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| AWARDS2019 | **Transportation Disadvantaged** **Award Nomination Form** |

**Urban Community Transportation Coordinator**

**Step 1: Provide your contact information (Nominator)**

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| **Nominator’s Name:** |       | **Phone:**  |       |
| **Agency:** |       |
| **Address:**  |       |

**Step 2: List who you will be nominating for the above category (individual/ organization).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominee’s Name:** |       | **Phone:**  |       |
| **Agency:** |       |
| **Address:**  |       |

**Step 3: Complete Award Nomination Packet**

Please complete the form following this page. In addition to completing the questions, we request that you include a narrative about why this nominee deserves the award with specific examples; photo of individual/group; any additional support documentation; endorsement from CTC, if applicable.

A separate nomination form and supporting information should be submitted for each nominee. Commission staff will compile information as it relates to the Annual Performance Report. **Please review criteria prior to submittal to ensure that all required information is included**. If you have any questions about the nomination format or process, please contact Sheri Powers at (850) 410-5710.

**Step 4: Submittal Instructions**

Please email the nomination form and related materials to **CTDOmbudsman@dot.state.fl.us** by **July 14, 2024:**

**Urban Community Transportation Coordinator**

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| Purpose: | To recognize an urban CTC who has performed in an outstanding manner as part of the fully coordinated system for the community and the transportation disadvantaged population. For the purpose of this effort, this designation is based on information reported by the CTC in the Annual Operating Report. |
| Criteria: | Consideration will be given to each nominee based on documented data presented in the Annual Performance Report, recent Quality Assurance reviews, the CTC evaluation conducted by the LCB and/or timely submission of deliverables. Specific information from the Annual Performance Report will be reviewed including: increase in trips as a percent of increased expenses, safety records, operating cost per trip, operating cost per mile and operating cost per hour (if available). |

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| Identify total number of trips completed for this period as a comparison to previous year. |
|  |       |
| Identify unduplicated passenger head count for this period as a comparison to previous year.  |
|  |       |
| Identify Cost per trip (fixed route cost and paratransit) as a comparison to previous year. |
|  |       |
| Does your system meet the goal identified in the TDSP for transferring riders to public transit? If yes, provide the number of riders transferred and describe the success of your process. |
|  |       |
| Describe your efforts in working with the community to understand the needs and resources available (public outreach efforts, mobility management program, travel training, etc). |
|  |       |
| Identify the state agencies that participate in your coordinated transportation system. |
|  |       |
| Identify any community partners that participate in your coordinated transportation system (Boys and Girls Club, American Cancer Society, etc.). |
|  |       |
| Identify agreement(s) to provide inter-county transportation or connectivity to neighboring counties? |
|  |       |
| Describe how customer satisfaction is monitored (rider surveys, monitoring complaints, providing regular customer service training). |
|  |       |
| Identify the number of complaints and commendations received during the period July 1, 2023 through June 30, 2024. |
|       |
| Describe the CTC’s working relationship with the Planning Agency/Planner and efforts in addressing the service needs of the Transportation Disadvantaged. |
|  |       |
| Identify the unique characteristics of your service that you feel your system should be selected for this award. |
|  |       |
| Additional Comments and/or Narrative. |