



CTC EVALUATION
REVIEW PERIOD: FY 16-17
LIBERTY COUNTY

CTC BEING REVIEWED: LIBERTY Co. BOARD OF COMMISSIONERS
D.B.A. LIBERTY TRANSIT

ADDRESS: POST OFFICE BOX 730, BRISTOL, FLORIDA 32321

CONTACT: ANN KINCAID & MONICA WELLES PHONE: 850-643-2524

* * *

REVIEW DATE: JANUARY 23, 2018

PERSON CONDUCTING THE REVIEW: KWENTIN EASTBERG, ARPC

CONTACT INFORMATION: 850-488-6211 x105

EVALUATION INFORMATION

| Page | An LCB review will consist of, but is not limited to the following pages: |
|-------------|--|
| 1 | Cover Page |
| 2 | Entrance Interview Questions |
| 3 | Chapter 427.0155 (3) Review the CTC monitoring of contracted operators Chapter 427.0155 (4) Review TDSP to determine utilization of school buses and public transportation services |
| 4 | Rule 41-2.006(1) Minimum Insurance Compliance Rule 41-2.011 (2) Evaluation of cost-effectiveness of Coordination Contractors and Transportation Alternatives |
| 5 | Commission Standards and Local Standards |
| 7 | On-Site Observation |
| 8 | Surveys – Rider/Beneficiary, Contractors, Purchasing Agencies |
| 11 | Level of Cost - Worksheet 1 |
| 12 | Level of Competition – Worksheet 2 |
| 13 | Level of Coordination – Worksheet 3 |
| 14 | Status Report Follow-Up From Last Review |
| 15 | Findings and Recommendations |

Notes to remember:

- The CTC should not conduct the evaluation or surveys. If the CTC is also the PA, the PA should contract with an outside source to assist the LCB during the review process.
- Attach a copy of the CTD NET Safety Compliance & Emergency Management Self Certification (replaces the CTD Annual QA Self Certification).

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING

Describe the evaluation process - LCB evaluates the CTC and forwards a copy of the evaluation to the CTD.

The LCB reviews the CTC once every year to evaluate the operations and the performance of the local coordinator.

The LCB will be reviewing the following areas:

- ✓ Chapter 427, Rules 41-2 and 14-90, CTD Standards, and Local Standards
- ✓ Following up on the Status Report from last year and calls received from the Ombudsman program.
- ✓ Monitoring of contractors.
- ✓ Surveying riders/beneficiaries, purchasers of service, and contractors

The LCB will issue a Review Report with the findings and recommendations to the CTC no later than 30 working days after the review has concluded.

Once the CTC has received the Review Report, the CTC will submit a Status Report to the LCB within 30 working days.

USING THE APR, COMPILE THIS INFORMATION

| | |
|---|--------------------------|
| Operating Environment | Rural |
| Organization Type | Public Entity/Government |
| Network Type | Sole Provider |
| Name the operators that your company has contract with | None |
| Name the groups that your company has coordination contracts with | None |

NAME THE ORGANIZATIONS AND AGENCIES THAT PURCHASE SERVICE FROM THE CTC AND THE PERCENTAGE OF TRIPS EACH REPRESENTS? RECENT APR INFORMATION MAY BE USED.

| Name of Agency | % of Trips | Name of Contact | Telephone Number |
|--------------------------------|------------|---|--|
| CTD – TDTF | 20% | Cecile Del Moral | 410-5702 |
| Medicaid - Brokers | 35% | Access2Care/Jason Britten Logisticare/Kellie White Medical Transportation Management, Inc./Lisa Sanders/Kizzie Benjamin | 720-450-3271 305-753-9280 772-266-4971 |
| Liberty County Senior Citizens | 7% | Ann Kincaid | 643-5690 |
| Local Government/Other | 38% | Kathy Brown, Clerk of Court | 643-2215 |

REVIEW AND DISCUSS TD HELPLINE CALLS:

| | Number of calls | Closed Cases | Unsolved Cases |
|----|-----------------|--------------|----------------|
| TD | 0 | 0 | 0 |

COMPLIANCE WITH CHAPTER 427, F.S.

Review the CTC monitoring of its transportation operator contracts to ensure compliance with 427.0155(3), F.S. “Review all transportation operator contracts annually.”

| | |
|--|----------------|
| WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS OPERATOR(S) AND HOW OFTEN IS IT CONDUCTED? Is a written report issued to the operator? If NO, how are the contractors notified of the results of the monitoring? | Not applicable |
| WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS COORDINATION CONTRACTORS AND HOW OFTEN IS IT CONDUCTED? Is a written report issued? If NO, how are the contractors notified of the results of the monitoring? | Not applicable |
| WHAT ACTION IS TAKEN IF A CONTRACTOR RECEIVES AN UNFAVORABLE REPORT? | Not applicable |
| IS THE CTC IN COMPLIANCE WITH THIS SECTION? | Yes |
| ASK TO SEE DOCUMENTATION OF MONITORING REPORTS. | Not applicable |

Review the TDSP to determine the utilization of school buses and public transportation services [Chapter 427.0155(4)] “Approve and coordinate the utilization of school bus and public transportation services in accordance with the TDSP.”

| | |
|--|----------------|
| HOW IS THE CTC USING SCHOOL BUSES IN THE COORDINATED SYSTEM? | Not applicable |
|--|----------------|

Rule 41-2.012(5)(b): "As part of the Coordinator’s performance, the local Coordinating Board shall also set an annual percentage goal increase for the number of trips provided within the system for ridership on public transit, where applicable. In areas where the public transit is not being utilized, the local Coordinating Board shall set an annual percentage of the number of trips to be provided on public transit."

| | |
|--|----------------|
| HOW IS THE CTC USING PUBLIC TRANSPORTATION SERVICES IN THE COORDINATED SYSTEM? | Not applicable |
| IS THERE A GOAL FOR TRANSFERRING PASSENGERS FROM PARATRANSIT TO TRANSIT? If yes, what is the goal?? Is the CTC accomplishing the goal? | Not applicable |
| IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? | Yes |

COMPLIANCE WITH 41-2, F.A.C.

Compliance with 41-2.006(1), Minimum Insurance Compliance

“...ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident...”

| | |
|--|--|
| WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS? | \$200,000/ person \$300,000/occurrence |
| WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS IN THE OPERATOR AND COORDINATION CONTRACTS? | Not applicable |
| HOW MUCH DOES THE INSURANCE COST (per operator)? | \$34,427/19-21 vehicles. Difficult to report exact amount. BOCC liability and vehicle coverage are reported/charged collectively. |
| DOES THE MINIMUM LIABILITY INSURANCE REQUIREMENTS EXCEED \$1 MILLION PER INCIDENT? If yes, was this approved by the Commission? | No |
| IS THE CTC IN COMPLIANCE WITH THIS SECTION? | Yes |

Compliance with 41-2.011(2), Evaluating Cost-Effectiveness of Coordination Contractors and Transportation Alternatives. *“...contracts shall be reviewed annually by the Community Transportation Coordinator and the Coordinating Board as to the effectiveness and efficiency of the Transportation Operator or the renewal of any Coordination Contracts.”*

IF THE CTC HAS COORDINATION CONTRACTORS, DETERMINE THE COST-EFFECTIVENESS OF THESE CONTRACTORS. Not applicable

Cost [CTC and Coordination Contractor (CC)]

| | CTC | CC #1 | CC #2 | CC #3 | CC #4 |
|--|-----|-------|-------|-------|-------|
| Flat contract rate (s) (\$ amount / unit) | | | | | |
| Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group) | | | | | |
| Special or unique considerations that influence costs? | | | | | |
| Explanation: | | | | | |

DO YOU HAVE TRANSPORTATION ALTERNATIVES? No

(Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency.

Example: a neighbor providing the trip)

Cost [CTC and Transportation Alternative (Alt.)]

| | CTC | Alt. #1 | Alt. #2 | Alt. #3 | Alt. #4 |
|--|-----|---------|---------|---------|---------|
| Flat contract rate (s) (\$ amount / unit) | | | | | |
| Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group) | | | | | |
| Special or unique considerations that influence costs? | | | | | |
| Explanation: | | | | | |

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes

COMPLIANCE WITH 41-2, F.A.C.

Compliance with Commission and Local Standards “...shall adhere to Commission approved standards...”

Review the TDSP for the Commission and Local standards.

| Commission Standards | Comments |
|--|--|
| Local toll free phone number must be posted in all vehicles. | In Compliance There are no long distance areas within the County. |
| Vehicle Cleanliness | In Compliance |
| Passenger/Trip Database | In Compliance CTS. Tablets used in all vehicles. |
| Adequate seating | In Compliance |
| Driver Identification | In Compliance Badge. |
| Passenger Assistance | In Compliance |
| Smoking, Eating and Drinking | In Compliance |
| Two-way Communications | In Compliance radios, cellular telephones |
| Air Conditioning/Heating | In Compliance |
| Billing Requirements | Not Applicable |
| Local Standards | Comments |
| Transport of Escorts and dependent children policy | In Compliance |
| Use, Responsibility, and cost of child restraint devices | In Compliance |
| Out-of-Service Area trips | In Compliance 60% of total trips were outside of the service area |
| CPR/1st Aid | In Compliance 14 drivers – certified/recertified January 2017 |
| Driver Criminal Background Screening | In Compliance 14 drivers. Performs Level 2 screening – current |
| Rider Personal Property | In Compliance 4 pieces |
| Advance reservation requirements | In Compliance 72 hours in advance |
| Pick-up Window | Standard – 95% Survey Results - 96.7% (12/13/17) In Compliance |

MEASURABLE STANDARDS AND GOALS

| <i>Measurable Standards/Goals</i> | <i>Standard/Goal</i> | <i>Latest Figures</i> | <i>Is the CTC/Operator meeting the Standard?</i> |
|-----------------------------------|----------------------|--|--|
| Public Transit Ridership | | | Not Applicable |
| On-Time Performance | 95% | (12/13/17) 96.7% | Yes |
| Passenger No-Shows | <1% requested trips | AOR: 32,877 trips + 9 unmet trips = 32,886 requested trips. 1% = 328 AOR: 96 NS | Yes |
| Accidents (Chargeable) | 1:100,000 vm | AOR: 1:363,288 vm | Yes |
| Roadcalls | CTC >10,000 vm/rc | AOR: 0:363,288 vm | Yes |
| Average age of fleet: | | Average fleet age: 6 years old | |
| Complaints | 1:1,000 trips | AOR: 1:32,877 trips | Yes |
| Number filed: | | | |
| Call-Hold Time | 90% w/i 3 min | No Hold | Yes |

ON-SITE OBSERVATION OF THE SYSTEM

Ride a vehicle within the coordinated system. Request a copy of the Manifest page that contains this trip. Attach a copy of the Manifest.

| | |
|---|------------------------------------|
| Date of Observation | 1/23/18 |
| Please list any special guests that were present | |
| Location | Bristol |
| Number of Passengers picked up/dropped off | 9 ambulatory, 1 w/walker used lift |
| Was the driver on time? If no, how many minutes late/early? | Yes |
| Did the driver provide any passenger assistance? | Yes |
| Was the driver wearing any identification? | Yes – badge |
| Did the driver render an appropriate greeting? Driver regularly transports the rider, not necessary. | Yes |
| If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted? | Yes |
| Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects? | Yes |
| Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations? | Yes |
| Does the vehicle have working heat and air conditioning? | Yes |
| Does the vehicle have two-way communications in good working order? | Yes – radio. tablet. |
| Was there safe and appropriate seating for all passengers? | Yes |
| If used, was the lift in good working order? | Yes |
| Did the driver properly use the lift and secure the passenger? If no, please explain: | Yes |

12/13/17 Trips

| Funding Source | No. of Round Trips | No. of Riders/Beneficiaries | No. of Calls to Make | No. of Calls Made |
|----------------|--------------------|-----------------------------|----------------------|-------------------|
| CTD | | | | |
| Medicaid | | | | |
| Other: OAA | | | | |
| Other | | | | |
| Totals | | | | |

Number of Round Trips

0 – 200

201 – 1200

1201 +

Number of Riders/Beneficiaries to Survey

30%

10%

5%

RIDER/BENEFICIARY SURVEY SUMMARY

Staff making call: Kwentin Eastberg
Date of Call: 2/5/18

Selected Date of Service: 12/13/17
Funding Source: Various

| | |
|--|---|
| 1. Did you receive transportation service on the selected date? | Yes – 6 No – 0 |
| 2. Where you charged an amount in addition to the co-payment? If so, how much? | Yes – 0 No - 6 |
| 3. How often do you normally obtain transportation? | Daily – 5, Weekly -2, Every other Month – 1, 2-3 Times/Week - 1 |
| 4. Have you ever been denied transportation services? If no, skip to question #5. a. How many times in the last 6 months have you been refused transportation services? b. What was the reason given for refusing you transportation services? | No - 5 Yes – 0 Have been deferred or unable to accommodate preferred times |
| 5. For what reasons do you normally use the service? | Medical - 9, Education/Training/Day Care – 0, Nutritional – 0, Life-Sustaining/Other – 1 |
| 6. Did you have a problem with your trip on the selected date? If yes, please state/choose the problem. | No - 5 Yes- 0 |
| 7. On a scale of 1 to 5, with 5 being most satisfied, rate the transportation you have been receiving. | Phone Survey: 9.3/10 Written Survey: 4.8 |
| 8. What does transportation mean to you? Do we have permission to use your comments in publications? | - |

Sample Size: 4 returned surveys

| | Very Good | Good | Neutral | Poor | Very Poor | Avg Score |
|---|-----------|------|---------|------|-----------|------------|
| Dependability - Able to schedule a trip for the time period I need. | 5 | 4 | 3 | 2 | 1 | 4.8 |
| Service runs the times when I need it. | 5 | 4 | 3 | 2 | 1 | 4.8 |
| Easy to arrange trips. | 5 | 4 | 3 | 2 | 1 | 4.8 |
| It is convenient to change scheduled trips when necessary. | 5 | 4 | 3 | 2 | 1 | 4.0 |
| Comfort/Cleanliness - The vehicles are clean and well maintained. | 5 | 4 | 3 | 2 | 1 | 4.3 |
| The driver provides a safe and comfortable ride. | 5 | 4 | 3 | 2 | 1 | 5.0 |
| Waiting Time - The vehicle picks me up within 30 minutes of my scheduled time. | 5 | 4 | 3 | 2 | 1 | 4.8 |
| I arrived at my destination at the scheduled time. | 5 | 4 | 3 | 2 | 1 | 4.8 |
| Cost - Amount I pay for my trip is reasonable. | 5 | 4 | 3 | 2 | 1 | 5.0 |
| The reservationist is pleasant. | 5 | 4 | 3 | 2 | 1 | 4.8 |
| The drivers are courteous and helpful. | 5 | 4 | 3 | 2 | 1 | 4.8 |
| Overall Courtesy of Employees | 5 | 4 | 3 | 2 | 1 | 4.8 |
| Overall Satisfaction of Service | 5 | 4 | 3 | 2 | 1 | 4.8 |

Comments:

- The service provided to me is very very good.
- Good and needed service
- Really Satisfied
- Monica Really helps out
- Really good drivers
- Grateful for service
- Driver speeding, says they aren't allowed to help push wheelchairs.

CONTRACTOR SURVEY SUMMARY

Contractor's Name (optional):

NO CONTRACTORS TO CONTACT

| | |
|---|--|
| 1. Do the riders/beneficiaries call your facility directly to cancel a trip? | |
| 2. Do the riders/beneficiaries call your facility directly to issue a complaint? | |
| 3. Do you have a toll-free phone number for a rider/beneficiary to issue commendations and/or complaints posted on the interior of all vehicles that are used to transport TD riders? If yes, is the phone number posted the CTC's? | |
| 4. Are the invoices you send to the CTC paid in a timely manner? | |
| 5. Does the CTC give your facility adequate time to report statistics? | |
| 6. Have you experienced any problems with the CTC? If yes, what type of problems? | |
| Comments | |

PURCHASING AGENCY SURVEY SUMMARY

Staff making call: Kwentin Eastberg
Date: 2/3/17

| | |
|--|---------------------|
| 1. Do you purchase transportation from the coordinated system? If no, why? | Yes -1 |
| 2. Which transportation operator provides services to your clients? | Liberty Transit - 1 |
| 3. What is the primary purpose of purchasing transportation for your clients? | Medical - 1 |
| 4. On average, how often do your clients use the transportation system? | 5 Times/Week - 1 |
| 5. Have you had any unresolved problems with the coordinated transportation system? If no, skip to question 7. | No - 1 |
| 6. What type of problems have you had with the coordinated system? | None -1 |
| 7. Overall, are you satisfied with the transportation you have purchased for your clients? If no, why? | Yes - 1 |

Comments:

Responding to Survey:

Access2Care

Other Purchasers:

Commission for the Transportation Disadvantaged

Liberty County Senior Citizens

Logisticare

Medical Transportation Management, Inc.

**LEVEL OF COST
WORKSHEET 1**

Insert Cost page from the AOR.

| | |
|--------------|------------|
| Revenues | \$ 581,778 |
| Expenditures | \$ 534,642 |
| Difference | \$ 47,136 |

NOTES.

Profit seems excessive. Discussed revisiting rate worksheets. When equipment revenues were subtracted, the profit is much less. Equipment is not shown as an expense in the AOR worksheets, but is depreciated over the years.

LEVEL OF COMPETITION

WORKSHEET 2

Inventory of Transportation Operators in the Service Area

| | Operators Available | Operators Contracted in the System. | Include Trips | % of all Trips |
|-----------------------|---------------------|-------------------------------------|---------------|----------------|
| Private Non-Profit | | | | |
| Private For-Profit | | | | |
| Government | 2 (school) | 1 | 32,877 | 100 |
| Public Transit Agency | | | | |
| Total | 2 | 1 | 32,877 | 100 |

| | |
|---|----------------|
| How many of the operators are coordination contractors? | 0 |
| Of the operators included in the local coordinated system, how many have the capability of expanding capacity? | 0 |
| Does the CTC have the ability to expand? | Yes |
| Indicate the date the latest transportation operator was brought into the system. | Not Applicable |
| Does the CTC have a competitive procurement process? | Yes |
| In the past five (5) years, how many times have the following methods been used in selection of the transportation operators? Request for Qualifications, Request for Proposals, Requests for Interested Parties, Low Bid, Negotiation Only | Not Applicable |
| Which of the methods listed above were used to select the current operators? | Not Applicable |

Which of the following items are incorporated in the review and selection of transportation operators for inclusion in the coordinated system?

| | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------------|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Capabilities of operator | <input checked="" type="checkbox"/> | Reporting Capabilities | <input checked="" type="checkbox"/> | Insurance |
| | Age of company | <input checked="" type="checkbox"/> | Financial Strength | <input checked="" type="checkbox"/> | Accident History |
| <input checked="" type="checkbox"/> | Previous experience | | Performance Bond | <input checked="" type="checkbox"/> | Quality |
| <input checked="" type="checkbox"/> | Management | | Responsiveness to Solicitation | <input checked="" type="checkbox"/> | Community Knowledge |
| <input checked="" type="checkbox"/> | Qualifications of staff | | Scope of Work | <input checked="" type="checkbox"/> | Cost of the Contracting Process |
| <input checked="" type="checkbox"/> | Resources | <input checked="" type="checkbox"/> | Safety Program | <input checked="" type="checkbox"/> | Price |
| | Economies of Scale | <input checked="" type="checkbox"/> | Capacity | | Distribution of Costs |
| | Contract Monitoring | <input checked="" type="checkbox"/> | Training Program | | Other: (list) |

| | |
|---|---|
| If a competitive bid or Request for Proposals has been used to select the transportation operators, to how many potential operators was the request distributed in the most recently completed process? | Not Applicable |
| How many responded? | Not Applicable |
| The request for bids/proposals was distributed: | Not Applicable |
| Has the CTC reviewed the possibilities of competitively contracting any services other than transportation provision (such as fuel, maintenance, etc...)? | Yes - maintenance supplies, vehicle parts Uses State contract for office supplies, furniture, computers and vehicles |

LEVEL OF AVAILABILITY (COORDINATION)
WORKSHEET 3

| | |
|---|--|
| Planning – What are the coordinated plans for transporting the TD population? | There are no other operators. All transportation is provided by the CTC. |
| Public Information – How is public information distributed about transportation services in the community? | Newspaper, radio |
| Certification – How are individual certifications and registrations coordinated for local TD transportation services? | Uniform eligibility form used by CTC staff |
| Eligibility Records – What system is used to coordinate which individuals are eligible for special transportation services in the community? | Eligibility form completed by CTC staff Riders are recertified annually based on the rider’s enrollment date. |
| Call Intake – To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call? | All calls are made to CTC. Multiple lines |
| Reservations – What is the reservation process? How is the duplication of a reservation prevented? | All reservations are documented when rider calls to make reservation. Staff verifies reservation the day prior to trip. |
| Trip Allocation – How is the allocation of trip requests to providers coordinated? | CTC provides 100% of all trips. |
| Scheduling – How is the trip assignment to vehicles coordinated? | CTC staff schedules and dispatches all vehicles |
| Transport – How are the actual transportation services and modes of transportation coordinated? | CTC staff coordinates all trips. |
| Dispatching – How is the real time communication and direction of drivers coordinated? | CTC dispatches all drivers. |
| General Service Monitoring – How is the overseeing of transportation operators coordinated? | NA |
| Daily Service Monitoring – How are real-time resolutions to trip problems coordinated? | Complaints are dealt with by using the LCB complaint and grievance procedures. Dispatcher is responsible for resolving most problems at the local level. |
| Trip Reconciliation – How is the confirmation of official trips coordinated? | CTC staff reconciles all driver manifests to billing records. |
| Billing – How is the process for requesting and processing fares, payments, and reimbursements coordinated? | CTC staff lists on driver’s manifest all required fees to be collected from riders. |
| Reporting – How is operating information reported, compiled, and examined? | CTC staff – dispatcher, finance officer, director Data is compiled and verified by the Program Coordinator. |
| Cost Resources – How are costs shared between the coordinator and the operators (s) in order to reduce the overall costs of the coordinated program? | NA |
| Information Resources – How is information shared with other organizations to ensure smooth service provision and increased service provision? | Emails and letters when changes occur. Calls are made to riders affected by a change. |
| Overall – What type of formal agreement does the CTC have with organizations, which provide transportation in the community? | NA |

STATUS REPORT FOLLOW-UP FROM LAST REVIEW
DATE OF REVIEW: 1/31/17

There were no findings or recommendations in the last review.

**LOCAL COORDINATING BOARD ANNUAL REVIEW
COMMUNITY TRANSPORTATION COORDINATOR
FINDINGS AND RECOMMENDATIONS
REVIEW PERIOD: FY 16-17**

CTC Being Reviewed Liberty County Board of Commissioners
d.b.a. Liberty Transit

Review Date 1/31/2017

General Information

Liberty County Board of Commissioners/Liberty Transit was designated as the CTC for Liberty County for Fiscal Years July 1, 2012 – June 30, 2017. The CTC is a public entity/government organization, operating as a sole provider in a rural area.

Findings and Recommendations

| | |
|--|-----------------------------|
| Compliance with Chapter 427, F.S. | Area of Noncompliance: None |
| Compliance with Rule 41-2, F.A.C. | Area of Noncompliance: None |
| Commission Standards and Local Standards | Area of Noncompliance: None |
| On-Site Observation of the System | Area of Noncompliance: None |
| Rider/Beneficiary Survey Summary | Area of Noncompliance: None |
| Contractor Survey Summary | Area of Noncompliance: None |
| Purchasing Agency Survey Summary | Area of Noncompliance: None |
| Level of Cost – Worksheet 1 | Area of Noncompliance: None |
| Level of Competition – Worksheet 2 | Area of Noncompliance: None |
| Level of Coordination – Worksheet 3 | Area of Noncompliance: None |
| Status Report Follow-Up From Last Review | Area of Noncompliance: None |

Report completed by: Kwentin Eastberg, LCB/ARPC staff

Approved by the LCB on February 6, 2018