proof of such status shall be furnished to RCTC upon request.

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, as follows:

For capital projects: minimum 50% match

For operating projects: minimum 34% match

The following are estimates of the projected match to be provided.

Year 1: Four Hundred Forty-Six Thousand Four Hundred Ninety-Eight dollars (\$446,498).

Year 2: Four Hundred Sixty-Four Thousand Six Hundred Ninety dollars (\$464,690).

Year 3: Four Hundred Fifty-Nine Thousand Six Hundred Sixty-One dollars (\$459,661).

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 utilize vehicle decals (for vehicles/windows), MA digital logo's (for website, brochures) and marketing items provided by RCTC for use in conjunction with the Project.

4. 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).

5. 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 One Million Seven Hundred Fifty-Nine Thousand Six Hundred Seventy-One dollars (\$1,759,671) 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: \$561,839.
2. Total amount for Year 2: \$594,064.
3. Total amount for Year 3: \$603,768.

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.

D. Upon RCTC's written approval, Recipient may be permitted to reallocate unspent funds from one fiscal year into the next fiscal year.

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. RCTC may, by written notice to Recipient, terminate the whole or any part of this Agreement at any time, with or without cause, by giving written notice to Recipient of such termination, and specifying the effective date thereof. Recipient may not terminate this Agreement except for cause. 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, Supervising Medical Transportation Technician

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, Supervising Medical Transportation Technician, 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.

Signature Page
to
Riverside County Transportation Commission
Western Riverside County Measure A Specialized Transit Program
FY 2021/22; FY 2022/23 and FY 2023/24

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

**RIVERSIDE COUNTY
TRANSPORTATION COMMISSION**

By: _____
Anne Mayer, Executive Director

**COUNTY OF RIVERSIDE, ON BEHALF
OF UNIVERSITY HEALTH
SYSTEM – MEDICAL CENTER**

By: Karen S. Spiegel
KAREN SPIEGEL

Title: _____
CHAIR, BOARD OF SUPERVISORS

APPROVED AS TO FORM:

By: [Signature]
Best Best & Krieger LLP
Counsel to the Riverside
County Transportation Commission

ATTEST

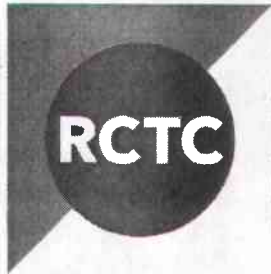
By: [Signature]
Title: Deputy Clerk

FORM APPROVED COUNTY COUNSEL
BY Esen E Sainz 8/12/21
ESEN E SAINZ DATE

EXHIBIT "A"

GRANT APPLICATION
("PROPOSAL")

The base proposal is attached behind this page. Additional appendices included with the proposal are on file at the offices of the parties, and are incorporated into this Agreement by reference as though fully set forth herein.



**SPECIALIZED
TRANSIT**

FY 2021/22 – 2023/24

**Measure A Specialized Transit
Call for Projects for Western Riverside County**

APPLICATION FORM

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

February 17, 2021

Must be received by 4:00 pm.

Each application must be submitted in PDF or Word, along with a project budget worksheet in Excel. Faxes will not be accepted. The electronic version can upload to RCTC's FTP site at https://rctc1.sharepoint.com/:f:/s/rctcftp/Eo-RUD0iA49IlvoMblivQikBEM6EFxpye9xf4La6O3_J8Q?e=k1SX4M, or be emailed to specializedtransit@rctc.org. If the documents are not received by the date and time identified above, then it does not constitute on-time submittal.

Refer to the Program Guidelines for clarification on items in the Application

Project Submission Summary
Project Name: RUHS-MC Transportation Program
Agency (Applicant) Name: Riverside University Health System-Medical Center (RUHS-MC)
Address: 26520 Cactus Ave, Moreno Valley, CA 92555
Number of Projects Submitted: 1
Project Ranking:

SECTION I: AGENCY PROFILE - PROJECT SUMMARY

A. Applicant/Lead Agency Information:

Legal Name: Riverside University Health System-Medical Center

Address: 26520 Cactus Ave.

City/State/Zip: Moreno Valley, CA 92555

Contact Person Name & Title: (Staff that handles day-to-day activities of the grant program)
Adem Lapaj; Supervising Medical Transportation Technician

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 each individual **only once to represent the number of individuals your program is likely to serve annually - do not double count): **Ensure consistency with other sections.****

	NUMBER OF UNIQUE PERSONS:		
	Year 1 (FY 21/22)	Year 2 (FY 22/23)	Year 3 (FY 23/24)
a. Number of unique seniors:	100	120	140
b. Number of unique persons with disabilities:	80	100	120
c. Number of unique eligible low-income persons:	200	220	240
d. Number of other unique persons not included above. Description: _____			
<i>Of the above (a-d), how many <u>unique persons</u> are military service personnel or veterans?</i>	100	170	200
F. Total number of one-way passenger trips:	Year 1	Year 2	Year 3
(One-way passenger trips are not equal to the amount of unique persons above. One unique person can make two or more one-way trips)	4,500	5,000	5,500
G. Budget Summary:	Year 1*	Year 2*	Year 3*
a. Amount of Measure A Operation Request	\$644,489.84	\$676,714.33	\$686,419.07
b. Amount of Measure A Capital Request	\$	\$	\$
c. Total Local Match for Project (non-Measure A)	\$363,846.28	\$382,038.59	\$377,009.55
TOTAL PROJECT BUDGET (a+b+c)	\$1,008,336.12	\$1,058,752.92	\$1,063,428.62
*Figures entered here should all match the budget sheet provided in Section V.			

SECTION II: AGENCY PROFILE – ORGANIZATIONAL CAPABILITIES

PART A. (8 Points) 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).

Information to include in this section:

- **Describe the number of years that your organization has been in operation**

Riverside University Health System-Medical Center (RUHS-MC), formerly Riverside County Regional Medical Center (RCRMC), and prior to that Riverside General Hospital (RGH), has been in operation since 1893.

- **Describe your Agency's Mission**

Our agency's mission is to improve the health and wellbeing of our patients and communities through our dedication to exceptional and compassionate care, education and research.

- **Description of agency and all available programs**

Riverside University Health System (RUHS) includes the Medical Center and the new Medical and Surgical Center in Moreno Valley, 13 Community Health Centers and several primary and specialty clinics throughout Riverside County, and the departments of Behavioral and Public Health. RUHS has been the foundation of health care, community wellness and medical education in Riverside County for more than 100 years.

RUHS-Medical Center is comprised of a 439-bed hospital and more than sixty primary and specialty care clinics that provide high quality, state-of-the-art patient care to the County's diverse population. The Medical Center is dedicated to providing contemporary patient-focused care linked by a robust electronic health record and seamless services in medical, behavioral health, and population health management. The Medical and Surgical Center includes primary and specialty clinics such as Internal Medicine, Pediatric, Women's Health, Surgical Specialties, Same Day Surgery as well as ancillary support services including lab, physical therapy, imaging services, diagnostics, and a pharmacy. The RUHS Community Health Centers are federally qualified health centers (FQHC) that provide primary care health services in underserved areas.

RUHS is a comprehensive health system providing exceptional care through an integrated network of skilled and compassionate health care professionals who inspire hope, healing and wellness. We provide sensitive and culturally appropriate support for families and individuals facing behavioral health challenges and substance abuse issues, as well as trusted programs aimed at improving the lives and advancing the health of our communities.

- **Description of agency facilities including physical size**

RUHS-Medical Center is a 520,000 sq. ft. state-of-the-art tertiary care and Level I adult and pediatric trauma center including 439 hospital beds as well as the inpatient Psychiatric Hospital and Psychiatric

Emergency Department that are located in Riverside's Arlington District. The Ambulatory Care Division is comprised of primary and specialty clinics, 13 Community Health Centers located throughout the county from Indio, Palm Springs, Banning, Hemet, Perris, Perris Valley, Lake Elsinore, Corona, Riverside, Rubidoux, Jurupa, and Moreno Valley. While the Behavioral Health Clinics are in Banning, Cathedral City, Desert Hot Springs, Lake Elsinore, Riverside, Blythe, Corona, Indio, San Jacinto and Temecula. On March 23rd, 2020 RUHS opened a 200,000 sq. ft. Medical and Surgical Center on the Medical Center Campus. The Medical and Surgical Center offers primary and specialty health care, Same Day Surgeries and ancillary support services.

- **(If applicable), total number of vehicles available for transportation**

There are 19 vehicles available for transportation. These include wheelchair vans, regular vans and cars.

- **(If applicable), total number of vehicles available for this project**

All 19 vehicles are available for this project.

- **Describe the size of your agency including:**

There are approximately 3,803 total employees at RUHS-MC and Community Health Centers.

The total number of employees available to work on this project are 20; One Supervising Medical Transportation Technician (Sup MTT), One Senior Medical Transportation Technician (Sr. MTT), Two Office Assistant III (OA III) and 16 Medical Transportation Technicians (MTT). Please see Attachment I Job Descriptions.

- **Describe how the proposed project fits within the mission of the agency**

This proposed project fits within our mission to improve health and wellbeing 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 have difficulties accessing primary, specialty care, ancillary and behavioral health care services, if it were not for our established Route and Door to Door Transportation Services. Patients can utilize RUHS-MC transportation services at no cost to the patient or their insurance through the Measure A. program or Routes One, Two and Three.

- **Describe your agency's administration capabilities.**

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 Fleet Services which services all of our department vehicles and helps with vehicles specifications to help meet our patient needs. The current Transportation Supervisor (Attachment 2) has been in the Transportation Department during the prior four Grant calls. His Office Assistants (Attachment 2) are certified in Excel and Microsoft Word, and the County of Riverside DOT/DMV Compliance Office has 24 years of transportation safety and regulatory experience.

PART B. (1 point) Please describe the target population groups that the proposed project will serve (seniors, persons with disabilities, low-income, or others).

Measure A:

The intended target groups such as low-income/truly needy, senior citizens, disabled, dialysis and veterans are part of the core patient population already seen at primary or specialty clinics at the Medical Center, Medical and Surgical Center and the Community Health Centers throughout the county as well as dialysis patients that may or may not be RUHS-MC patients. The criteria that will be used for our patients are: part of the target groups listed above, no car and/or no income, on Medi-Cal or Medically Indigent Services Program (MISP), and patients that have physical disabilities such as being in a wheelchair or disabilities that prevent them from driving.

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 2019/2020, at least 46% of the patients seen at RUHS were low-income or indigent. This population consists of patients qualifying for MISP, Medi-Cal and Self-Pay, specifically those self-pay patients who then qualify for Charity Care status. Charity Care is referred to as uncompensated health care, healthcare provided for free or at a reduced cost to people with limited income who would otherwise be unable to pay. The Medi-Cal population would include mothers and babies/children and families on limited income such as Aid to Families with the Dependent Children (AFDC), while the medically indigent or MISP and self-pay population would be individuals between the ages of 21 and 64 years or age, many who are undocumented, or may be homeless, but all below 200% of the Federal Poverty level. RUHS-MC will use existing eligibility criteria such as no car, no income, physical disabilities and patients currently receiving full-scope Medi-Cal (with no share-of-cost), MISP, or Self-Pay/Charity Care to qualify patients for Measure A. Homeless patients automatically qualify for transportation based on their lack of a home address on their hospital registration and admission record.

Individuals with Disabilities:

Individuals with disabilities comprise approximately 12% of the total patient population served in 2019/2020 at RUHS-MC. Individuals with disabilities seen at RUHS-MC 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. For example, these patients may be with end-stage renal disease requiring dialysis, paraplegia or quadriplegia requiring extensive rehabilitation such as physical and/or occupational therapies. Individuals with disabilities also include post-stroke patients who require speech and other rehabilitation therapies, cancer patients at various stages who require chemo and/or radiation treatments, post trauma patients requiring Hyperbaric Oxygen Treatments, and patients with Pulmonary Disease requiring breathing treatments and oxygen therapy. To be determined eligible for transportation services under the Measure A project, RUHS-MC will use existing criteria that have deemed the individual eligible because they are 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 a quad-cane, walker, wheelchair, motorized scooter, or guide-dog for the blind.

Seniors:

Approximately 13% of the total patient population served at RUHS-MC in Fiscal Year 2019/2020 were seniors. 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-MC will use existing criteria that have deemed the individual eligible, and thereby receiving straight Medi-Cal or both Medi-Cal and Medicare, and have declared their age as 65 years or older.

PART C. (1 point) 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 44% of all the trauma care and 40% of the indigent care within the county. RUHS-MC serves residents in all three geographic areas: Western Region, Eastern Region and the Southern Region (Refer to door to door service area and total geographic area available for transports Attachment 3- Map or 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 4-Access to Language Services Policy and Procedures) According to current demographic data for RUHS-MC, the diverse patient mix is 0.3% Native America or Alaskan Native, 3.8% Asian, 8.2% African American, 66.1% White, and 13.2% Hispanic or Latino based on the patients that received medical care in the last fiscal year. An estimated 10% 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 smaller population that RUHS-MC focuses special attention to is the deaf and hard-of-hearing population. According to interpreter encounter data collected for calendar year 2019, the Language and Cultural Services Department at RUHS-MC provided 500 interpreting 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-MC, in December 2006, RUHS-MC 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 the RUHS Language and Cultural Services Department, which include 19 bilingual (English/Spanish/Chinese/Mandarin/Arabic) State and/or Federally certified Medical Interpreters/Translators, and 1 trilingual (English/Spanish/American Sign Language) Medical Interpreter/Translator and 1 quatrolingual (English/Spanish/Portuguese/American Sign Language). All RUHS patient related literature, including the Transportation Department brochures and flyers are reviewed and translated into Spanish by RUHS's most competent translator staff. (Refer to Attachment 5 RUHS Transportation Brochure)

SECTION III: PROPOSED PROJECT NARRATIVE

Please provide the following details about your proposed project:

While completing this grant application, refer to the Project Evaluation and Scoring Criteria on Pages 11-16 of the application guidelines for additional guidance on each of the questions. Each response will be scored for clarity, completeness and accuracy.

PART A: Project Narrative (all project types) (25 points)

Please provide a narrative to describe your transportation service and/or project and your agency's service area. Items should include the following:

Your Response:

Project Narrative:

Measure A:

Riverside County Regional Medical Center (RCRMC) was awarded a two year Measure A Grant for Fiscal Years 2006/07- 2007/08, another two year grant for 2009/10 -2010/11, 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-MC, 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-Medical Center. RUHS-MC was awarded a three year grant for Fiscal Years 2018/19-2020/2021. RUHS-MC Transportation program is a para transit program providing daily, Monday through Saturday transportation services to the Western Region of Riverside County focusing on providing access to transportation resources for target groups. The intended target groups are comprised of the core diverse patient population already receiving medical care at the Medical Center and Community Health Centers as well as dialysis patients, both patients of RUHS-MC 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. At this time, weekend services are provided to dialysis patients and a small number of door to door transports. During the prior grant period RUHS-MC expanded its Family Care Clinic health care services to Saturday 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 dialysis patients. RUHS-MC Transportation Department expanded its service hours from 4:00am to 8:00pm Monday thru Friday to 4:00am to 9:00pm Monday thru Saturday during the prior grant period. Numerous clinic appointments have been missed or canceled in the past because patients have been unable to find a ride or could not afford transportation. By continuing to provide reliable transportation at no charge to the patients, RUHS-MC ensures continuity (uninterrupted) of medical care, and subsidy assistance when patients visit our facilities to apply for Covered California, MISP, Medi-Cal and/or other programs offered through the Department of Public Social Services at the hospital, or elsewhere. Transportation disparities have a direct impact on

patients' ability to access health care services and resources. Common transportation barriers include lack of a vehicle, lack of communication regarding available transportation resources, long travel distances, high transportation costs, and inadequate infrastructure of public transportation. The Measure A. program in collaboration with the RUHS-MC Transportation department helps to address some of these inequalities and provides necessary resources and access to health care for patients by transporting them to and from their appointments.

PART B: Implementation Plan – Operating Projects (if applicable) (20 points)

Your Response:

Patient appointment schedules are obtained from the RUHS-MC Clinic Management, dialysis center staff or from the patient themselves. 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 picked up during one trip, although not always possible but this is the most efficient and preferred method to schedule such trips. The Transportation Department operates Monday thru Saturday from 4:00am to 9:00pm. Patients can call a day in advance or provide the Transportation Department their monthly schedule (Attachment 6). Patients are placed into their scheduled day and called with their pick up time the day before. Drivers are assigned patient pick-ups the day before and when a patient calls to go home drivers are dispatched to take the patient home. A patient face sheet (Attachment 7) is printed off with the patients address, phone number, appointment time, pick-up time and appointment location at the RUHS-MC campus. A return patient face sheet is printed off when the patient has called to go home. The driver is responsible for obtaining a signature on each individual patient face sheet for each trip. This is an acknowledgement by the patient that services were provided on the date and time indicated on their face sheet. Patient face sheets are only counted after the patient signs. This ensures that rides are not counted erroneously; as there have been times for example when RUHS has brought a patient in for a clinic appointment but is then transported home by a family member. A return trip by RUHS is not provided and therefore should not be counted.

All vehicles used by the Transportation Department are leased from Fleet Services and range from 2015 to 2020 models of buses, vans and cars. We currently have two eleven passenger buses that can accommodate two wheelchair patients, nine wheelchair vans with lifts and eight cars ranging from a Toyota Prius to a Ford Fusion. When a vehicle needs service, a driver informs their lead or supervisor and the vehicle is schedule to go in. Fleet Services has multiple locations that are utilized by the Transportation Department. Fleet Services provides standard preventative maintenance on all vehicles. Major repairs if under warranty are provided by the dealer, if the vehicle is not under warranty the department covers the cost of repairs. The Transportation Department places a capital request every year to replace vehicles that are high mileage, the cost of repair has become greater than the vehicle is worth, or the vehicle has been in service for eight or more years.

When there is an opening in the Transportation Department the supervisor works with Human Resources on the recruitment process including position details and the required qualifications of an ideal candidate. Human Resources posts the position on their website and job sites such as Indeed. Candidates are then

referred to the department for interviews and the best candidate is selected. Once a candidate accepts the job offer, they go through a comprehensive background check and a medical health screening. Once those requirements are completed candidates are scheduled for orientation and they are required to complete cultural sensitivity patient care as well as HIPAA trainings. New employees are assigned a training schedule and given a tour of the RUHS-MC campus. New employees must complete their drivers training before being allowed to drive. New employees are assigned to ride along with other drivers in the department to get familiar with all of the different vehicle types and patients. New employees are trained on how to properly secure a wheelchair patient for transport, how to properly operate the wheelchair lift, customer service expectations, how to correctly complete the mileage, how to obtain a patient signature and where and how to fuel the department vehicle. All staff are retrained on the first day of the fiscal year.

RUHS-MC Transportation Program uses data collected from previous grants to come up with our current and projected ridership. The Transportation Department looks at monthly statistics to determine our daily patient ridership to help us meet our current and projected Measure A. grant goals. In using this methodology, the Transportation Department can set realistic and obtainable ridership goals during the fiscal year. With COVID-19 providing a new normal, the Transportation Department has looked at the past calendar year as a source to provide the projected ridership for the current Measure A. grant application.

Part C: Measure A Goals (All projects) (5 points)

Briefly describe how your proposed project is consistent with the goals of the Measure A. Specialized Transportation Program, as listed in the Application Guidelines.

Your Response:

RUHS-MC Transportation program for the Measure A grant ties well with the Coordinated Plan in that it is a para transit program providing daily, Monday through Saturday services to the Western Region of Riverside County and to the targeted groups of seniors, low income/truly needy and patients with disabilities (Goal 2.2, pg. 94). Patients that utilize the bus face the issue of having the bus stop too far from their home or they must take multiple buses to and from the Medical Center Campus or the Community Health Centers. If the patient has a late appointment the patient runs the risk of not having a way home. These are some of the challenges that our patient population faces when trying to access health care. The Transportation Department at RUHS focuses on providing transportation services free of charge to the patient population already seen at the Medical Center campus and Community Health Centers so they can access health care services.

PART D: Coordinated Plan (All projects) (5 points)

Using the Public Transit-Human Services Transportation Coordinated Plan (Coordinated Plan) as a guide, describe the following:

Your Response:

RUHS-MC 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. Many insurances do not cover or offer transportation. If their insurance does offer transportation services, the number of allocated trips is limited and there are numerous requirements in order to utilize the service. The cost associated with rideshare companies is very high, and many patients are unable to pay for the services. Patients do not have access to a car or transportation to get their medical appointments. This can result in missed or rescheduled appointments. Delayed health care can lead to poorer management of chronic illnesses which has an impact on health outcomes (Goal 2.1, pg. 93). In short, RUHS's Transportation services is a vital asset to the residents of Riverside County.

PART E: Key Performance Indicators (KPI) and Project Milestones (All projects) (5 points)

E1: Identify the performance indicators you will use to track the effectiveness of your proposed project.

Performance Indicators	Goal Year 1	Goal Year 2	Goal Year 3
Number of one-way passenger trips provided to:			
a. Seniors	100	120	140
b. Persons with disabilities	80	100	120
c. Low-income	200	220	240
d. Others			
Of the above (a-d), how many trips are from military service personnel or veterans?	100	170	200
Total One-Way Passenger Trips:	4,500	5,000	5,500

OTHER MEASURES (Identify as appropriate or propose alternative quantitative measures)	Goal Year 1	Goal Year 2	Goal Year 3
Number of vouchers distributed	N/A	N/A	N/A
Number of persons receiving vouchers	N/A	N/A	N/A
Number of bus passes distributed	N/A	N/A	N/A
Number of persons receiving bus passes	N/A	N/A	N/A

Number of miles to be reimbursed	N/A	N/A	N/A
Number of mobility manager/training agency contacts	N/A	N/A	N/A
Number of mobility manager consumer contacts	N/A	N/A	N/A
Number of "other" units of service (describe):	N/A	N/A	N/A

E2: Please provide brief narrative for the methodology which you will use to track your goals. This will represent the quantitative goals your program proposes to meet and should also match the trips or units of service presented in section I.

RUHS-MC 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 on a daily basis (Attachment 8). The daily totals are then put into a weekly spreadsheet that keeps track of our progress toward meeting our Measure A. goals (Attachment 9). Measurable indicators also include vehicle miles, staff hours/payroll, and County matching funds. Individual trips are monitored via the patient reservation slip. Each program participant has a transport reserved in advance; a patient face sheet is generated for each trip and is given to the driver responsible for their assigned pick up time on the daily schedule. The driver is required to obtain the patients signature prior to departing the vehicle, this is to acknowledge 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 (Attachment 10).

E3: Identify the project milestones for each year and the estimated date of completion for this project.

Project Milestones	Year	Estimated Date of Completion
1. Update the RUHS website with a page dedicated to the Transportation Department. Web page will include information about Measure A., eligibility requirements, and educating the patient population about transportation resources.	Year 1	8/2021
2. Initiate marketing campaign to include a revision of brochure containing new enhancements and extended hours or operation.	Year 1	9/2021
3. Conduct annual safety and sensitivity training for all Transportation staff. All staff will attend customer service training with specific focus on Measure A designated staff to improve and maintain patient survey satisfaction scores 90% and above.	Year 2	7/2022
4. Conduct needs assessment to determine if staff are aware of the services that the Transportation Department provides and how to educate/inform patients about resources that are available to them.	Year 2	9/2022

5. Attend Clinic Manager Meetings quarterly to discuss the challenges our patients face.	Year 3	10/2023
6. Apply to the 5310 Program to replace end of life wheelchair vans	Year 3	11/2023

E4. Please provide brief narrative for the methodology which you will use to track your project milestones.

RUHS-MC Transportation Department will track the project milestones in Year 1 by working with the RUHS Marketing and Communications Department to create a page on the RUHS website. The new web page will allow us include all the information about Measure A, the eligibility requirements, and the resources and services available to patients free of charge. This will allow us to ensure all of the information about Measure A is clear and concise and understandable. We will also work with our Marketing Department to redesign and update our flyers and brochures to make them easier to understand for patients and staff.

In Year 2, we will conduct our annual trainings with a focus on customer service and safety and maintaining patient survey satisfaction scores of 90% and above. Our priority is to make sure all staff especially staff assigned to Measure A. are sensitive to all patients and can transport them safely. This type of training happens every year at the beginning on the fiscal year for us and includes safety and sensitivity training and our customer service training that was created in partnership with our Patient Experience team. An ongoing milestone for Year 2 will be to conduct a needs assessment to determine if staff are aware of the services that the Transportation Department provides free of charge. RUHS-MC Transportation team will analyze the needs assessment data and results and then reach out to various departments such as registration, scheduling, and clinic leadership to address transportation needs and how those departments can play a vital role in educating eligible patients about transportation services that are available for them to utilize.

For Year 3 the Transportation supervisor will reach out to our Community Health Centers leadership team to schedule an overview of what the Transportation Department offers to our patients. We will provide flyers and brochures on how Measure A. works and who qualifies for the program. Additionally, RUHS-MC Transportation Department will work with Fleet Services and attend a workshop on how to apply to the 5310 program to help with department vehicles that are at their end of life.

E5: For previously funded transportation program, please describe your project milestones and performance goals from the previous cycle and how well those goals were met over the past three years.

Your Response(s):

For the prior grant cycle RUHS-MC Transportation Department had six project milestones to complete over the course of three fiscal years. Our project milestones were a press release announcing the grant award

and the availability to provide non-emergency transportation services to the western region of Riverside County and the Coachella/Palo Verde Valleys. Our second goal was to initiate a marketing campaign that included a revision of our brochure and providing the CHCs with flyers and brochures with information about the transportation services that are available to patients. We also leased two new vehicles from County Fleet Services and designated both vans to Measure A. RUHS-MC replaced two end of life wheelchair vans with two new ones. RUHS-MC conducted a needs assessment to add more drivers to our Saturday runs. The last project milestone was to conduct our annual safety and sensitivity training with all of the Transportation Department staff with a specific focus on the staff designated as Measure A. RUHS-MC was able to complete all of the project milestones in the prior grant cycle.

For our FY18/19 performance goals, RUHS-MC was not able to meet its projected target goal of 7,000 total passenger trips, the department only completed 6,419 trips. This was due to patients canceling their appointments, no showing for their appointments and the Transportation department not being fully staffed. For FY 19/20 performance goals, RUHS-MC was not able to meet its projected target goal of 7,500 total passenger trips, only 5,261 were completed. RUHS-MC was on the way to meeting its target goal of 7,500 total passenger trips as of Mid-March of 2020. The rest of 2020 became a challenge as RUHS-MC dealt with the COVID-19 pandemic and moved away from in person doctor visits to more telemedicine video and phone visits. Patients also canceled or no showed for their appointment due to the fears of COVID-19 and not wanting to go the hospital or a clinic for fear of being exposed to the virus. This had a significant impact on passenger trips as patients had their appointments canceled or rescheduled to the telehealth format. Patients that would utilize our services two to three times a week for their medical appointments were now having telehealth appointments and only coming in once or twice a month for lab, pharmacy, physical therapy and oncology. In response to the pandemic, changes in how medical care is accessed and the frequency of appointments has significantly changed how the Transportation department operates. For FY 20/21 RUHS-MC is not going to meet its projected goal of 8,000 passenger trips. RUHS-MC has provided 2,487 passenger trips while still dealing with the effects and unforeseen challenges of the COVID-19 pandemic. RUHS-MC has had to adapt to the new normal that COVID-19 has brought on. This means moving more towards phone or video appointments and only having patients coming for critical appointments that are deemed necessary. For the last three months of FY 19/20 and the whole FY 20/21 RUHS has had to adapt to the new medical landscape and our passenger trips have changed because of it.

SECTION IV: COORDINATION ACTIVITIES

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.

PART A: (3 points) Identify the 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.

Your Response:

Stakeholders:

RUHS outpatient clinics have the capacity to manage over 200,000 patient visits per year and are one of the largest referral bases for RUHS-MC 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), orthopedic, OB/GYN, Medically Indigent Services Program (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 of the Medical Center are the 13 Community Health Centers, along with DaVita Dialysis Center.

Future Stakeholders:

An invitation to meet at RUHS-MC will be sent to all Measure A award recipients to discuss present and future partnerships, interests in setting up a Transportation Coalition for the Western Region (Measure A) and learning from sharing past failures, successes and best practices. The meeting will allow RUHS and other Measure A. award recipients to network and assist patients with their appointment needs. The goal is to meet the needs of transporting patients to their medical appointments at either RUHS-MC or the CHCs and serve as resource to help our target populations overcome disparities and access health care.

PART B: (2 points) Explain how this proposed project will make the effort to connect or coordinate with 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).

Your Response:

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

SECTION V: FINANCIAL ASSESSMENT AND PROPOSED PROJECT BUDGET

PART A: The project budget to be submitted in Excel as a separate attachment 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 a three-year budget anticipating project expenditures and revenues from the form provided at www.rctc.org. Please provide additional detail where appropriate to facilitate the understanding and review of your application.

Your Response:

PART B: Applicants should provide a clear financial assessment of how the proposed project is expected to be funded over the period of the application. Applicants should provide the following:

- Description of project expenditures and revenues.
- Description of the matching funds (cash/in kind, etc.) including the type of matching funds, a commitment to the amount of funds used as the match, and any documentation related to the matching funds.
 - For in-kind match, in-kind donations should be offset by in-kind expenses in the same amount. Further guidance of what constitutes in-kind match, please refer to the program guidelines.
- Describe the direct vs. indirect costs to the project and the percent of indirect costs.
 - Also, please describe the nature of indirect costs. Total indirect costs should not exceed eight percent (8%) of the requested Measure A. amount. For further guidance on direct and indirect costs, please refer to the program guidelines.
- Describe the cost effectiveness of the program.

Your Response:

b.1 a. Expenditures include: Direct Expenses: Driver and Dispatcher wages and benefits; Vehicles (Purchases); Repairs and Maintenance; Fuel; Vehicle (Rentals) Indirect Expenses: Administrative personnel wages and benefits; Rent; Utilities; Telecommunications; Supplies;

b. 1b. Revenues: Measure Grant Funds: Matching Funds provided by Recipient of Grant (RUHSMC).

b. 2a. Matching Funds: Riverside University Health Systems Medical Center provides 34% of Programs Budget.

b. 3a. Direct Cost: Driver and Dispatch Wages and Benefits; Vehicles (Purchases); Repairs and Maintenance; Fuel; Vehicle (Rentals)

Indirect Cost: Administrative personnel wages and benefits; Rent; Utilities; Telecommunications; Supplies. Indirect cost provides the support system that administer, monitor and oversee the operational activities of the program.

b. 4a. The program has proven to be cost effective in that while providing a valuable service to the RUHS-MC community, has done so within the budgetary means available.

PART C: (Bonus five (5) point question) Applicants should describe the strategies that will be implemented to promote cost savings, reduce the cost of its program, and/or ways to control costs.

Your Response:

RUHS-MC Transportation Program will capture salary hours related to Measure A, by only putting the Measure A grant code on an employee's timecard in Kronos if they transported patients for Measure A. Using the Measure A cost center as a unique identifier will allow us to better track man hours and drivers salaries and make adjustments to staffing to reduce the total number of hours worked on the Measure A grant. RUHS-MC will also only capture mileage driven for Measure A by identifying patients on our mileage logs who are under the grant and meet the eligibility requirements. By doing this only the miles driven for Measure A will be charged to the grant. RUHS will conduct quarterly assessments to examine the amount of hours worked and miles driven that are being charged to the Measure A. grant. In doing so this will allow us to make data driven decisions on how to adjust our schedule to maximize the hours being charged to the Measure A. cost center.

PART D: Applicants should submit a copy of the most recently completed agency/organization financial and/or compliance audit/review (may be referenced here and included as an appendix to the overall application).

Your Response:

Please see attachment 11.

APPLICATION CHECKLIST

Applicants should use this checklist to ensure that all applicable parts of the application are completed and submitted. Incomplete applications may be disqualified from further consideration.

Application Checklist	
Did I read through the guidelines and application form?	
What kind of project am I seeking funding for?	
Did I fill out:	
Section I: AGENCY PROFILE – PROJECT SUMMARY	
Section II: ORGANIZATIONAL CAPABILITIES	
Section III: PROPOSED PROJECT NARRATIVE	
Section IV: COORDINATION	
Section V: PROPOSED PROJECT BUDGET	
Do I have the capacity to complete the project I am proposing?	
Can I comply with the reporting and audit requirements?	
Did I sign up for the workshop?	
Did I submit my application on time?	

Good Afternoon,

To answer the question regarding the number of unique persons served versus the proposed number of trips. A unique person is a patient who can come in as many times as they want but will only count as one unique person for a quarter and the fiscal year. An example of that would be Mrs. Smith comes in 10 times a month, but Mrs. Smith is only counted once as a unique person served for that month. Our number of patient trips is calculated differently. Mrs. Smith can come in from her home to one of our Community Health Centers (CHC), our CHC to the Medical Center and then the Medical Center to her home and she will count as three trips for that day. Our total number of Measure A trips are going to be different from our unique persons because of the way the unique persons are reported. Due to Covid-19 our total number of trips is conservative because the Medical Center has utilized tele-med phone appointments and this has factored into our projections for the Measure A grant. We have seen an increase in ridership as the County has moved into the less restrictive tiers under the State guidelines and we expect to see continued growth as the year progresses. We continue to add clients to the Measure A program but not all patients utilize our services mostly due to being a back up to the transportation services they already receive.

We have 17 staff in the department. Fifth-teen staff are assigned to the Medical Center in Moreno Valley and two staff are assigned to the Indio Community Health Center. We dedicate 10 staff to Western Riverside County to allow for adequate coverage for our Measure A daily schedule. The two staff assigned and housed in Indio, cover our Indio route service which is separate from Measure A. Our remaining five staff cover the needs for our other community health centers (CHC) and the Medical Center. Those needs range from discharges going home from the emergency room or the hospital units, pharmacy delivery to one of our CHCs, borrowing medication from another hospital, jail deliveries and equipment pick up and drop off. Anytime one of the five drivers works under Measure A their hours are charged accordingly.

Our 1.5 dispatcher and scheduler is broken down between two staff. One office assistant is assigned to Western Riverside County and counts as 1.0. They are responsible for filling out and approving applications, daily scheduling, dispatching as needed, daily trip report, weekly trip report, and monthly reports. This office assistant also provides the monthly mileage report which separates out the Measure A mileage from the non-Measure A mileage. Our 0.5 office assistant is bilingual and dedicated to our Indio route service. This is done to provide quality customer service and provide access to Transportation by being able to communicate and answer questions in Spanish.

All of the vehicles will be for Western Riverside County. We lease our vehicles through our County Fleet Services. All of the vehicles that are leased and dedicated to Measure A will be housed in Moreno Valley at the Medical Center. These vehicles will only be used for western county trips. We are going to lease Ford Transits that are able to accommodate 3 passengers and one wheelchair patient at the same time. The Transits will have a hydraulic lift in the back that will allow the wheelchair patient to be placed safely in the van and unloaded safely as well.

Thank you,

Adem Lapaj

Supervising Medical Transportation Technician


**SPECIALIZED
TRANSIT**
CALL FOR PROJECTS
Agency Name: RUHS MC
PROPOSED PROJECT BUDGET

Project Title: MC Transportation Program			Year 1 FY 21/22	Year 2 FY 22/23	Year 3 FY 23/24
EXPENSE					
Salaries by Position (include benefits):	# of Positions	Position % Time			
A. Drivers	0	100%	\$ 508,995.00	\$ 534,444.75	\$ 561,166.99
B. Dispatch/Scheduler	0	100%	\$ 66,009.40	\$ 69,309.87	\$ 72,775.36
C.	0	0%	\$ -	\$ -	\$ -
Total Salaries & Benefits (a)			\$ 575,004.40	\$ 603,754.62	\$ 633,942.35
Non-Personnel Expenses:					
A. Fuel, Oil, Vehicle Lease, Vehicle Maintenance			\$ 259,073.29	\$ 272,026.95	\$ 285,628.30
B. General Office Supplies			\$ 1,018.90	\$ 1,069.85	\$ 1,123.34
C. Telephone			\$ 1,486.32	\$ 1,560.64	\$ 1,638.67
D.			\$ -	\$ -	\$ -
Total Non-Personnel Expenses (b)			\$ 261,578.51	\$ 274,657.44	\$ 288,390.31
Capital Expenses: (Example: computers, technology, equipment, vehicle, vehicle lease)					
A. Mini Passenger Vans @ \$43,775 ea			\$ 131,325.00	\$ 137,891.25	\$ 96,523.88
B.			\$ -	\$ -	\$ -
Total Capital Expenses (c)			\$ 131,325.00	\$ 137,891.25	\$ 96,523.88
Administrative Overhead (d) (maximum of 8% of total project expenses)			\$ 7,413.78	\$ 7,784.47	\$ 8,173.69
TOTAL PROJECT EXPENSES (a+b+c+d)			\$ 975,321.69	\$ 1,024,087.77	\$ 1,027,030.22
REVENUE					
Agency Match (Cash) Grant Revenues (not Measure A): (Example: General fund, CDBG, Donations, Farebox/Rider Donations, etc.)					
A. Cash Match - Required Local Match			\$ 363,846.28	\$ 382,038.59	\$ 377,009.55
B.			\$ -	\$ -	\$ -
Total Cash Match (e)			\$ 363,846.28	\$ 382,038.59	\$ 377,009.55
Agency Match (In-Kind) (These should not be paid positions)					
Non Paid Salaries by Position:					
What is your methodology for determining volunteer staff time for in-kind positions?					
A.			\$ -	\$ -	\$ -
Non-Personnel Match (in-kind):					
A.			\$ -	\$ -	\$ -
Total In-Kind Match (f)			\$ -	\$ -	\$ -
Measure A Operating Request (g)			\$ 644,489.84	\$ 676,714.33	\$ 686,419.07
Measure A Capital Request (h)			\$ -	\$ -	\$ -
TOTAL REVENUES (e+f+g+h)			\$ 1,008,336.12	\$ 1,058,752.93	\$ 1,063,428.62

	YEAR ONE FY 21/22	YEAR TWO FY 22/23	YEAR THREE FY 23/24
Measure A Request Amount:	\$ 644,489.84	\$ 676,714.33	\$ 686,419.07
Agency Match Amount:	\$ 363,846.28	\$ 382,038.59	\$ 377,009.55
TOTAL PROJECT AMOUNT	\$ 1,008,336.12	\$ 1,058,752.93	\$ 1,063,428.62



**RIVERSIDE
COUNTY
TRANSPORTATION
COMMISSION**

SPECIALIZED TRANSIT

CALL FOR PROJECTS

Agency Name: RUHS MC

PROPOSED PROJECT BUDGET

Project Title: MC Transportation Program

EXPENSE			Year 1 FY 21/22	Year 2 FY 22/23	Year 3 FY 23/24
Salaries by Position (include benefits):	# of Positions	Position % Time			
A. Drivers (Moreno Valley staff, excludes Indio staff)	10	100%	\$ 508,995.00	\$ 534,444.75	\$ 561,166.99
B. Dispatch/Scheduler (Moreno Valley staff, excludes Indio staff)	1	100%	\$ 66,009.40	\$ 69,309.87	\$ 72,775.36
C.	0	0%	\$ -	\$ -	\$ -
Total Salaries & Benefits (a)			\$ 575,004.40	\$ 603,754.62	\$ 633,942.35
Non-Personnel Expenses:					
A. Fuel, Oil, Vehicle Lease, Vehicle Maintenance			\$ 259,073.29	\$ 272,026.95	\$ 285,628.30
B. General Office Supplies			\$ 1,018.90	\$ 1,069.85	\$ 1,123.34
C. Telephone			\$ 1,486.32	\$ 1,560.64	\$ 1,638.67
D.			\$ -	\$ -	\$ -
Total Non-Personnel Expenses (b)			\$ 261,578.51	\$ 274,657.44	\$ 288,390.31
Capital Expenses:					
(Example: computers, technology, equipment, vehicle, vehicle lease)					
A. Mini Passenger Vans @ \$43,775 ea					
B.			\$ -	\$ -	\$ -
Total Capital Expenses (c)			\$ -	\$ -	\$ -
Administrative Overhead (d) (maximum of 8% of total project expenses)			\$ 7,413.78	\$ 7,784.47	\$ 8,173.69
TOTAL PROJECT EXPENSES (a+b+c+d)			\$ 843,996.69	\$ 886,196.52	\$ 930,506.35

Admin Overhead

0.89%

0.89%

0.89%

REVENUE					
Agency Match (Cash) Grant Revenues (not Measure A): (Example: General fund, CDBG, Donations, Farebox/Rider Donations, etc.)					
A. Cash Match - Required Local Match			\$ 380,834.84	\$ 395,744.03	\$ 411,398.67
B.					
Total Cash Match (e)			\$ 380,834.84	\$ 395,744.03	\$ 411,398.67
Agency Match (In-Kind) (These should not be paid for:	Position % Time				
Non Paid Salaries by Position:					
What is your methodology for determining volunteer staff time for in-kind positions?					
A.			\$ -	\$ -	\$ -
Non-Personnel Match (in-kind):					
A.			\$ -	\$ -	\$ -
Total In-Kind Match (f)			\$ -	\$ -	\$ -
Measure A Operating Request (g)			\$ 496,176.28	\$ 525,117.65	\$ 555,506.08
Measure A Capital Request (h)			\$ -	\$ -	\$ -
TOTAL REVENUES (e+f+g+h)			\$ 877,011.12	\$ 920,861.68	\$ 966,904.74

	YEAR ONE FY 21/22	YEAR TWO FY 22/23	YEAR THREE FY 23/24
Measure A Request Amount:	\$ 496,176.28	\$ 525,117.65	\$ 555,506.08
Agency Match Amount:	\$ 380,834.84	\$ 395,744.03	\$ 411,398.67
TOTAL PROJECT AMOUNT	\$ 877,011.12	\$ 920,861.68	\$ 966,904.74

RCTC
**RIVERSIDE
COUNTY
TRANSPORTATION
COMMISSION**
**SPECIALIZED
TRANSIT**
CALL FOR PROJECTS
PROPOSED PROJECT BUDGET
Agency Name: RUHS MC
Project Title: MC Transportation Program

			Year 1 FY 21/22	Year 2 FY 22/23	Year 3 FY 23/24
EXPENSE					
Salaries by Position (include benefits):	# of Positions	Position % Time			
A. Drivers	0	100%			
B. Dispatch/Scheduler	0	100%			
C.	0	0%	\$ -	\$ -	\$ -
Total Salaries & Benefits (a)			\$ -	\$ -	\$ -
Non-Personnel Expenses:					
A. Fuel, Oil, Vehicle Lease, Vehicle Maintenance					
B. General Office Supplies					
C. Telephone					
D.			\$ -	\$ -	\$ -
Total Non-Personnel Expenses (b)			\$ -	\$ -	\$ -
Capital Expenses: (Example: computers, technology, equipment, vehicle, vehicle lease)					
A. Mini Passenger Vans @ \$43,775 ea			\$ 131,325.00	\$ 137,891.25	\$ 96,523.88
B.			\$ -	\$ -	\$ -
Total Capital Expenses (c)			\$ 131,325.00	\$ 137,891.25	\$ 96,523.88
Administrative Overhead (d) (maximum of 8% of total project expenses)					
TOTAL PROJECT EXPENSES (a+b+c+d)			\$ 131,325.00	\$ 137,891.25	\$ 96,523.88
REVENUE					
Agency Match (Cash) Grant Revenues (not Measure A): (Example: General fund, CDBG, Donations, Farebox/Rider Donations, etc.)					
A. Cash Match - Required Local Match					
B.					
Total Cash Match (e)			\$ -	\$ -	\$ -
Agency Match (In-Kind) (These should not be paid)					
Non Paid Salaries by Position:					
What is your methodology for determining volunteer staff time for in-kind positions?					
A.			\$ -	\$ -	\$ -
Non-Personnel Match (in-kind):					
A.			\$ -	\$ -	\$ -
Total In-Kind Match (f)			\$ -	\$ -	\$ -
Measure A Operating Request (g)			\$ 65,662.50	\$ 68,945.63	\$ 48,261.94
Measure A Capital Request (h)				\$ -	\$ -
TOTAL REVENUES (e+f+g+h)			\$ 65,662.50	\$ 68,945.63	\$ 48,261.94

	YEAR ONE FY 21/22	YEAR TWO FY 22/23	YEAR THREE FY 23/24
Measure A Request Amount:	\$ 65,662.50	\$ 68,945.63	\$ 48,261.94
Agency Match Amount:	\$ 65,662.50	\$ 68,945.63	\$ 48,261.94
TOTAL PROJECT AMOUNT	\$ 131,325.00	\$ 137,891.25	\$ 96,523.88

EXHIBIT "B"

CERTIFICATE OF MATCH FUNDS

I, Karen Spiegel, certify that Riverside University Health System-Medical Center (RUHS-MC) has obtained match funding sufficient to satisfy the match funding percentage requirements set forth in this Agreement.

Year 1: Four Hundred Forty-Six Thousand Four Hundred Ninety-Eight Dollars (\$446,498)

Year 2: Four Hundred Sixty-Four Thousand Six Hundred Ninety Dollars (\$464,690)

Year 3: Four Hundred Fifty-Nine Thousand Six Hundred Sixty-One Dollars (\$459,661)

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 _____ day of _____, 2021 at Riverside, California.

Authorized Representative:

Signature: Karen S. Spiegel

Print Name: Karen Spiegel

Title: Chair, Board of Supervisors

ATTEST:

Kecia R. Harper
Clerk of the Board

By: [Signature]
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 (as applicable)

**C-5: Measure A Specialized Transit Services Grant: Recipient
Testimonial"**

[see attached pages]

EXHIBIT C-1 – MONTHLY INVOICE

[ATTACHED BEHIND THIS PAGE]

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

GL:

260-26-86101



MONTHLY PROJECT INVOICE

FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM

Invoice No:

Invoice Date:

Measure A Payment Remit: \$ -

Agency Name:

Project Title:

Month Invoiced:

July

2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):		
A.		
B.		
C.		
Total Non-Personnel Expenses (b)		\$ -
Capital Expenses:		
A.		
B.		
C.		
Total Capital Expenses (c)		\$ -
Admin Overhead (d) 8% of total allowable		
TOTAL PROJECT EXPENSES (a+b+c+d)		\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$ -
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00
% Remaining #DIV/0!	

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** August 2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** September 2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101



MONTHLY PROJECT INVOICE

FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM

Invoice No:

Invoice Date:

Measure A Payment Remit: \$ -

Agency Name: 0

Project Title: 0

Month Invoiced: October 2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$ -
Measure A Balance Remaining	\$0.00
% Remaining #DIV/0!	

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** November 2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$ -
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

SPECIALIZED
TRANSITMONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM

Invoice No:

Invoice Date:

Measure A Payment Remit: \$ -

Agency Name: 0

Project Title: 0

Month Invoiced: December 2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.		0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$ -
Measure A Balance Remaining	\$0.00
% Remaining #DIV/0!	

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:****0****Project Title:****0****Month Invoiced:****January****2022**

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$ -
Measure A Balance Remaining	\$0.00
% Remaining #DIV/0!	

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit:** \$ -**Agency Name:** 0**Project Title:** 0**Month Invoiced:** February 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$ -
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction	
Previous Measure A Invoice PAID Amount:	\$0.00
UPDATED Measure A Amount:	\$0.00
Measure A delta to be paid (refunded)	\$0.00
Invoice adjustment justification:	

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** March 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTCSPECIALIZED
TRANSIT**MONTHLY PROJECT INVOICE**
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM**Invoice No:****Invoice Date:****Measure A Payment Remit:** \$ -**Agency Name:** 0**Project Title:** 0**Month Invoiced:** April 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction	
Previous Measure A Invoice PAID Amount:	\$0.00
UPDATED Measure A Amount:	\$0.00
Measure A delta to be paid (refunded)	\$0.00
Invoice adjustment justification:	

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** May 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** June 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:



Agency Name: 0
Project Title: 0
Fiscal Year: 20

[illegible]

[illegible]

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit:** \$ -**Agency Name:****Project Title:****Month Invoiced:****July****2021**

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$ -
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: _____ **\$0.00**

UPDATED Measure A Amount: _____ **\$0.00**

Measure A delta to be paid (refunded) _____ **\$0.00**

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** August 2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction	
Previous Measure A Invoice PAID Amount:	\$0.00
UPDATED Measure A Amount:	\$0.00
Measure A delta to be paid (refunded)	\$0.00
Invoice adjustment justification:	

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** September 2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

SPECIALIZED
TRANSITMONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM

Invoice No:

Invoice Date:

Measure A Payment Remit: \$ -

Agency Name: 0

Project Title: 0

Month Invoiced: October 2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$ -
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** November 2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$ -
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC

**SPECIALIZED
TRANSIT**

**MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM**

Invoice No:

Invoice Date:

Measure A Payment Remit: \$ -

Agency Name: 0

Project Title: 0

Month Invoiced: December 2021

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.		0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expnses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$ -
Measure A Balance Remaining	\$0.00
% Remaining #DIV/0!	

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$****-****Agency Name:** 0**Project Title:** 0**Month Invoiced:** January 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$ -
Measure A Balance Remaining	\$0.00
% Remaining #DIV/0!	

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** February 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$ -
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$****-****Agency Name:** 0**Project Title:** 0**Month Invoiced:** March 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$****-****Agency Name:** 0**Project Title:** 0**Month Invoiced:** April 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** May 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction	
Previous Measure A Invoice PAID Amount:	\$0.00
UPDATED Measure A Amount:	\$0.00
Measure A delta to be paid (refunded)	\$0.00
Invoice adjustment justification:	

C-1 Monthly Invoice

RCTC Finance Only:

Vendor:

Contract No.

0

GL:

260-26-86101

RCTC**SPECIALIZED
TRANSIT****MONTHLY PROJECT INVOICE
FY 2019 - 2021 SPECIALIZED TRANSIT PROGRAM****Invoice No:****Invoice Date:****Measure A Payment Remit: \$ -****Agency Name:** 0**Project Title:** 0**Month Invoiced:** June 2022

EXPENSES		Position % Time	Invoice Detail
Salaries by Position (include benefits):			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
D.	# of Positions →	0%	
E.	# of Positions →	0%	
F.	# of Positions →	0%	
G.	# of Positions →	0%	
H.	# of Positions →	0%	
I.	# of Positions →	0%	
J.	# of Positions →	0%	
K.	# of Positions →	0%	
L.	# of Positions →	0%	
M.	# of Positions →	0%	
N.	# of Positions →	0%	
O.	# of Positions →	0%	
P.	# of Positions →	0%	
In-Kind *Salaries by Position (include benefits) In-kind expenses and revenues should match			
A.	# of Positions →	0%	
B.	# of Positions →	0%	
C.	# of Positions →	0%	
Total Salaries & Benefits (a)			\$ -
Non-Personnel Expenses:			
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
N.			
O.			
P.			

C-1 Monthly Invoice

*Non-Personnel Match (in-kind):	
A.	
B.	
C.	
Total Non-Personnel Expenses (b)	\$ -
Capital Expenses:	
A.	
B.	
C.	
Total Capital Expenses (c)	\$ -
Admin Overhead (d) 8% of total allowable	
TOTAL PROJECT EXPENSES (a+b+c+d)	\$ -

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

Current Measure A Invoice Amount:	\$ -
Current Measure A Agency Match Amount:	\$ -
TOTAL	\$ -

Total Measure A Award	\$0.00
Measure A Billed to Date (including this invoice):	\$0.00
Measure A Balance Remaining	\$0.00

% Remaining #DIV/0!

C-1 Monthly Invoice

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

Invoice Correction

Previous Measure A Invoice PAID Amount: \$0.00

UPDATED Measure A Amount: \$0.00

Measure A delta to be paid (refunded) \$0.00

Invoice adjustment justification:



Agency Name: 0
Project Title: 0
Fiscal Year: 20

[illegible]

Non-Personnel Match (In-Kind):		Total In-Kind Match (f)												Measure A Operating Invoiced This Month (g)	Measure A Capital Invoiced This Month (h)	TOTAL REVENUES (e+f+g+h)																																																																																																																																																																																																																																																																																																																																																																																																																																																									
A	B	C	D	E	F	G	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451

EXHIBIT C-2 - QUANTITATIVE REPORTING REQUIREMENTS

[ATTACHED BEHIND THIS PAGE]



**2022 Specialized Transit Program Call For Projects -- Western Riverside Measure A
Fiscal Year 2021/22 MONTHLY REPORT**

Brief Project Description:

LEGEND:

FILL IN	BLANK	AUTO FILL
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Information reported shall be for this project only.																
OPERATING DATA																
Year 1 Goal	Month			Qtr 1 Total	Month			Qtr 2 Total	Month			Qtr 3 Total	Month		Qtr 4 Total	FY 21/22 YTD Total
	Jul-21	Aug-21	Sep-21		Oct-21	Nov-21	Dec-21		Jan-22	Feb-22	Mar-22		Apr-22	May-22		
1. Total One-Way Passenger Trips (report for this project only)																
1a Seniors				0				0				0			0	0
1b Disabled				0				0				0			0	0
1c Low Income				0				0				0			0	0
1d Others				0				0				0			0	0
Total Passenger Trips (sum of 1a thru 1d)																
2. Total Unique Persons Served per Period																
a) New Clients/Unique Person																
b) Continuing Clients/Unique Person(s)																
c) Number (Cumulative/Unduplicated)																
d) Of the above (c), how many military service personnel or veterans were served?																
OTHER OPERATING DATA																
3. Total number of service days																
4. Total Project Vehicle Service Hours																
5. Total Project Vehicle Service Miles																
6. Total Number of Drivers Trained																
7. Bus Pass Distribution																
7a. One-way trips supported by vouchers (est.)	0			0				0				0			0	0
7b. Unique persons receiving bus passes (est.)	0			0				0				0			0	0
7c. Number of agencies participating in voucher program				0				0				0			0	0
8. Miles reimbursed per Period																
8a. One-way trips supported	0			0				0				0			0	0
8b. Unique persons traveling on mileage reimbursement (riders only)	0			0				0				0			0	0
9. Mobility Management & Travel/Sensitivity Training																
9a. Training Hours per Period				0				0				0			0	0
9b. Number of Consumers Contacted				0				0				0			0	0
9c. Number of Consumers Trained				0				0				0			0	0
9d. Number of Agencies Contacted				0				0				0			0	0

FINANCIAL DATA									
10. Award - Measure A Subsidy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11. Farebox/Rider Donations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12. Agency Cash Match/ Other Contributions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
13. In Kind Contributions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
14. TOTAL REVENUE (sum of items 9 thru 12)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
15. TOTAL OPERATING COST	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
16. Net Expenses (item 13 minus item 14)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PERFORMANCE MEASURES (formulas, do not enter data)									
17. Meas A Subsidy per Passenger									
18. Meas A Subsidy Per Vehicle Hour									
19. Meas A Subsidy Per Vehicle Mile									
20. Average Trips per day									
21. Passengers Per Vehicle Hour									
22. Passengers Per Vehicle Mile									
23. Other									

24. Milestone Progress

a. _____

b. _____

c. _____

d. _____

25. MUST PROVIDE QUARTERLY: 1. Provide a short quarterly status update of the project. (4-5 sentences) 2. Provide a quarterly quantitative update of the project (i.e. one-way trips provided/supported, unique persons served, persons trained, mobility manager hours, etc.)

Qtr1 _____

Qtr2 _____

Qtr3 _____

Qtr4 _____

Please provide any additional comments that you would like to make. For example, if your "farebox/donations" have increased significantly; and/or if ridership has increased or decreased, we like to know why.

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

[ATTACHED BEHIND THIS PAGE]



**SPECIALIZED
TRANSIT**

Vehicle Fleet Inventory

	Vehicle ID# (Internal ID)	List VIN#s in Fleet (Last 5 Digits)	Model Year	Make (Manufacturer)	Model	Passenger Capacity Ambulatory/ Wheelchair	Active/ Back-up	Date Purchased or Leased	Registered Owner
Example	123	12345	2018	Ford	F450	12amb/2wc	Active	4/25/2018	Agency X
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

Date Updated:

**EXHIBIT C-5 – MEASURE A SPECIALIZED TRANSIT SERVICES GRANT:
RECIPIENT TESTIMONIAL**

[attached behind this page]



**RIVERSIDE
COUNTY
TRANSPORTATION
COMMISSION**

SPECIALIZED TRANSIT

Measure A Specialized Transit Services Grant: Recipient Testimonial

Congratulations on your award of funding through the Riverside County Transportation Commission's Specialized Transit Services Grant. As you likely know, funds are awarded every three years through Measure A, the voter-approved half-cent sales tax for transportation improvements in Riverside County.

To promote transparency, RCTC will be releasing the names of the organizations that have received funding and we are requesting brief testimonials from each of our grant recipients to explain how the Measure A grant funding makes a difference in the lives of the people you serve. RCTC may use all or a portion of the testimonial below in our communications about Measure A and the Specialized Transit program. Please complete the brief form below and include with your grant acceptance packet.

Organization Name:	RUHS MC Transportation Department
Contact Name:	Adem Lapaj
Contact Phone #:	951-486-4380
Contact Email:	a.lapaj@ruhealth.org
Website:	www.ruhealth.org
Social Media Handle:	
Testimonial – Explain how the Measure A grant funds make a difference in the lives of the people you serve. Feel free to speak from the heart! (Limit: 400 characters)	Measure A allows us to help patients who might struggle to reach their medical appointments and miss critical treatments and appointments. Measure A allows us to meet unique individuals who become a part of my staffs daily lives while they are taking them to and from their appointments.

Specialized Transit Brochure Information

Areas Served	Western Riverside County
Days Operating	Monday through Friday
Where to Call	Main Office: 951-486-4380
Who Qualifies	Truly Needy, Senior Citizens, Veteran, Disabled.