



THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR.  
COMMISSIONER

JEFF BRILLHART, P.E.  
ASSISTANT COMMISSIONER

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, NH 03301

Bureau of Rail & Transit  
May 19, 2014

**REQUESTED ACTION**

Authorize the Department of Transportation to enter into a contract amendment with Community Alliance of Human Services, Inc., Vendor #177312, Claremont, NH, to increase the contract amount by \$9,033 from \$498,228 to \$507,261 for public transportation services in the Claremont, Newport and Charleston area, effective upon Governor and Council approval through June 30, 2015. The original agreement was approved by Governor and Council on June 5, 2013, Item #223. 100% Federal Funds.

Funding is available as follows:

	<u>FY 2015</u>
04-96-96-964010-2916	
Public Transportation	
072-500575 Grants to Non-Profit-Federal	\$9,033

**EXPLANATION**

The Department has approved a request for additional Federal Transit Administration (FTA) funding from Community Alliance of Human Services, Inc. to assist in the provision of public transit service in Sullivan County. Community Alliance of Human Services, Inc. is a private, non-profit organization providing rural public transportation services for the general public and elderly individuals and individuals with disabilities in the Claremont, Newport and Charleston area.

The Department entered into a two-year contract with Community Alliance of Human Services, Inc. for the period July 1, 2013 to June 30, 2015 using committed FTA funds. The FFY 2014 Nonurbanized Area Formula Program funding increased compared to FFY 2013 funding levels for rural transit and therefore the additional funds are proposed to be amended into the contracts of all the rural transit providers statewide. These additional funds are budgeted and separate contract amendments will be put forth for each rural transit operator. This contract amendment provides an additional \$9,033 for the second year (SFY 2015) of the two-year agreement for Community Alliance's Section 5311 program administration, capital preventive maintenance and operating expenses. Community Alliance of Human Services, Inc. will provide the required non-federal matching funds, 20% for project administration and capital preventative maintenance and 50% for operating expenses.

In the event that Federal funds become unavailable, general funds will not be requested to support this program.

All other provisions of the agreement shall remain in effect.

The amendment has been approved by the Attorney General as to form and execution and the Department has verified that the necessary funds are available. Copies of the fully executed amendment are on file at the Secretary of State's Office and the Department of Administrative Services, and subsequent to the Governor and Council approval will be on file at the Department of Transportation.

Your approval of this resolution is respectfully requested.

Sincerely,

A handwritten signature in black ink, appearing to read "C.D. Clement, Sr.", written in a cursive style.

Christopher D. Clement, Sr.  
Commissioner

Attachments

## AMENDMENT TO AGREEMENT

### COMMUNITY ALLIANCE OF HUMAN SERVICES, INC.

WHEREAS, the Governor and Council approved an agreement between the New Hampshire Department of Transportation and Community Alliance of Human Services, Inc. on June 5, 2013, (Item #223) to be effective July 1, 2013 through June 30, 2015, and this agreement remains in effect;

WHEREAS, the Price Limitation in Section 1.8, is \$498,228, and Exhibit A describes the Scope of Work and Exhibit B describes the budget;

WHEREAS, the Department of Transportation has available Federal funds for the Section 5311 Rural Transit program;

**RESOLVED, that the agreement be amended as follows:**

Section 1.8, "Price Limitation" of the P-37 form to read \$507,261 (increase of \$9,033);

Exhibit B, Budget, shall be revised to include an additional \$9,033 of Federal Transit Administration (FTA) Section 5311 Rural Transit funds for State Fiscal Year 2015 for a revised contract total of \$507,261.

All other provisions of the agreement shall remain in effect.

**EXHIBIT B**

**BUDGET (REVISED)**

B.1 The Contract price, as defined in Section 1.8 of the General Provisions, is the Section 5311, 5310 and 5317 of the eligible project costs. Federal funds are granted as follows:

	<b>FY 2014</b>	<b>REVISED FY 2015</b>
<b>Section 5311</b>		
Administration	\$119,009	\$127,588
Capital (PM)	\$ 17,169	\$ 20,960
Operating	\$ 81,039	\$ 77,702
<b>Section 5317</b>		
Public Transit Mobility Management	\$ 8,600	\$ 8,600
<b>Section 5310 Formula Funds for Region 4</b>		
Mobility Management	\$ 23,297	\$ 23,297
<b>Total Federal Funds</b>	<b>\$249,114</b>	<b>\$258,147</b>

Funds are contingent upon Federal and State appropriations.

B.2 Fourteen days prior to the submission of the Contractor's first request for Federal Section 5311 reimbursement, the Contractor shall submit to the State, a budget incorporating all funds to be expended in the provision of services pursuant to this contract. Budget revisions may be made with written approval of the State, and are limited to the six-month interval and year-end of the contract. Revisions that meet or exceed a 10% and \$2,500 change will require a detailed explanation. Budget revisions may only request the transfer of funds within a category or between categories with the same matching ratio.

B.3 The Contractor may seek reimbursement for eligible expenses listed in "Budget Categories and Line Items," listed in Guidelines for Establishment of Accounting and Bookkeeping Procedures for Recipients of Section 5311 (Rural and Small-Urban Program) Funds, with the exception of funds specifically reserved, if any, and identified in "Specifically Programmed Funds," at the end of this Exhibit.

B.4 At the sole discretion of the State, the Contractor may carry forward any unexpended portion of the federal funds included in the Contract Price to a subsequent contract, if any, between the State and the Contractor.

**Community Alliance of Human Services, Inc.**

By: Barbara H Brill Date: 5/15/14

Title: Executive Director

Signature: Barbara H Brill

County of Sullivan

On this the 15<sup>th</sup> day of May, 2014, before me, Ella M Casey, the undersigned officer, personally appeared Barbara H Brill, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (s)he has executed the same for the purposes therein contained. IN WITNESS WHEREOF I hereunto set my hand and official seal.

Ella M Casey  
Notary Public/Justice of the Peace



**NH Department of Transportation**

By: Patrick C. Verhey Date: 5/20/14

Title: Director

Signature: Patrick C. Verhey

**Approved by Attorney General**

By: Brian Buonamano Date: 6/11/14

Title: AAG

Signature: Brian Buonamano

**Approved by Governor and Council**

By: \_\_\_\_\_ Date: \_\_\_\_\_

# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY ALLIANCE OF HUMAN SERVICES is a New Hampshire nonprofit corporation formed April 30, 1991. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 16<sup>th</sup> day of April A.D. 2014

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State



Community  
Alliance of  
Human Services

Administrative Offices  
P.O. Box 188  
Newport, NH 03773  
Tel: (603) 863-7708  
Fax: (603) 863-9554

*Connections for Independent Living*

**COMMUNITY ALLIANCE OF HUMAN SERVICES  
ABSTRACT OF CORPORATE MINUTES**

The following is a true abstract from minutes of a meeting of the Board of Directors of Community Alliance of Human Services, on February 27, 2014, which was duly called, at which a quorum was present:

“On a motion duly made and seconded, it was voted to authorize the Executive Director to accept grants and awards and enter into contracts and contract amendments from time to time with the New Hampshire Department of Transportation, to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the New Hampshire Department of Transportation, this authorization to continue until revoked by vote of this governing Board.

I certify the foregoing vote is still in effect and has not been revoked, rescinded, or modified.

I further certify that Barbara H. Brill is the Executive Director of this corporation and is still qualified and serving in such capacity.

May 15, 2014

Date

Chris Kebalka, Chair  
Board of Directors

No Corporate Seal

STATE OF NEW HAMPSHIRE

COUNTY OF SULLIVAN

On May 15, 2014 before me the undersigned officer personally appeared the person identified in the foregoing certificate, known to be (or satisfactorily proven) to be the Chair of the Board of Directors of the corporation identified in the foregoing certificate, and acknowledged that Chris Kebalka executed the foregoing certificate.

In witness whereof I hereunto set my hand and official seal.

Signature

Notary Public / Justice of the Peace

Commission Expires:





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/15/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Clark - Mortenson Insurance P.O. Box 606 Keene NH 03431	CONTACT NAME:	PHONE (A/C, No, Ext): 603-352-2121	FAX (A/C, No): 603-357-8491
	E-MAIL ADDRESS: csr24@clark-mortenson.com		
INSURED COMMUNITYALLIAN Community Alliance of Human Services PO Box 188 Newport NH 03773	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Philadelphia Insurance Company		
	INSURER B: PMC Insurance Group		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

**COVERAGES**

CERTIFICATE NUMBER: 1089788543

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	PHPK738940	6/30/2013	6/30/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	PHPK738940	6/30/2013	6/30/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		PHUB350064	6/9/2013	6/9/2014	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WC004321443	9/20/2013	9/20/2014	WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional Liability		PHPK738940	6/30/2013	6/30/2014	1,000,000 3,000,000 each incident aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Workers Comp laws apply for the state of: NH  
Certificate Holder is named as Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire Dept. of Transportation 7 Hazen Drive P.O. Box 483 Concord NH 03302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>James H. Neal</i>

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/15/2014

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Clark - Mortenson Insurance P.O. Box 606 Keene NH 03431	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 603-352-2121 E-MAIL: Address: csr24@clark-mortenson.com		FAX (A/C, No): 603-357-8491
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Insurance Company		<b>NAIC #</b>
<b>INSURED</b> COMMUNITYALLIAN Community Alliance of Human Services PO Box 188 Newport NH 03773	<b>INSURER B:</b> PMC Insurance Group		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1083914623

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	PHPK738940	6/30/2014	6/30/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$100,000 \$5,000 \$1,000,000 \$3,000,000 \$3,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	PHPK738940	6/30/2014	6/30/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$
A	UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000		PHUB350064	6/9/2014	6/9/2015	EACH OCCURRENCE AGGREGATE	\$1,000,000 \$1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC004321443	9/20/2013	9/20/2014	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$500,000 \$500,000 \$500,000
A	Professional Liability		PHPK738940	6/30/2014	6/30/2015	1,000,000 3,000,000	each incident aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Workers Comp laws apply for the state of: NH  
 Certificate Holder is named as Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

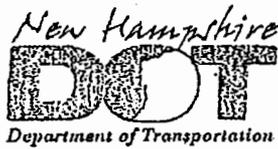
State of New Hampshire Dept. of Transportation  
 7 Hazen Drive  
 P.O. Box 483  
 Concord NH 03302

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, NH 03301

Bureau of Rail & Transit
April 29, 2013

Approved 6/15/13
Item 223

REQUESTED ACTION

Authorize the Department of Transportation to enter into an agreement with the Community Alliance of Human Services, Inc. (Vendor #177312), Claremont, NH, for an amount not to exceed \$498,228 for public transportation services in the Claremont, Newport and Charlestown area, for the period July 1, 2013 through June 30, 2015, effective upon approval by Governor and Council. 100% Federal Funds.

Funding for this agreement is available in the FY 2014 and 2015 budget, contingent upon the availability and continued appropriation of funds, with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified.

Table with 3 columns: Description, FY 2014, FY 2015. Row 1: 04-96-96-964010-2916 Public Transportation, \$249,114, \$249,114. Row 2: 072-500575 Grants to Non-Profits-Federal, \$249,114, \$249,114.

EXPLANATION

The Department has approved a request for Federal Transit Administration (FTA) funding from Community Alliance of Human Services to assist in the provision of public transit service. Community Alliance of Human Services is a private, non-profit organization that provides rural public transportation including transportation for elderly individuals and individuals with disabilities in Claremont, Newport and Charlestown.

The following routes are currently offered by the agency:

- Claremont - including stops at the Claremont Senior Center, Valley Regional Hospital, Market Basket and K-Mart with connections to all other routes at Opera House Square.
Newport - including stops at Newport Senior Center, Shaws, Walmart, Summer Crest, Newport Health Center and Community Alliance of Human Services with connections to all other routes at Opera House Square.
Charlestown - including stops at Charlestown Elderly Housing, Walmart, the Municipal Building and Woodrise Apartments, Connecticut River Bank and Hannaford with connections to all other routes at Opera House Square.

The bus schedules for Community Alliance of Human Services are attached to this Agreement.

The Department's proposed FY 2014 and 2015 operating budget includes funds from the Federal Transit Administration (FTA) Section 5311 non-urban area formula program for public transportation in non-urbanized areas. Community Alliance of Human Services has provided public transit utilizing these funds since 1993. The Department has allocated funding for the coming biennium based on prior funding levels, applications received, and available FTA funds. For FY 2014 and 2015, the Federal Transit Section 5311 allocation for Community Alliance of Human Services is \$434,434.

In addition to funds for transit operation, FTA Section 5317 New Freedom Program funds in the amount of \$17,200 for FY 2014 and 2015 will supplement public transit mobility management. FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities formula program funds in the amount of \$46,594 for FY 2014 and 2015 will continue to fund a volunteer driver coordinator position to provide additional transportation access in Sullivan County. The FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities formula program funds were allocated by region, according to a formula based on regional populations of residents over 65 and those between the ages of 5-64 with disabilities. Each individual Regional Coordinating Council was responsible for conducting its own project solicitation, evaluation, and prioritization and then submitting one regional application for eligible Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities formula fund projects through an approved Lead Agency. The Sullivan County Regional Coordinating Council designated Community Alliance of Human Services as the Lead Agency to apply for the funds. As required by FTA, both projects are identified in a locally developed coordinated public transit – human services transportation plan.

Community Alliance of Human Services, Inc. will provide the required matching funds, 20% for administration and/or capital and 50% for operations.

The Department released a public notice on February 8, 2013 announcing the availability of funding from the FTA Section 5311 (Formula Grants for other than urbanized areas), Section 5316 (Jobs Access and Reverse Commute), and Section 5317 (New Freedom) with application submissions due March 29, 2013.

The Department received applications for eight (8) rural public transit systems as follows:

Acronym	Transit System	Applicant
AT	Advance Transit	Advance Transit
CAT	Concord Area Transit	Community Action Programs Belknap-Merrimack Counties
WTS	Winnepesaukee Transit System	Community Action Programs Belknap-Merrimack Counties
CAHS	Community Alliance Transportation Services	Community Alliance for Human Services
VNA	City Express	VNA @ Home Healthcare, Hospice & Community Services
NCT	North Country Transit	Tri-County Community Action Program
CCT	Carroll County Transit	Tri-County Community Action Program
CRT	Connecticut River Transit	Connecticut River Transit

An evaluation committee that consisted of Shelley Winters (NHDOT Rail & Transit Administrator), Frederick Butler (NHDOT Rail & Transit Transportation Specialist), and Christopher Morgan (retired NHDOT Rail & Transit Administrator) reviewed, evaluated and scored applications based on criteria as indicated in the application materials and the Department's State Management Plans for FTA programs. Every application met the Department's criteria for inclusion in its SFY 2014 public transit funding plan and will be awarded separate amounts for the aforementioned transit systems.

Evaluation Criteria		Weight
1	The proposed service effectively addresses a demonstrated community need.	10%
2	The applicant has the fiscal and technical capacity and adequate budget to operate its service.	15%
3	The applicant has successful experience in providing transportation services.	15%
4	The application shows coordination with other transportation providers in the service area: public, nonprofit, and for-profit.	10%
5	The applicant demonstrates involvement in and support for the project, financial and otherwise, on the part of citizens and local government.	10%
6	The applicant demonstrates effort to involve the private sector in the delivery of transportation services.	5%
7	Elderly and disabled citizens have full access to the applicant's services.	10%
8	The applicant successfully demonstrates service efficiency and effectiveness, measured in ridership, service miles and hours, costs, and fare recovery. New applicants must demonstrate the ability to measure performance and achieve goals.	15%
9	The applicant complies with relevant Federal and state regulations, and has a history of compliance with regulations and reporting requirements.	10%
		100%

Rating Scale (0-10 scale)	
Explanation	Point Value
None. Not addressed or response of no value	0
Fair. Limited applicability	1 - 3
Good. Some applicability	4 - 6
Very Good. Substantial applicability	7 - 8
Excellent. Total applicability	9 - 10

Transit System	Average Score
Advance Transit	9.30
Concord Area Transit	8.57
Winnepesaukee Transit System	7.40
Community Alliance Transportation Services	8.38
City Express	8.45
North Country Transit	7.27
Carroll County Transit	6.62
Connecticut River Transit	8.37

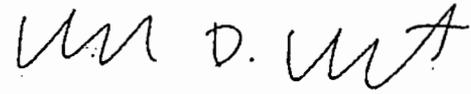
In the event that Federal funds become unavailable, general funds will not be requested to support this program.

Subject

The Agreement has been approved by the Attorney General as to form and execution and the Department will verify the necessary funds are available pending enactment of the Fiscal Year 2014 and 2015 budget. Copies of the fully executed agreement are on file at the Secretary of State's Office and the Department of Administrative Services' Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

Your approval of this resolution is respectfully requested.

Sincerely,



Christopher D. Clement, Sr.  
Commissioner

Attachments