



## AGENDA

### Regional Transportation Committee

Friday, May 22, 2020

9:30 AM

Virtual Meeting via Zoom

Website: <https://zoom.us/j/91962733526?pwd=OUpsZ0h4VVpaSkNJN3pKMxFCM2Fqdz09>

Meeting ID: 919 6273 3526 | Password: 069483 | Call In Number: (929) 205-6099

#### 9:30 AM Full Regional Transportation Committee Agenda

##### 9:30 – 9:45 I. SCDOT Project Status Report

☐ Action ☐ Possible Action ☒ Information Minutes: 15

Presenter: Mr. Jim Walden, SCDOT

Item Summary: Mr. Walden will provide the Committee with an update on several projects in the region.

Background: N/A

##### 9:45 – 10:00 II. Updates to the Rural Transportation Improvement Program (TIP)

☒ Action ☐ Possible Action ☐ Information Minutes: 15

Presenter: Mr. Lance Estep, ACOG

Item Summary: A Committee recommendation to the Board will be requested on an update to the TIP.

Background: The TIP is due for its 4-year update this month. Our current TIP window is 2017-2022. The new update will change our window to program projects to 2021-2027. No additional changes are proposed at this time.

Performance Measure(s) Addressed:

☒ Safety ☒ Infrastructure Condition ☒ System Performance

**10:00 – 10:25 III. FY 2020-2021 FTA Section 5310 Program Applications**

☒ Action      ☐ Possible Action      ☐ Information      Minutes: 25

Presenter: Mr. Lance Estep, ACOG

Item Summary: A Committee recommendation to the Board will be requested on a final ranking of the 5310 applications for FY 2020-2021.

Background: Each year the ACOG Transportation Committee and Board of Directors are tasked with prioritizing the list of applications submitted for 5310 Transit funding for the federally designated rural and small urban areas of the ACOG region. Staff has given a preliminary ranking to the applications. We will review the applications, discuss prioritization and the ranking process, and finalize a ranking to recommend to the Board.

Performance Measure(s) Addressed:

☐ Safety      ☐ Infrastructure Condition      ☐ System Performance

**10:25 – 10:30 IV. Update on Regional Transportation Initiatives**

☐ Action      ☐ Possible Action      ☒ Information      Minutes: 5

Presenter: Mr. Lance Estep, ACOG

Item Summary: Mr. Estep will provide an update to the Committee on the Appalachian Regional Freight Mobility Plan.

Background: N/A

**V. Other Business**

**VI. Adjourn**

# Appalachian COG Projects *May 22, 2020*

## Projects in Scoping and Feasibility Phase

SC 150 (S Limestone St) at S-111 (W O'Neal St) Cherokee County

SC 150 (Pacolet Hwy) at S-111 (E O'Neal St)

SC 28 (Abbeville Hwy at SC 185 (Due West Hwy) Anderson County

*First Scoping and Feasibility Meeting was held March 2020*

*Feasibility Team to meet next once preliminary studies are available*

*Preliminary Engineering anticipated to start Spring 2021*

S-97 (Dalrymple Rd) at L-568 (Scotts Bridge Rd) Anderson County

*Project not moving forward based on the Feasibility Team analysis.*

## Notes

## Projects in Design

US 176 (Main St) @ SC 357 (Depot St/Holly Springs Rd) Spartanburg Co.

*Right of Way acquisitions underway, working with Postal Service*

*Construction Anticipated Late 2021*

S-61 (Old Post Road) Intersection Improvements Cherokee County

*Right of Way Plans being finalized, Right of Way anticipated Late 2020*

*Old Post Rd at Jennies Ln improvements not moving forward after analysis.*

US 29 @ S-146/S-331 (Near the Jockey Lot) Anderson County

*Public Comments accepted through May 31, 2020*

*Right of Way anticipated Late 2020*

US 76 (Clemson Hwy) @ S-60 (Welpine Rd) Anderson County

*Surveys are complete, Preliminary Plans underway.*

*Right of Way anticipated Early 2022*





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**Agenda Item II:** Update to the Rural Transportation Improvement Program.

**Description:** The Transportation Improvement Program (TIP) is due for its 4-year update this month. Our current TIP window is 2017-2022. The new update will change our window to program projects to 2021-2027.

At this time, there are no changes recommended to any of the projects in the TIP. The sole purpose of this update is to simply change the programming window; all existing project timelines and funding remain the same. Our Long Range Transportation Plan will be updated in 2021, which will identify new projects in the region to be programmed into the TIP at that time.

The new TIP is a large document, so please click on the link below to review the latest copy:

[ACOG 2021-2027 Draft Transportation Improvement Program](#)

The new TIP needs to be adopted in June to comply with SCDOT and FHWA requirements. To adopt the new TIP, we will ask the Transportation Committee to review the new format and make a recommendation to the Board.



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**Agenda Item III:** FY 2020-2021 FTA Section 5310 Program Applications.

**Description:** Each year the ACOG Transportation Committee and Board of Directors are tasked with prioritizing the list of applications submitted for 5310 Transit funding for the federally designated rural and small urban areas of the ACOG region.

The Federal Transit Agency has not yet published the 2020 federal funding apportionment for the 5310 program. In addition, as has been the case in prior years, SCDOT has not provided specific allocations for each COG region so these applications will compete with others statewide. SCDOT has always worked hard to ensure each region receives some portion of the funds. It is expected that our region would receive two awards, up to \$60,000, for each of the two funding categories.

Due to COVID-19, the application deadline was extended by SCDOT this year to May 1, 2020. Attached are copies of the submitted applications and the ranking criteria used. Staff has gone through the ranking criteria and assigned a preliminary rank to each of the applications. This month, we will review the 5310 program, the applications received, and finalize a ranking to recommend to the Board.

On the next few pages you will find a summary of the funding requests and amounts from each agency and a summary of funded projects for previous years.

There is one (1) request for small urban funds totaling \$60,000 from Senior Solutions. Five (5) requests for rural funds were made totaling \$290,000.

Any that do not receive funding will become alternates that DOT will consider if additional funding becomes available. It is expected there will be some additional funds when this year's full apportionment is made for US DOT.

# 5310 Funding Summary 2015 - 2019

## 2015-16

### Rural

Senior Centers of Spartanburg	\$ 60,000
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### Small Urban

Anderson County DSN Board	\$ 53,321
Senior Solutions (Anderson)	\$ 48,000
The Charles Lea Center (Cowpens)	\$ 32,640
<b>Total</b>	<b>\$ 193,961</b>

*\* There were 5 additional rural applications totaling \$207,360 that were not funded in this cycle. This included Pickens County DSN, Cherokee County DSN, Oconee County DSN, Charles Lea Center, and Senior Solutions (Oconee). The Spartanburg Senior Centers project was the number one priority based on their request for Purchase of Services from a larger agency. SCDOT made Purchase of Service requests their top priority with the limited funds available.*

## 2016-17

### Rural

Cherokee County DSN Board	\$ 48,000
Oconee County DSN Board	\$ 38,400

### Small Urban

Anderson County DSN Board	\$ 50,000
<b>Total</b>	<b>\$ 136,400</b>

*\* There was 1 additional rural applications totaling \$48,000 from Pickens County DSN that was not funded. The Pickens County project did not qualify for rural funds because the vast majority of their clients reside in the Greenville/Pickens Large Urban area.*

## 2017-18

### Rural

Cherokee County Office of Veterans Affairs	\$ 50,000
Oconee County DSN Board	\$ 118,000
Anderson County DSN Board	\$ 59,000

### Small Urban

Senior Solutions (Anderson)	\$ 50,000
Charles Lea Center	\$ 50,000
<b>Total</b>	<b>\$ 327,000</b>

*\* There was 1 additional rural application totaling \$50,000 from Anderson County DSN that was not funded.*

## 2018-19

### Rural

Cherokee County DSN Board	\$ 55,000
Oconee County DSN Board	\$ 55,000
Anderson County DSN Board	\$ 55,000
Pickens County DSN Board*	\$ 50,000

### Small Urban

Senior Solutions (Anderson)	\$ 55,000
<b>Total</b>	<b>\$ 270,000</b>

*\*Pickens County DSN did not submit an application to ACOG, but was given ACOG Rural funds by SCDOT after all other applications were funded.*

## 2019-2020

### Rural

Cherokee County DSN Board	\$ 55,000
Oconee County DSN Board	\$ 55,000
Anderson County DSN Board	\$ 55,000
Pickens County DSN Board	\$ 55,000
Senior Solutions (Oconee)	\$ 55,000

### Small Urban

Charles Lea Center	\$ 55,000
<b>Total</b>	<b>\$ 275,000</b>

## 2020 Section 5310 Ranking Criteria

Applicant:  
Location:  
Total Score

### *Statement of Need & Org Capacity(20 Points)*

Possible Pts	Score	
4	_____	Does the project address a recognized need in the community?
4	_____	What unmet need(s) are identified in relation to the regional Coordinated Public Transit-Human Services Transportation Plan?
4	_____	Which strategy(ies) does the project focus on from the Plan?
4	_____	Does the project increase or enhance availability of transportation of the targeted population?
4	_____	Does the project help meet transportation needs outside this population?

### *Project Budget and Cost Effectiveness (20 Points)*

Possible Pts	Score	
5	_____	Was a clearly defined budget submitted for each of the proposed projects?
5	_____	Does the project budget list the source(s) of local share? Is the local share stable?
10	_____	Does the applicant report a long-term commitment to the project to continue the effort beyond the availability of the requested grant resources?

### *Coordination and Program Outreach (20 Points)*

Possible Pts	Score	
5	_____	What coordination efforts did the project employ? (More points should be awarded for multiple shared activities – program planning, operations, communications and/or planning)
5	_____	Does the project involve multiple partners? (More points awarded for greater partnership)
5	_____	Was private sector involvement explored?
5	_____	Does the project indicate how stakeholders will be involved throughout the project?

### *Implementation Plan (20 Points)*

Possible Pts	Score	
7	_____	Does the operational plan correspond with the project goals/objectives?
7	_____	Does the implementation plan seem feasible?
6	_____	Does the timeline seem feasible?

### *Customer Service and Accessibility (20 Points)*

Possible Pts	Score	
5	_____	Does the applicant display sufficient experience in providing services for the targeted clientele?
5	_____	Does the agency have adequate staff resources to handle the project?
5	_____	If applicable, are drivers properly trained?
5	_____	If applicable, does the agency display the ability to maintain vehicles?



**SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION  
OFFICE OF PUBLIC TRANSIT**

**COG PRIORITY AUTHORIZATION FORM  
SECTION 5310 Program  
RURAL or SMALL URBAN PROJECTS**

(PLEASE COMPLETE ONE FORM PER PROGRAM/PROGRAM SERVICE AREA)

COG Region: Appalachian Council of Governments

Point of Contact (include job title): Lance Estep, AICP, Principal Planner

Type of Program and Project: (Ex.: Section 5310/Small Urban): Section 5310 / Rural

Fiscal Year: 2020 to 2021

I certify that the applications listed below meet all eligibility criteria as established and have been rated and ranked based on the selection criteria outlined in the programs funding announcement, not in the order in which the applications were received. Each application was reviewed by a designated panel of transportation professionals and/or rating officer and the process was conducted in a fair and ethical manner. A fair and diplomatic process was exercised to break all ranking score ties.

\_\_\_\_\_  
Signature, Public Transportation Planner or  
Official Rating Officer

**Priority List**

Rank	Applicant/ Organization	Ranking Score	Capital Type (Vehicle/MM/POS)	Brief Project Scope	Federal Funding Recommendation	Local Match
1.	Pickens County DSN	88	Vehicle	ADA Purpose Built Van	\$55,000	
2.	Anderson County DSN	83	Vehicle	ADA Cut-A-Way Van	\$60,000	
3.	Oconee County DSN	82	Vehicle	ADA Purpose Built Van	\$55,000	
4.	Cherokee County DSN	79	Vehicle	ADA Cut-A-Way Van	\$60,000	
5.	Senior Solutions Oconee	77	Vehicle	ADA Cut-A-Way Van	\$60,000	
6.						
7.						
8.						
9.						
10.						

I validate the selections listed above and submit the Priority List to the South Carolina Department of Transportation for final approval.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Executive Director



## APPLICATION FOR FUNDING SECTION 5310

**AGENCY NAME:** Anderson County Disabilities and Special Needs Board

**AGENCY TYPE:** Other

**APPLICATION TYPE:** Rural

**APPLICATION STATUS:** New Applicant

**STATE FISCAL YEAR:** 2020-2021

**TYPE OF CAPITAL  
REQUEST:** \$60,000 (ADA Accessible Cut-A-Way)

**VEHICLE  
REPLACEMENT?** Yes

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**If Yes please provide  
year, make model, miles  
and VIN**

2009, Ford, Goshen, about 155500, 1FDEE35L99DA23497

**COG REGION:**

Appalachian

**PROJECT INFORMATION****APPLICATION PART 1:***\*=Required*

<b>Agency Legal Name</b>	Anderson County Disabilities and Special Needs Board		
<i>Doing Business As</i>	ACDSNB		
<i>Federal Tax ID Number</i>	57-0729982		
<i>DUNS</i>	627117914		
<i>SCEIS Vendor ID</i>	N/A		
<i>Congressional District</i>	SC-003		
<i>COG Region (all applicants)</i>	Appalachian		
<i>MPO Region (urban applicants)</i>	ANATS		
<i>Web Site Address (if available)</i>	acdsnb.org		
<i>Board Chair's Name</i>	Dr Debra Seegers		
<i>Authorized Official's Name</i>	Jerrel Lynn King		
<i>Title</i>	Executive Director		
<i>E-mail</i>	jerrellynnking@acdsnb.org		
<i>Administration Physical Address</i>	214 McGee Road		
<i>City</i>	Anderson	<i>Zip</i>	29625
<i>Phone</i>	864-260-4515	<i>Fax</i>	864-260-5011
<i>Operations Physical Address</i>	212 McGee Road		
<i>City</i>	Anderson	<i>Zip</i>	29625
<i>Phone</i>	864-260-4515	<i>Fax</i>	

## APPLICATION PART 2:

## NARRATIVE DESCRIPTION OF SYSTEM

*\*=Required*

This part of the application is divided into several sections, each covering a different aspect of your system and its management. Applicants are urged to provide thorough but concise answers to the questions.

### ORGANIZATION

**1. Provide a brief description of your agency's primary mission, including a mission statement if available.**

The Anderson County Disabilities and Special Needs Board provides a variety of services for individuals with developmental disabilities ranging from Career Prep services to Adult Day Activities. For some it is learning to do everyday tasks, for others we assist in going into the community and learning how to more fully integrate into the community. The Anderson County DSN Board mission statement is "We are People Embracing Other People's Lives Through Enrichment." Our Vision is - To be an organization that supports and listens to people. Anderson County is a rural county and serves individuals in the communities of Anderson, Pendleton, Williamston, Iva, Belton, Honea Path, Pelzer, Starr and unincorporated portions of the county (Sandy Springs and Townville).

**2. Year that your agency started providing general public transit services:**

1,981

**3. Please provide information regarding vehicle(s) being replaced**

Make-Ford  
Model-Goshen Coach  
VIN-1FDEE35199DA23497  
Mileage-155181  
Who holds the title? Anderson County DSN Board  
This vehicle was in an accident in which it was deemed a total loss. (ACDSNB not at fault)

### SYSTEM DESCRIPTION

**1. Modes of Service – check all that apply**

(reference NTD Glossary: <http://www.ntdprogram.gov/ntdprogram/Glossary.htm>)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fixed Route                  | <input type="checkbox"/> Deviated Fixed Route | <input type="checkbox"/> Demand Response   |
| <input type="checkbox"/> Intercity Bus                | <input checked="" type="checkbox"/> Commuter  | <input type="checkbox"/> Vanpool           |
| <input type="checkbox"/> Ferry Boat                   | <input type="checkbox"/> Taxi                 | <input type="checkbox"/> Bus Rapid Transit |
| <input checked="" type="checkbox"/> Other (Describe): |   |  |

Serve the special needs population in Anderson county



## 2. Current days and hours of operation:

☒ Monday

Hours: 8

☒ Tuesday

Hours: 8

☒ Wednesday

Hours: 8

☒ Thursday

Hours: 8

☒ Friday

Hours: 8

☐ Saturday

Hours:

☐ Sunday

Hours:

## 3. How many square miles are in your service area?

715

## 4. Counties Served (list all)

**County Name**

Anderson, Some of Pickens County

## 5. Cities Served (list all)

**City Name**

Anderson, Belton, Honea Path, Sandy ...

Easley

## 6. Is your system planning to either:

☒ Maintain the same level of service as last year

☐ Change the level of service

If your system is proposing to change services – changing routes, increasing or decreasing service please describe the changes and why they are proposed.

N/A

## 7. ESTIMATED LEVEL SERVICE FOR APPLICATION

Estimate each Service Option: Passenger Trips, Revenue Hours and Revenue Miles for the application 1

**General Public**

Passenger Trips

Revenue Hours

Revenue Miles

0

**Medicaid/Medicaid Brokerage**

0

**Sponsored Human Service (Not Medicaid)**

	0		
<i>Non-Sponsored (in-house) Human Service (Not Medicaid)</i>	100		
<i>Employment/Work-related</i>	0		
<i>ADA Complimentary Paratransit</i>	0		
<i>Other (Describe):</i>			
<i>Other (Describe):</i>			

## 8. Scope of Service

*Please describe a detailed summary of services that will be provided during the project fiscal year. Describe any proposed service expansion and planned capital purchases by line item. Note: This scope will be used in the sub-recipient subcontract agreement.*

Anderson County Disabilities and Special Needs Board is in need of a replacement 14 passenger ADA cutaway van that will transport 13 individuals daily from multiple locations in Anderson County to their place of work and training at the ACDSNB Adult Day Program. This gives our individuals the opportunity to develop skills to participate in community integration as well as skills to participate in activities in daily living such as (grooming, making purchases and understanding their community. This van route serves individuals that are home based living in our community as well as individuals that live at one of our Community Training Homes. This vehicle travels 42 miles each way with 9 stops daily. This route is Monday through Friday travelling approximately 21900 miles annually and serves individuals with physical handicaps so we are requesting a lift on the vehicle to assist with these needs. In addition, the 14 passenger ADA cutaway bus that was on this route was involved in an accident where it was deemed a total loss (ACDSNB not at fault). Without this transportation individuals will lose the ability to work and develop the daily responsibilities that would enable them to care for themselves and achieve greater independence. Getting our individuals to the point of working and becoming independent and productive citizens of the community is some of the main goals we try to obtain for the ones we serve. These services would not be possible without the critical component of transportation services. This route is one of seven routes that enable our individuals to attend, train and work at the Adult Day Program. The Anderson County Disabilities and Special Needs Board currently serves over 300 individuals and we have offered this program for over 15 years. We have more than 100 individuals that participate in services such as employment preparation with local industries. We also provide services in the areas of community development and personal development. We have 19 employees that service the routes to and from the Adult Day Program site. All of our drivers must attend an 8 hour defensive driving course and be able to drive any of our agency vehicles.



## APPLICATION PART 3: FINANCIAL MANAGEMENT / SUPPORTING BUDGET INFORMATION

### FINANCIAL MANAGEMENT

**1. How is the budget monitored for the organization's transit program budget?**

Monthly financials are presented to ACDSNB Board for review

**2. Within your organization, what is the position with overall responsibility to monitor revenues, expenditures and adjustments?**

Finance Director

**3. Name the financial system/accounting system your agency uses including the system module utilized:**

Solana

**4. List All Federal or State Funds projected to support transit activities for this state fiscal application year (*list DOT and Non-DOT funds*):**

- ☐ Urbanized Area Transit Program (Section 5307)
- ☐ Rural Transit Program (Section 5311)
- ☐ Rural Transit Program JARC (Section 5311 – JARC)
- ☐ State Mass Transit Funds (Match for 5307 or Other project w/no federal funds)
- ☐ Bus & Bus Facilities Program – Rural (Section 5339)
- ☐ Bus & Bus Facilities Program – Small Urban (Section 5339)
- ☒ Enhanced Mobility of Seniors & Individuals w/Disabilities – Rural (Section 5310)
- ☐ Enhanced Mobility of Seniors & Individuals w/Disabilities – Small Urban (5310)
- ☐ Enhanced Mobility NEW FREEDOM Program – Rural (Section 5310 NF)
- ☐ Enhanced Mobility NEW FREEDOM Program – Small Urban (Section 5310 NF)

Other (Specify):

Other (Specify):

Other (Specify):

Other (Specify):

## APPLICATION PART 4:

## SUPPORTING DOCUMENTATION

*\*=Required*

The following documents are to be submitted with your application.

Board Membership List



Board Member Listing.pdf  
PDF File  
32.6 KB

Copy of Public Hearing



Public Notice Ad.pdf  
PDF File  
22.6 KB

Title VI Program Report



ACDSNB TITLE VI  
PLAN.pdf  
PDF File  
567 KB

Surface Public Transportation Providers and Labor  
Representation



SF424\_Appl\_Federal\_Assistan  
ce.pdf  
PDF File  
548 KB



## APPLICATION FOR FUNDING SECTION 5310

**AGENCY NAME:** Cherokee County Disabilities & Special Needs Board

**AGENCY TYPE:** Other

**APPLICATION TYPE:** Rural

**APPLICATION STATUS:** Continuing Applicant

**STATE FISCAL YEAR:** 2020-2021

**TYPE OF CAPITAL  
REQUEST:** \$60,000 (ADA Accessible Cut-A-Way)

**VEHICLE  
REPLACEMENT?** Yes

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**If Yes please provide  
year, make model, miles  
and VIN**

2005 Ford Super Duty  
VIN 1FDWE35L35HA83895  
Mileage = 175,930

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**COG REGION:**

Appalachian

**PROJECT INFORMATION****APPLICATION PART 1:***\*=Required*

<b>Agency Legal Name</b>	Cherokee County Disabilities & Special Needs Board		
<i>Doing Business As</i>			
<i>Federal Tax ID Number</i>	57-1061735		
<i>DUNS</i>	052702936		
<i>SCEIS Vendor ID</i>			
<i>Congressional District</i>	SC5		
<i>COG Region (all applicants)</i>	Appalachian		
<i>MPO Region (urban applicants)</i>			
<i>Web Site Address (if available)</i>	https://www.cherokeedsnb.org/		
<i>Board Chair's Name</i>	Dr Michael Dale		
<i>Authorized Official's Name</i>	Charlie Gray		
<i>Title</i>	Executive Director		
<i>E-mail</i>	cgray@cherokeedsnb.org		
<i>Administration Physical Address</i>	959 E O'Neal Street		
<i>City</i>	Gaffney	<i>Zip</i>	29340
<i>Phone</i>	864-487-4190	<i>Fax</i>	864-489-1384
<i>Operations Physical Address</i>	959 E O'Neal Street		
<i>City</i>	Gaffney	<i>Zip</i>	29340
<i>Phone</i>	864-487-4190	<i>Fax</i>	864-489-1384

## APPLICATION PART 2:

## NARRATIVE DESCRIPTION OF SYSTEM

*\*=Required*

This part of the application is divided into several sections, each covering a different aspect of your system and its management. Applicants are urged to provide thorough but concise answers to the questions.

### ORGANIZATION

**1. Provide a brief description of your agency's primary mission, including a mission statement if available.**

Cherokee County DSN Board serves adults of all ages, including the elderly, who have developmental disabilities and severe handicapped individuals who suffer from autism and head and spinal cord injuries.

**2. Year that your agency started providing general public transit services:**

1,975

**3. Please provide information regarding vehicle(s) being replaced**

2005 Ford Super Duty which has 175,930 miles VIN 1FDWE35L35HA83895

### SYSTEM DESCRIPTION

**1. Modes of Service – check all that apply**

(reference NTD Glossary: <http://www.ntdprogram.gov/ntdprogram/Glossary.htm>)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fixed Route | <input type="checkbox"/> Deviated Fixed Route | <input type="checkbox"/> Demand Response   |
| <input type="checkbox"/> Intercity Bus          | <input type="checkbox"/> Commuter             | <input type="checkbox"/> Vanpool           |
| <input type="checkbox"/> Ferry Boat             | <input type="checkbox"/> Taxi                 | <input type="checkbox"/> Bus Rapid Transit |
| <input type="checkbox"/> Other (Describe):      |   |  |

Transportation to and from the day program

## 2. Current days and hours of operation:

☒ Monday

Hours: 645am to 245pm

☒ Tuesday

Hours: 645am to 245pm

☒ Wednesday

Hours: 645am to 245pm

☒ Thursday

Hours: 645am to 245pm

☒ Friday

Hours: 645am to 245pm

☐ Saturday

Hours:

☐ Sunday

Hours:

## 3. How many square miles are in your service area?

913

## 4. Counties Served (list all)

**County Name**

Cherokee

Union

## 5. Cities Served (list all)

**City Name**

Gaffney

Blacksburg

Union

## 6. Is your system planning to either:

☒ Maintain the same level of service as last year

☐ Change the level of service

If your system is proposing to change services – changing routes, increasing or decreasing service please describe the changes and why they are proposed.

## 7. ESTIMATED LEVEL SERVICE FOR APPLICATION

Estimate each Service Option: Passenger Trips, Revenue Hours and Revenue Miles for the application I

**General Public**

Passenger Trips

Revenue Hours

Revenue Miles

**Medicaid/Medicaid Brokerage**

<i>Sponsored Human Service (Not Medicaid)</i>			
<i>Non-Sponsored (in-house) Human Service (Not Medicaid)</i>			
<i>Employment/Work-related</i>			
<i>ADA Complimentary Paratransit</i>			
<i>Other (Describe):</i>	3640 round tri...		
<i>Other (Describe):</i>	transportation ...		

## 8. Scope of Service

*Please describe a detailed summary of services that will be provided during the project fiscal year. Describe any proposed service expansion and planned capital purchases by line item. Note: This scope will be used in the sub-recipient subcontract agreement.*

The Cherokee County Disabilities and Special Needs Board (CCDSNB) is proposing a project to obtain a properly equipped Ford E350 Cutaway to provide safe, convenient, reliable and comfortable transportation for adults with both intellectual and physical disabilities. These individuals will be transported from their residence to the Work Activity Center at CCDSNB in Gaffney, SC where they receive work skills training, career prep, and social interaction with other individuals. The new van we desire has a wheelchair ramp on the passenger side. This would allow our residents who require a wheelchair to stay in the wheelchair while riding in the vehicle. The van leaves the Work Activity Center at 7:00 a.m. Monday through Friday to pick up individuals who live out in the community. The individuals are assisted off the van and into the Work Activity Center. They are picked up at 2:00 p.m. daily and returned to their residence. CCDSNB has been in existence for 44 years in Gaffney, SC. During that time essential transportation has been provided for individuals in our programs. These individuals all have some disability, whether intellectual or physical, and in many cases they have both. The population of the residents we serve has an average age of 48 years old. The average age of the residents we are proposing to transport with the new vehicle we are requesting is 50 years old, the oldest being 79 years old. All drivers assigned to this route have passed the Defensive Driving course we require upon hiring and are authorized to operate this and other agency vehicles. Each driver completes a pre-trip checklist that includes pertinent safety checks, to ensure the vehicle is in acceptable operating condition. All preventive maintenance and repairs are performed by certified mechanics at a local auto dealership and costs are paid from the CCDSNB operating budget. While each vehicle is at the maintenance garage, the mechanic completes an inspection for recommended repairs. The management staff of CCDSNB and the residents of the community who will ride this van would greatly appreciate your consideration of this request.



## APPLICATION PART 3: FINANCIAL MANAGEMENT / SUPPORTING BUDGET INFORMATION

### FINANCIAL MANAGEMENT

**1. How is the budget monitored for the organization's transit program budget?**

Expenses are compared to budget for reasonableness

**2. Within your organization, what is the position with overall responsibility to monitor revenues, expenditures and adjustments?**

Finance Consultant

**3. Name the financial system/accounting system your agency uses including the system module utilized:**

Financial Edge

**4. List All Federal or State Funds projected to support transit activities for this state fiscal application year (*list DOT and Non-DOT funds*):**

- ☐ Urbanized Area Transit Program (Section 5307)
- ☐ Rural Transit Program (Section 5311)
- ☐ Rural Transit Program JARC (Section 5311 – JARC)
- ☐ State Mass Transit Funds (Match for 5307 or Other project w/no federal funds)
- ☐ Bus & Bus Facilities Program – Rural (Section 5339)
- ☐ Bus & Bus Facilities Program – Small Urban (Section 5339)
- ☒ Enhanced Mobility of Seniors & Individuals w/Disabilities – Rural (Section 5310)
- ☐ Enhanced Mobility of Seniors & Individuals w/Disabilities – Small Urban (5310)
- ☐ Enhanced Mobility NEW FREEDOM Program – Rural (Section 5310 NF)
- ☐ Enhanced Mobility NEW FREEDOM Program – Small Urban (Section 5310 NF)

Other (Specify):

DDSN will provide local match

Other (Specify):

Other (Specify):

Other (Specify):

## APPLICATION PART 4:

## SUPPORTING DOCUMENTATION

*\*=Required*

The following documents are to be submitted with your application.

Board Membership List



BOARD MEMBER ROSTER  
2019-2020.pdf  
PDF File  
23.6 KB

Copy of Public Hearing



Public Notice.pdf  
PDF File  
124 KB

Title VI Program Report



Final Title VI Plan Cherokee  
County DSN Board.pdf  
PDF File  
577 KB

Surface Public Transportation Providers and Labor  
Representation



Cherokee DSNB\_SF 424  
Application.pdf  
PDF File  
758 KB



## APPLICATION FOR FUNDING SECTION 5310

**AGENCY NAME:**

Oconee County DSN Board

**AGENCY TYPE:**

Other

**APPLICATION TYPE:**

Rural

**APPLICATION STATUS:** New Applicant

**STATE FISCAL YEAR:**

2020-2021

**TYPE OF CAPITAL  
REQUEST:**

\$55,000 (Purpose Built)

**VEHICLE  
REPLACEMENT?**

Yes

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**If Yes please provide  
year, make model, miles  
and VIN**

2012 FORD Goshen 135,398 miles 1FDEE3FLOCDA32496

**COG REGION:**

Appalachian

**PROJECT INFORMATION****APPLICATION PART 1:***\*=Required*

<b>Agency Legal Name</b>	Oconee County DSN Board		
<i>Doing Business As</i>	Oconee County DSN Board		
<i>Federal Tax ID Number</i>	57-0693538		
<i>DUNS</i>	362071669		
<i>SCEIS Vendor ID</i>	44909000		
<i>Congressional District</i>	3RD		
<i>COG Region (all applicants)</i>	Appalachian		
<i>MPO Region (urban applicants)</i>			
<i>Web Site Address (if available)</i>	thetribblecenter.com		
<i>Board Chair's Name</i>	Mike McNulty		
<i>Authorized Official's Name</i>	Jerry C Mize		
<i>Title</i>	Executive Director		
<i>E-mail</i>	jmize@thetribblecenter.com		
<i>Administration Physical Address</i>	116 South Cove Road		
<i>City</i>	Seneca	<i>Zip</i>	29672
<i>Phone</i>	8648856055	<i>Fax</i>	864-885-6058
<i>Operations Physical Address</i>	116 South Cove Road		
<i>City</i>	Seneca	<i>Zip</i>	29672
<i>Phone</i>	864-885-6055	<i>Fax</i>	864-885-6058

## APPLICATION PART 2:

## NARRATIVE DESCRIPTION OF SYSTEM

*\*=Required*

This part of the application is divided into several sections, each covering a different aspect of your system and its management. Applicants are urged to provide thorough but concise answers to the questions.

### ORGANIZATION

**1. Provide a brief description of your agency's primary mission, including a mission statement if available.**

We provide innovative services that promote abilities and a quality of life that would otherwise be out of reach

**2. Year that your agency started providing general public transit services:**

1,998

**3. Please provide information regarding vehicle(s) being replaced**

a

### SYSTEM DESCRIPTION

**1. Modes of Service – check all that apply**

(reference NTD Glossary: <http://www.ntdprogram.gov/ntdprogram/Glossary.htm>)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fixed Route | <input type="checkbox"/> Deviated Fixed Route | <input checked="" type="checkbox"/> Demand Response |
| <input type="checkbox"/> Intercity Bus          | <input type="checkbox"/> Commuter             | <input type="checkbox"/> Vanpool                    |
| <input type="checkbox"/> Ferry Boat             | <input type="checkbox"/> Taxi                 | <input type="checkbox"/> Bus Rapid Transit          |
| <input type="checkbox"/> Other (Describe):      |   |   |

vehicles are used to transport people that live in community to our day activities and work center Monday - Friday



## 2. Current days and hours of operation:

☒ Monday

Hours: 8:00 am to 4:00 pm

☒ Tuesday

Hours: 8:00 am to 4:00 pm

☒ Wednesday

Hours: 8:00 am to 4:00 pm

☒ Thursday

Hours: 8:00 am to 4:00 pm

☒ Friday

Hours: 8:00 am to 4:00 pm

☐ Saturday

Hours: NA

☐ Sunday

Hours: NA

## 3. How many square miles are in your service area?

674

## 4. Counties Served (list all)

**County Name**

Oconee County

## 5. Cities Served (list all)

**City Name**

All cities in Oconee County

## 6. Is your system planning to either:

☒ Maintain the same level of service as last year

☐ Change the level of service

If your system is proposing to change services – changing routes, increasing or decreasing service please describe the changes and why they are proposed.

## 7. ESTIMATED LEVEL SERVICE FOR APPLICATION

Estimate each Service Option: Passenger Trips, Revenue Hours and Revenue Miles for the application 1

	<u>Passenger Trips</u>	<u>Revenue Hours</u>	<u>Revenue Miles</u>
<i>General Public</i>			
<i>Medicaid/Medicaid Brokerage</i>	4,320		
<i>Sponsored Human Service (Not Medicaid)</i>			
<i>Non-Sponsored (in-house) Human Service (Not Medicaid)</i>	6,400		
<i>Employment/Work-related</i>			



*ADA Complimentary Paratransit*

*Other (Describe):*

*Other (Describe):*


## 8. Scope of Service

*Please describe a detailed summary of services that will be provided during the project fiscal year. Describe any proposed service expansion and planned capital purchases by line item. Note: This scope will be used in the sub-recipient subcontract agreement.*

SCOPE OF SERVICES SCOPE OF SERVICES The Oconee County Disabilities and Special Needs Board (DSNB) is the only service provider of DHHS Waiver funded Adult Day Services to individuals with developmental disabilities in Oconee County. Oconee County DSNB van routes literally cover the county and travel as far as 2 miles from the State of Georgia board. Currently, van routes cover Seneca, Walhalla, Westminster, Salem, Long Creek, unincorporated communities of Oconee County and portions of Anderson and Pickens counties. Transportation is consistently ranked as the number one barrier to individuals with developmental disabilities fully integrating into the community. As a rural county, Oconee has limited public transportation options for the disabled to use. In response to this need, Oconee DSNB has nine van routes that average a total of 150,000 miles driven per year. If a consumer is being trained on a job in the community, they may work in the evening as well as weekends to which transportation is also provided. Without this transportation consumers would lose the self-help skills which will impact their ability to care for themselves and achieve greater independence. The consumers that work in the sheltered workshop and enclaves receive payment for the work completed which helps them to become independent, productive citizens of the community. The Oconee DSNB also provides community support and day activity services which promote community integration and meaningful activities. None of these services are possible for the developmentally disabled without the critical component of transportation services provided by the Agency. The Oconee County Disabilities and Special Needs Board (DSNB) is the only service provider of DHHS Waiver funded Adult Day Services to individuals with developmental disabilities in Oconee County. Oconee County DSNB van routes literally cover the county and travel as far as 2 miles from the State of Georgia board. Currently, van routes cover Seneca, Walhalla, Westminster, Salem, Long Creek, unincorporated communities of Oconee County and portions of Anderson and Pickens counties. Transportation is consistently ranked as the number one barrier to individuals with developmental disabilities fully integrating into the community. As a rural county, Oconee has limited public transportation options for the disabled to use. In response to this need, Oconee DSNB has nine van routes that average a total of 150,000 miles driven per year. If a consumer is being trained on a job in the community, they may work in the evening as well as weekends to which transportation is also provided. Without this transportation consumers would lose the self-help skills which will impact their ability to care for themselves and achieve greater independence. The consumers that work in the sheltered workshop and enclaves receive payment for the work completed which helps them to become independent, productive citizens of the community. The Oconee DSNB also provides community support and day activity services which promote community integration and meaningful activities. None of these services are possible for the developmentally disabled without the critical component of transportation services provided by the Agency.



## APPLICATION PART 3: FINANCIAL MANAGEMENT / SUPPORTING BUDGET INFORMATION

### FINANCIAL MANAGEMENT

**1. How is the budget monitored for the organization's transit program budget?**

Review of monthly financial statements

**2. Within your organization, what is the position with overall responsibility to monitor revenues, expenditures and adjustments?**

Contracted Chief Financial Officer

**3. Name the financial system/accounting system your agency uses including the system module utilized:**

Black Baud Financial Edge

**4. List All Federal or State Funds projected to support transit activities for this state fiscal application year (*list DOT and Non-DOT funds*):**

- ☐ Urbanized Area Transit Program (Section 5307)
- ☐ Rural Transit Program (Section 5311)
- ☐ Rural Transit Program JARC (Section 5311 – JARC)
- ☐ State Mass Transit Funds (Match for 5307 or Other project w/no federal funds)
- ☐ Bus & Bus Facilities Program – Rural (Section 5339)
- ☐ Bus & Bus Facilities Program – Small Urban (Section 5339)
- ☒ Enhanced Mobility of Seniors & Individuals w/Disabilities – Rural (Section 5310)
- ☐ Enhanced Mobility of Seniors & Individuals w/Disabilities – Small Urban (5310)
- ☐ Enhanced Mobility NEW FREEDOM Program – Rural (Section 5310 NF)
- ☐ Enhanced Mobility NEW FREEDOM Program – Small Urban (Section 5310 NF)

Other (Specify):

Other (Specify):

Other (Specify):

Other (Specify):

## APPLICATION PART 4:

## SUPPORTING DOCUMENTATION

*\*=Required*

The following documents are to be submitted with your application.

Board Membership List



Oconee County DSN Board  
Membership List.pdf  
PDF File  
22.0 KB

Copy of Public Hearing



Copy of Public Hearing.pdf  
PDF File  
26.4 KB

Title VI Program Report



Oconee County DSN Title VI  
Program Report.pdf  
PDF File  
976 KB

Surface Public Transportation Providers and Labor  
Representation



File Attachment



## APPLICATION FOR FUNDING SECTION 5310

**AGENCY NAME:** Pickens County Board of Disabilities and Special Need

**AGENCY TYPE:** Public

**APPLICATION TYPE:** Rural

**APPLICATION STATUS:** Continuing Applicant

**STATE FISCAL YEAR:** 2020-2021

**TYPE OF CAPITAL  
REQUEST:** \$55,000 (Purpose Built)

**VEHICLE  
REPLACEMENT?** Yes

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**If Yes please provide  
year, make model, miles  
and VIN**

2005 Ford Mini Bus Goshen, 148,000/Miles VIN #1FDXE45S05HA46577

**COG REGION:**

Appalachian

**PROJECT INFORMATION****APPLICATION PART 1:**

\*=Requ

<b>Agency Legal Name</b>	Pickens County Board of Disabilities and Special Needs		
<i>Doing Business As</i>	Pickens County Board of Disabilities and Special Need		
<i>Federal Tax ID Number</i>	57-0822517		
<i>DUNS</i>	157492869		
<i>SCEIS Vendor ID</i>	7000028129		
<i>Congressional District</i>	3rd		
<i>COG Region (all applicants)</i>	Appalachian		
<i>MPO Region (urban applicants)</i>	GPATS		
<i>Web Site Address (if available)</i>	<a href="https://www.pickenscountydnsnboard.org/">https://www.pickenscountydnsnboard.org/</a>		
<i>Board Chair's Name</i>	Erica Walters		
<i>Authorized Official's Name</i>	Elaine Thena / John W. Owens		
<i>Title</i>	Executive Director / CEO		
<i>E-mail</i>	ethena@pcbdsn.org / jowens@pcbdsn.org		
<i>Administration Physical Address</i>	1308 Griffin Mill Road		
<i>City</i>	Easley	<i>Zip</i>	29640
<i>Phone</i>	864-859-5916	<i>Fax</i>	864-859-1157
<i>Operations Physical Address</i>	1308 Griffin Mill Road		
<i>City</i>	Easley	<i>Zip</i>	29640
<i>Phone</i>	864-859-5416	<i>Fax</i>	864-859-1157

## APPLICATION PART 2:

## NARRATIVE DESCRIPTION OF SYSTEM

*\*=Required*

This part of the application is divided into several sections, each covering a different aspect of your system and its management. Applicants are urged to provide thorough but concise answers to the questions.

### ORGANIZATION

**1. Provide a brief description of your agency's primary mission, including a mission statement if available.**



Mission Statement of PCBDSN - MISSION STATEMENT - The Pickens County Board of Disabilities and Special Needs serves persons with mental retardation, autism, head and spinal cord injuries, and conditions related to each of these four disabilities in accordance with the following concepts: PIONEER

P Promoting  
I Independence  
O Opportunity  
N New Beginnings  
E Excellence  
E Employment  
R Rights  
S Service

VISION: WHERE WE ARE GOING - To be the best in the state, this nation and the world at assisting persons with disabilities and their families. The organization mainly serves citizens with disabilities from Pickens County and the surrounding communities. Transportation is a vital part of providing services to the organization's clientele of consumers with disabilities. Without transportation the organization cannot meet its mission of service. The organization operates a sheltered workshop, provides work enclaves, residential, social, recreational and service coordination to hundreds of consumers on a daily basis. In addition, the organization provides medical services, transportation to professional vendors and administrative support to the hundreds of its consumers on a daily basis. The organization has provided transportation services since its inception for more than 40 years. Further making the organization's transportation central to its work is the fact that there are no public transportation services available for the citizens/consumers of Pickens County, SC.

The organization works closely with partners such as SCDOT to continually improve, update and expand services for its consumers with disabilities. The organization provides training to all of its drivers and stresses the importance of maintaining its vehicles as well as possible. Without the critical funds from SCDOT it will be impossible to continue to provide the best possible transportation delivery services for the consumers. The organization is proud of its wonderful relationship with SCDOT and hopes to continue the relationship in the future so as to improve the lives of every citizen with disabilities, special needs and the elderly of the county.

To that end, our agency has a vehicle preventative maintenance program adopted/modified from the South Carolina Department of Transportation Preventative Maintenance Schedule. We also participate with the South Carolina National Safety Council for certification/recertification for the Defensive Driving Course (DDC 8 Hours and DDC 4 Hours). We also complete certification/recertification in Adult CPR/FA and multiple other specialized course offerings.

**2. Year that your agency started providing general public transit services:**

1,972

**3. Please provide information regarding vehicle(s) being replaced**

Head Gasket Failure

## SYSTEM DESCRIPTION

### 1. Modes of Service – check all that apply

(reference NTD Glossary: <http://www.ntdprogram.gov/ntdprogram/Glossary.htm>)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fixed Route | <input type="checkbox"/> Deviated Fixed Route | <input checked="" type="checkbox"/> Demand Response |
| <input type="checkbox"/> Intercity Bus          | <input type="checkbox"/> Commuter             | <input type="checkbox"/> Vanpool                    |
| <input type="checkbox"/> Ferry Boat             | <input type="checkbox"/> Taxi                 | <input type="checkbox"/> Bus Rapid Transit          |
| <input type="checkbox"/> Other (Describe):      |   |   |

---

## 2. Current days and hours of operation:

☒ Monday

Hours: 24 hours

☒ Tuesday

Hours: 24 hours

☒ Wednesday

Hours: 24 hours

☒ Thursday

Hours: 24 hours

☒ Friday

Hours: 24 hours

☒ Saturday

Hours: 24 hours

☒ Sunday

Hours: 24 hours

## 3. How many square miles are in your service area?

550

## 4. Counties Served (list all)

**County Name**

Pickens County

## 5. Cities Served (list all)

**City Name**

Pickens, Six Miles, Pumpkin Town, Nin...

## 6. Is your system planning to either:

☒ Maintain the same level of service as last year

☐ Change the level of service

If your system is proposing to change services – changing routes, increasing or decreasing service please describe the changes and why they are proposed.

## 7. ESTIMATED LEVEL SERVICE FOR APPLICATION

Estimate each Service Option: Passenger Trips, Revenue Hours and Revenue Miles for the application 1

	<u>Passenger Trips</u>	<u>Revenue Hours</u>	<u>Revenue Miles</u>
<b>General Public</b>			
<b>Medicaid/Medicaid Brokerage</b>			
<b>Sponsored Human Service (Not Medicaid)</b>			
<b>Non-Sponsored (in-house) Human Service (Not Medicaid)</b>			
<b>Employment/Work-related</b>			

***ADA Complimentary Paratransit***

***Other (Describe):***

***Other (Describe):***

600		

## **8. Scope of Service**

*Please describe a detailed summary of services that will be provided during the project fiscal year. Describe any proposed service expansion and planned capital purchases by line item. Note: This scope v  
be used in the sub-recipient subcontract agreement.*

The organization has facilities of various types spread throughout Pickens County. The organization offers programs 24 hours a day, 7 days a week, 365 days a year in the area of residential services. The residential programs include group homes, a managed apartment program, Jericho Project/SWU (new apartment building) and an independent living apartment program where citizens/consumers with disabilities reside in various locations. The organization offers day services which include a sheltered workshop, remote job site work locations, employment services and training programs. The organization also provides after hours recreational and social programs. In addition, the organization offers in-house and support programs for citizens/consumers with disabilities of all ages. Currently, there are more than 600 citizens/consumers with disabilities, special needs, many of which are elderly, being served in the various programs/services of the organization. The ultimate goal is to provide quality programs and services to individuals of all ages with disabilities with the highest quality as possible. We endeavor to promote full participation of people with disabilities in all areas of society by expanding educational opportunities, employment opportunities and health care opportunities and promoting access into daily community life. Currently, we have approximately 90 individuals that depend on our organization for the provision of transportation to their primary care physicians across the county. In addition many special appointments, many appointments take place in surrounding counties due in part to the small urban/rural aspect of Pickens County. We have two local hospitals that provide services to the residents of Pickens County, SC. In addition our "Employment First" program, it is our mission and vision to increase the employment of disabilities and special needs citizens we serve. We have made strides in this area by creating a workforce of handicapped citizens that are a part of Aramark/FoodFresh, a cafeteria service company at Clemson University. This is not an enclave program. The handicapped citizens are paid employees of Aramark/FoodFresh, making at least the minimum wage. This cafeteria has 29 of our individuals gainfully employed. This agency provides transportation for these individuals on four shifts. It is our intent to increase the participation of our handicapped citizens as more jobs open at Aramark/FoodFresh. We also support transportation for another mobile work crew at Furman University (Bon Appetit Food Services) with a total of ten special needs citizens/consumers at this location. Yokohama Industries Americas, an automotive manufacturing plant, employs another 11 of our consumers at their work site and on premises. These individuals are in an enclave; however, they are learning valuable skills that will enhance their opportunities for employment. We have additional handicapped citizens that have been placed in other stores, plants, restaurants and educational facilities in the community. We will enable more citizens with disabilities and special needs, with the approval of this grant, to have greater community inclusion. Trips to the library, concerts, activities in the community, restaurants, banks, grocery stores, retail shops, doctor appointments, transportation to the polling places to vote, back and forth transportation to and from home to employment training classes, and for the purpose of making application for jobs are just a few of the services that are and will be provided and/or enhanced by this grant. Promoting full access to community life is an essential component of our mission to serve individuals with handicaps, both mental and physical. Therefore, the Rural Section 5310 Grant will empower our agency to further develop our efforts and services with the additional purchase and replacement of an aged, high-mileage vehicle with a new, more efficient and safer vehicle. Likewise, this vehicle will be used to further enhance our rural transportation service areas as Pickens County, SC does not have a viable county-wide transportation system serving citizens/consumers (Total of 16 citizens/consumers, residing in the areas listed below) that reside within the areas of Six Mile, Dacusville, Rocky Bottom, Sunset, Aiala (Mill Hill), Pumpkin Town and Nine Times that have disabilities, special needs and/or elderly. In the event this grant is funded, this organization will improve access for all citizens with disabilities and special needs of varied ages served by our agency.



## APPLICATION PART 3: FINANCIAL MANAGEMENT / SUPPORTING BUDGET INFORMATION

### FINANCIAL MANAGEMENT

**1. How is the budget monitored for the organization's transit program budget?**

We don't have a transit program - only use SCDOT for capital purchases.

**2. Within your organization, what is the position with overall responsibility to monitor revenues, expenditures and adjustments?**

Finance Director, Gigi Brady, CPA

**3. Name the financial system/accounting system your agency uses including the system modules utilized:**

Harris Computer software/Smart fusion. The modules utilized would be account payable & fund ledger

**4. List All Federal or State Funds projected to support transit activities for this state fiscal application year (*list DOT and Non-DOT funds*):**

- ☐ Urbanized Area Transit Program (Section 5307)
- ☐ Rural Transit Program (Section 5311)
- ☐ Rural Transit Program JARC (Section 5311 – JARC)
- ☐ State Mass Transit Funds (Match for 5307 or Other project w/no federal funds)
- ☐ Bus & Bus Facilities Program – Rural (Section 5339)
- ☐ Bus & Bus Facilities Program – Small Urban (Section 5339)
- ☒ Enhanced Mobility of Seniors & Individuals w/Disabilities – Rural (Section 5310)
- ☐ Enhanced Mobility of Seniors & Individuals w/Disabilities – Small Urban (5310)
- ☐ Enhanced Mobility NEW FREEDOM Program – Rural (Section 5310 NF)
- ☐ Enhanced Mobility NEW FREEDOM Program – Small Urban (Section 5310 NF)

Other (Specify):

Other (Specify):

Other (Specify):

Other (Specify):

## APPLICATION PART 4:

## SUPPORTING DOCUMENTATION

*\*=Required*

The following documents are to be submitted with your application.

Board Membership List

 File Attachment

Copy of Public Hearing

 File Attachment

Title VI Program Report

 File Attachment

Surface Public Transportation Providers and Labor  
Representation

 File Attachment





## APPLICATION FOR FUNDING SECTION 5310

**AGENCY NAME:**

Senior Solutions

**AGENCY TYPE:**

Private Non-Profit

**APPLICATION TYPE:**

Rural

**APPLICATION STATUS:** Continuing Applicant

**STATE FISCAL YEAR:**

2020-2021

**TYPE OF CAPITAL  
REQUEST:**

\$60,000 (ADA Accessible Cut-A-Way)

**VEHICLE  
REPLACEMENT?**

No

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**If Yes please provide  
year, make model, miles  
and VIN**

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**COG REGION:**

Appalachian

**PROJECT INFORMATION****APPLICATION PART 1:**

\*=Required

<b>Agency Legal Name</b>	Senior Solutions		
<i>Doing Business As</i>			
<i>Federal Tax ID Number</i>	57-0634502		
<i>DUNS</i>	154210520		
<i>SCEIS Vendor ID</i>			
<i>Congressional District</i>	3		
<i>COG Region (all applicants)</i>	Appalachian		
<i>MPO Region (urban applicants)</i>			
<i>Web Site Address (if available)</i>	www.upstateseniors.org		
<i>Board Chair's Name</i>	Dr. Sophie Woorons		
<i>Authorized Official's Name</i>	Douglas A Wright		
<i>Title</i>	President/CEO		
<i>E-mail</i>	dwright@seniorsolutions-sc.org		
<i>Administration Physical Address</i>	3420 Clemson Blvd Unit 17		
<i>City</i>	Anderson	<i>Zip</i>	29621
<i>Phone</i>	864-332-5372	<i>Fax</i>	864-210-1243
<i>Operations Physical Address</i>	3420 Clemson Blvd. Unit 17		
<i>City</i>	Anderson	<i>Zip</i>	29621
<i>Phone</i>	864-225-3370	<i>Fax</i>	864-225-0215

## APPLICATION PART 2:

## NARRATIVE DESCRIPTION OF SYSTEM

*\*=Required*

This part of the application is divided into several sections, each covering a different aspect of your system and its management. Applicants are urged to provide thorough but concise answers to the questions.

### ORGANIZATION

**1. Provide a brief description of your agency's primary mission, including a mission statement if available.**

SENIOR Solutions provides non-emergency medical appointments and social activity transportation services to seniors 60 years of age and older and persons with disabilities.

**2. Year that your agency started providing general public transit services:**

1,968

**3. Please provide information regarding vehicle(s) being replaced**

a

### SYSTEM DESCRIPTION

**1. Modes of Service – check all that apply**

(reference NTD Glossary: <http://www.ntdprogram.gov/ntdprogram/Glossary.htm>)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fixed Route       | <input type="checkbox"/> Deviated Fixed Route | <input checked="" type="checkbox"/> Demand Response |
| <input type="checkbox"/> Intercity Bus     | <input type="checkbox"/> Commuter             | <input type="checkbox"/> Vanpool                    |
| <input type="checkbox"/> Ferry Boat        | <input type="checkbox"/> Taxi                 | <input type="checkbox"/> Bus Rapid Transit          |
| <input type="checkbox"/> Other (Describe): |   |   |

---

**2. Current days and hours of operation:**

☒ Monday

Hours: 4:30am-9pm

☒ Tuesday

Hours: 4:30am-9pm

☒ Wednesday

Hours: 4:30am-9pm

☒ Thursday

Hours: 4:30am-9pm

☒ Friday

Hours: 4:30am-9pm

☒ Saturday

Hours: 4:30am-9pm

☐ Sunday

Hours:

**3. How many square miles are in your service area?**

674

**4. Counties Served (list all)**

*County Name*

Oconee

**5. Cities Served (list all)**

*City Name*

Seneca

Walhalla

Westminster

West Union

Salem

Fair Play

**6. Is your system planning to either:**

☒ Maintain the same level of service as last year

☐ Change the level of service

If your system is proposing to change services – changing routes, increasing or decreasing service please describe the changes and why they are proposed.

## 7. ESTIMATED LEVEL SERVICE FOR APPLICATION

*Estimate each Service Option: Passenger Trips, Revenue Hours and Revenue Miles for the application 1*

	<u>Passenger Trips</u>	<u>Revenue Hours</u>	<u>Revenue Miles</u>
<b>General Public</b>	217 trips 1,90...		
<b>Medicaid/Medicaid Brokerage</b>	17,751 trips 7...		
<b>Sponsored Human Service (Not Medicaid)</b>	2,690 trips - 2...		
<b>Non-Sponsored (in-house) Human Service (Not Medicaid)</b>	3,547 trips- 31...		
<b>Employment/Work-related</b>			
<b>ADA Complimentary Paratransit</b>			
<b>Other (Describe):</b>	CAT Bus		
<b>Other (Describe):</b>	75 trips - 462 ...		

## 8. Scope of Service

*Please describe a detailed summary of services that will be provided during the project fiscal year.*

*Describe any proposed service expansion and planned capital purchases by line item. Note: This scope will be used in the sub-recipient subcontract agreement.*

SENIOR Solutions provides non-emergency medical appointments and social activity transportation services to seniors who are 60 years of age and older, and individuals with physical and/or mental disabilities. SENIOR Solutions is currently the designated provider of transportation for the elderly and disabled in Oconee counties under the Older Americans Act transportation services under this contract for over 50 years, and have been the Medicaid transportation provider in these areas for more than 30 years. Transportation to and from medical appointments or other activities enhances the quality of life the elderly population while helping maintain their independence. SENIOR Solutions transportation vehicles assist seniors who need help getting to and from non-emergency medical appointments, grocery stores and other important social functions. Passenger and lift-capable vehicles are available making transportation easier for clients who rely on assistive services. The operation hours are from 4:30am to 9:00 pm Monday through Saturday. Through the agency provides non-emergency transportation service to clients at all times depending on the request. Our agency observes 10 paid holidays, but due to medical provider schedules we sometimes run our services on holidays to accommodate various medical facilities. Elderly and disabled depend on SENIOR Solutions transportation to reach medical appointments. This service is of particular importance to clients needing critical services such as dialysis rehabilitation, or chemotherapy allows them to reach doctors and hospitals and receive care. SENIOR Solutions transportation fulfills a critical need to the community.

## APPLICATION PART 3: FINANCIAL MANAGEMENT / SUPPORTING BUDGET INFORMATION

### FINANCIAL MANAGEMENT

**1. How is the budget monitored for the organization's transit program budget?**

Budget is closely monitored and approved by the Board of Directors.

**2. Within your organization, what is the position with overall responsibility to monitor revenues, expenditures and adjustments?**

CFO Teresa Martin and CEO Douglas A Wright

**3. Name the financial system/accounting system your agency uses including the system module utilized:**

Quickbooks Enterprise

**4. List All Federal or State Funds projected to support transit activities for this state fiscal application year (*list DOT and Non-DOT funds*):**

- ☐ Urbanized Area Transit Program (Section 5307)
- ☐ Rural Transit Program (Section 5311)
- ☐ Rural Transit Program JARC (Section 5311 – JARC)
- ☐ State Mass Transit Funds (Match for 5307 or Other project w/no federal funds)
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- ☐ Enhanced Mobility of Seniors & Individuals w/Disabilities – Rural (Section 5310)
- ☐ Enhanced Mobility of Seniors & Individuals w/Disabilities – Small Urban (5310)
- ☐ Enhanced Mobility NEW FREEDOM Program – Rural (Section 5310 NF)
- ☐ Enhanced Mobility NEW FREEDOM Program – Small Urban (Section 5310 NF)

Other (Specify):

Other (Specify):

Other (Specify):

Other (Specify):

## APPLICATION PART 4:

## SUPPORTING DOCUMENTATION

*\*=Required*

The following documents are to be submitted with your application.

Board Membership List



2019-2020 SENIOR Solutions  
Board Members wo  
addresses.pdf  
PDF File  
19.2 KB

Copy of Public Hearing



Public  
Notice\_04222020101300.PDF  
PDF File  
44.7 KB

Title VI Program Report



Title VI Plan 2016.pdf  
PDF File  
8.95 MB

Surface Public Transportation Providers and Labor  
Representation



SF-424 Rural APP 2020-  
2021.PDF  
PDF File  
1.63 MB



**SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION  
OFFICE OF PUBLIC TRANSIT**

**COG PRIORITY AUTHORIZATION FORM  
SECTION 5310 Program  
RURAL or SMALL URBAN PROJECTS**

(PLEASE COMPLETE ONE FORM PER PROGRAM/PROGRAM SERVICE AREA)

COG Region: Appalachian Council of Governments

Point of Contact (include job title): Lance Estep, AICP, Principal Planner

Type of Program and Project: (Ex.: Section 5310/Small Urban): Section 5310 / Small Urban

Fiscal Year: 2020 to 2021

I certify that the applications listed below meet all eligibility criteria as established and have been rated and ranked based on the selection criteria outlined in the programs funding announcement, not in the order in which the applications were received. Each application was reviewed by a designated panel of transportation professionals and/or rating officer and the process was conducted in a fair and ethical manner. A fair and diplomatic process was exercised to break all ranking score ties.

\_\_\_\_\_  
Signature, Public Transportation Planner or  
Official Rating Officer

**Priority List**

Rank	Applicant/ Organization	Ranking Score	Capital Type (Vehicle/MM/POS)	Brief Project Scope	Federal Funding Recommendation	Local Match
1.	Senior Solutions Anderson	78	Vehicle	ADA Cut-A-Way Van	\$60,000	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I validate the selections listed above and submit the Priority List to the South Carolina Department of Transportation for final approval.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Executive Director



## APPLICATION FOR FUNDING SECTION 5310

**AGENCY NAME:** Senior Solutions

**AGENCY TYPE:** Private Non-Profit

**APPLICATION TYPE:** Urban

**APPLICATION STATUS:** Continuing Applicant

**STATE FISCAL YEAR:** 2020-2021

**TYPE OF CAPITAL  
REQUEST:** \$60,000 (ADA Accessible Cut-A-Way)

**VEHICLE  
REPLACEMENT?** Yes

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**If Yes please provide  
year, make model, miles  
and VIN**

2011 Ford Cut-A-Way Vin # 1FDEE3FLOBDA54206

**COG REGION:**

Appalachian

**PROJECT INFORMATION****APPLICATION PART 1:**

\*=Required

<b>Agency Legal Name</b>	Senior Solutions		
<i>Doing Business As</i>	SENIOR Solutions		
<i>Federal Tax ID Number</i>	57-0634502		
<i>DUNS</i>	15421052		
<i>SCEIS Vendor ID</i>			
<i>Congressional District</i>	3		
<i>COG Region (all applicants)</i>	Appalachian		
<i>MPO Region (urban applicants)</i>			
<i>Web Site Address (if available)</i>	www.upstateseniors.org		
<i>Board Chair's Name</i>	Dr. Sophie Woorons		
<i>Authorized Official's Name</i>	Douglas A Wright		
<i>Title</i>	President/CEO		
<i>E-mail</i>	dwright@seniorsolutions-sc.org		
<i>Administration Physical Address</i>	3420 CLEMSON BLVD STE 17		
<i>City</i>	ANDERSON	<i>Zip</i>	296211324
<i>Phone</i>	864-332-5372	<i>Fax</i>	864-210-1243
<i>Operations Physical Address</i>	3420 Clemson Blvd. Unit 17		
<i>City</i>	Anderson	<i>Zip</i>	29621
<i>Phone</i>	864-225-3370	<i>Fax</i>	864-225-0215

## APPLICATION PART 2:

## NARRATIVE DESCRIPTION OF SYSTEM

*\*=Required*

This part of the application is divided into several sections, each covering a different aspect of your system and its management. Applicants are urged to provide thorough but concise answers to the questions.

### ORGANIZATION

**1. Provide a brief description of your agency's primary mission, including a mission statement if available.**

SENIOR Solutions provides non-emergency medical appointments and social activity transportation services to seniors 60 years of age and older adults with disabilities.  
Mission statement: To promote the mental physical and spiritual well being of the senior community.

**2. Year that your agency started providing general public transit services:**

1,968

**3. Please provide information regarding vehicle(s) being replaced**

a

### SYSTEM DESCRIPTION

**1. Modes of Service – check all that apply**

(reference NTD Glossary: <http://www.ntdprogram.gov/ntdprogram/Glossary.htm>)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fixed Route       | <input type="checkbox"/> Deviated Fixed Route | <input checked="" type="checkbox"/> Demand Response |
| <input type="checkbox"/> Intercity Bus     | <input type="checkbox"/> Commuter             | <input type="checkbox"/> Vanpool                    |
| <input type="checkbox"/> Ferry Boat        | <input type="checkbox"/> Taxi                 | <input type="checkbox"/> Bus Rapid Transit          |
| <input type="checkbox"/> Other (Describe): |   |   |

---

**2. Current days and hours of operation:**

☒ Monday

☒ Tuesday

☒ Wednesday

☒ Thursday

☒ Friday

☒ Saturday

☐ Sunday

Hours: 4:30 am-9pm

Hours: 4:30 am-9pm

Hours: 4:30 am-9pm

Hours: 4:30 am-9pm

Hours: 4:30 am-9pm

Hours: 4:30 am-9pm

Hours:

**3. How many square miles are in your service area?**

757

**4. Counties Served (list all)**

*County Name*

Anderson

Oconee

Pickens

Greenville

**5. Cities Served (list all)**

*City Name*

Anderson

Belton

Honea Path

Townville

Williamston

Iva

Starr


## 6. Is your system planning to either:

- ☒ Maintain the same level of service as last year  
☐ Change the level of service

If your system is proposing to change services – changing routes, increasing or decreasing service please describe the changes and why they are proposed.

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## 7. ESTIMATED LEVEL SERVICE FOR APPLICATION

Estimate each Service Option: Passenger Trips, Revenue Hours and Revenue Miles for the application 1

	<u>Passenger Trips</u>	<u>Revenue Hours</u>	<u>Revenue Miles</u>
<b>General Public</b>			
<b>Medicaid/Medicaid Brokerage</b>	31,568 Trips 1...		
<b>Sponsored Human Service (Not Medicaid)</b>	6902 trips 42,...		
<b>Non-Sponsored (in-house) Human Service (Not Medicaid)</b>	13,217 trips - ...		
<b>Employment/Work-related</b>			
<b>ADA Complimentary Paratransit</b>	445 trips 2,43...		
<b>Other (Describe):</b>	Cat Bus		
<b>Other (Describe):</b>	3 trips 54 miles		

## 8. Scope of Service

Please describe a detailed summary of services that will be provided during the project fiscal year. Describe any proposed service expansion and planned capital purchases by line item. Note: This scope will be used in the sub-recipient subcontract agreement.

SENIOR Solutions provides non-emergency medical appointments and social activity transportation services to seniors who are 60 years of age and older, and individuals with physical and mental disabilities. SENIOR has been the Medicaid transportation provider in these areas for more than 3 years. Transportation to and from medical appointments or other activities enhances the quality of life for the elderly population while helping maintain their independence. SENIOR Solutions also provides transportation for two of its Adult Day Care Facilities in Anderson, Horizon Adult Day Care and Cinema Adult Day Care. SENIOR Solutions transportation vehicles assist seniors who need help getting to and from non-emergency medical appointments, grocery stores and other important social functions. Passenger and lift-capable vehicles are available making transportation easier for clients who rely on assistive services. The operation hours are from 4:30am to 9:00 pm Monday through Saturday. Through the agency provides non-emergency transportation services to clients at all times depending on the request. Our agency observes 10 paid holidays, but due to medical provider schedules we sometimes run our services on holidays to accommodate various medical facilities. Elderly and disabled depend on SENIOR Solutions transportation to reach medical appointments. This service is of particular importance to clients needing critical services such as dialysis, rehabilitation, or chemotherapy allows them to reach doctors and hospitals and receive care. SENIOR Solutions transportation fulfills a critical need to the community.



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CFO Executive Vice President and President/CEO

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Other (Specify):

Medicaid funds

Other (Specify):

Anderson County funds

Other (Specify):

Other (Specify):

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