SECTION 5310: ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES FY2018 & FY2019 APPLICATION

Application Due: May 2, 2019 at Noon -- Submit to: Section5310@rtachicago.org

DATE: April 26, 2019

PROJECT TITLE: CTF ILLINOIS Transportation Services for People with Disabilities

APPLICANT INFORMATION

Applicant's Legal Name: CTF ILLINOIS
Contact Person/Title: Mary Pat Ambrosino
Address: 18239 Orland Parkway
City: Orland Park
Telephone #: (708) 429-1260, ext. 3310
Email Address: mambrinosn@ctfillinois.org
DUNS #: 008018306
Zip code: 60467
State: IL
Applicant Fiscal Year: July 1 - June 30

REQUEST TYPE (check all that apply)

- Operating
- Capital
- Mobility Management
- Administration
- New Project
- Continuation of an Existing Project

ORGANIZATION TYPE (check all that apply)

- Local Government Authority
- Public Operator of Public Transportation Services
- Private Non-Profit Organization
- Private Operator of Public Transportation Services

CERTIFICATIONS AND BOARD RESOLUTION See Appendix A.

Please provide an explanation for any documentation not submitted.

- Certifying Authority
- Local Share Certification
- Title VI Plan Certification (New Applicants Only)
- EEO Certification
- Single Agency Audit Certification
- Traditional Project Certification Eligibility-Units of Local Government (New Applicants Only) N/A
- Private Non-Profit Organizations-Certification Eligibility
- Approved Board Resolution (authorizing application submittal and name of authorized official)
SECTION 1: APPLICANT QUESTIONS

The following questions should be answered for all projects, unless otherwise noted.
If you need additional space, attached separate document.

1. Describe the project (500 words)

For nearly fifty years, CTF ILLINOIS (CTF) has provided supports to children and adults with
diverse disabilities, including intellectual, physical, and chronic mental health disorders. CTF
operates in seven counties throughout Illinois, including the northeastern counties of Cook and
Will. CTF offers Home-based Community Medicaid Wavier facilitation supports, Community
Day Programs, Community Integrated Living Arrangements (CILAs), and a Community Mental
Health Center (CMHC).

CTF’s mission is to empower each individual we serve to live the life they want to live, which
we accomplish by supporting their personal goals. Due to constraints of their disabilities, 98%
of the persons we support are unable to obtain a driver’s license and must rely on public or
private transportation services. Further, 94% are unable to take public transportation due to
their disability or due to the location of their home or job. Because of these factors, CTF has its
own door to door transportation service.

The scope of supports to persons with disabilities has changed from a large group support
ideology to Person Centered Supports (PCS). As a provider of these supports, CTF continually
evolves our service provision to serve as a change agent in the field of disability supports. This
year, we have moved from two, 40,000 square foot buildings supporting an average of 150
persons into seven smaller facilities, each with their own niche of supports. Persons enrolled at
CTF can now choose their daily supports, including vocational, community employment,
educational, fine arts, and advocacy. Enrollment in these facilities ranges from 15 to 110
individuals. In regards to home life, our CILA residents now have the option of living with three
housemates as opposed to the historical average of seven housemates. Community life
options such as employment, choice of medical care, volunteerism, and social/recreational
activities are also offered to 76 residents.

There is no doubt these changes have made a positive impact on the persons we support, as
they are happier with service options and are more engaged in their community. CTF is on the
right path and will continue to make changes as we seek to increase positive outcomes. With
the shift to PCS comes an increased need in transportation services. Despite the positive
outcomes for the person, CTF is experiencing stress on its already fragile transportation
system. Two years ago, CTF was responsible for transporting persons to three facilities and
three job sites. Today, this responsibility has increased to seven facilities and twelve job sites.

Door to door transportation supports are a vital service that allows people with disabilities
greater access to supports and community integration. CTF has a fleet of 71 vehicles, 64
trained drivers, and administration supports of four full-time equivalent staff. Current daily route
schedules average 154 routes Monday through Friday and 76 weekend trips covering Cook
and Will Counties and beyond. CTF is seeking funding to support its current system and to
support anticipated growth due to our new Respite program, the increased need for community
employment, and projected increases in day program enrollment.
1a. Estimated number of individuals to be served by your project annually.

<table>
<thead>
<tr>
<th></th>
<th>Unduplicated Number of Riders/Users Annually</th>
<th>Total Number of Trips/Users Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Existing (Current Operations Only)</td>
<td>Projected*</td>
</tr>
<tr>
<td>Seniors 60 years of Age and Over (Projects Serving Seniors)</td>
<td>75 (# included in disability count below)</td>
<td>80 (# included in disability count below)</td>
</tr>
<tr>
<td>Individuals with Disabilities</td>
<td>423</td>
<td>519</td>
</tr>
<tr>
<td>General Public</td>
<td>423</td>
<td>519</td>
</tr>
<tr>
<td>Total</td>
<td>423</td>
<td>519</td>
</tr>
</tbody>
</table>

Definition of Unduplicated Users/Riders: Unduplicated Users/Riders are counted based on an annual basis. Each user/riding is counted only once annually, no matter how many times he/she utilizes the service or facility. If records are unavailable to accurately count the number of unduplicated users/riders, an estimate is acceptable.

*1b. Explain how you derived your projections (200 words)

CTF estimates an increase in enrollment to our Community Day program by about 56 persons. As our fleet of vans hold an average of 12 passengers, we project to complete an additional 10 trips per day or 50 per week. For 50 weeks of Community Day program transportation, we anticipate an additional 2,500 trips annually. The projected increase in our Community Employment program is estimated at around 20 additional participants. With consideration to one on one need, part-time needs, and fiscal year attrition counts, we project an increase in annual trips of around 2,850. With a new Respite program in development, considering part-time status of participants and with the understanding that not all participants will need transportation services for a full year, we estimate an additional 20 persons utilizing transportation services and a total of 840 additional trips. In total, we anticipate an increase of service to 96 people with total trips to increase by 6,190, for a total of 519 users and 50,790 trips.

1c. Provide the temporal and geographic scope of activities in the table.

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Operating Hours</th>
<th>Geographic Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Core Service Area Specify Municipal and County Areas Covered</td>
</tr>
<tr>
<td>Monday</td>
<td>12:00 AM - 11:59 PM</td>
<td>Cook and Will</td>
</tr>
<tr>
<td>Tuesday</td>
<td>12:00 AM - 11:59 PM</td>
<td>Cook and Will</td>
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<td>Wednesday</td>
<td>12:00 AM - 11:59 PM</td>
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<td>Saturday</td>
<td>12:00 AM - 11:59 PM</td>
<td>Cook and Will</td>
</tr>
<tr>
<td>Sunday</td>
<td>12:00 AM - 11:59 PM</td>
<td>Cook and Will</td>
</tr>
</tbody>
</table>
2. **What is your plan for assessing project performance?** (200 words)

The following outcomes assure we are providing the necessary services to achieve desired goals:

Number of Trips: Transportation needs will be identified on Person Centered Plans. The number of weekly trips will be identified and applied to CTF’s tracking report, with both projected and actual number of trips reported.

Number of individuals with disabilities served: The number of people with disabilities served will be determined via the same tracking report used to identify the number of weekly trips, as each individual receiving transportation services will be listed on this report.

Transportation and vehicle safety: Ensuring safe travel is a top priority for CTF. All of CTF drivers are PACE certified and/or CTF trained. To assure trained drivers are following safe practices, CTF vehicles are equipped with the Auzgo GPS system, which monitors location, speed of vehicles, and abrupt stops in real time. CTF is also enrolled in "How is my driving," a community safe driving report system. All unsafe driving practices and accidents are reported and polices are changed as necessary. Fleet health is determined by data reports received from Enterprise Fleet services, wherein routine maintenance inspections are due and staff complete monthly checklists to ensure the safety of vehicles.

3. **What entity is currently or will operate the service (operating projects only)?** (200 words)

CTF’s transportation service is a robust, centralized operation lead by a team that consists of a Regional Network Director, Associate Director, Human Resources, and a Transportation coordinator. These team members work together to assure the fleet remains healthy by scheduling monthly maintenance and reviewing monthly Quality Assurance reviews on every vehicle. The team is also responsible for the coordination of fixed route schedules, modifying schedules as enrollment and needs change as well as coordinating transport for specific needs such as medical visits, employment, and family visits. This team also investigate accidents, trains new drivers, reviews driver motor vehicle reports, completes regulatory reporting requirements, and controls fleet volume. This team currently oversees approximately 44,600 trips annually, 24 hours a day, 365 days a year. They coordinate schedules with 64 full and part-time drivers, all of which are PACE certified or CTF trained. No drivers are allowed to drive a person with a disability until all safety training is complete and behind the wheel competency is demonstrated.

4. **Specify what unmet needs this project is designed to meet and what strategies will be used to address those needs by checking all applicable boxes below.**

<table>
<thead>
<tr>
<th>HCTP UNMET NEEDS</th>
<th>HCTP STRATEGIES</th>
<th>Select Regional Strategies in CMAP ON TO 2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Centralized Information</td>
<td>☐ Improve Service Integration</td>
<td>☐ Facilitate Partnerships for Service Sharing and Consolidation (pg 208)</td>
</tr>
<tr>
<td>☐ Spatial Limitations</td>
<td>☐ Improve Accessibility</td>
<td>☐ Make Transit More Competitive (pg 255)</td>
</tr>
<tr>
<td>☐ Temporal Limitations</td>
<td>☐ Tools that Improve Productivity</td>
<td>☐ Ensure Equitable Transit Access (pg 261)</td>
</tr>
<tr>
<td>☐ Program Eligibility and Trip Purpose Limitations</td>
<td>☐ Flexible Transit Services</td>
<td>☐ Improve Access to Public Rights of Way for Pedestrians, Cyclists, Seniors, and People with Disabilities (pg 282)</td>
</tr>
<tr>
<td>☐ Service Redundancies</td>
<td></td>
<td>☐ Improve the effectiveness and accessibility of demand response services (pg 265)</td>
</tr>
<tr>
<td>☐ Service Quality and Miscellaneous Issues</td>
<td></td>
<td>☐ Transit providers, local governments, and the private sector should work together to explore new ways to provide targeted, flexible and/or on-demand service in EDAs, low density areas, and for seniors and people with disabilities (pg 266)</td>
</tr>
<tr>
<td>☐ Sustainability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 The assessment could be based on any number of factors, for example: number of trips; seniors served; individuals with disabilities served; quality of service; on-time performance; outreach; coordination; etc. The RTA will require detailed project status reports with performance information from all projects. Beyond that, subrecipients will be asked to provide additional performance metrics specific to their projects in status reports.
5. How will you utilize the strategies you identified in Question 4 to address your unmet needs? (500 words)

Spatial Limitations: There are no boundary issues as our transport schedules rely on crossing over county lines for about 30% of our needs on a daily basis.

Temporal Limitations: CTF provides transportation services 24 hours a day, every day of the year. While the concentration of travel is Monday through Friday, the needs of our residents mandate a system that is available at any given time.

Program Eligibility and Trip Purpose Limitations: All persons receiving support at CTF are eligible and able to use the transportation system. While prioritization must be given to medical necessities, there are no definitive limits to trip purposes as service delivery is based upon community integration through various activities as well as each person’s unique service plan.

Service Quality and Miscellaneous Issues: CTF drivers are certified direct service professionals (DSPs). This training gives drivers an advanced skill level to handle medical and behavioral incidents while in transit, ensuring advanced driver quality. In addition, CTF can accommodate emergent travel needs on a daily basis due to vehicle inventory and number of eligible drivers on staff.

Sustainability: CTF consistently seeks funding that will enhance its transportation systems and staff skill sets.

Improve Service Integration: While CTF is a transportation service provider for person with disabilities, whenever possible, CTF relies on coordinated efforts with PACE, PACE Paratransit, and IDOT. Staff make every effort to teach public transportation skills for those who are able to utilize it as independence is the ultimate goal.

Tools that Improve Productivity: CSF utilizes Azuga GPS technology to improve safety and would share the value of this resource to other providers.

Flexible Transit Services: The CTF system is designed to meet the needs of every unique person supported and is, therefore, designed with flexibility. While much of the system is based on fixed routes, at least 35% is a system based on personal need such as medical appointments, community employment, volunteerism, leisure/recreation, religious events, family visits, shopping, and more.

Ensure Equitable Transit Access: As a service provider for people with disabilities, accessibility is always a priority and our transportation system is no different. By providing transportation services to the individuals we support, we are ensuring greater access to transportation for people with disabilities.

Improve the effectiveness and accessibility of demand response services: The CTF transportation system is a comprehensive system that operates not only on fixed routes and services, but also on demand response services. For instance, any person who needs a ride to a certain place, for medical reasons, personal reasons, or others, can request transportation at any given time, 24 hours a day, 365 days a year.

Transport providers and others work together to promote transport for people with disabilities: CTF currently collaborates with various other transport providers, including PACE, PACE Paratransit, and IDOT in order to ensure people with disabilities have greater access to transportation services.
6. How will this project utilize or coordinate with other human service agencies and/or public transportation providers? If the project will not include coordination, provide detailed explanation for the reasons that coordination cannot occur. (200 words)

Each person that is supported by CTF's staff receives supports to maximize their independent skill set. When possible and being most mindful of safety concerns, public transportation to and from all community activities is one of the main goals to gain independence. Staff members provide trainings to people who are able to use public transportation such as PACE and PARATRANSIT, so they are knowledgeable in all aspects regarding access to public transportation, such as route maps, fares, and accessibility concerns. Additionally, staff provide trainings for use of other forms of transportation, including Uber, Lyft, Rideshare, and other services. By offering education on these transportation options, CTF ensures that not only are people with disabilities given more options for accessibly transportation, but they are given a greater opportunity for increased independence.

In addition to transportation providers, CTF collaborate with multiple human service agencies, including human services agencies that provide residential supports such as Ludeman Center, Sertoma, Pioneer Concepts, Park Lawn, Illinois Mentor, and DD Homes Network. We provide transportation services for people utilizing residential services at the above human service organizations to programming at CTF, community day trips, and special events.

7. How does this project improve access to other transportation services that go beyond the project's geographic boundary? (200 words)

CTF ensures each person supported receive the necessary transport for all services needed, regardless of territory. Currently, CTF provides transportation to Chicago and the Western suburbs for employment, benefit eligibility appointments, and medical appointments. CTF travels throughout the state of Illinois for family visits, social and recreational activities, and special events. Additionally, CTF has a history of planning overnight trips, weekend trips, and vacations throughout the Midwest and beyond for leisure travel and vacations for residents of our Community Integrated Living Arrangement (CILA) homes.

8. How will the target population will be given priority on all project activities, if the service is not restricted to the target population? (200 words)

This project is restricted to persons with disabilities. 100% of people supported at CTF are persons with disabilities, and 20% are seniors with disabilities.
9. How will the project be marketed to the target population? Include information on how populations with Limited English Proficiency will be apprised of the project and whether marketing materials will be available in other languages. (200 words)

CTF engages in multiple forms of marketing to introduce the public to our array of services. We actively participate in community fairs highlighting transition services for people with disabilities at local high schools as well as attend business chambers, township, and village events. We host community events such as Open Houses and special events wherein the public learns about our services and many facilities are open to the public during typical business hours. CTF receives referrals from multiple sources including doctors, Manage Care Organizations, families, schools, and DHS supported Independent Service Coordination offices. CTF also presents to local service organizations such as Sertoma, Rotary Club, and Knight of Columbus. General marketing includes informational brochures and newsletters as well as the use of our website and social media sites.

All of our marketing and events include information about every program, including transportation services. Following outreach events, people who are interested in our support programs are offered tours of all facilities, including homes, to discuss their needs, including transportation, more in depth. Less than 1% of persons enrolled are non-English speaking. When necessary, CTF hires an interpreter with the assistance of Local Independent Service Coordination offices.

10. Provide a list of federal grants that your agency has administered within the last three years. (200 words)

   IDOT (2017)
   DHS Employment First (2017)
   IDOT (2018)
   DMH Capitated Community Care (2018)
   IDOT (2019)

11. During the course of the project, do you expect to provide an overmatch? (All operating projects in the traditional category provide an overmatch). If yes, provide the source of the overmatch. (200 words)

   Yes, the overmatch will be funded by operating income, including revenue generated from human service contracts and private donations.
SECTION 2: BUDGET REQUEST

OPERATING BUDGET REQUEST

The project operating budget estimate should be based on actual annual expenditures for existing services. Budgets for New Services without an operating history should detail the sources of their estimated budgets. Applicants who are operating their own services shall fill out Items A-D in the Budget Details. Applicants who are contracting for service should only fill out Item E.

<table>
<thead>
<tr>
<th>Estimated Operating Expenses</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Wages, Salaries &amp; Benefit</td>
<td>$803,884</td>
</tr>
<tr>
<td>b. Maintenance &amp; Repair</td>
<td>$104,726</td>
</tr>
<tr>
<td>c. Fuel</td>
<td>$126,411</td>
</tr>
<tr>
<td>d. Insurance</td>
<td>$56,981</td>
</tr>
<tr>
<td>e. Contract Services (specify):</td>
<td>$117,478</td>
</tr>
</tbody>
</table>

Pace Vans & Tickets, Rich Township

Total Operating Expenses

| Less Estimated Revenue                        | $1,209,280 |
| Net Operating Cost                            | $82,318    |
| Total Section 5310 funding request            | $1,126,962 |
| Local Share (50% of net operating cost)       | $563,481   |

Budget Detail Year 2

<table>
<thead>
<tr>
<th>Estimated Operating Expenses</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Wages, Salaries &amp; Benefit</td>
<td>$900,126</td>
</tr>
<tr>
<td>b. Maintenance &amp; Repair</td>
<td>$117,293</td>
</tr>
<tr>
<td>c. Fuel</td>
<td>$141,581</td>
</tr>
<tr>
<td>d. Insurance</td>
<td>$63,819</td>
</tr>
<tr>
<td>e. Contract Services (specify):</td>
<td>$131,576</td>
</tr>
</tbody>
</table>

Pace Vans & Tickets, Rich Township

Total Operating Expenses

| Less Estimated Revenue                        | $(92,196)  |
| Net Operating Cost                            | $1,262,197 |
| Total Section 5310 funding request            | $631,099   |
| Local Share (50% of net operating cost)       | $631,099   |

CAPITAL BUDGET REQUEST

<table>
<thead>
<tr>
<th></th>
<th>Federal Request 80% of Total Cost</th>
<th>Local Share 20% of Total Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Improvement</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Computer Software Hardware/Technology</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total Capital Request</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Rolling Stock is not eligible.
**MOBILITY MANAGEMENT BUDGET REQUEST**

<table>
<thead>
<tr>
<th>Major Activities</th>
<th>Federal Request 80% of Total Cost</th>
<th>Local Share 20% of Total Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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<tr>
<td>TOTALS</td>
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</tbody>
</table>

Mobility management consists of short-range planning and management activities and projects for improving coordination among public transportation and other transportation service providers carried out by a recipient or subrecipient through an agreement entered into with a person, including a government entity, under 49 U.S.C. Chapter 53 (other than Section 5309). Mobility management does not include operating public transportation services.

**ADMINISTRATION BUDGET REQUEST (ITEMIZE)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Federal Request 100% of Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
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</tr>
<tr>
<td>TOTALS</td>
<td>$</td>
<td>$</td>
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</tbody>
</table>

All administration expenses must directly support the project and may not exceed 10% of the total federal share requested. Only direct costs are eligible for reimbursement, unless your organization has a cost allocation plan approved by your federal cognizant agency.

1. **Describe the methodology used to develop the budget. (200 words)**

   The budget was derived using actual expenses for FY19 for the period July 2018 through January 2019. A labor analysis was performed and staff positions involved in transportation were identified. Based on the analysis, hours dedicated to transportation duties were identified as a percentage of hours by position and converted to a weekly hours equivalent. Wages were annualized for each position using the equivalent transportation hours, number of staff relating to the position and average hourly amount. A 19% estimate for taxes and fringes was included in the annualized total. Maintenance & Repair, Fuel and Contract Service expenses were calculated by annualizing year to date expenses for FY19 for the suburban fleet. The insurance expense was calculated based on FY19 premiums for the suburban fleet.
Appendix A

CERTIFICATIONS AND BOARD RESOLUTION
CERTIFYING AUTHORITY

I am duly authorized to make the following certification on behalf of the Applicant Organization and based on my position, knowledge and experience with the Applicant Organization:

1) The information contained in the Application, including attachments, is true and correct;

2) The Applicant has the requisite fiscal, managerial, and legal capabilities to carry out the operations and maintenance of the Project in accordance with 49 U.S.C. Section 5310; and

3) The Applicant shall adhere to the federal, state and local requirements related to the Project.

Note: Authorized Official should be that of the official named in the Governing Board Resolution unless other documentation is provided.

______________________________  ______________________
Signature of Authorized Official  Date

Chief Executive Officer ______________________________
Title ______________________________
LOCAL SHARE CERTIFICATION FORM

I, Mary Pat Ambrosino, the undersigned representing CTF ILLINOIS do hereby certify to the Regional Transportation Authority, that the required $1,194,580.00 in local match funds are available and that the source of the funds are from CTF ILLINOIS General Operating Funds; and comply with local share requirements in FTA Circular 9030.1E, which are:

a. Cash from non-governmental sources other than revenues from providing public transportation services;

b. Non-farebox revenues from the operation of public transportation service, such as the sale of advertising and concession revenues. A voluntary or mandatory fee that a college, university, or similar institution imposes on all its students for free or discounted transit service is not farebox revenue;

c. Amounts received under a service agreement with a State or local social service agency or private social service organization;

d. Undistributed cash surpluses, replacement or depreciation cash funds, reserves available in cash, or new capital;

e. Amounts appropriated or otherwise made available to a department or agency of the Government (other than the Department of Transportation); and

f. In-kind contribution such as the market value of in-kind contributions integral to the project may be counted as a contribution toward local share.

Note: Authorized Official should be that of the official named in the Governing Board Resolution unless other documentation is provided.

Signature of Authorized Official

Date

Chief Executive Officer

Title
TITLE VI PLAN CERTIFICATION FORM
(New Applicants Only)

Title VI of the Civil Rights Act of 1964 provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance. The program receiving such funds, shall abide by, and is committed to ensuring that no person is excluded from participation in or denied the benefits of, its activities or services on the basis of race, color, or national origin.

I, Mary Pat Ambrosino, the undersigned representing CTF ILLINOIS do hereby certify to the Regional Transportation Authority,

☑ that the attached Title VI Plan, approved on 7-29-14 is in effect.

or

☐ that a Title VI Plan will be developed should an award be made pursuant to this application.

or

☐ that CTF ILLINOIS will adopt the RTA’s Title VI Plan.

__________________________               4-24-19
Signature of Authorized Official                            Date

Chief Executive Officer

Title
TITLE VI NOTICE TO THE PUBLIC

LONG TITLE VI NOTICE

Rights Under Title VI

CTF ILLINOIS operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with our agency. Any such complaint must be in writing and filed with this agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact CTF ILLINOIS by any of the methods listed below.

CTF ILLINOIS, 1902 Fox Drive Suite B, Champaign, IL 61820-7378
Phone: (217) 352-1557
Fax: (217) 352-7166
Email: denniscarpenter@ctfillinois.org

If this information is needed in another language, please contact us.
CTF ILLINOIS
TITLE VI COMPLAINT FORM

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.
Please mail or return this form to

Dennis D. Carpenter, President/CEO
CTF ILLINOIS
1902 Fox Drive, Suite B
Champaign, IL 61820-7378
Phone: (217) 352-1557
Fax: (217) 352-7166
Email: denniscarpenter@ctfillinois.org
Name:
Address: 
City: 
State: 
ZIP: 
Telephone: 
E-mail: 

Accessible format of Form Needed? Check all that apply
Large Print    Audio Tape    TDD    Other: Click here to enter text.

Are you filling out this complaint on your own behalf?

Yes

Name of person filing complaint:
Address:
City:
State:
ZIP:
Telephone:
E-mail:
Your relationship to this person:
Have you obtained permission to file on this person's behalf? Yes No

The discrimination alleged was on the basis of (check all that apply)
Race      Color      National Origin      Other: Click here to enter text.

Date of alleged discrimination:
Where did alleged discrimination take place?
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved, include name and contact information of persons who discriminated against you (if known)
Click here to enter text.

Please list any and all witness’ names and contact information.
Click here to enter text.

What type of corrective action would you like to see taken?
Click here to enter text.

Have you filed a complaint with any other Federal, State or local agency/court?
Yes (check all that apply)
Fed. Agency: Click here to enter text. Fed'l. Court: Click here to enter text.
State agency: Click here to enter text. State Court
Local Agency: Click here to enter text. Local Court

Please attach additional documentation as necessary. Sign and date below:

X
Your Signature

Printed Name
CTF ILLINOIS
TITLE VI PROCEDURES

Date Last Updated: 7/29/2014

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Any person who believes that he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color or national origin by CTF ILLINOIS may file a complaint by completing and submitting to CTF ILLINOIS the Title VI Complaint form.

How do you file a complaint?

You may download the CTF ILLINOIS Title VI Complaint Form at www.ctfillinois.org or request a copy by writing or phoning: CTF ILLINOIS, 1902 Fox Drive Suite B, Champaign, IL 61820-7378; (217) 352-1557.

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number [See question 1 of the complaint form];
- How, why, and when you believe you were discriminated against. Include as much specific detailed information as possible about the alleged acts of discrimination, and any other relevant information [See questions 7, 8, 9, and 10 of the complaint form]; and
- The names of any persons, if known, whom the director could contact for clarity of your allegations [See question 11 of the complaint form].

Please submit your complaint form to address listed below:

Dennis D. Carpenter, President/CEO
CTF ILLINOIS, 1902 Fox Drive Suite B, Champaign, IL 61820-7378

How will your complaint be handled?

CTF ILLINOIS investigates complaints received no more than 180 days after the alleged incident. CTF ILLINOIS will process complaints that are complete. Once a completed complaint is received, CTF ILLINOIS will review it to determine if CTF ILLINOIS has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by CTF ILLINOIS.

CTF ILLINOIS will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, CTF ILLINOIS may contact the complainant. Unless a longer period is specified by CTF ILLINOIS, the complainant will have 10 days from the date of the letter to send requested information to the CTF ILLINOIS investigator assigned to the case.

If CTF ILLINOIS’ investigator is not contacted by the complainant or does not receive the additional information within the required timeline, CTF ILLINOIS may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.
After an investigation is complete, CTF ILLINOIS will issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If a complainant disagrees with CTF ILLINOIS’ determination, he/she may request reconsideration by submitting a request in writing to CTF ILLINOIS’ President/CEO within seven [7] days after the date of CTF ILLINOIS’ letter, stating with specificity the basis for the reconsideration. The President/CEO will notify the complainant of his decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, the President/CEO will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590. If information is needed in another language, then contact CTF ILLINOIS at (217) 352-1557.
EQUAL EMPLOYMENT OPPORTUNITY (EEO)
CERTIFICATION FORM

Agencies that have 50 or more transit-related employees are required to prepare and maintain an EEO Program. Transit-related employees are defined as all part-time employees and employees with collateral duties that support the transit program. For example, anyone who processes payments for a 5310-funded project would be considered a transit-related employee.

I, Mary Pat Ambrosino, the undersigned representing CTF ILLINOIS do hereby certify to the Regional Transportation Authority,

☐ This organization will not have 50 or more transit-related employees even if awarded this project.

☑ This organization has 50 or more transit-related employees and attached is our EEO Program.

☐ This organization will develop and submit an EEO Program should we be awarded a 5310 project and have more than 50 transit-related employees.

_________________________  __________
Signature of Authorized Official          Date

Chief Executive Officer

Title
CTF ILLINOIS is an affirmative action, equal opportunity employer that values and actively seeks diversity in the workforce. CTF ILLINOIS evaluates qualified applicants without regard to race, color, religion, sex, national origin, disability, veteran status, sexual orientation, gender identity, and other legally-protected characteristics.

All organizations policies, remuneration opportunities, hours of work, performance review schemes, disciplinary and other procedures, and benefits are designed to promote equal opportunity and protection for all staff, contractors, and volunteers.

CTF ILLINOIS is firmly committed to diversity in all areas of work and service. We believe that we have much to learn and profit from diverse cultures, experiences and perspectives, and that diversity will make our organization more effective in meeting the needs of all our stakeholders.

CTF ILLINOIS believes that diversity is a means to achieve high quality service delivery as well as respectable work environment. Diversity compliments the other organizational values and encompasses the way we work, the work environment, and respect for people and ideas. CTF ILLINOIS embraces the uniqueness of the individual and holds value in the diverse origin, age, gender, race, sexual orientation, cultural heritage, lifestyle, education, and physical ability of its employees, contractors, volunteers, and stakeholders.
SINGLE AGENCY AUDIT CERTIFICATION FORM

In accordance with CFR, Title 2-Subtitle A, Chapter II, Part 200, Subpart F, Audit Requirements, a Grantee that expends $750,000 or more of federal funds from all sources during its fiscal year is required to have a single audit performed in accordance with CFR, Title 2, Part 200.

Please check the appropriate box:

☑️ I certify our agency did not expend $750,000 or more in federal awards during our most recent fiscal year ending on 06/30/18.

☐ I certify our agency expended or will expend $750,000 or more in federal awards during our most recent fiscal year ending on 06/30/18 and has fulfilled or will fulfill the audit requirement under CFR, Title 2, Part 200.

☐ In the event the my agency does receive $750,000 or more in total from all federal sources during the current fiscal year, my agency will comply with the Single Audit Act and submit to the RTA a copy of its most recent audit conducted in compliance with the Act.

Signature of Authorized Official: __________________________

Date: 4-24-19

Chief Executive Officer: __________________________

Title: __________________________
TRADITIONAL PROJECT CERTIFICATION ELIGIBILITY
UNITS OF LOCAL GOVERNMENT
(New Applicants Only)

NOT APPLICABLE

Public agencies must certify that no non-profit agencies are readily available in order to be eligible for traditional 5310 project funding.

☐ As a unit of local government, (insert name of unit of local government) certifies that no non-profit agency is readily available in the area. The RTA will contact you to assist with the certification process.

☐ As a unit of local government, (insert name of unit of local government) does not wish to become a certified agency.

______________________________  ______________________________
Signature of Authorized Official  Date

______________________________
Title
PRIVATE NON-PROFIT ORGANIZATION CERTIFICATION ELIGIBILITY

Private Non-Profit Organization

✓ As a private non-profit organization, CTF ILLINOIS has attached to this application our IRS 501(c) (3) letter establishing our eligibility for Section 5310 funding.

Signature of Authorized Official

Date 4-24-19

Chief Executive Officer

Title
In reply refer to: 0248467576
Apr. 22, 2013 LTR 4168C E0
36-4386948 000000 00
00022436
BODC: TE

CHARLESTON TRANSITIONAL FACILITY
% CHARLES SMITH
1902 FOX DR STE B
CHAMPAIGN IL 61820-7378

Employer Identification Number: 36-4386948
Person to Contact: MS YATES
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Apr. 11, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JANUARY 2001.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
CHARLESTON TRANSITIONAL FACILITY
% CHARLES SMITH
1902 FOX DR STE B
CHAMPAIGN IL 61820-7378

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Richard McKee, Department Manager
Accounts Management Operations
CTF ILLINOIS
% CHARLES SMITH
1902 FOX DR STE B
CHAMPAIGN IL 61820-7378

Taxpayer Identification Number: 36-4386948

Dear Taxpayer:

Thank you for the inquiry dated Dec. 16, 2013.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ________________________ Hours ________________________

Sincerely yours,

Sheila Bronson
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter
GOVERNING BOARD RESOLUTION

Corporate Name: CTF ILLINOIS, An Illinois not-for-profit corporation

Project Title: SECTION 5310 Enhanced Mobility of Seniors & Individuals with Disabilities

RESOLUTION authorizing applications for and execution of a FY20-FY21 Section 5310 grant agreement under the Regional Transportation Authority’s general authority to make such Grants.

Whereas, the Regional Transportation Authority (the “Authority”), is authorized to make such grants as the designated recipient of the FY20-FY21 Section 5310 program for Northeastern Illinois; and

Whereas, the Authority has the power to expend funds for use in connection with FY20-FY21 Section 5310 projects, and

Whereas, the Authority has the power to make and execute all contracts and other instruments necessary or convenient to the exercise of its powers, and

Whereas, approval for said funds will impose certain financial and reporting obligations upon the recipient.

NOR, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF CTF ILLINOIS:

Section 1. That Mary Pat Ambrosino, CEO and her successor is authorized to execute and file applications on behalf of CTF ILLINOIS with the Regional Transportation Authority for FY20-FY20 Section 5310 grant for Section 5310 Enhanced mobility of Seniors & Individuals with Disabilities.

Section 2. That Mary Pat Ambrosino, CEO and her successor is authorized to furnish such additional information, assurances, certifications and amendments as the Regional Transportation Authority may require in connection with this FY20-FY21 Section 5310 grant agreement application.

Section 3. That Mary Pat Ambrosino, CEO and her successor certify that CTF ILLINOIS will provide the required local match from CTF ILLINOIS Operating Funds.

Section 4. That Mary Pat Ambrosino, CEO and her successor is authorized and directed on behalf of CTF ILLINOIS to execute and deliver grant agreements and all subsequent amendments thereto between CTF ILLINOIS and the Regional Transportation Authority for FY20-FY21 Section 5310 grant, and the Secretary of CTF ILLINOIS is authorized and directed on behalf of CTF ILLINOIS to attest said agreements and all subsequent amendments thereto.

Section 5. That Mary Pat Ambrosino, CEO and her successor is authorized and directed to take such action as is necessary or appropriate to implement, administer and enforce said agreements and all subsequent amendments thereto on behalf of CTF ILLINOIS.

PRESENTED and ADOPTED the 24th day of April, 2019

Signature of Authorized Official

Chief Executive Officer
Title

Signature of Attest

Title