The following documents are to be attached to this application.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Document Name</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>NJT Attachment A</td>
<td>Organizational Chart</td>
</tr>
<tr>
<td>N/A</td>
<td>NJT Attachment B</td>
<td>Vendor Organization Chart</td>
</tr>
<tr>
<td>N/A</td>
<td>NJT Attachment C</td>
<td>Policies and Procedures same as submitted in 2016</td>
</tr>
<tr>
<td>N/A</td>
<td>NJT Attachment D</td>
<td>CHSTP Addendums/Updates</td>
</tr>
<tr>
<td>N/A</td>
<td>NJT Attachment E</td>
<td>CHSTP Written Agreements</td>
</tr>
<tr>
<td>X</td>
<td>NJT Attachment F</td>
<td>Contracts Program receives funds from (if applicable)</td>
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<tr>
<td>N/A</td>
<td>NJT Attachment G</td>
<td>Indirect Cost Plan</td>
</tr>
<tr>
<td>X</td>
<td>NJT Attachment H</td>
<td>Vehicle Inventory (use spreadsheet provided)</td>
</tr>
<tr>
<td>N/A</td>
<td>NJT Attachment I</td>
<td>Non-Vehicle Inventory (5311 only if applicable, use spreadsheet provided)</td>
</tr>
<tr>
<td>X</td>
<td>NJT Attachment J</td>
<td>Marketing Materials</td>
</tr>
<tr>
<td>X</td>
<td>NJT Attachment K1</td>
<td>Notarized Copies of Public Notice</td>
</tr>
<tr>
<td>X</td>
<td>NJT Attachment K2</td>
<td>List of Organizations for Public Hearing Notice</td>
</tr>
<tr>
<td>X</td>
<td>NJT Attachment K3</td>
<td>Large Print Vehicle Notice</td>
</tr>
<tr>
<td>X</td>
<td>NJT Attachment K4</td>
<td>Library Public Notice Information</td>
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<td>X</td>
<td>NJT Attachment K5</td>
<td>Website Screen Shot Public Notice</td>
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<td>NJT Attachment K6</td>
<td>CAC Meeting Public Notice</td>
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<td>□</td>
<td>NJT Attachment K7</td>
<td>Public Hearing Transcript</td>
</tr>
<tr>
<td>X</td>
<td>NJT Attachment L</td>
<td>SCDRTAP Application Cover Letter</td>
</tr>
<tr>
<td>X</td>
<td>NJT Attachment M</td>
<td>SCDRTAP Resolution</td>
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<tr>
<td>N/A</td>
<td>NJT Attachment N</td>
<td>Opinion of Council Letter (5311 only)</td>
</tr>
<tr>
<td>N/A</td>
<td>NJT Attachment O</td>
<td>ADA Certification of Equivalent Service</td>
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<tr>
<td>N/A</td>
<td>NJT Attachment P</td>
<td>Capital Public Notice (5311 only if applicable)</td>
</tr>
<tr>
<td>N/A</td>
<td>NJT Attachment Q</td>
<td>5333(b) Certification Letter (5311 only)</td>
</tr>
<tr>
<td>N/A</td>
<td>NJT Attachment R</td>
<td>5311 Application Cover Letter</td>
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<td>N/A</td>
<td>NJT Attachment S</td>
<td>5311 Resolution</td>
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<tr>
<td>N/A</td>
<td>NJT Attachment T</td>
<td>Innovative Grant Map (5311 only if applicable)</td>
</tr>
</tbody>
</table>

Excel Spreadsheet attachments
- 2015 Actual Expenditures by funding source
- 2017 Proposed budget by funding source
- Vehicle Inventory  
- Non-Vehicle Assets
Addendums:
- Addendum C: Transportation Providers and Labor Representatives Spreadsheet 2017 is attached separately
COUNTY OF HUDSON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE ON AGING
ANNEX A

NOTE: A separate Annex A must be completed for each funded program.

AGENCY NAME: Hudson County  PROGRAM NAME: TRANSCEND  PROGRAM #: 401

PART 1: GENERAL AGENCY INFORMATION

SECTION 1: IDENTIFICATION

Contract Ceiling: $246,381 Effective Dates: 1/1/2016 to 12/31/2016

Provider Agency: Hudson County TRANSCEND

Mailing Address: 830 Bergen Ave
      Jersey City, NJ 07306

Federal Identification #: 226002443
Charitable Registration #: n/a

Type of Corporation: ( ) Non-Profit ( ) Profit (x ) Public

Chief Executive Officer: Thomas DeGise, County Executive

Address: 583 Newark Ave.
      Jersey City, NJ

Telephone #: 201-795-6402

Official Notices relevant to this contract should be sent to:

Name: Kevin Crimmins
Title: Director

Address: 830 Bergen Ave
      Jersey City, NJ 07306

Email: kcrimmins@hcnj.us
Telephone #201-369-4320

Please List Authorized Signatories for contract documents, checks, and invoices:
(Provide full name and title of each signatory)

Name_____ Kevin Crimmins
Title______ Director

Name_____ Jim Ostaszewski
Title______ Assistant Coordinator
COUNTY OF HUDSON  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE ON AGING  
ANNEX A

AGENCY NAME: Hudson County  PROGRAM NAME: TRANSCEND  PROGRAM #: 401

PART 1: GENERAL AGENCY INFORMATION

SECTION 2: ESSENTIAL AGENCY DOCUMENTS

The following two (2) pages list the essential documents, which must be part of your official files and must be updated as they change. Please use the following numerical codes to indicate the names of each document. Documents that are followed by an asterisk must be current and submitted as a part of this contract package. If a particular document is pending, list the Anticipated Submission Date in the appropriate space.

<table>
<thead>
<tr>
<th>Status</th>
<th>Name of Document</th>
<th>Permanent Documents</th>
<th>Anticipated Submission Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>Certificate of Incorporation</td>
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</tr>
<tr>
<td>( )</td>
<td>Tax Exempt Certificate or Letter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td>Agency Wide Organizational Chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td>Local Certificate of Occupancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td>New Jersey Certificate of Good Standing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Annual and Periodic Documents

| ( )    | Annual Report (if available) | | |
| ( )    | List of Names, Addresses and Terms of Current Board Members | | |
| ( )    | Current Audit | | |
| ( )    | Current IRS 990 Form (Private Non-Profit Agencies only) | | |
| ( )    | Lease or Mortgage (s) | | |
| ( )    | Consultant Agreement (s) | | |
| ( )    | Job Descriptions | | |
| ( )    | License to Provide Service, if necessary | | |
| ( )    | Insurance Summary | | |

Affiliation Agreements: List any existing affiliation agreements, MOUs or MOAs below:

Affiliate | Program

I certify, as an authorized representative of the provider agency, that the information contained in this section is current, complete and in accordance with the appropriate existing Federal, State, or Local regulations or/and policies.

BY: _______ (Signature)  

Title: Transcend Director  (Print Title)

Date:

Kevin Crimmins  
(Print Name)
COUNTY OF HUDSON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE ON AGING
ANNEX A

AGENCY NAME: Hudson County  PROGRAM NAME: TRANSCEND  PROGRAM #: 401

SECTION 1A: PROGRAM SUMMARY SHEET

Agency Name: Hudson County  Federal ID #: 22-6002443
Program Name: TRANSCEND

Site Address(es): 830 Bergen Ave  Jersey City, NJ 07306

Definition of Unit of Service: One Way Trip  Unit Cost: $25.50
Estimated Number of Units to be Provided: 28,986

Service Catchment Areas: Hudson County
Program Component Capacity: Transportation of Seniors on County Vehicles

Target Population (specify age, demographic and geographic information):
We will provide transportation for people with disabilities or 60 years of age and older, who are residents of Hudson County.

Provide a brief overview of the program:
We will provide transportation for people with disabilities or 60 years of age and older, who are residents of Hudson County, to locations in Hudson County. We provide trips for employment, nutrition, recreation, shopping, education and medical appointments. The service is curb to curb with accommodations for people with disabilities. All of our vehicles are accessible.
PART 2: PROGRAM COMPONENT INFORMATION

SECTION 1B: PROGRAM SUMMARY SHEET (use if applicable)

Referrals may be processed through the following Provider Agency Representative.

Name/Position: TRNSCEND Reservation Clerks

Phone #: 201-369-4320

Describe the Referral/Admissions Procedure for this program component:
Prior to using the service an eligible consumer must register with a reservation clerk. Registration is done via telephone. Any person claiming to be disabled that is under the age of 60 must present a note from their doctor stating their disability.

The following documents are required to process a referral:
Registrations are done via telephone. If a person is claiming to be disabled and under the age of 60 they must provide a letter from their doctor advising what their disability is.

Indicate which documents must accompany the client upon admission:
See above

COUNTY OF HUDSON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE ON AGING
ANNEX A

AGENCY NAME: Hudson County PROGRAM NAME: TRANSCEND PROGRAM #: 401

PART 2: PROGRAM COMPONENT INFORMATION

SECTION 2: PROGRAM COMPONENT CALENDAR

Complete Section 2 for each Program Component.

Program: 401 Type of Service: Transportation

Specify hours of operation:
Monday through Friday 8AM to 8PM

Emergency Provisions:
n/a
Service will not be provided on the following days:

<table>
<thead>
<tr>
<th>H/T/C/</th>
<th>Occasion</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holiday</td>
<td>New Year's Day</td>
<td>01/01/2016</td>
</tr>
<tr>
<td>Holiday</td>
<td>Thanksgiving</td>
<td>11/24/2016</td>
</tr>
<tr>
<td>Holiday</td>
<td>Christmas Observed</td>
<td>12/26/2016</td>
</tr>
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</table>

Mark each occasion either 'H' for a holiday, 'T' for a non-service training day or 'C' for closing other than holiday or training day.

COUNTY OF HUDSON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE ON AGING
ANNEX A

AGENCY NAME: Hudson County  PROGRAM NAME: TRANSCEND  PROGRAM #: 401

Part 2: PROGRAM COMPONENT INFORMATION

SECTION 3: MONTHLY CONTRACT LEVEL OF SERVICE

Unit of Service: Transportation  Unit Description: One Way Trip  Unit Cost: $25.50

<table>
<thead>
<tr>
<th>(1) Contracted Month, Year</th>
<th>(2) Possible Services Days</th>
<th>(3) Approved ‘H/T’ Days</th>
<th>(4) Monthly Service</th>
<th>(5) Total Monthly Units</th>
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<td>2</td>
<td>19</td>
<td>2337</td>
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## Attachment F

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</table>

1. Fill in the monthly projected number of units
2. Fill in the number of service days for each month
3. Fill in the number of holidays and/or training days that will result in program closings
4. Fill in the adjusted number of monthly service days
5. Multiply column 1 (Projected Units) by column 4 (Adjusted Service Days) to get the total monthly units
SECTION 4: SERVICE OUTCOMES (Attach additional pages if necessary)

For each program component please identify goals, objectives, activities, outcomes, supporting documentation and reporting timeframes using the following definitions and template. Speak to the overarching impact that services will have on recipients over a period of time that may reach beyond the contract term. Please use the form on the following page to report this information.

GOALS: Goals articulate the desired results or end point that Hudson County can expect to be achieved through the provision of contracted services. Goal statements speak to the overarching impact that services will have on recipients over a period of time that may reach beyond the contract term.

OBJECTIVES: Objectives define services in qualitative terms. They detail the purpose of program activities and impart a clear understanding of contracted services. Objectives are short term milestones to be achieved during the contract period; they are easy to understand, specific, attainable and they reflect the overarching goals of the program component.

SERVICE ACTIVITIES: Service Activities specify the tasks performed to achieve the identified goals and objectives. They reflect program operations and functionally define contracted services. All service activities are tangible, observable and measurable.

OUTCOMES: Outcomes quantify the program’s impact on the target population. They are tied directly to program goals rather than to each objective or service activity. Benchmarks are established to indicate successful program performance in achieving the specified goals. Please indicate your methods for documenting progress toward your identified goals and objectives.
<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>SERVICE ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will provide transportation for medical appointments.</td>
<td>We project that we will provide 2416 trips per month.</td>
</tr>
<tr>
<td>To provide 28,986 trips during the year of 2016.</td>
<td>Monthly reports will be submitted of the trips provided.</td>
</tr>
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</tr>
</tbody>
</table>

**TIME FRAME**

| 1/1/2016 thru 12/31/2016 |

---
Mr. Kevin Crimmins
County of Hudson
Hudson County Department of Health and Human Services
830 Bergen Avenue
Jersey City, NJ 07306

Dear Mr. Crimmins:

Enclosed are two sets of contracts that are being negotiated between the NJ Department of Military & Veterans Affairs and Hudson County, Hudson County Department of Health and Human Services Property to provide transportation to veterans for medical purposes or appointments at the VA regional offices. The term of the contract is one year, 1 July 2016 to 30 June 2017 with a limit of $15,000. The enclosed documents include:

A. Standard Provider Agreement
B. Transportation Grant - Annex A
C. Annex B-2: Contract Rate Information Form

Please complete the required information, sign and return all copies to me no later then June 15, 2016. If you have any questions, call me at (609) 530-6949.

Sincerely,

Patricia Richter
Chief
Veterans Benefits Bureau
AGENCY INFORMATION

Name of Agency: Hudson County Department of Health & Human Services
Street Address: 830 Bergen Avenue, 8A  City: Jersey City  State: NJ
County: Hudson ZIP: 07306
Agency Executive Director/CEO: Thomas A. DeGise, County Executive
Project Title: Transcend Veterans Program
Program Administrator (if known): Kevin Crimmins

PROJECT INFORMATION

Number of trips to be provided @ 100% reimbursement of contract: 1,000
Minimum number of trips to be provided @ 90% of contract 900 (Reimbursement will be reduced if at least 90% of the rides are not provided. Counties will be notified after this Departments Mid-Year review in February.)

FUNDING INFORMATION

Total State Funds Requested: $ 15,000
Total Agency Funds/In-Kind Match: $ N/A
Total Operating Budget (Sum of State Funds Requested and Agency Funds/In-Kind Match):

$ 15,000

SIGNATURE OF AGENCY EXECUTIVE DIRECTOR/CEO

Thomas A. DeGise, County Executive

New Jersey Department of Military and Veterans Affairs
Transportation Annex A
Attach additional sheets if needed.

1. Provide a brief narrative summary describing existing programs operated by your agency.

The Office of Senior Citizen and Disabled Resident Transportation Assistance provides transportation for seniors, disabled residents and Veterans residing in Hudson County. This program provides for demand response and subscription trips for medical, employment, nutritional, shopping, recreational and educational needs for eligible persons. This service is primarily provided to locations within the County but does provide limited service to out of County destinations. Some of the trip destinations include Beth Israel, Clara Maas, St Michael's, University Hospital, all in Essex County, and Hackensack Hospital in Bergen County. We also provide transportation to the Veterans Administration Hospital in East Orange and Veterans Regional Offices in Newark three times a week.
1. List below the existing problem(s) or need(s) citing specific information or resources which document the reason for your transportation program. Provide demographic information. Report how you assessed need and what other programs or services exist in your geographic area. No rationale about the general benefits of the transportation program is necessary.

Hudson County is based in an urban area with one of the largest senior and disabled populations in New Jersey. In the last two years we have experienced a reduction of public transportation services and discontinued bus lines, within the County. Transcend, the County’s para-transit system, is challenged to accommodate all requests for services due to a reduction in funding. All funding sources are being explored to address the transportation needs of the County.

2. Please describe in detail the type of transportation services that will be provided to eligible clients.

Service will be provided on mini buses that accommodate a minimum of eight ambulatory and two wheelchair consumers. All Transcend drivers have a CDL-B license, with a passenger endorsement. All drivers are required to receive Defensive Driver Training every two years and Passenger Assistance Training every three years. Upon request, veterans are transported to facilities within Hudson County on a daily basis. Trips to the Veterans Hospital in East Orange are scheduled for Tuesday, Wednesday and Thursday of each week. Requests for service can be made by calling 201-369-4320, Monday through Friday 9:00AM to 4:00PM, with 72 hour notification.
Attach additional sheets if needed.

1. Please describe in narrative the method to be used for identifying clients.

   All clients making application for service will be pre-screened through the Veterans Service Office, 115 Christopher Columbus Dr. Jersey City, NJ and must provide copy of their DD-214 for review.

Please translate the above narrative into measurable objectives, strategies, and time frames.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>STRATEGIES</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To provide transportation to Veterans for medical Appointments at their doctor’s offices and clinics.</td>
<td>Work with local &amp; County Veterans services offices to screen applicants for eligibility.</td>
<td>7-1-2016 to 6-30-2017</td>
</tr>
<tr>
<td>2. Continue to provide service on, Tues. Wed. Thurs., to the VA Hospital in East Orange for all Hudson County Veterans.</td>
<td>Coordinate a schedule to accommodate the appointment times of those veterans seeking transportation for medical appointments.</td>
<td>7-1-2016 to 6-30-2017</td>
</tr>
</tbody>
</table>
1. Please describe in narrative the method to be used in providing transportation services to eligible clients.

Transcend provides non emergency curb to curb transportation service to eligible consumers, with passenger assistance by the driver if needed. The driver is not permitted to enter the client’s home. Service is provided on a first come first serve basis. Scheduling is coordinated through a central dispatch office and consumers may contact the telephone number, 201-369-4320 to make reservations. Reservation are accepted Monday through Friday from 8AM to 4PM. Regular transportation service hours are 8AM through 7PM Monday through Friday.

Please translate the above narrative into measurable objectives, strategies, and time frames.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>STRATEGIES</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>The object is to provide 1000 trips to eligible veterans transportation to appointments in a timely and efficient manner.</td>
<td>Transcends strategy is to coordinate transportation requests from eligible veterans by collaborating with local, county and state veterans offices and community providers.</td>
<td>7-1-2016 to 6-30-2017</td>
</tr>
</tbody>
</table>
1. Please describe in narrative the method by which the program will be internally evaluated (i.e., measurement of Program Goals, consumer surveys, etc.).

The following metrics will be used to evaluate the program:
- Manifests are monitored on a daily basis for the number of trips, number of clients, number of cancellations and no shows.
- We have a Citizens Advisory Committee (CAC), consisting of 15 members, who are users of the service. The CAC convenes six times per year to discuss areas that need improvement and to ensure the program is delivering the necessary services.
- Performance monitoring is monitored daily. Consumer complaints are directly handled by the Program Coordinator or Assistant Coordinator to address issues.
- Service reports are submitted on a monthly basis Department of Veterans & Military Affairs, to report the number of Veterans served.
- Quality of service is determined by consumer feedback collected in annual surveys and day to day consumer feedback.

Please translate the above narrative into measurable objectives, strategies, and time frames.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>STRATEGIES</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring of Program for effectiveness</td>
<td>Monthly reporting is conducted to determine that the numbers of persons being served are met, and timely service is being provided.</td>
<td>7-1-2016 to 6-30-2017</td>
</tr>
<tr>
<td>Encourage consumer feedback</td>
<td>Encourage feedback through the Citizens Advisory Committee, annual consumer survey, personal interaction with consumers via telephone, and monitoring any complaints and feedback for the service being provided.</td>
<td>7-1-2016 to 6-30-2017</td>
</tr>
</tbody>
</table>
I, Thomas A. DeGise, as the Executive Director/CEO of Hudson County assures that the Transportation Service will meet the following program requirements:

I. LEVEL OF SERVICE
A. The agency must submit, along with the Monthly Program Report, appropriate documentation which provides information relative to the services delivered. This information must include a detailed log report of the individuals served, scheduled trip dates, origin, destination, and trip calculation (number of one-way trips).

B. Clients in need of transportation will be served on a first come, first serve basis.

II. PROGRAM GOALS
A. Program Goal #1
1. Method for Identifying Client – Clients shall be eligible for transportation service if all of the following criteria is met:
   a. Client must be a veteran, having served a minimum of 90 days of active military service other than for training in the armed forces of the United States, and having received a discharge other than dishonorable; or if the active military service was less than 90 days, client must have received a medical discharge;
   b. Veteran’s status is determined by review of the DD 214 form or by contacting a Veterans Service District Office.
   c. Any individual serving as an aide to the veteran.

2. Ineligible Services
   a. In-county services for the elderly and handicapped population will not be supported through this program. It is the responsibility of the County’s Special Transportation Program to serve the elderly and handicapped.

   Exception: Counties that have VA Hospitals/Clinics located within their county, will be reimbursed for trips made to those facilities.

3. Transportation will be provided for the following services:
   a. VA facilities, i.e., hospitals, outpatient clinics, regional offices; to include State VSO Offices.
   b. Other medical services (e.g., hospital, clinics, private doctors);
   c. Exclusions: community services; employment/job training; pharmacies and all other facilities and services not listed in a & b above.
It is expected that most of the scheduled trips will be provided outside of the county, and in some instances, state lines (i.e. VA Hospital, Regional Offices).

C. Program Goal #3

This agency will conduct two consumer surveys to measure client satisfaction with the service, noting strengths and weaknesses. This survey shall be administered at six months and twelve months, following the start of the contract. A report detailing the results of these surveys will be sent to the Division of Veterans Services within one month of the conclusion of each survey.

III. MONITORING BY THE DIVISION OF VETERANS SERVICES

Transcend will make appropriate staff available when representatives from the Department of Military and Veterans Affairs conduct site visits to monitor contract compliance.

IV. REPORTING

A. Program Evaluation – See Section II, C Program Goals #3.

B. Monthly Expenditure Reports – shall be submitted by the 15th of each month for prior month activities. A State of New Jersey Payment Voucher (Vendor Invoice) shall also be submitted for approval by the Department of Military and Veterans Affairs.

C. Monthly Program Reports – shall be submitted by the 15th of each month for the prior month’s activities.

Payment Vouchers, Expenditure Reports, Contracts, Correspondence and questions related to the content or amount of the award should be addressed to:

Patricia Richter
Department of Military and Veterans Affairs (DVP)
Eggert Crossing Road, PO Box 340
Trenton, NJ 08625-0340
(609) 530-6949/7052
Patty.Richter@njdmva.state.nj.us
Grant Amount: $ 15,000

The terms of this Contract have been read and understood by the persons whose signatures appear below. The parties agree to comply with the terms and conditions of the contract as set forth in the following agreement.

I attest that sufficient funds have been appropriated by State Legislature to cover the current state fiscal year portion of the contract.

State Agency Fiscal Officer ______________________ (Date)
WHEREAS the New Jersey Department of Military and Veterans’ Affairs (the “State Agency”) has been designated under the authority of N.J.S.A. 38A:3-2 et-seq., to administer or supervise the administration of veteran service programs and has, in turn, designated the State Agency to be directly responsible for the funding, implementation and administration of certain of such veteran service programs, including the program(s) covered by this Contract; and,

WHEREAS the State Agency desires that the Provider Agency provide services and the Provider Agency has agreed to provide services in accordance with the terms and conditions contained in this Contract;

THEREFORE the State Agency and the Provider Agency agree as follows:

1. DEFINITIONS
   For the purposes of this document, the following terms, when capitalized, shall have meanings as stated:

   Annex(es) means the attachment(s) to this document containing programmatic and financial information.

   Contract means this document, the Annex(es), any additional appendices or attachments (including and approved assignments, subcontract or modifications) and all supporting documents. The Contract constitutes the entire agreement between the parties.

   Notice means an official written communication between the State Agency and the Provider Agency. All Notices shall be delivered in person or by certified mail, return receipt requested, and shall be directed to the persons and addresses specified for such purpose in the Annex(es) or to such other persons as either party may designate in writing.

   Termination means an official cessation of this Contract, resulting either from routine expiration or from action taken by the State Agency or the Provider Agency, in accordance with the provisions contained in this Contract, to nullify the Contract prior to term.

2. BASIC OBLIGATIONS OF THE STATE AGENCY

2.01 Payment. As established in the Annex(es), payment for Contract services delivered shall be based on allowable expenditures or the specified rate per unit of service delivered. Such payment(s) shall be authorized by the State Agency in accordance with the time frames specified in the Annex(es). Total payments shall not exceed the maximum Contract amount, if any, specified in the Annex(es). All payments authorized by the State Agency under this Contract shall be subject to revision on the basis of an audit or audits conducted under Section 3.06 Audit or on the basis of any State Agency monitoring or evaluation of the Contract.

2.02 Referenced Materials. Upon written request of the Provider Agency, the State Agency shall make available to the Provider Agency copies of federal and State regulations and other material specifically referenced in this document.
3. BASIC OBLIGATIONS OF THE PROVIDER AGENCY

3.01 Contract Services. The Provider Agency shall provide services to eligible persons in accordance with all specifications contained in this Contract.

3.02 Reporting. The Provider Agency shall submit to the State Agency programmatic and financial reports on forms provided by the State Agency. The reporting frequency and due date(s) are specified and sample forms to be used are included in the Annex(es).

3.03 Compliance with Laws. The Provider Agency agrees in the performance of this Contract to comply with all applicable federal, state and local laws, rules and regulations (collectively “laws”), including but not limited to the following: state and local laws relating to licensure; federal and state laws relating to safeguarding of client information; the federal Civil Rights Act of 1964 (as amended); P.L. 1975, Chapter 127, of the state of New Jersey (N.J.S.A. 10:5-31 et seq.) and associated executive orders pertaining to affirmative action and nondiscrimination in public contracts; the federal Equal Employment Opportunity Act; Section 504 of the federal Rehabilitation Act of 1973 pertaining to nondiscrimination on the basis of handicap, and regulations thereunder. Failure to comply with the laws, rules and regulations referenced above shall be grounds to terminate this Contract.

If any provisions of this Contract shall conflict with any federal or state law(s) or shall have the effect of causing the State to be ineligible for federal financial participation in payment for Contract services, the specific Contract provision shall be considered amended or nullified to conform to such law(s). All other Contract provisions shall remain unchanged and shall continue in full force and effect.

3.04 State Agency Policies and Procedures. In the administration of this Contract, the Provider Agency shall comply with all applicable policies and procedures issued by the State Agency including, but not limited to the policies and procedures contained in the Department’s Contract Reimbursement Manual (as from time to time amended) and the Department’s Contract Policy and Information Manual (as from time to time amended). Failure to comply with these policies and procedures shall be grounds to terminate this contract.

3.04 A. Equipment Policies and Procedures. Title to all equipment purchased in whole or in part under a contract is held by the Provider Agency. The State, however, maintains an equitable interest in all such equipment. The Provider Agency shall maintain adequate insurance coverage to protect against losses and adequate maintenance procedures to keep the equipment in good condition. The Provider Agency shall be responsible for reimbursing the State for damage to equipment which exceeds normal wear and tear. When the equipment no longer becomes useful to the Provider Agency, and the State Agency has an interest in the equipment and has further need of the equipment, the Provider Agency will offer the equipment back to the State Agency. In cases where the State Agency has no further need of the equipment, selling procedures must be established which would provide for competition and result in the highest possible return. Ten percent of the total proceeds may be retained by the Provider Agency for selling and handling expenses. The Provider Agency shall comply with additional equipment policies under Section 3.04 State Agency Policies and Procedures.

3.05 Financial Management System. The Provider Agency’s financial management system shall provide for the following:

A) accurate, current and complete disclosure of the financial results of this Contract and any other contract, grant, program or other activity administered by the Provider Agency;
B) Records adequately identifying the source and application of all Provider Agency funds and all funds administered by the Provider Agency. These records shall contain information pertaining to all contract and grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays and income;

C) Effective internal and accounting controls over all funds, property and other assets. The Provider Agency shall adequately safeguard all such assets and shall ensure that they are used solely for authorized purposes;

D) comparison of actual outlays with budgeted amounts for this Contract and any other contract, grant, program or other activity administered by the Provider Agency;

E) accounting records supported by source documentation;

F) procedures to minimize elapsed time between any advance payment issued and the disbursement of such advance funds by the Provider Agency;

G) procedures consistent with the provisions of any applicable State Agency policies and procedures for determining the reasonableness, allowability and allocability of the costs under this Contract.

3.06 Audit. At any time during the Contract term, the Provider Agency’s overall operations, its compliance with specific Contract provisions, and the operations of any assignees or subcontractors engaged by the Provider Agency under Section 5.02 Assignment and Subcontracts may be subject to audit by the State Agency, by any other appropriate unit or agency of the State or federal government, and/or by a private firm or firms retained or approved by the State Agency for such purpose.

Whether or not such audits are conducted during the Contract term, a final financial and compliance audit of Contract operations, including the relevant operations of any assignees or subcontractors, may be conducted after contract termination. The Provider Agency is subject to audit up to four years after termination of the contract. If any audit has been begun but not completed or resolved before the end of the four year period, the Provider Agency continues to be subject to such audit until it is completed and resolved.

The State Agency may require submission of the Provider Agency’s annual organization-wide audit.

Audits shall be conducted in accordance with generally accepted auditing standards as specified in the Statement on Auditing Standards issued by the American Institute of Certified Public Accountants and Standards for Audit of Governmental Organizations, Programs Activities and Functions issued by the Comptroller General of the United States.

4. Termination

4.01 Termination by Provider Agency. The Provider Agency may terminate this Contract upon 60 calendar days advance notice to the State Agency. If the contract is terminated under this section, the Provider Agency shall settle all accounts with the State Agency in the manner specified by the State Agency and shall be subject to a final audit under Section 3.06 Audit.
4.02 **Termination for Cause.** If the Provider Agency is not or has not been in compliance with the provision(s) of this contract, the State Agency may, by notice, place the Provider Agency in default of the contract and, in accordance with State Agency policies and procedures, may reduce contract funding or terminate the contract.

4.03 **Reduction or Termination Due to Fiscal Constraints.** Anything to the contrary in this contract notwithstanding, the parties recognize and agree that the State Agency’s ability to honor the terms and conditions of this contract is contingent upon receipt of federal funds and/or appropriations of the state Legislature. If during the term of this contract, therefore, the federal and/or the state government reduces its allocation to the State Agency, the State Agency reserves the right, upon notice to the Provider Agency, to reduce or terminate the contract.

5. **Miscellaneous**

5.01 **Application of New Jersey Law.** This contract shall be governed, construed and interpreted in accordance with the laws of the State of New Jersey including the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.)

5.02 **Assignment and Subcontracts.** No rights or obligations of the Provider Agency under this contract may be assigned or subcontracted without the prior approval of the State Agency. All approved assignments and subcontracts shall become part of this contract, and the Provider Agency shall bear full responsibility, without recourse to the State (including the State Agency), for their performance. The Provider Agency shall forward copies of all assignment and subcontract documents to the State Agency and shall retain copies of them on file together with the contract.

5.03 **Client Fees.** Other than as provided for in the Annex(es), the Provider Agency shall impose no fees or charges of any kind upon recipients of contract services.

5.04 **Insurance.** The Provider Agency shall maintain adequate insurance coverage. The State shall be included as an additional named insured on any insurance policy applicable to this contract. Should the Provider Agency fail to pay any premium on any insurance policy when due, the State Agency may pay the premium and, upon notice to the Provider Agency, reduce payment to the Provider Agency by the amount of the premium payment.

5.05 **Indemnification.** The Provider Agency shall defend, indemnify and otherwise save harmless the state of New Jersey, its agencies, departments, bureaus, boards, officials and employees from any and all claims or actions at law, whether for personal injury, property damage or liabilities, including the costs of defense (a) which arise from acts or omissions, whether negligent or not, of the Provider Agency or its agents, employees, servants, subcontractors, material suppliers or others working for the Provider Agency, irrespective of whether such risks are within or beyond the control of the Provider Agency, or (b) which arise from any failure to perform the Provider Agency’s obligations under this contract or any improper performance.

Notwithstanding the Provider Agency’s responsibilities outlined above in this section, the State reserves the right to provide its own attorney(s) to assist in the defense of any legal actions which may arise as a result of this contract.
5.06 **Statement of Non-Influence.** No person employed by the state of New Jersey has been or will be paid any fee, commission, or compensation of any kind or granted any gratuity by the Provider Agency or any representative thereof in order to influence the awarding or administration of this contract.

5.07 **Exercise of Rights.** A failure or a delay on the part of the State Agency or the Provider Agency in exercising any right, power or privilege under this contract shall not waive that right, power or privilege. Moreover, a single or a partial exercise shall not prevent another or a further exercise of that or of any other right, power or privilege.

DMAVA (REV 03/00)
STATE OF NEW JERSEY DEPARTMENT OF MILITARY & VETERANS AFFAIRS
ANNEX B-2: CONTRACT RATE INFORMATION SUMMARY

PROVIDER Hudson County – Hudson County Department of Health & Human Services DATE July 1, 2016

CONTRACT # VL13T29 THIS ANNEX B-2 SUPERSEDES THE ANNEX B-2

FEDERAL I.D. # 226002443-45 DATED: ________________


SECTION I: RATES

<table>
<thead>
<tr>
<th>PROGRAM/SERVICE</th>
<th>UNIT OF SERVICE</th>
<th>SERVICE UNIT*</th>
<th>TYPE OF RATE</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans Transportation</td>
<td>One-way trips</td>
<td>See Note*</td>
<td>Non-Cost related</td>
<td>7/1/16</td>
<td>6/30/17</td>
</tr>
<tr>
<td>Installment Payment</td>
<td></td>
<td></td>
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Note*
Level of service at 100% 1,000 one way passenger trips shall be provided during the contract term and at least a minimum of 900 (90%) one way trips. Provider will be paid in twelve monthly installments of $ 1,250.00.

Reimbursement will be reduced if we project that at least 90% of the rides will not be provided. Counties will be notified after our Mid-Year review in February, if their contracts will be reduced.

THESE RATES ARE SUBJECT TO THE CONDITIONS IN SECTION II AND III

SECTION II: CONTRACT STIPULATIONS

A. The service capacity of the Provider Agency is ____ for the term of this contract.
   (Check here if not applicable: X.)

B. The Provider Agency shall submit to the Department a ( ) monthly, ( ) quarterly, ( ) semi-annual, ( ) annual report certifying to the actual program expenditures consistent with the Provider’s approved budget set forth in the Contract Budget. This report is due ____ days after the end of the reporting period. (Check here if periodic expenditure reporting is not applicable: X.)

C. The Provider Agency shall submit to the Department a (X) monthly, ( ) quarterly, ( ) semi-annual, ( ) annual report certifying to the actual unit of service delivered during the reporting period. This report is due 15 days after the end of the reporting period.
   (Check here if periodic level as service reporting is not applicable: ___.)

D. Other:
SECTION III: GENERAL

A. Limitations: Use of the rate(s) contained in this Annex is subject to any statutory or administrative limitations. Acceptance of the rate(s) agreed to herein is predicated on the condition that no information furnished by the Provider Agency and used in the establishment of the rate(s) is subsequently found to be materially incomplete or inaccurate. In addition, if the rate(s) agreed to herein was/were calculated based on costs contained in the Contract Budget (Annex B), acceptance of the rate(s) is predicated on the conditions that: 1) no costs other than the Provider Agency costs were included in the Annex B as finally accepted; 2) all costs reflected in the Contract’s Reimbursable Ceiling are allowable under the governing cost principles; 3) similar types of costs were accorded consistent accounting treatment.

B. Types of Rates:
   1. Provisional: A provisional rate is a temporary or interim rate and is subject to adjustment on the basis of a final rate calculated when the actual costs are reported.
   2. Fixed: A fixed rate is a permanent rate, not subject to adjustment, which is agreed to for a specified future period, usually a year.

C. Notification of State Agencies: Copies of this document may be furnished to other state agencies as a means of notifying them of the information it contains.

D. Contract Amount: $15,000

SECTION IV: SIGNATURES

BY THE PROVIDER AGENCY

Signature

__ Thomas A. DeGise __

Name

__ Hudson County Executive __

Title

Date

BY THE DIVISION

Signature

__ __

Name

__ __

Title

Date
| Vehicle | License Plate | VIN | Mileage | Year Purchased | Funding Source | Model | Make | Model Type | Vehicle Cost | Grant Year | Location | Condition | ATTACHMENT H | In Service Date | Fuel | Floor Plan | Accessible | Other | Month Reg. Due | Year |
|---------|--------------|-----|---------|--------------|---------------|-------|------|-----------|--------------|------------|----------|-----------|-----------|-------------|--------------|------|-----------|-----------|-------|-------------|------|
| 251     | H193CG      | 1FDE3E5F7KA06393A | 161200 | 2002 | SCRD TAP | E350 | FORD | Minibus | unknown | unknown | Duncan Ave | Fair | 2002 | 2014 | Diesel | 8 | 2 | 2017 |
| 255     | N447CG      | 1FDE3E5F05H01223 | 96910  | 2006 | SCRD TAP | E350 | FORD | Minibus | unknown | unknown | Duncan Ave | Fair | 2006 | 2016 | Diesel | 6 | 2 | 2017 |
| 256     | N455CG      | 1FDE3E5F0DH01221 | 16101  | 2006 | SCRD TAP | E350 | FORD | Minibus | unknown | unknown | Duncan Ave | Fair | 2006 | 2016 | Diesel | 6 | 2 | 2017 |
| 257     | E690CG      | 1FDE3E5F2DB057330 | 129965 | 2006 | SCRD TAP | E350 | FORD | Minibus | unknown | unknown | Duncan Ave | Fair | 2006 | 2016 | Diesel | 6 | 2 | 2017 |
| 258     | U892CG      | 1FDE3E5P8DB057378 | 99966  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 259     | U897CG      | 1FDE3E5P8DB057373 | 93183  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 260     | U921CG      | 1FDE3E5P8DB057378 | 92953  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 261     | U928CG      | 1FDE3E5P8DB057340 | 84045  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 262     | U937CG      | 1FDE3E5P8DB057370 | 83740  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 263     | U940CG      | 1FDE3E5P8DB057340 | 99799  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 264     | U949CG      | 1FDE3E5P8DB057371 | 80854  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 265     | U950CG      | 1FDE3E5P8DB057370 | 84490  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 266     | U958CG      | 1FDE3E5P8DB057384 | 13740  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 267     | U965CG      | 1FDE3E5P8DB057386 | 30670  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 268     | U966CG      | 1FDE3E5P8DB057384 | 30670  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 269     | U987CG      | 1FDE3E5P8DB057378 | 89481  | 2009 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2009 | Duncan Ave | Fair | 2009 | 2016 | Diesel | 6 | 2 | 2017 |
| 270     | U997CG      | 1FDE3E5P8DB057378 | 80245  | 2010 | SCRD TAP | E350 | FORD | Minibus | $53,000.00 | 2010 | Duncan Ave | Fair | 2010 | 2020 | Diesel | 6 | 2 | 2017 |
| 271     | Y010CG      | 1FDE3E5P8DA21077 | 72240  | 2010 | SCRD TAP | E350 | FORD | Minibus | $63,000.00 | 2010 | Duncan Ave | Fair | 2010 | 2020 | Diesel | 6 | 2 | 2017 |
| 272     | Y020CG      | 1FDE3E5P8DA21075 | 73874  | 2010 | SCRD TAP | E350 | FORD | Minibus | $63,000.00 | 2010 | Duncan Ave | Fair | 2010 | 2020 | Diesel | 6 | 2 | 2017 |
| 273     | Y029CG      | 1FDE3E5P8DA21075 | 79195  | 2010 | SCRD TAP | E350 | FORD | Minibus | $63,000.00 | 2010 | Duncan Ave | Fair | 2010 | 2020 | Diesel | 6 | 2 | 2017 |
| 274     | Y060CG      | 1FDE3E5P8DA21075 | 79195  | 2010 | SCRD TAP | E350 | FORD | Minibus | $63,000.00 | 2010 | Duncan Ave | Fair | 2010 | 2020 | Diesel | 6 | 2 | 2017 |
| 275     | Y070CG      | 1FDE3E5P8DA21075 | 73962  | 2009 | SCRD TAP | E350 | FORD | Minibus | $63,000.00 | 2009 | Duncan Ave | Good | 2010 | 2020 | Diesel | 6 | 2 | 2017 |
| 276     | Y090CG      | 1FDE3E5P8DA21075 | 73962  | 2009 | SCRD TAP | E350 | FORD | Minibus | $63,000.00 | 2009 | Duncan Ave | Good | 2010 | 2020 | Diesel | 6 | 2 | 2017 |
| 277     | Y120CG      | 1FDE3E5P8DA21075 | 73962  | 2009 | SCRD TAP | E350 | FORD | Minibus | $63,000.00 | 2009 | Duncan Ave | Good | 2010 | 2020 | Diesel | 6 | 2 | 2017 |
| 278     | Y150CG      | 1FDE3E5P8DA21075 | 73962  | 2009 | SCRD TAP | E350 | FORD | Minibus | $63,000.00 | 2009 | Duncan Ave | Good | 2010 | 2020 | Diesel | 6 | 2 | 2017 |
| 279     | Y190CG      | 1FDE3E5P8DA21075 | 73962  | 2009 | SCRD TAP | E350 | FORD | Minibus | $63,000.00 | 2009 | Duncan Ave | Good | 2010 | 2020 | Diesel | 6 | 2 | 2017 |

Update 8-15-16
Hudson County
Office of Senior Citizen & Disabled Resident Transportation Assistance
Paratransit System
User’s Guide

A Service of the Hudson County Board of Chosen Freeholders

Thomas A. DeGise, County Executive

Attachment J
Riding in Hudson County with TRANSCEND!

Need a Ride? Going to the Doctor, Therapy, Shopping Employment? We can do it, we are TRANSCEND. We are Hudson County’s reliable dependable transportation service that can take you to medical appointments, shopping, employment and more. We provide transportation to locations primarily within Hudson County.

TRANSCEND is administered by Hudson County Department of Health and Human Services. It was established in 1986 and has expanded to meet the growing needs of our communities. TRANSCEND is funded through the County of Hudson Board of Chosen Freeholders and grants from New Jersey Transit, Veterans Administration, Federal Transportation Administration and under Title III of the Older Americans Act. The Service is available to seniors (60 years of age and older), persons with disabilities (age 18 and over) and veterans. As a result of the strong support from the County Executive and the Board of Chosen Freeholders we have been able to expand services, obtain new vehicles, add more drivers and increase efficiencies with the implementation of a new scheduling and routing software program.

TRANSCEND System

TRANSCEND is a shared ride service and does not operate like a taxi service. You should expect to have other consumers transported in the vehicle with you. We provide curb to curb service, on a first come first serve basis. You must be able to get to the bus without the assistance of the driver. TRANSCEND is primarily designed to serve eligible Hudson County residents to ensure they have access to non emergency services they need for their personal well being.
We do not transport people with coverage through Medicaid for medical appointments. These trips must be scheduled through Logisticare. They can be contacted at 1-866-527-9933.

Non-emergency transportation is provided for:

- Medical Appointments
- Nutrition
- Shopping
- Employment
- Recreation
- Education
- Bus & Rail connections

Days and hours of Operation

- The system operates Monday through Friday between the hours of 8AM and 5PM with some limited service to 7PM.
- On Saturdays we have limited service for some dialysis patients only.
- There is no service on Sundays or Holidays.

Veterans Transportation

- Transportation is available on Tuesday, Wednesday and Thursday to the VA Hospital located at 385 Tremont Ave. in East Orange, NJ.
- Trips to the clinic at 115 Christopher Columbus Drive in Jersey City are available daily.
- Trips to VA Administrative Offices are available upon request.

Out of County Trips:

We provide set trips to the below listed destinations:
- University Hospital in Newark, arrive at 10 A.M. and return at 1 P.M. Monday thru Friday.
- St. Michael's Hospital in Newark, arrive at 10:10 A.M. and return at 1:10 P.M. Monday thru Friday.
- Beth Israel Hospital in Newark, arrive at 10:20 A.M. return at 1:20 P.M. Monday thru Friday.
- Clara Maass Hospital in Belleville, arrive at 10:30 A.M. return at 1:30 P.M.
- New York Locations. Up to 70th St., arriving approximately 10 A.M. and returning at 1 P.M. on Tuesdays only.
- VA Hospital in East Orange arriving at 10 A.M. and returning at 2 P.M. Tuesday, Wednesday and Thursday.
- Hackensack Hospital the 1st and 3rd Thursdays of the month. We arrive at 11AM and return at 1PM.

**Shopping Trips**

We provide group trips for shopping to locations within the boundaries of Hudson County upon request. The following is a schedule of the shopping trips we currently do each month:

- 2nd Tuesday of every month from 2555 Kennedy Blvd. to Shoprite 400 Marin Blvd. Pick up at 10AM and return at 12PM.
- 2nd Tuesday of every month from 91 Sip Ave. to Shoprite 400 Marin Blvd. Pick up at 9:30AM and return at 11:30AM.
- 3rd Thursday of every month from 60 Columbia Ave., Kearny, to 30 Mall Drive (Newport Mall). Pick up at 10AM and the return is 2PM.
- 2nd Friday of every month from 1065 Summit Ave. to 400 Park Plaza, Wal-Mart, in Secaucus. Pick up is at 9:30AM and the return is at 1:00PM.
- 2nd Friday of every month from 80 Cambridge Ave in Jersey City to 400 Park Plaza, Wal-Mart, in Secaucus. Pick up is at 10:30AM and the return is at 2:00PM.

You must make a reservation in order to get on the bus. If you have not made a reservation you may be refused access to the bus.
Special Requests & Group Trips

Service for groups can be provided through special arrangements with the Office of Senior Citizen and Disabled Resident Transportation Assistance Office by calling 201-369-4320.

How do I make a Reservation?

If you are calling for the first time, we will have to register you. One of our Reservation Agents will be happy to assist you. Reservations are accepted Monday through Friday 8 A.M. to 4 P.M. on a first come first serve basis by calling 201-369-4320 ext. 4107. We do not accept reservations for trips more than two weeks in advance. It is easier to schedule trips on Tuesdays and Thursdays as we are less busy on those days. We will need some basic information to confirm your eligibility and some information that is required by the government source that funds the program. For all appointments, other than employment, dialysis, radiation and chemotherapy, you should not schedule for earlier than 10AM. Be prepared to provide the following information when you call:

- First and Last Name
- Home address (mailing address if different)
- Email address
- Telephone number
- Cell phone number
- Emergency contact name and daytime telephone number.
- Date of Birth
- Sex
- Disability (ambulatory, non-ambulatory, mobility device, etc.)
- Medicaid # if applicable
- Ethnicity (Race)*

*Information required by the Federal Government.
If you need assistance or an accommodation with any of TRANSCNED’s services please state so when making your reservation.

Each time that you schedule a trip you will be required to provide the following information:

- The name of the person taking the trip.
- Day, date and time of the appointment.
- Address, City and telephone number of your destination. If it is a large complex advise of what entrance you will be using.
- If a Personal Care Attendant will be accompanying. Children may not accompany adults.
- Whether you will be using a wheelchair, walker, cane, service animal or other device.
- Doctor’s name, clinic name, company name etc.
- The time to pick you up for your return trip.

When you make a reservation, you should try to give us a time for your return trip. We recognize that your appointments may run longer or shorter than expected and we will accommodate a change of your requested pick up. Only consumers with reservations will be allowed on vehicles.

My Appointment is Delayed or Ends Early!

If your appointment runs longer or ends earlier call the TRANSCEND Office at 201-369-4320 ext. 4104 or 4105 and we will make every effort to accommodate the change.

Cancelling a Trip

If for some reason your plans change please remember to call our office to cancel your trip. You can call to cancel a trip Monday through Friday between the hours of 7 A.M. to 6 P.M. After hours, call and leave your cancellation notice on the answering machine. This answering service is only to cancel trips. Do not leave any other information as it will be disregarded. If you must cancel a trip you should call at least two hours before your scheduled pickup time, if possible. By
you cancelling a trip it enables TRANSCEND to provide additional trips for that day.

No Shows

A trip that is not cancelled, at least one hour before your scheduled pick up time, will be considered a no show. Three or more no-shows within a thirty day period will result in a fourteen day suspension of your service.

Customer Responsibilities:

Operation of a safe and convenient transportation system requires that passengers abide by the following rules of the road:

- Call reservations after 1PM the day before your trip to obtain your pick up time.
- Be ready 15 minutes prior to your scheduled pickup time.
- Allow 15 minutes after your scheduled pickup time for the bus to arrive before calling the dispatch office.
- Seat belts must be worn.
- Wheelchairs must be able to be secured in order to travel.
- Smoking, drinking or eating is not allowed on the vehicle.
- Pets are not allowed on the vehicle except for service animals.
- Tipping of the driver is not allowed.
- The driver cannot be distracted while the vehicle is in motion.
- Inappropriate behavior can result in the loss of transportation service.

Driver Responsibilities

TRANSCEND is a shared ride service and does not operate like a taxi service. TRANSCEND will transport other passengers in the vehicle with you.

- Drivers may only go to the curb or a common area of an apartment or office building.
- The driver upon arriving to pick you up will blow the horn and wait five minutes before asking the dispatcher to call the customer’s residence. If
there is no answer the driver will be instructed to move on and the customer will be charged with a no-show.

- Assistance on and off the vehicle at the curb will be provided by the driver if necessary.
- For your safety seat belts must be worn and drivers will assist with securing them if needed.
- Those consumers using mobility devices will have the mobility device secured as well as themselves with the appropriate securement system.
- Only passengers on the driver’s schedule will be transported.
- Drivers cannot make any additional stops, without prior authorization from the office.

Helpful Reservation Tips

Try to be flexible. If you request a reservation on a day that we have already reached our capacity you may be asked to reschedule your appointment.

- If possible make your appointments for the middle of the day when the system is least busy.

Complaints, Compliments and Comments
If you have comments or concerns please contact the Coordinator Kevin Crimmins or Assistant Coordinator, Jim Ostaszewski at 201-369-4320 ext. 4101 Monday through Friday from 8 A.M. to 4 P.M., or email at kcrimmins@hcnj.us.

Updated; June 2016
Name (Optional): Hudson County Transcenter, 315 Bergen Ave 5th Floor, Rm 203, 3rd Fl, Englewood Cliff, NJ 07636

If you have trouble completing this survey, please call the Transcenter office at 201-369-4320 for assistance.

If you have comments or suggestions please write them on the back of this form.

10. If you have disliked about our service?

9. What is the one thing you best about our service?

8. What is the one thing you like appointment on time?

7. Do we get you to your your?

6. How important is our service to our service?

5. Generally, how would you rate condition of the vehicle?

4. How would you rate your telephone response?

3. When you call us for service or service you driver provided?

2. How would you rate the service?

1. How often do you use our service?

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<th>Weekly</th>
<th>Monthly</th>
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NOTARY PUBLIC

Sworn to before me this day of , 20.

County of Middlesex
State of New Jersey

APRIL 25, 2010

K. J.

APPROVING NOTICE
State of New Jersey
Hudson County

April Caldwell, of full age and being
duly sworn according to law, on her
oath deposes and says that she is the
Accounting Clerk of:

THE JERSEY JOURNAL

A newspaper published in Jersey City,
County and State aforesaid and that a
notice, a true copy of which is annexed,
was published in the said newspaper
on the following date(s):
07/28/16

Sworn to and subscribed before me
this 28 day of July, 2016

Notary Public of New Jersey

SHAWN MILLER
NOTARY PUBLIC OF NEW JERSEY
I.D. # 50015502
My Commission Expires 5/11/2020
COUNTY OF HUDSON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TRANSCEND
830 BERGEN AVE. 8A
JERSEY CITY, NEW JERSEY 07306

THOMAS A. DEGISe
County Executive

DARICE TOON
Director

PHONE: 201-369-4320
FAX: 201-369-4318

August 16, 2016

Kristine Allen, President
Alzheimer's Resource Center of NJ
830 Bergen Ave. 8A
Jersey City, N.J. 07306

This letter is to notify you there will be a Public Hearing on Friday, August 26th, 2016, 10:30AM, at the Gallo Center, Lincoln Park, 1 Nunda Ave. Jersey City, N.J. 07304.
This Public Hearing is on an Application for funds that Hudson County is applying for under Senior Citizens and Disabled Residents Transportation Assistant Program the approval of this grant will enable transportation services to be available for the senior citizens and disabled residents of Hudson County.

Regards,

Kevin Crimmins
Transcend Program Coordinator
201-369-4320 x 4101
County of Hudson  
Providers Name and Addresses

Kristine Allen, President  
Alzheimer’s Resource Center of NJ  
830 Bergen Ave. 8A  
Jersey City, N.J. 07306

Larry Eccleston, Executive Director  
Senior Affairs  
199 Summit Ave.  
Jersey City, N.J. 07306

Charlie Nuzzo  
Eastern Nursing  
35 Journal Square, Suite 487  
Jersey City, N.J. 07306

Joyce Person-Perking,CSW,BA  
Bayonne Office on Aging  
630 ave. C, Room 17  
Bayonne, N.J. 07002

Luis Serrano, Administrator  
2nd Home Union City Operation LLC  
3610 Palisade Avenue  
Union City, N.J. 07087

Samantha Howard, Executive Director  
BEOF  
555 Kennedy Blvd.  
Bayonne, N.J. 07002

Mr. Frank R. Gioia, Director  
HC Protective Services  
6020 Hudson Avenue 1st Floor  
P.O. Box 97  
West New York, N.J. 07093

Urban League of Hudson County  
253 Martin Luther King Drive  
Jersey City, N.J. 07305

Armas Home Health Aide  
400 60th Street  
West New York, N.J. 07093

Kevin Crimmins  
Hudson County Transcend  
830 Bergen Ave. 8A  
Jersey City, N.J. 07306

Ora Welch, Executive Director  
HOPES CAP, Inc.  
301 Garden St.  
Hoboken, N.J. 07030

Dr. Bart Schneiderman  
The Dental Group  
895 Bergen Ave.  
Jersey City, N.J. 07306
Mr. Robert B. Knapp  
East Newark Senior Project  
34 Sherman Avenue  
East Newark, N.J. 07029

Ms. Rite Silva, Manager  
Harrison Senior Center  
221-223 Harrison Avenue  
Harrison, N.J. 07029

Ms. Joan Woods, Administrative Clerk  
Town of Harrison  
318 Harrison Avenue  
Harrison, N.J. 07029

Mr. Thomas Foley  
City of Hoboken Senior Center  
124 Grand Street  
Hoboken, N.J. 07030

Sister Alice McCoy, O.P.  
Hudson Hospice Volunteers, Inc.  
93 Clerk Street  
Jersey City, N.J. 07305

PACO  
Lilia Diaz  
390-392 Manila Avenue  
Jersey City, N.J. 07302

John H. Fitzgerald, Director  
Northeast NJ Legal Services  
574 Summit Avenue  
Jersey City, N.J. 07306

Reuben D. Rotman, Executive Director  
Jewish Family of Metro West  
256 Columbia Tpke. Suite 105  
Florham, N.J. 07932

Rosemary Lavagnino, Executive Director  
NHCAC  
800 31st Street  
Union City, N.J. 07087

Project SHAPE  
400 38th Street, Rm 213, 2nd Floor  
Union City, N.J. 07087

Michele Musumici, Project Director  
Residential Maintenance  
800 31st Street  
Union City, N.J. 07087

Bobby T. Yalong, Exe Director  
PACCAL  
380 Monmouth Street  
Jersey City, N.J. 07302
Ken Pincus  
Town of Kearny  
402 Kearny Avenue  
Kearny, N.J. 07032

Cambridge Church Group  
Attn: Gloria  
80 Cambridge  
Jersey City, N.J. 07307

Nicholas J. Cicco, Exe Director  
NH Regional council of Mayors  
400-38th Street, Room 216  
Union City, N.J. 07087

Bernice Lord (Walmart Group)  
80 Cambridge Ave.  
Jersey City, N.J. 07307

John Westervelt, Executive Director  
Catholic Charities of the Archdiocese of Newark  
590 N. 7th St.  
Newark, N.J. 07087

N.C.C. Hudson Seniors  
Attn: Sandie  
21 - 27 Orchard St.  
Jersey City, N.J. 07305

Hudson County Visually Impaired  
Peer Support Group  
Attn: Ivis Alvarez  
101 Centre Ave.  
Secaucus, N.J. 07094

Senior Affairs  
Attn: Gladys  
3715 Palisades Ave.  
Union City, N.J. 07087

WindMill Program  
141 Wet 5th St.  
Bayonne, N.J. 07002

Mt. Carmel Guild  
248 Virginia Ave.  
Jersey City, N.J. 07304

Eastern Seals  
121 Newark Ave.  
Jersey City, N.J. 07306

H.I.P.  
Attn: Marily Gonzalez, Director  
35 Journal Square, Suite 703  
Jersey City, N.J. 07306
Back Bay Services
Attn: Marie Bovae
535 Ave. A
Bayonne, N.J. 07002

Occupational Center
Attn: Maritza
780 Montgomery St.
Jersey City, N.J. 07306

Mullenberg Gardens
Attn: Doris Wessler
1065 Summit Ave.
Jersey City, N.J. 07307

Ms. Karen Giannaros, Director
Community Affairs
4233 Kennedy Blvd.
North Bergen, N.J. 07047

Widow & Widowers
16 W. 4th St.
Bayonne, N.J. 07002

Borough East Newark
Brigid/Mayor’s Office
34 Sherman Ave.
East Newark, N.J. 07029

Paterson St. Senior Center
28 Paterson St.
Jersey City, N.J. 07307

Pathways to Independence
60 Kings Land Ave.
Kearny, N.J. 07032

Kearny Seniors
Attn: Nellie
60 Columbia Ave.
Kearny, N.J. 07032

Goodwill Harrison
400 Supor Blvd.
Harrison, N.J. 07029

Ms. Kathy Ghode, Director
Senior Affairs
201 Highwood Ave.
Weehawken, N.J. 07086
COUNTY OF HUDSON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TRANSCEND
830 BERGEN AVE. 8A
JERSEY CITY, NEW JERSEY 07306

THOMAS A. DEGISE
County Executive

DARICE TOON
Director

PHONE: 201-369-4320

FAX: 201-369-4318

August 16, 2016

Mr. Michael Marra
Town Clerk of Secaucus
1203 Paterson Plank Rd.
Secaucus, N.J. 07094

This letter is to notify you there will be a Public Hearing on Friday, August 26th, 2016, 10:30AM, at the Gallo Center, Lincoln Park, 1 Nunda Ave. Jersey City, N.J. 07304. This Public Hearing is on an Application for funds that Hudson County is applying for under Senior Citizens and Disabled Residents Transportation Assistant Program the approval of this grant will enable transportation services to be available for the senior citizens and disabled residents of Hudson County.

Regards,

Kevin Crimmins
Transcend Program Coordinator
201-369-4320 x 4101
Michael Marra  
Secaucus Clerk’s Office  
1203 Paterson Plank Rd.  
Secaucus, N.J. 07084

Carmela Riccie  
Township Clerk’s Office of West New York  
428 – 60th St.  
West New York, N.J. 07093

Rola Dahboul  
Township Clerk’s Office of Weehawken  
400 Park Ave.  
Weehawken, N.J. 07086

Robert Byrne  
Jersey City Clerk’s Office  
280 Grove St.  
Jersey City, N.J. 07302

Erin Barillas  
Township Clerk’s Office  
4233 Kennedy Blvd.  
North Bergen, N.J. 07047

Alberto Cabrera  
Guttenberg Town Clerk  
6808 Park ave.  
Guttenberg, N.J. 07093

Robert Sloan  
Bayonne City Clerk’s Office  
630 Avenue C  
Bayonne, N.J. 07002

Dominick Cantatore  
City Clerk’s Office of Union City  
Union City, N.J. 07087
James J. Farina
Hoboken Municipal City Clerk
94 Washington St.
Hoboken, N.J. 07030

Paul Zarbetski, City Clerk
Town of Harrison
318 Harrison Ave.
Harrison, N.J. 07029

Robert B. Knapp
Borough of East Newark
920 Broad St. #304
Newark, N.J 07102

Pat Carpenter
Town of Kearny
402 Kearny Ave.
Kearny, N.J. 07032
PUBLIC HEARING NOTICE
COUNTY OF HUDSON
APPLICATION FOR A GRANT FROM N.J. TRANSIT
UNDER THE SENIOR CITIZEN AND DISABLED RESIDENT
TRANSPORTATION ASSISTANCE ACT.

THE HUDSON COUNTY DEPARTMENT OF HEALTH &
HUMAN SERVICES, TRANSCEND COMPONENT IS
APPLYING FOR A GRANT FROM N.J. TRANSIT IN THE
AMOUNT OF $826,332.00, FOR 2017 UNDER THE SENIOR
CITIZEN AND DISABLED RESIDENT TRANSPORTATION
ASSISTANCE ACT. THE FUNDING WILL BE USED TO
PROVIDE TRANSPORTATION SERVICES FOR SENIOR
CITIZENS AND PERSONS WITH DISABILITIES THAT ARE
RESIDENTS OF HUDSON COUNTY. THERE WILL BE A
PUBLIC HEARING HELD TO REVIEW THE APPLICATION
AND WHERE COPIES WILL BE AVAILABLE TO THE PUBLIC
ON:

FRIDAY, AUGUST 26TH, 2016
10:30 A.M. - 12:30 P.M.
HANK GALLO CENTER
LINCOLN PARK
1 NUNDA AVE.
JERSEY CITY, N.J. 07304

INTERESTED PERSONS OR AGENCIES NOT ABLE TO
ATTEND THE PUBLIC HEARING ARE INVITED TO SEND
WRITTEN COMMENTS TO: KEVIN CRIMMINS, DIRECTOR
OF THE OFFICE OF SENIOR CITIZENS & DISABLED
RESIDENTS TRANSPORTATION ASSISTANCE, 830 BERGEN
AVE. 8A. JERSEY CITY, NJ 07306. OR EMAIL TO
kcrimmins@henj.us
TO: Theresa Banks, Librarian  
County Law Library  
595 Newark Ave. 5th Fl.  
Jersey City, N.J. 07306

FROM: Kevin Crimmins, Program Manager - Transcend

RE: 2017 Casino Application

DATE: August 30, 2016

Enclosed is a copy of the 2017 Casino Application for transportation funding for the Hudson County Transcend Program. Transcend provides transportation service for seniors 60 years and older and disabled persons to non-emergency medical appointments, dialysis, physical and mental therapies, competitive and non-competitive employment, food shopping and social and recreational activities.

Please have this application placed in a convenient location for the public to review.

Thank you for your cooperation in this matter.
Children's Inter-Agency Coordinating Council

- HSAC Overview
- HSAC Contact Details
- HSAC Meeting Schedule
- Missing Children
- Adolescent Pregnancy Prevention Awareness
- Youth Incentive Program
- C.E.A.S.
- HSAC Helpful Links

- Hudson County Chest Clinic

- Municipal Alliance

- Office of Disability Services
  - ODS Contact Information

- Office of Homeless Services

- Office of Veterans Affairs
  - About The Office of Veterans Affairs
  - Contact Information

http://www.hudsoncountynj.org/about-transcend/
• Hudson County Military Service Medals Ceremony
• Veterans Affairs Events

> Office of Youth Services

> Office on AIDS

> Office on Mental Health and Addiction Services

Transportation Services (TRANSCEND)
• The TRANSCEND System

> Department of Health Human Services

☑ Where To Vote

_house_Affordable Housing

_affordable_Affordable Care Act

_consumer_Consumer Protection

_opra_OPRA Request Form

_alert_Agent Sign Up

_downloads_DOWNLOADS

_public_Public Bids

_people_Directory

TRANSCEND Transportation Services (TRANSCEND)

Agendas & Minutes

About TRANSCEND

Our transportation service is designed to help eligible residents receive the mobility they need to work and live in the Hudson County community. Seniors over 60, persons with disabilities over 18, and veterans are all eligible to participate in TRANSCEND's reliable, dependable transportation service for medical appointments, employment, education, nutrition, shopping and recreation. We provide transport to locations primarily within Hudson County, and with limited service to Essex and Bergen Counties.

TRANSCEND is administered by the Hudson County Department of Health & Human Services. These services are made possible through the Hudson County Board of Chosen Freeholders, the Hudson County Executive's office, and grants from New Jersey Transit, the Veteran's Administration, the Federal Transportation Administration, and under Title III of the Older American's Act.

Since its inception in 1986, TRANSCEND has expanded to meet the growing needs of its communities. Providing safe and reliable transportation services to Hudson County residents is the goal of the TRANSCEND program. Since May 2006, we have been able to improve and expand our services by adding new vehicles and more drivers, and increase efficiencies with the purchase of a new routing and scheduling software program. For additional information, click on TRANSCEND User Guide below or call the TRANSCEND Office at 201-369-4320 ext. 4107.

Effective October 30, 2015, the Department of Health and Human Services/ TRANSCEND Division has adopted a Title VI Non-Discrimination Policy. County residents requiring information pertaining to Title VI guidelines and complaint procedures should click here for [English, Spanish, Hindi, Arabic] to obtain

http://www.hudsoncountynj.org/about-transcend/
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<td>Public Hearing Notice, Application for Grant</td>
<td>08/22/2016</td>
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<td>PDF</td>
<td>TRANSCEND User Guide</td>
<td>08/26/2016</td>
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<td>Hudson County 2016 SCDRTAP Allocation Ltr</td>
<td>07/07/2015</td>
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<td>2016 Combined SCDRTAP §311 Application</td>
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<td>Hudson County Human-Services Coordinated Transportation Plan</td>
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*Click on a row to download file.*
BOARD OF CHOSEN FREEHOLDERS
COUNTY OF HUDSON

RESOLUTION

No. 445 - 6-2016

On Motion of Freeholder Rodriguez
Seconded by Freeholder Vainieri

AUTHORIZING
APPLICATION FOR AND ACCEPTANCE OF FUNDS,
IF AWARDED, FROM NEW JERSEY TRANSIT
FOR
SENIOR CITIZENS AND DISABLED RESIDENTS TRANSPORTATION ASSISTANCE
PROGRAM (SCDRTAP) FOR CY 2017 
JANUARY 1, 2017 TO DECEMBER 31, 2017
($826,332.00)

WHEREAS, The New Jersey Transit Corporation has notified the County of Hudson, 
through the Department of Health and Human Services, that the County of Hudson is eligible to 
receive funding for calendar year 2017 under the “Senior Citizen and Disabled Resident 
Assistance Act” in the amount of EIGHT HUNDRED TWENTY SIX THOUSAND THREE 
HUNDRED THIRTY TWO 00/100 DOLLARS ($826,332.00); and

WHEREAS, it is necessary to submit a formal application to the New Jersey Transit 
Corporation in order to obtain the grant funds, and the County will accept these funds, if 
awarded; and

WHEREAS, the funding will provide vital transportation services to eligible residents of 
Hudson County for travel to medical appointments, nutritional centers, shopping locations, 
recreational areas, educational centers and certain employment and transportation hubs.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Chosen Freeholders of the 
County of Hudson, that:

1. The aforesaid recitals are incorporated herein as though fully set forth at length.

2. The Board hereby authorizes the County Executive Thomas A. DeGise, County 
Administrator Abraham Antun, Deputy County Administrator Laurie Cotter or 
their lawfully appointed designee to execute any and all documents and take any 
and all actions necessary to complete and realize the intent and purpose of this 
resolution.

3. An application for grant funds and acceptance of same is hereby authorized for 
the above referenced program based upon the following information:

Vendor/Provider: New Jersey Transit
Local Programs and Minibus Support
One Penn Plaza, 4th Floor
Newark, New Jersey 07105-2246

Term: January 1, 2017 to December 31, 2017

State Grant Portion: $826,332.00
BOARD OF CHOSEN FREEHOLDERS
COUNTY OF HUDSON

RESOLUTION

No.  Page 2

On Motion of Freeholder ______
Seconded by Freeholder ______

4. This Resolution shall take immediately.

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<th>Nay</th>
<th>Abst</th>
<th>N.P.</th>
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<th>Nay</th>
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It is hereby certified that at a regular meeting of the Board of Freeholders of the County of Hudson held on the 4th day of December A.D. 2016, the foregoing resolution was adopted with 7 members voting in the affirmative and 0 in the negative.

Clerk

APPROVED AS TO LEGAL FORM

BY:

DONATO J. BATTISTA
HUDSON COUNTY COUNSEL

Source: Department of Health and Human Services
AV/cam
TO: Transcend Advisory Committee Members

FROM: Kevin Crimmins, Transcend Program Coordinator

RE: Public Hearing Notice

DATE: July 25, 2016

Please be advised that a Public Hearing on transportation funding for Senior Citizens and Disabled Persons has been scheduled as follows:

DATE: Friday, August 26, 2016

TIME: 10:30AM – 12:30PM

PLACE: Lincoln Park
Frank Gallo Center
1 Nunda Avenue
Jersey City, N.J. 07304

cc: N.J. Transit
On August 16th Jim Ostaszewski conducted the CAC Meeting. Attached is a copy of the sign in sheet of the attendees. The meeting was to review the 2017 Senior Citizen and Disabled Resident Transportation Assistance Grant Application. Jim reviewed with the attendees the 2015 year end ridership report, the 2015 actual expenses as well as the proposed 2017 budget. Those budget sheets are attached. In addition he reviewed the goals for 2017:

2017 Short-Term Program Goals

1. In 2017 we expect to have delivery of ten new minibuses that will accommodate ten passengers and two wheelchairs. The funding for these vehicles will be a combination of funds from SCRDTAP and Hudson County.

2. We have requested, in our 2015 5310 application, mobility management funds to purchase an Interactive Voice Response Telephone System (IVR). This IVR system will simplify the trip scheduling process by eliminating the need for clients to call the day before their scheduled trip to find out their pick up time. This system will automatically call all clients scheduled for a trip, notify them of their pick up time and enable them to confirm or cancel the trip. This will reduce the number of calls to our office by approximately 200 to 250 per day, give us early notification of cancellations and should reduce the number of no shows. With the reduction of phone calls and early notification of cancellations it will allow us to schedule trips for those clients that were denied a trip because of capacity and some same day service. In 2015 we had 5,425 no shows.

3. We would like to update our routing and scheduling software with Routematch’s real time optimization module. This would assist with the anticipated increase in demand for next day and same day service as a result of the implementation of the IVR in 2017. With this optimization module we will be able to provide more same day service to maximize occupancy on our vehicles.

At the conclusion of the meeting the group present concurred that the goals for 2017 would improve the service of Transcend. They especially were pleased with the IVR System as they all have encountered some difficulty at times with calling for pick up times. They also expressed some disappointment with the reduction in the amount of money the grant provides but pleased that the county has supplemented that amount necessary to maintain the program.
Aug. 16, 2016

CAC MEETING

1) Jim Ostaszewski TRANSCEND
2) Jam Cintron TRANSCEND
3) Joe Miller Gutenberg
4) Alvin Cox Pathways to Independence
5) Jan Cervantes KEN RNY
6) Bernee Sall Jersey City

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12)