



FY 2024-25 Annual Paratransit Program Plan Application for Measure BB Funding

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The Alameda County Transportation Commission (Alameda CTC) requires recipients of Measure BB Direct Local Distribution (DLD) paratransit funding to participate in an Annual Program Plan Review process. Recipients are required to complete and submit a program plan application to Alameda CTC that outlines their prior expenditures and anticipated revenues and expenditures related to delivering paratransit services to older adults and people with disabilities in Alameda County.

Requirements and Instructions

The Annual Paratransit Program Plan Application includes the following documents:

1. Paratransit Program Plan Application (this MS Word document)
2. Paratransit Program Plan Attachments A-D (Tables A, B, C, and D of the provided MS Excel workbook) *NOTE: The FY 2024-25 Program Plan Excel workbook contains a tab to report on FY 2022-23 performance and budget (Attachment Table A). The FY 2022-23 program information entered into Table A will be used to monitor program performance and, where applicable, should align with program information included in the FY 2022-23 compliance report.*
3. References:
 - a. FY 2024-25 Measure BB Paratransit DLD Revenue Projections, (distributed to ParaTAC, January 2024)
 - b. Alameda CTC Special Transportation for Seniors and People with Disabilities (Paratransit) Implementation Guidelines and Performance Measures (revised October 2023)
 - c. Alameda CTC Timely Use of Funds Policy (updated March 2022)

Submit the Word and Excel files listed above electronically via email by February 29, 2024 to Krystle Pasco at kpasco@alamedactc.org.

Be sure to include your agency name and FY 24-25 in the file name of both the Word document and the Excel workbook (e.g., Albany_FY24-25_Paratransit_Program_Application.doc).

If you have questions, please contact Krystle Pasco via email or phone at (510) 208-7467 or kpasco@alamedactc.org.

FY 2024-25 Annual Paratransit Program Plan Application Due by February 29, 2024

CONTACT INFORMATION	
Agency:	
Contact Name:	
Title:	
Phone Number:	
E-mail Address:	

Date Submitted: _____

TYPES OF SERVICES PROVIDED

- 1. What type of paratransit projects and programs will be funded, fully or partially, with Measure BB Direct Local Distribution (DLD), Measures B and BB reserves, and/or paratransit discretionary grant funds?** To answer this question, complete Attachment Table B (Table B tab of the Microsoft Excel workbook).

Below is a list of the types of services/programs that are eligible for Alameda CTC funding. For detailed information about these eligible services, including minimum service requirements and performance measures, refer to the Alameda CTC's Special Transportation for Seniors and People with Disabilities (Paratransit) Implementation Guidelines, revised October 2023 (provided with the application materials).

- **Management/Overhead:** Program oversight, planning, budgeting, participation in regional/countywide meetings. Include admin/labor even if it is paid by the City/transit agency for accurate reporting of full program expenses.
- **Customer Service/Outreach:** Activities associated with educating consumers about services that are available to them, answering questions from consumers and taking, tracking and responding to complaints and commendations. Include costs even if paid by the City/transit agency for accurate reporting of full program expenses.
- **ADA Paratransit:** Paratransit services provided by fixed-route transit operators to fulfill requirements under the Americans with Disabilities Act (ADA).

- **Same-Day Transportation Service:** Provides a same day, curb-to-curb service intended for situations when consumers cannot make their trip on a pre-scheduled basis; allows eligible consumers to use taxis or Transportation Network Companies (TNCs) (at program discretion) at a reduced fare.

Important Implementation Guidelines requirements: Eligible populations include: People 18 and above with disabilities who are unable to use fixed route services. Cities may, at their discretion, also provide services to consumers with disabilities under the age of 18. Older adults 70 years or older without proof of a disability. ADA-mandated providers that are not also city providers (East Bay Paratransit and LAVTA) are not required to provide service to older adults 70 years or older without ADA eligibility.
Programs must subsidize at least 50% of the fare.

- **Specialized Accessible Van Service:** Specialized van service provides accessible, door-to-door trips on a pre-scheduled or same-day basis. These services are generally implemented as a supplement to a same-day program that does not meet critical needs for particular trips in accessible vehicles in certain communities.

Important Implementation Guidelines requirements: Specialized Accessible Van programs must demonstrate that they are providing trips at an equal or lower cost to the provider than the ADA-mandated provider on a cost per trip basis, except if providing "premium" service (e.g. same-day).

- **Accessible Shuttle Service:** Generally accessible vehicles that operate on a fixed route and schedule to serve common trip origins and destinations, e.g. senior centers, medical facilities, grocery stores, BART stations, other transit stations, community centers, commercial districts, and post offices.

Important Implementation Guidelines requirements: By end of the second fiscal year of service, the City's cost per one-way trip per person cannot exceed \$30, including transportation and direct administrative costs. Shuttles are required to coordinate with the local fixed route transit provider.

- **Group Trips Program:** Round-trip accessible van rides for pre-planned outings or to attend specific events or go to specific destinations for fixed amounts of time, e.g. shopping trips or religious services. Trips usually originate from a senior center or housing facility.
- **Door-through-Door/Volunteer Driver Program:** Pre-scheduled, door-through-door services that are generally not accessible; rely on volunteers

to drive eligible consumers for critical trip needs, such as medical trips. May also have an escort component.

- **Mobility Management and/or Travel Training:** Covers a wide range of activities, such as travel training, trip planning, and brokerage. Does not include provision of trips. (This is considered "non-trip provision"). If your program is using DLD funds, but not discretionary grant funds, you may be required to submit further information.
- **Means-Based Fare Programs:** Program to subsidize any service for customers who are low-income and can demonstrate financial need.

Important Implementation Guidelines requirements:

Outreach/communication plans related to means-based fares must be submitted to Alameda CTC staff annually.

If program sponsors include subsidized East Bay Paratransit (EBP) tickets in this program, no more than 3% of a program sponsor's Alameda CTC distributed funding may be used for the ticket subsidy.

- **Meal Delivery:** Program to fund meal delivery to the homes of individuals who are transportation disadvantaged.

Important Implementation Guidelines requirements: Program sponsors may not use more than 5% of their Alameda CTC DLD Paratransit program funds expended in a given fiscal year for transportation-related meal delivery program costs.

Funding for traditional meal delivery provided by a local community-based organization must be limited to no more than \$3 per meal delivered.

Mileage reimbursement for volunteer delivery drivers must be limited to no more than \$8 per meal delivered (not to exceed Federal General Services Administration (Privately Owned Vehicle) Mileage Reimbursement Rates).

- **Capital Expenditure:** Capital purchase or other capital expenditure.

A. Explain the impact of the COVID-19 pandemic on your FY 2022-23 program.

B. Provide a short narrative description of your agency's FY 2024-25 program.

C. Explain how the suite of services offered is targeted towards the older adults and people with disabilities in your community. Why have these services been selected to meet the trip needs of your consumers over other eligible service types? How do these services enhance their quality of life and help them meet basic life needs?

D. List the most common trip destinations for older adults and people with disabilities in your community that your services are designed to serve, e.g. dialysis centers, hospitals, major shopping complexes, senior centers. Please report separately, if available, for ADA paratransit, Same-Day Transportation (taxi and TNC), Specialized Accessible Van, and/or Accessible Fixed-Route Shuttle if applicable.

E. Please provide your average trip length, if available, and any interesting outliers, e.g. a significantly short or long trip associated with one of the common trip destinations above.

2. Will your agency's program for FY 2024-25 conform to the Paratransit Program Implementation Guidelines, as required?

Yes

No

A. If "No", explain below and contact Alameda CTC staff to discuss. (prior to February 22, 2024)

3. If proposing any service or program changes in FY 2024-25 from the current year, FY 2023-24, describe the changes and explain why they are proposed. Describe how these changes will impact the ability of older adults and people with disabilities in your community to meet their basic life needs.

- 4. Looking ahead, beyond FY 2024-25, do you anticipate major service changes? Please briefly describe.** Describe major changes such as beginning or ending a type of service anticipated within the next five years.

NEW PROGRAM ELEMENTS REQUIRING ALAMEDA CTC STAFF REVIEW

- 5.** The October 2023 Paratransit Program Implementation Guidelines require Alameda CTC staff review of several program elements ***prior to implementation***. The program elements requiring staff review are listed as items 5A – 5G below and for each item, further explanation is requested. **If your FY 2024-25 program plan includes any of the elements listed, in the box provided below, list the elements and the requested explanation for each. It is not necessary to include elements that were included in the FY 2023-24 Plan and are unchanged.**

Applicants must address any applicable paratransit projects and programs listed in Attachment Table B.

- A. Planned capital expenditure** (describe planned capital expenditures, such as purchase of vehicles or durable equipment)
- B. Same-Day Transportation Program that includes use of Transportation Network Companies (TNCs)** (describe the proposed service including how subsidies will be provided and how capacity will be managed)
- C. Same-Day Transportation Program that includes incentives to drivers and/or transportation providers** (describe the proposed incentives)
- D. Accessible Shuttle Service** (for new shuttles – describe service plan and how city is coordinating with the local fixed route transit provider)
- E. New mobility management and/or travel training programs** (describe the well-defined set of activities)
- F. Low-income requirements and outreach for any means-based fare programs** (describe the proposed subsidy and the means that will be used)

to determine and verify eligibility and the method of outreach for the program)

- G. Proposed new Meal Delivery Funding Program** (describe the proposed service – traditional or mileage reimbursement – and the population(s) it serves)

DEVELOPMENT OF PROGRAM PLAN

- 6. How was consumer input sought in development of the program and selection of the services offered?** Describe all general outreach activities undertaken in connection with this plan, including consumer or public meetings; meetings with other agencies; presentations to boards, commissions, or committees. If possible, provide dates for these activities. Note below if this plan was reviewed by a local advisory committee, including the name of the committee, and the date of the meeting.

- 7. Describe any outreach, surveys and/or analysis conducted to develop this plan and to determine the types of services the program offers.**

- A. Describe how the outreach addressed equity and inclusion.** (e.g. translations/interpretation, culturally significant locations, select stakeholders, etc.)

8. Describe how results from the community outreach, surveys and/or analysis described in Questions 6 and 7 were used to guide the development of the program plan.

9. Describe any innovative, emerging technology or non-traditional elements integrated into the program plan.

10. Was this program plan approved by a governing body (or is it scheduled for action)? *This is not required by the Alameda CTC. Jurisdictions should follow their established internal process.*

Yes

No

A. If "Yes", provide the name of the governing body and planned or actual approval date.

INFORMATION

11. How do community members and potential users learn about the Alameda CTC-funded services provided in your community? Specify for each of the paratransit projects and programs listed in Attachment Table B.

ELIGIBILITY AND ENROLLMENT

12. What are your requirements for eligibility? (e.g., age, residency, income, ADA-certification status, or other verification of disability).

13. How do consumers enroll in your program? Include how long the enrollment process takes, and how soon newly enrolled applicants can use the services offered.

CUSTOMER SATISFACTION

14. Describe your complaint and commendation process. Describe your process from beginning to end, including instructions you provide to customers for filing

program suggestions, complaints or commendations, your documentation procedures, and your follow up.

A. Describe any common or recurring service complaints, commendations and/or suggestions your program has received. Specify for each of the paratransit projects and programs listed in Attachment Table B. *(Complaints are defined as phone calls, letters, or emails received for the specific purpose of making a complaint.)*

B. Describe any changes you have made to your program as a result of these customer complaints, commendations and suggestions.

EXPECTED DEMAND/USE OF SERVICES

15. How many people are/have been/will be registered in the program during the following time periods? Fill in the boxes below.

Registrants at beginning of FY 2022-23	
Registrants at end of FY 2022-23	
Current Registrants for FY 2023-24	
Projected Registrants for FY 2024-25	

A. Based on the registration projection provided, explain why you expect your program registration to increase, decrease or stay the same compared to the current year.

16. What are the current program registrant demographics for FY 2023-24, if available? Fill in the boxes below.

Race/Ethnicity (include all that apply, individuals may be listed in multiple categories)	
American Indian or Alaska Native	
Asian	
Black or African American	
Hispanic or Latino	
Native Hawaiian or Other Pacific Islander	
White	
Other	
Disability (include all that apply, individuals may be listed in multiple categories)	
Mobility/Physical	
Spinal Cord (SCI)	
Head Injuries (TBI)	
Vision	
Hearing	
Cognitive/Learning	
Psychological	
Invisible	
Household Income	
< \$29,750	
\$29,751-\$49,600	
\$49,601-\$59,520	
\$59,521-\$78,850	
> \$78,851	

A. Based on the current program demographics, describe any demographic trends you foresee for FY 2024-25.

17. Do you expect the total number of one-way trips provided by your program in FY 2024-25 to increase, decrease or stay the same compared to the current year, FY 2023-24? Why?

18. Do the ridership numbers reported in Attachments Table A and Table B include companions and/or attendants?

Yes

No

A. If "Yes", and if known, what percent of total ridership are companions/attendants? *(If providing an estimate, please clearly indicate it as such.)*

19. Please provide the number of trips provided to consumers who required an accessible vehicle, if available. If trips were provided in more than one service (e.g. taxi, TNC, specialized accessible van, etc.), please specify for each.

Number of trips provided to consumers who require an accessible vehicle in FY 2022-23	
Number of trips provided to consumers who require an accessible vehicle in FY 2023-24 as of Dec. 31, 2023	
Number of trips projected to consumers who require an accessible vehicle in FY 2024-25	

VEHICLE FLEET

20. Provide details regarding your vehicle fleet. To answer this question, complete Attachment Table D (Table D tab of the Excel workbook).

SAFETY AND PREPAREDNESS

- 21. Describe any safety incidents recorded by your program in FY 2022-23, or to date in FY 2023-24.** Specify for each of the paratransit projects and programs listed in Attachment Table B. *(Report incidents resulting in any of the following: a fatality other than a suicide; injuries requiring immediate medical attention away from the scene for two or more persons; property damage equal to or exceeding \$7,500; an evacuation due to life safety reasons; or a collision at a grade crossing.)*

- 22. If possible, describe your city's or your program's emergency preparedness plan.** Specify when the plan was last prepared or updated. Does the plan include the paratransit program? Indicate if it is available online or can be provide upon request. If available online, please include a link in the comment box below.

FINANCES: PROGRAM REVENUE AND COST

- 23. Detail your FY 2024-25 program's total estimated revenue (all fund sources) and total cost by completing Attachment Table C (Table C tab of the Excel workbook).** For program components funded all or in part with a Measure B/BB discretionary grant, segregate the grant funding by entering it in the "Other Measure B/BB" column.

- 24. Describe below the "Management/Overhead" and "Customer Service and Outreach" costs included in Attachment C and how these cost allocations were determined?** (These two categories are defined under Question 1.) *The amount spent on Customer Service/Outreach and Management/Overhead is to be included as part of the total program cost, even if it is not funded with Alameda CTC funding. This includes city/agency staff time paid for by a city's general fund.*

A. Management/Overhead Costs

B. Customer Service and Outreach Costs

PROGRAM FUNDING RESERVES

25. If your paratransit program is anticipated to have a remaining balance of Measure B/BB DLD funding at the end of FY 2024-25, as shown in Attachment Table C, please explain. How do you plan to expend these funds and when?

MISCELLANEOUS

26. Use this space to provide any additional notes or clarifications about your program plan.