



Downstate Area Programs
5317 New Freedom
Grant Application

Illinois Department of Transportation

Section 5317 New Freedom

CY 2010 Grant Application

All applications are to be submitted to the Metropolitan Planning Organization (MPO) or Human Services Transportation Planning (HSTP) Regional Coordinator for your county.

PLEASE DO NOT SEND THIS APPLICATION TO THE ILLINOIS DEPARTMENT OF TRANSPORTATION OR THE DIVISION OF PUBLIC AND INTERMODAL TRANSPORTATION

SUBMITTED BY

Touchette Regional Hospital
5900 Bond Ave
Centreville, ILL 62206

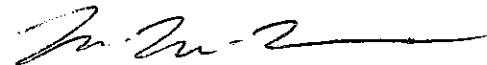
II. NEW FREEDOM GRANT APPLICATION CHECKLIST

This checklist represents all of the information and attachments you will need to submit with your application to be considered for funding and must be completed and submitted with the application. Incomplete applications and those submitted after the deadline will not be considered for funding.

1. X **Signed New Freedom Grant Application Checklist (THIS PAGE!)**
2. X **One single sided "8 1/2 x 11" copy of a completed Project Application.**
Be sure that all parts of the Project Application are submitted. (Parts IV and V, Sections A-I)
3. **Executed Resolution of the Governing Board** (sample included in Appendix A)
*If Board meeting schedule conflicts with application due date, Executed Resolutions will be accepted after filing period.
***Will be forwarded after the March 23, 2010 Board meeting.**
4. X **Letters of Support** (if applicable)

Mike McManus, Chief Operating Officer, Touchette Regional Hospital

Name of Agency's Authorized Representative



Signature

2/16/10

Date

DO NOT COMPLETE THE SECTION BELOW THIS LINE – DPIT STAFF USE ONLY

MPO/HSTP Region:	_____		
Project Name	_____		
Project Type	<input type="checkbox"/> Rolling Stock	<input type="checkbox"/> Non-Rolling Stock	<input type="checkbox"/> Mobility Mgmt. <input type="checkbox"/> Operating
Total Project Cost \$	_____		
Federal Funding Request \$	_____		
Toll Revenue Credits Request \$	_____		
MPO Review Completed by:	_____		
	Signature	Date	

A complete, original copy of this application is on file with the Illinois Department of Transportation Division of Public and Intermodal Transportation.

An administrative staff review was completed by :

Name	Signature	Date
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III. APPLICANT INFORMATION

Legal Name of Applicant: *Touchette Regional Hospital*

Contact Person: *Butch Mathes*

Address: *5900 Bond Ave*

City/State/Zip: *Centreville, ILL 62207*

Telephone: *618-332-5427*

Fax: *618-332-5430*

Email: *bmathes@touchette.org*

Website: *www.touchette.org*

Please note that All New Freedom projects must be contained in a locally developed Coordinated Public – Transit Human Service Transportation Plan (HSTP).

MPO area or HSTP region: *11*

Applicant Type: State or Local Government Private Non-Profit

Public Transportation Provider Private Operator

Funding Requested For: *1*

<input type="checkbox"/> Mobility Management (80/20)	<input checked="" type="checkbox"/> Rolling Stock (80/20)	<input type="checkbox"/> Non-Rolling Stock (80/20)	<input type="checkbox"/> Operating (50/50)
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Toll Revenue Credit Requested For: *1*

<input type="checkbox"/> Mobility Management (80/20)	<input checked="" type="checkbox"/> Rolling Stock (80/20)	<input type="checkbox"/> Non-Rolling Stock (80/20)	<input type="checkbox"/> Operating (50/50)
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Project Information

Specific Area To Served:	City(ies)	<u>Centreville, Alorton, East St. Louis and Surrounding Communities</u>
	County(ies)	<u>St. Clair</u>
	Other	_____

Service Provider (if different than above)
Use additional sheets if more than one Service Provider.

Organization Name: _____

Contact: _____

Title: _____


Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

I certify that the information and statements provided in this application, and all supporting documents are correct and complete.


Signature of Authorized Representative (As Authorized by Board Resolution)

2/16/10
Date

Mike McManus
Print Name of Authorized Official

Chief Operating Officer
Title of Authorized Official

IV. PROJECT APPLICATION

A. Applicant, Existing Services, and Service Area

1. Please provide a brief description of the applicant and its background with implementing this type of service

Touchette Regional Hospital is a private not-for-profit community hospital providing services to the high poverty communities of Centreville, Alorton, East St. Louis and surrounding low income communities. Public transportation services are very limited and frequently dangerous in these communities. This is especially true for the frail, elderly persons in rehabilitation and other disabled individuals. Multiple community assessments conducted by the hospital always showed transportation as one of the major barriers to accessing healthcare services. Approximately 14 years ago the hospital began transportation services with a worn out 15-passenger van which functioned poorly. Additional vehicles were obtained, staff increased, and now almost 10,000 round trips per year are provided. Patients call to schedule an appointment to be picked up. They are taken to the physician office or hospital for services and taken back home. Individuals are transported from their door to the vehicle by hospital personnel. The hospital has extensive background with implementing this type of service.

2. Provide a brief description of the applicant's existing services.

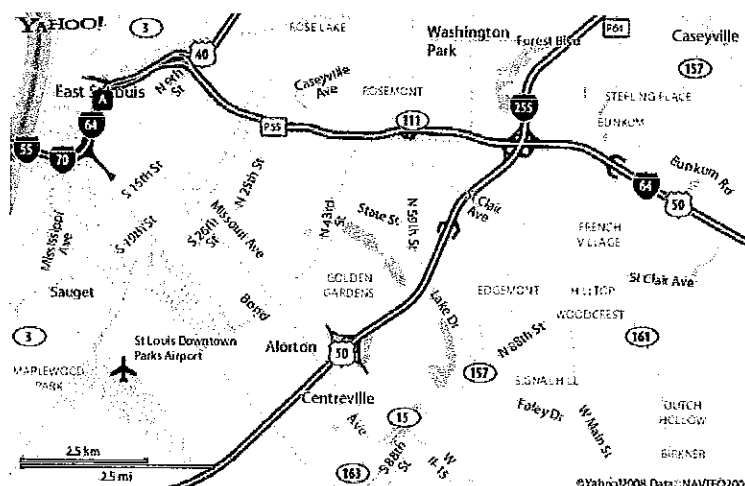
Touchette Regional Hospital has the infrastructure in place to provide the proposed services. Currently Touchette Regional Hospital has 9 vehicles and provides almost 10,000 round trips per year. There are 11 trained employees in the transportation department. These services have been an integral part of the success of the hospital and health centers because of the patients who rely on transportation services provided by the hospital. The infrastructure to schedule rides, coordinate routes and manage the operation is in place.

Elderly and disabled patients, as well as young mothers with children, are served. Frequently, our disabled riders come to physical therapy many times. The physician office or hospital department calls ahead to the transportation department to schedule the ride. The hospital and health centers provide the operating funds for the vehicles. Grant funds were obtained to help operate the vehicles. The newest mini-van, delivered in 2009 has been a welcome and appreciated vehicle. Procedures have been enhanced to meet the state reporting requirements.

3. Provide a description of the service area. Attach any maps if necessary.

The service area is located directly across from St. Louis, Missouri in western St. Clair County, with the Mississippi River on one side and the Belleville community on the east side of the service area. St. Clair County is located in southwestern Illinois. The East St. Louis community is the largest municipality in the service area.

Centreville, Alorton, East St. Louis, and Surrounding Communities in St. Clair County



B. Proposed Project

1. Describe the proposed project, indicating the specific service to be provided, to implement, support, or maintain transportation service. This should include how service will go above and beyond what is required by the transportation section of the Americans with Disabilities Act (ADA). **Be sure to identify each component of the project by the funding requested.**

This project will purchase a new van and fund operating expenses for demand and response curb to curb transportation services for the elderly and disabled to receive medical services. The vehicle will be fully ADA compliant and the program will go beyond this minimal requirement to ensure all drivers are state certified, a process whereby they receive training in safety and wheelchair handling as well as advanced training in working with disabled individuals.

2. Identify the number of estimated individuals with disabilities to be served by the project and describe how this estimate was derived.

250 – This number was estimated by surveying current utilization on a single fleet vehicle.

3. Identify the number and locations of employers that have been contacted to be served or how the project will increase accessibility of target population to employment / employment opportunities.

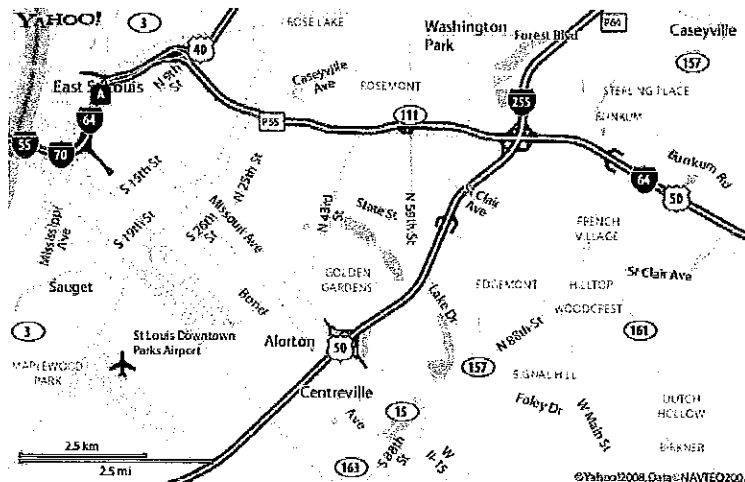
N/A

4. Estimate the number of one way passenger trips per year this service will generate. A trip is defined by each time an individual passenger boards.

1,560

5. Identify the service area to be covered by the project (attach maps if necessary).

Centreville, Alorton, East St. Louis, and Surrounding Communities in St. Clair County



C. Vehicle Inventory

Describe the applicant's current paratransit vehicle inventory (attach additional pages if necessary):

Example entries shaded in gray

Year	Manufacturer	Type	Vehicle Identification Number (VIN)	Current Odometer Reading	No. Of Seats	ADA (Y/N)	IDOT Funded Vehicle?
2003	Braun	Mini-van	1FDX0034586IL01	45,000	6	Y	N
2000	El Dorado	Med. Duty	1BB01083589IL18	95,000	14	Y	Y
2006	CHEVY	MINI-VAN	1GNDV23L06D45605	134,661	7	N	N
1998	FORD	CLUB WAGON	1FMRE11LXHA78086	117,475	8	N	N
2008	CHEVY	IMPALA	2G1WT55N389118041	54,126	6	N	N
2006	CHEVY	MINI-VAN	1GNDV23L46D246661	138,978	7	N	N
2005	BRAUN	MINI-VAN	1GBDV13L95D288605	149,996	7	Y	Y
2008	BRAUN	MINI-VAN	1GBDV13W28D130136	79,514	7	Y	Y
2008	BRAUN	MINI-VAN	1GBDV13W48D211045	28,233	7	Y	Y

D. Responsiveness to Project Selection Criteria

1. Describe how the project responds to one or more of the strategies identified in the regional HSTP. This includes service gaps, challenges of the project area, or other issues:

The regional HSTP is a comprehensive document addressing in a coordinated fashion the transportation needs in the region. The transportation coordinator on the hospital staff regularly attends and participates in the MPO HSTP meetings. The challenges of obtaining transportation for healthcare service have been highlighted. The MPO's HSTP recognizes these challenges and the need to address these with a coordinated approach. Specifically identified in, Gap 7 Increase transportation for healthcare purposes.

2. Describe how the project demonstrates coordination among local jurisdictions, interested stakeholder organizations, and other agencies. Coordination can include activities such as joint planning or purchasing, sharing vehicles, dispatching, scheduling, training or maintenance, or coordinating client trips.
 - a. Indicate how other entities will be involved in coordination efforts and/or the project. Letters of support can be included as attachments to the application

Coordination of transportation services occurs in this region. Because of the degree of violence and other maladaptive behaviors in the East St. Louis community, Touchette Regional Hospital is the predominant entity that provides transportation services for healthcare purposes. Other agencies concur with this approach. Due to the community environment, frail patients and others prefer to have a driver that is dressed professionally and in a easily identified van. Due to the lateness of finding out about this potential application, there are only a couple letters of support. In previous 5310 applications numerous letters from community agencies and other transportation providers have always been included. One of the other transportation providers who would consider coming to East St. Louis had a peak operational time in the mornings which is also our peak operational time but sharing resources was not necessarily going to achieve economies of scale. Touchette Regional Hospital continues to coordinate and look for additional ways to link and coordinate with other multi-municipalities and transportation service providers.

3. Describe your agency's ability to manage the project, including its financial, human resources, and institutional capabilities. Please include a description of staff and years of experience.

Touchette Regional Hospital has a very capable full-time manager of the transportation services. The hospital's finance department and human resources department provide additional support to the transportation program. The manager has successfully operated the program for 14 years and over that time has been responsible for the provision of rides for 94,956 patients. An assistant also provides multiple services to ensure accurate record-keeping, reporting and excellent customer service.

The hospital operates eight vehicles: one 13-passenger medium duty bus, one 15-passenger club wagon, two 7-passenger minivans, two 6-passenger minivans, and one 8-passenger club wagon. The service operates during normal business hours with expanded early morning or late evening hours as needed by physicians and other medical services. Hospital tests and procedures are sometimes scheduled early in the morning. The prenatal and postnatal programs frequently have evening classes. The transportation service accommodates their requests with a flexible schedule of drivers, balanced within available resources. Full and part-time staffs include: 9 drivers and 1 administrative staff person.

Our health system has been recognized in four different national competitions for our community involvement and actual improvement in community health outcomes. Transporting people to and from the physician is essential to improving access to health services.

4. What efforts have been undertaken to identify and obtain local funding for this project? What local funding sources have been committed to the project? (Attach documentation if necessary).

This service operates on a combination of funding from Southern Illinois Healthcare Foundation, the Healthy Start program, hospital subsidies and reimbursement from Medicaid for the transport of Medicaid recipients to healthcare services.

5. Describe how this new service will be promoted / marketed to potential users.

This service is primarily marketed by Hospital, Seniors IQ and Health Center employees. Staff frequently call the transportation service to schedule pickups for the patient. The service is also marketed by word of mouth among the sliding fee scale patients. Additionally the transportation staff have developed posters and pamphlets informing the community about this service. The hospital's website also has information about the transportation services provided.

6. Briefly describe the new ideas, new technologies, innovative partnerships, creative funding sources, or other characteristics of the project that make it an innovative solution that responds to unmet transportation needs, and how the idea can be replicated elsewhere in the state.

The transportation service has witnessed a steady growth over the years. All transportation providers should be aware that transportation for Medicaid patients for healthcare services is billable to Medicaid. This helps to support the overall transportation service provided by the hospital. Business to the transportation program is also generated by the seniors IQ program. This innovative program is funded from various foundations and provides supporting services for seniors. This program drives an increase in pickups for seniors especially those who are frail and disabled. Before the hospital started this program the community experienced a very high unmet need. For other parts of the state where the needs are great transportation providers may want to consider approaching the hospital for support of their services.

7. Describe your agency's involvement in the local transportation planning process.

The manager of the TRH Transportation program is a member of the HSTP and participates in meetings regularly. He also meets with other local transportation providers and area healthcare agencies and continues to seek means of collaboration and determine to most effective way to provide for the transportation needs of the areas residents.

E. Project Budget

Capital Equipment (Rolling Stock, Non-Rolling Stock, Mobility Management)					Total Capital Cost
Rolling Stock					
Minivan					\$33,104
Non-Rolling Stock					
Mobility Management					
Total Capital Cost				(1)	
Federal Share Capital Cost				(2)	
Local Share Capital Cost				(3)	
Operating		Year 1	Year 2	Year 3	Total Operating Cost
Labor		\$20,800	\$20,800	\$20,800	\$62,400
Fringe Benefits		\$4,160	\$4,160	\$4,160	\$12,480
Fuel and Oil		\$4,707	\$4,707	\$4,707	\$14,121
Maintenance		\$1,692	\$1,692	\$1,692	\$5,076
Vehicle Insurance		\$3,000	\$3,000	\$3,000	\$9,000
Purchased Transportation					
Other Expenses*					
Total Operating Expenses (A)	(5)	\$34,359	\$34,359	\$34,359	\$103,077
Total Operating Revenue (B)	(6)	\$4,000	\$4,000	\$4,000	\$12,000
Net Operating Project Cost (A-B)	(7)	\$30,359	\$30,359	\$30,359	\$91,077
Note: The amount of eligible Operating expense does not include revenues.					
Federal Share Operating (50%)	(8)				
Local Share Operating (50%)	(9)				
PROJECT COST SUMMARY					
<i>**Enter sum of all sub-totals for entire project (capital and operating) in the boxes below:</i>					
Total Project Cost				(1+7)	\$124,181
Total Federal Share				(2+8)	
Total Local Share				(3+9)	
Total Revenue				(6)	\$12,000
* Please Indicate Other Expenses Here:					

F. Sources of Project Funding

Capital Project Funding		
	Rolling Stock	
	Indicate Source of Local Match:	<i>Touchette Regional Hospital</i>
	Status of Match	<i>Operational vehicles</i>
	Non – Rolling Stock	
	Indicate Source of Local Match:	
	Status of Match	
Operating Project Funding		
	Year 1	
	Indicate Source of Match Y1:	<i>Operating cost – refer to page 1</i>
	Status of Match Y1:	<i>Operating cost</i>
	Year 2	
	Indicate Source of Match Y2:	<i>Operating cost – refer to page 1</i>
	Status of Match Y2:	<i>Operating cost</i>
	Year 3	
	Indicate Source of Match Y3:	<i>Operating cost – refer to page 1</i>
	Status of Match Y3:	<i>Operating cost</i>
Mobility Management Project Costs		
	Indicate Source of Local Match:	<i>N/A</i>
	Status of Match	<i>N/A</i>

G. Project Scalability

1. Could the project be implemented on a more limited scope with less funding?

Yes No

If "Yes" please describe:

2. Could the project be implemented in phases depending upon the availability of project funding?

Yes No

If "Yes" please describe:

If full funding is not available, funding for the vehicle alone would allow TRH to seek additional sources of revenue to cover operational expenses.

H. Project Scalability

Provide an estimated operational plan for providing the service including timeline and milestones

Timeline and Project and Milestones	
Describe briefly the major steps that will be followed from project start through project end. For the Dave, please indicate estimated Completion of each task after grant approval.	
Milestone	Date
<i>Upon approval of the grant, the vehicle will be picked up and inspected to assure all parts are in working order</i>	<i>Upon notification from IDOT</i>
<i>All appropriate paperwork, i.e., title, insurance, etc.</i>	<i>Within the first week</i>
<i>Proper signage will be painted on the vehicle</i>	<i>Month 1</i>
<i>Vehicle will be added to the fleet to begin service</i>	<i>Month 1</i>
<i>Existing drivers training and certification will be reviewed</i>	<i>Month 1</i>
<i>Vehicle will be serviced</i>	<i>According to owner's manual</i>
<i>Provide 1,560 rides for patients</i>	<i>Year 1</i>
<i>Coordinate with regional transportation group</i>	<i>Ongoing</i>

I. Joint Certifications and Assurances for Grantees

Illinois Department of Transportation (“IDOT”) and Federal Transit Administration (“FTA”) Assistance Programs Joint Certifications and Assurances for Grantees

Each Grantee will execute the following applicable assurances and certifications to cover all applications and government agreements that include federal capital and operating assistance. The fifteen categories of certifications and assurances are listed by roman numerals I through XV. All Grantees must make all certifications and assurances in Category I. Categories II through XIII will apply to some, but not all Grantees. The categories correspond to the following description or circumstances mandating submission of specific certifications, assurances or agreements.

The Grantee agrees to comply with all the applicable requirements of IDOT and FTA Assurance Programs Joint Certifications and Assurances for Grantees hereinafter listed.

(The Grantee may make this selection instead of individual selections below.)

OR

The Grantee agrees to comply with the applicable requirements of the following categories it has selected:

- | | | |
|------|--|-----|
| (1) | Certifications and Assurances Required of Each Grantee | X |
| (2) | Lobbying Certification (if applicable exceeds \$100,000) | X |
| (3) | Effects on Private Mass Transportation Companies | NA |
| (4) | Public hearing Certification for Projects with Substantial Impacts will be completed | * |
| (5) | Certification for the Purchase of Rolling Stock | N/A |
| (6) | Bus Testing Certification | N/A |
| (7) | Charter Service Agreement | NA |
| (8) | School Transportation Agreement | NA |
| (9) | Certification for Demand Responsive Service | X |
| (10) | Substance Abuse Certifications | X |
| (11) | Certification for a Project involving interest or Other Financing Costs | N/A |
| (12) | Certification regarding Intelligent Transportation System Program Assistance | N/A |
| (13) | Certifications for the Urbanized Area Formula Program, Job Access and Reverse Commute Program, and the Clean Fuels Program | NA |
| (14) | Certifications and Assurances for the Elderly and Persons with Disabilities Program | X |
| (15) | Certifications for the Nonurbanized Area Formula Program | NA |
| (16) | Certifications and Assurances for the State Infrastructure Bank Program (Not applicable in Illinois) | NA |

***The last page of the Joint Certifications and Assurances, Affirmation of Grantee’s Attorney, and Public Hearing Certification must be appropriately completed, signed and attached with this application. These forms will be completed and forwarded after the March 23 TRH Board Mtg.**

- A. a "Certification of Equivalent Service," which states that the public entity's demand responsive service offered to persons with disabilities, including persons who use wheelchairs, meets the standards of equivalent service set forth in 40 CFR Part 37.77c.
- B. The Grantee has complied with the transit employee protective provisions of 49 U.S.C. Section 5333(b), by one of the following actions: (1) signing the Special Warranty for the Nonurbanized Area Formula Program, (2) agreeing to alternative comparable arrangements approved by the Department of Labor (DOL), or (3) obtaining a waiver from DOL, and the state has certified the Grantee's compliance to DOL.
- C. The Grantee has certified to the state that it will comply with 49 CFR 604 in the provision of any charter service provided with equipment or facilities acquired with FTA assistance, and will also comply with applicable provisions 49 CFR Part 605 pertaining to school transportation operations. (See Category VII, "Charter Bus Agreement" and Category VIII, "School Bus Agreement.")
- D. The Grantee has certified to the state that it will comply with 49 CFR 604 in the provision of any charter service provided with equipment or facilities acquired with FTA assistance, and will also comply with applicable provisions 49 CFR Part 605 pertaining to school transportation operations. (See Category VII, "Charter Bus Agreement" and Category VIII, "School Bus Agreement.")
- E. Unless otherwise noted, each of the Grantee's projects qualifies for a categorical exclusion and does not require further environmental approvals, as described in the joint FHWA/FTA regulations, "Environmental Impact and Related Procedures," at 23 CFR Part 771.117 . The Grantee further agrees that no financial assistance will be provided for a project requiring a conformity finding in accordance with the Environmental Protection Agency's Clean Air Conformity regulations at 40 CFR Parts 51 and 93, until FTA makes the required conformity final.
- F. The Grantee has submitted (or will submit) all applicable certifications and assurances currently required, including but not limited to: a certification that its procurements and procurement system will comply with all applicable requirements imposed by federal laws, executive orders , or regulations and requirements of FTA Circular 4220.1D, "Third Party Contracting Requirements," and other implementing requirements FTA may issue; a certification that its project provides for the participation of private mass transportation companies to the maximum extent feasible; a certification that it has paid or will pay just compensation under state or local law to each private mass transportation company for its franchise or property acquired under the project; a non-procurement suspension and debarment certification, a bus testing certification for new bus models, a pre-award and post-delivery review certification, a lobbying certification for each application exceeding \$100,000, and if required by FTA, an anti-drug program certification and an alcohol testing certification, and the certification required for a project involving interest or other financial costs.
- G. The Grantee recognizes FTA's and IDOT's authority to conduct audits to verify compliance with the foregoing requirements and stipulations.

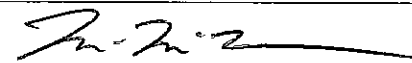
1. Certifications and Assurances for the State Infrastructure Bank Program

Name of Grantee: Touchette Regional Hospital

Name of Authorized Representative: Mike McManus

Relationship of Authorized Representative: Chief Operating Officer

BY ENDORSING THIS SIGNATURE, I,



Declare that I am duly authorized by the Grantee to make the certifications and assurances on behalf of the Grantee and bind the Grantee to comply with them. Thus, when its authorized representative signs this document, the Grantee agrees to comply with all federal statues, regulations, executive orders, and administrative guidance required for any application it makes to the Federal Transit Administration (FTA) and Illinois Department of Transportation (IDOT)

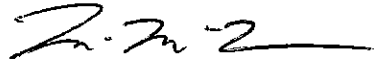
IDOT and FTA intend that the certifications and assurances apply, as required, to each project for which the Grantee seeks now, or may later seek FTA and IDOT assistance.

The Grantee affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document and any other submission made to FTA or IDOT, and acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. Section 3801 et seq., as implemented by U.S. DOT regulations, "Program Fraud Civil Remedies." 49 CFR Part 31 apply to any certification, assurance or submission made to IDOT or FTA. The criminal fraud provisions of 18 U.S.C. Section 1001 apply to any certification, assurance, or submission made in connection with the FTA and IDOT formula assistance program for urbanized areas, and may apply to any other certification, assurance, or submission made in connection with any program administered by FTA or

In signing this document, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Grantee are true and correct.

2/16/10

Date



Authorized Representative of Grantee

J. Affirmation of Grantee's Attorney

For: *Touchette Regional Hospital*

Touchette Regional Hospital

As the undersigned legal counsel for the above named Grantee, I hereby affirm that the Grantee has authority under state and local law to make and comply with the certifications and assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitutes legal and binding obligations on the Grantee.

I further affirm that, to the best of my knowledge, there is no legislation or litigation pending or threatened that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Frederick Hess

Date

This form will be completed and forwarded after the March 16 TRH Board Meeting.

Board Resolution

Created March 23, 2010

Resolution authorizing application for Public Transportation Financial Assistance under Section 5317 of the Federal Transit Act of 1991, as amended (49 U.S.C. 5311).

WHEREAS, the provision or enhancement of public transit or specialized transportation service is essential to the transportation of persons with disabilities; and

WHEREAS, Section 5317 of the Federal Transit Act of 1991, as amended (49 U.S.C. 5311), makes funds available to help offset certain eligible capital or operating expenses; and

WHEREAS, grants for said funds will impose certain obligations upon the recipient, including the provision by it of the local share of funds necessary to cover costs not covered by funds provided under Section 5317 of the Federal Transit Act of 1991, as amended (49 U.S.C. 5311).

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF TOUCHETTE REGIONAL HOSPITAL

- Section 1. That an application be made to the Division of Public and Intermodal Transportation, Department of Transportation, State of Illinois, for a financial assistance grant under Section 5317 of the Federal Transit Act of 1991, as amended (49 U.S.C. 5311), for the purpose of off-setting a portion of New Freedom grant assistance program.
- Section 2. That while participating in said assistance program Touchette Regional Hospital will provide all required local matching funds or will request the use of State of Illinois Toll Revenue Credits
- Section 3. That Mike McManus of Touchette Regional Hospital is hereby authorized and directed to execute and file on behalf of the Board of Directors such application.
- Section 4. That Dale Fiedler of Touchette Regional Hospital is authorized to furnish such additional information as may be required by the Illinois Department of Transportation and the Federal Transit Administration in connection with the aforesaid application for said grant.
- Section 5. That Mike McManus of Touchette Regional Hospital is hereby authorized and directed to execute and file on behalf of the Board of Directors all required Grant Agreements with the Illinois Department of Transportation, in order to obtain grant assistance under the provisions of the Section 5317 of the Federal Transit Act of 1991, as amended (49 U.S.C. 5311).
- Section 6. That Mike McManus of Touchette Regional Hospital is hereby authorized to provide such information and to file such documents as may be required to perform the Grant Agreement and to receive the grant.

PRESENTED and ADOPTED this 16th day of March, 2010

 Richard A. Sauget
 Chairman of the Board

 (Title)

 Luther A. Jackson, Secretary
 March 23, 2010

 (Date)

This form will be completed and forwarded after the March 16 TRH Board Meeting.



CERTIFICATE OF LIABILITY INSURANCE

OP ID JM
TOUCH-2DATE (MM/DD/YYYY)
01/27/10

PRODUCER Charles L. Crane Agency Co. 100 North Broadway, Ste. 900 St. Louis MO 63102 Phone: 314-241-8700 Fax: 314-444-4970	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Touchette Regional Hospital, Inc., Southern Illinois Healthcare Foundation, Inc. & Kenneth Hall Regional Hospital 5900 Bond Ave. Centreville IL 62207	INSURER A: National Union Fire Ins. Co.	19445
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
A		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	CA644-01-33	03/05/09	03/05/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A		OTHER Auto Phy Damage	CA644-01-33	03/05/09	03/05/10	Comp 1,000 Ded Collision 1,000 Ded	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 As Per Schedule of Vehicles on File with Company

CERTIFICATE HOLDER

TOWHOM3

To Whom It May Concern

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

W Elliot Bennett

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



Communities Working Together For a Better Tomorrow

February 10, 2010

Mr. Mike McManus
Chief Operating Officer
Touchette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207

Dear Mr. McManus:

Archview Communities Economic Development Corporation appreciates the opportunity to support Touchette Regional Hospital in its application for a new paratransit vehicle through the Illinois Department of Transportation's Downstate Area Program, New Freedom. We understand how vital transportation is to the disabled and elderly who can't utilize or don't have access to public transportation.

For some time we've been aware of Touchette Regional Hospital's transportation program and reputation for providing safe and reliable service to our neediest citizens, and we wish you every success in securing this additional vehicle.

I am pleased to add my support to Touchette Regional Hospital's application to this program.

Sincerely,

A handwritten signature in cursive script that reads "Ronda Sauget". The signature is written in black ink and is positioned below the word "Sincerely,".

Ronda Sauget
Executive Director

RS/sh

February 10, 2010

Mr. Mike McManus
Chief Operating Officer
Touchette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207

Dear Mr. McManus:

Southern Illinois Healthcare Foundation is happy to support Touchette Regional Hospital's application for a new paratransit vehicle through the Illinois Department of Transportation's Downstate Area Programs, New Freedom. We understand how vital transportation is to the disabled and elderly who can't utilize or don't have access to public transportation.

For almost 10 years Touchette Regional Hospital has provided safe and reliable service to our special citizens and a new vehicle can be operated and maintained at a reasonable cost under your program.

I am pleased to support Touchette Regional Hospital's application to this program.

Sincerely,



Dale Fiedler
Corporate Director
Planning and Development

DF/sh