



TEXOMA AREA PARATRANSIT SYSTEM, INC.  
AGENDA  
BOARD OF DIRECTORS MEETING

Notice is hereby given that a regular meeting of the Board of Directors of the Texoma Area Paratransit System will be held **February 15, 2023 @ 2:00pm virtually at: <https://us06web.zoom.us/j/86069304611>** as follows:

- I. Establish Quorum, Call to Order and Invocation
- II. Public Comments - Citizens may speak on items listed on this agenda. A "Request to Speak Card" should be completed and returned to the Board Secretary before the Board meeting convenes. Citizen comments are limited to three (3) minutes.
- III. Approval of Board Minutes – Minutes from the November 16, 2022, meeting is attached and submitted for review and consideration of approval.
- IV. TAPS Fiscal Year 2022 Financial Audit Report – Michelle Treschwig with Kushner LaGraize will deliver the Audit Report.
- V. FTA Fiscal Year 2023 Certifications and Assurances – The Federal Transit Administration requires grantees to execute an agreement providing Certifications and Assurances to program requirements prior to awarding grant funds. Staff request the Board's review and consideration of authorizing the Chair to execute the required agreement.
- VI. Vehicle Title Signature Authority – Staff requests the Board to approve Resolution No. 20-2023 authorizing signature authority on vehicle title transfers and requests for lost titles to the Board Chair for the purpose of disposing of vehicles passed their useful life.
- VII. TAPS Delegation of Authority – Staff to seek consideration and adoption of resolution assigning delegation of authority.
- VIII. New Transit Building Update – Staff to discuss and answer questions regarding progress and next steps of TAPS building project.
- IX. Monthly Financial Update – Staff have provided financial reports and will answer any questions Board has regarding reports.
- X. Capital Projects – Staff will update the Board on planned capital projects.
- XI. Operational Update – Staff provide operational reports and will answer any questions the Board has regarding reports.
- XII. Schedule next Board meeting – Next Board meeting to be tentatively scheduled for May 17, 2023 at 2pm.  
  
Board to discuss possible hybrid meetings going forward.
- XIII. Comments by TAPS Board of Directors
- XIV. Adjournment

# BOARD MINUTES



## TEXOMA AREA PARATRANSIT SYSTEM

### MINUTES OF THE BOARD OF DIRECTORS

#### REGULAR MEETING

November 16, 2022

**MEMBERS PRESENT:** Bill Magers, Leon Klement, Pamela Howeth, JD Clark, Kevin Hayes, and Mike Campbell

**MEMBERS MISSING:** Kevin Benton, Dean Lackey

**STAFF PRESENT:** Shellie White, Scott Parten, Brenda Davis, Eddie Brunk, Bill Null, Joe Penson, Karen Kemp,

**GUESTS PRESENT:** Josh Walker, Matt Sicking, Clay Barnett

- I. **CALL TO ORDER:** Chairman Bill Magers declared a quorum, calling the meeting to order at 2:07 PM.
- II. **INVOCATION:** Treasurer Pamela Howeth provided invocation.
- III. **PUBLIC COMMENTS:** Citizens may speak on items listed on the agenda as Public Hearings. A "request to speak card" should be completed and returned to the Board Secretary before the Board considers the item listed under Public Hearings. Citizen Comments on public hearings are limited to three (3) minutes.  
  
There were no speakers.
- IV. **APPROVAL OF BOARD MINUTES:** Chairman Bill Magers presented the minutes from the August 17, 2022, Board Meeting for approval. Vice Chair Leon Klement made a motion to approve the board minutes as presented. Treasurer Pamela Howeth seconded the motion. The motion was passed unanimously.
- V. **Review and Adopt Transit Asset Management (TAM) Plan Update:** General Manager Shellie White asked the Board to consider adoption of TAM Plan Update which includes the annual update to inventory. Treasurer Pamela Howeth made a motion to adopt the TAM Plan Update Mike Campbell seconded the motion. The motion was passed unanimously.
- VI. **Review and Adopt Public Transportation Agency Safety Plan (PTASP) Update:** General Manager Shellie White requested review and consider adoption of PTASP Plan Update. Vice Chair Leon Klement made a motion to

approve the PTASP Plan Update. Member JD Clark seconded the motion. The motion passed unanimously.

- VII. **New Transit Building Update:** General Manager Shellie White presented the floor plans for the new Transit Building and asked the board for approval to move forward with putting out the RFP and RFQ for the final design architecture and engineering construction. Chairman Bill Magers made a motion to approve the current footprint and to move forward with the RFP and RFQ. Motion was seconded by Vice Chair Leon Klement. The motion passed unanimously.
- VIII. **Monthly Financial Update:** General Manager Shellie White gave the financial update for August, September, and October 2022. The auditors will be onsite for final audit work in January 2023.
- IX. **Capital Projects:** General Manger Shellie White gave the update on planned capital projects.
- X. **Operational Update:** Staff informed Board of the ongoing trainings for new drivers and current drivers numbers employed. Trip data was also reviewed without significant concern from the Board.
- XI. **Executive Officer Elections for TAPS Board of Directors:** Elections were as follows Pamela Howeth Chairperson, JD Clark Vice Chair, and Phyliss James Treasurer. Member Mike Campbell made a motion to approve. Motion was seconded by Vice Chair Leon Klement.
- XII. **Consider/ Adopt Bank account Signature Authority:** Chairman Bill Magers made a motion to adopt the resolutions for bank signatures to be approved. Motion was seconded by Pamela Howeth. The motion passed unanimously.
- XIII. **TAPS Delegation of Authority:** Chairman Bill Magers presented and made a motion for the adoption of resolution assigning delegation of authority. Per requirement from TXDOT and FTA for TAPS to update signature authority each year per program requirements. Member Mike Campbell seconded the motion. The motion passed unanimously.
- XIV. **Schedule next Board Meeting:** Set for February 15, 2023, at 2 p.m.
- XV. **Comments by TAPS board of Directors:** Chairperson Pamela Howeth suggested an Ex-Officio member. The attorney will be consulted regarding updating the By-Laws to include an Ex-Officio member.
- XVI. **Adjournment:** Meeting adjourned at 2:47 p.m.

*Not every provision of every certification will apply to every applicant or award. If a provision of a certification does not apply to the applicant or its award, FTA will not enforce that provision.*

*Text in italic is guidance to the public. It does not have the force and effect of law, and is not meant to bind the public in any way. It is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.*

## **CATEGORY 1. CERTIFICATIONS AND ASSURANCES REQUIRED OF EVERY APPLICANT.**

*All applicants must make the certifications in this category.*

### **1.1. Standard Assurances.**

*The certifications in this subcategory appear as part of the applicant's registration or annual registration renewal in the System for Award Management (SAM.gov) and on the Office of Management and Budget's standard form 424B "Assurances—Non-Construction Programs". This certification has been modified in places to include analogous certifications required by U.S. DOT statutes or regulations.*

As the duly authorized representative of the applicant, you certify that the applicant:

- (a) Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- (b) Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- (c) Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- (d) Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- (e) Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728–4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).

- (f) Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to:
- (1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin, as effectuated by U.S. DOT regulation 49 CFR Part 21;
  - (2) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681–1683, and 1685–1686), which prohibits discrimination on the basis of sex, as effectuated by U.S. DOT regulation 49 CFR Part 25;
  - (3) Section 5332 of the Federal Transit Law (49 U.S.C. § 5332), which prohibits any person being excluded from participating in, denied a benefit of, or discriminated against under, a project, program, or activity receiving financial assistance from FTA because of race, color, religion, national origin, sex, disability, or age.
  - (4) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps, as effectuated by U.S. DOT regulation 49 CFR Part 27;
  - (5) The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101–6107), which prohibits discrimination on the basis of age;
  - (6) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;
  - (7) The comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91–616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
  - (8) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records;
  - (9) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental, or financing of housing;
  - (10) Any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and,
  - (11) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- (g) Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (“Uniform Act”) (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. The requirements of the Uniform Act are effectuated by U.S. DOT regulation 49 CFR Part 24.

- (h) Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§ 1501–1508 and 7324–7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- (i) Will comply, as applicable, with the provisions of the Davis–Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327–333), regarding labor standards for federally assisted construction subagreements.
- (j) Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- (k) Will comply with environmental standards which may be prescribed pursuant to the following:
  - (1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514;
  - (2) Notification of violating facilities pursuant to EO 11738;
  - (3) Protection of wetlands pursuant to EO 11990;
  - (4) Evaluation of flood hazards in floodplains in accordance with EO 11988;
  - (5) Assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.);
  - (6) Conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§ 7401 et seq.);
  - (7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and
  - (8) Protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).
- (l) Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- (m) Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
- (n) Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- (o) Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§ 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded

animals held for research, teaching, or other activities supported by this award of assistance.

- (p) Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- (q) Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and 2 CFR Part 200, Subpart F, "Audit Requirements", as adopted and implemented by U.S. DOT at 2 CFR Part 1201.
- (r) Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing the program under which it is applying for assistance.
- (s) Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. § 7104) which prohibits grant award recipients or a subrecipient from:
  - (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect;
  - (2) Procuring a commercial sex act during the period of time that the award is in effect; or
  - (3) Using forced labor in the performance of the award or subawards under the award.

**1.2. Standard Assurances: Additional Assurances for Construction Projects.**

*This certification appears on the Office of Management and Budget's standard form 424D "Assurances—Construction Programs" and applies specifically to federally assisted projects for construction. This certification has been modified in places to include analogous certifications required by U.S. DOT statutes or regulations.*

As the duly authorized representative of the applicant, you certify that the applicant:

- (a) Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency; will record the Federal awarding agency directives; and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
- (b) Will comply with the requirements of the assistance awarding agency with regard to the drafting, review, and approval of construction plans and specifications.
- (c) Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work confirms with the approved plans and specifications, and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.



**1.3. Procurement.**

*The Uniform Administrative Requirements, 2 CFR § 200.325, allow a recipient to self-certify that its procurement system complies with Federal requirements, in lieu of submitting to certain pre-procurement reviews.*

The applicant certifies that its procurement system complies with:

- (a) U.S. DOT regulations, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards,” 2 CFR Part 1201, which incorporates by reference U.S. OMB regulatory guidance, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards,” 2 CFR Part 200, particularly 2 CFR §§ 200.317–200.327 “Procurement Standards;
- (b) Federal laws, regulations, and requirements applicable to FTA procurements; and
- (c) The latest edition of FTA Circular 4220.1 and other applicable Federal guidance.

**1.4. Suspension and Debarment.**

*Pursuant to Executive Order 12549, as implemented at 2 CFR Parts 180 and 1200, prior to entering into a covered transaction with an applicant, FTA must determine whether the applicant is excluded from participating in covered non-procurement transactions. For this purpose, FTA is authorized to collect a certification from each applicant regarding the applicant’s exclusion status. 2 CFR § 180.300. Additionally, each applicant must disclose any information required by 2 CFR § 180.335 about the applicant and the applicant’s principals prior to entering into an award agreement with FTA. This certification serves both purposes.*

The applicant certifies, to the best of its knowledge and belief, that the applicant and each of its principals:

- (a) Is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily or involuntarily excluded from covered transactions by any Federal department or agency;
- (b) Has not, within the preceding three years, been convicted of or had a civil judgment rendered against him or her for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public or private agreement or transaction; violation of Federal or State antitrust statutes, including those proscribing price fixing between competitors, allocation of customers between competitors, and bid rigging; commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; or commission of any other offense indicating a lack of business integrity or business honesty;

- (c) Is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any offense described in paragraph (b) of this certification;
- (d) Has not, within the preceding three years, had one or more public transactions (Federal, State, or local) terminated for cause or default.

**1.5. Coronavirus Response and Relief Supplemental Appropriations Act, 2021, and CARES Act Funding.**

The applicant certifies:

- (a) To the maximum extent possible, funds made available under title IV of division M of the Consolidated Appropriations Act, 2021 (Public Law 116–260), and in title XII of division B of the CARES Act (Public Law 116–136; 134 Stat. 599) shall be directed to payroll and operations of public transit (including payroll and expenses of private providers of public transportation); or
- (b) The applicant certifies that the applicant has not furloughed any employees.

**1.6. American Rescue Plan Act Funding.**

The applicant certifies:

- (a) Funds made available by Section 3401(a)(2)(A) of the American Rescue Plan Act of 2021 (Public Law 117-2) shall be directed to payroll and operations of public transportation (including payroll and expenses of private providers of public transportation); or
- (b) The applicant certifies that the applicant has not furloughed any employees.

**CATEGORY 2. PUBLIC TRANSPORTATION AGENCY SAFETY PLANS**

*This certification is required of each applicant under the Urbanized Area Formula Grants Program (49 U.S.C. § 5307), each rail operator that is subject to FTA's state safety oversight programs, and each State that is required to draft and certify a Public Transportation Agency Safety Plan on behalf of a Small Public Transportation Provider (as that term is defined at 49 CFR § 673.5) pursuant to 49 CFR § 673.11(d).*

*This certification is required by 49 U.S.C. § 5307(c)(1)(L), 49 U.S.C. § 5329(d)(1), and 49 CFR § 673.13. This certification is a condition of receipt of Urbanized Area Formula Grants Program (49 U.S.C. § 5307) funding.*

*This certification does not apply to any applicant that only receives financial assistance from FTA under the Formula Grants for the Enhanced Mobility of Seniors Program (49 U.S.C.*

*§ 5310), the Formula Grants for Rural Areas Program (49 U.S.C. § 5311), or combination of these two programs, unless it operates a rail fixed guideway public transportation system.*

If the applicant is an operator, the applicant certifies that it has established a Public Transportation Agency Safety Plan meeting the requirements of 49 U.S.C. § 5329(d)(1) and 49 CFR Part 673; including, specifically, that the board of directors (or equivalent entity) of the applicant has approved, or, in the case of an applicant that will apply for assistance under 49 U.S.C. § 5307 that is serving an urbanized area with a population of 200,000 or more, the safety committee of the entity established under 49 U.S.C. § 5329(d)(5), followed by the board of directors (or equivalent entity) of the applicant has approved, the Public Transportation Agency Safety Plan or any updates thereto; and, for each recipient serving an urbanized area with a population of fewer than 200,000, that the Public Transportation Agency Safety Plan has been developed in cooperation with frontline employee representatives.

If the applicant is a State that drafts and certifies a Public Transportation Agency Safety Plan on behalf of a public transportation operator, the applicant certifies that:

- (a) It has drafted and certified a Public Transportation Agency Safety Plan meeting the requirements of 49 U.S.C. § 5329(d)(1) and 49 CFR Part 673 for each Small Public Transportation Provider (as that term is defined at 49 CFR § 673.5) in the State, unless the Small Public Transportation Provider provided notification to the State that it was opting out of the State-drafted plan and drafting its own Public Transportation Agency Safety Plan; and
- (b) Each Small Public Transportation Provider within the State that opts to use a State-drafted Public Transportation Agency Safety Plan has a plan that has been approved by the provider's Accountable Executive (as that term is defined at 49 CFR § 673.5), Board of Directors or Equivalent Authority (as that term is defined at 49 CFR § 673.5), and, if the Small Public Transportation Provider serves an urbanized area with a population of 200,000 or more, the safety committee of the Small Public Transportation Provider established under 49 U.S.C. § 5329(d)(5).

### **CATEGORY 3. TAX LIABILITY AND FELONY CONVICTIONS.**

*If the applicant is a business association (regardless of for-profit, not for-profit, or tax exempt status), it must make this certification. Federal appropriations acts since at least 2014 have prohibited FTA from using funds to enter into an agreement with any corporation that has unpaid Federal tax liabilities or recent felony convictions without first considering the corporation for debarment. E.g., Consolidated Appropriations Act, 2023, Pub. L. 117-328, div. E, tit. VII, §§ 744–745. U.S. DOT Order 4200.6 defines a “corporation” as “any private corporation, partnership, trust, joint-stock company, sole proprietorship, or other business association”, and applies the restriction to all tiers of subawards. As prescribed by U.S. DOT*

*Order 4200.6, FTA requires each business association applicant to certify as to its tax and felony status.*

If the applicant is a private corporation, partnership, trust, joint-stock company, sole proprietorship, or other business association, the applicant certifies that:

- (a) It has no unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability; and
- (b) It has not been convicted of a felony criminal violation under any Federal law within the preceding 24 months.

#### **CATEGORY 4. LOBBYING.**

*If the applicant will apply for a grant or cooperative agreement exceeding \$100,000, or a loan, line of credit, loan guarantee, or loan insurance exceeding \$150,000, it must make the following certification and, if applicable, make a disclosure regarding the applicant's lobbying activities. This certification is required by 49 CFR § 20.110 and app. A to that part.*

*This certification does not apply to an applicant that is an Indian Tribe, Indian organization, or an Indian tribal organization exempt from the requirements of 49 CFR Part 20.*

##### **4.1. Certification for Contracts, Grants, Loans, and Cooperative Agreements.**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and

contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4.2. Statement for Loan Guarantees and Loan Insurance.**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **CATEGORY 5. PRIVATE SECTOR PROTECTIONS.**

*If the applicant will apply for funds that it will use to acquire or operate public transportation facilities or equipment, the applicant must make the following certification regarding protections for the private sector.*

#### **5.1. Charter Service Agreement.**

*To enforce the provisions of 49 U.S.C. § 5323(d), FTA's charter service regulation requires each applicant seeking assistance from FTA for the purpose of acquiring or operating any public transportation equipment or facilities to make the following Charter Service Agreement. 49 CFR § 604.4.*

The applicant agrees that it, and each of its subrecipients, and third party contractors at any level who use FTA-funded vehicles, may provide charter service using equipment or facilities acquired with Federal assistance authorized under the Federal Transit Laws only in compliance with the regulations set out in 49 CFR Part 604, the terms and conditions of which are incorporated herein by reference.

**5.2. School Bus Agreement.**

*To enforce the provisions of 49 U.S.C. § 5323(f), FTA's school bus regulation requires each applicant seeking assistance from FTA for the purpose of acquiring or operating any public transportation equipment or facilities to make the following agreement regarding the provision of school bus services. 49 CFR § 605.15.*

- (a) If the applicant is not authorized by the FTA Administrator under 49 CFR § 605.11 to engage in school bus operations, the applicant agrees and certifies as follows:
  - (1) The applicant and any operator of project equipment agrees that it will not engage in school bus operations in competition with private school bus operators.
  - (2) The applicant agrees that it will not engage in any practice which constitutes a means of avoiding the requirements of this agreement, part 605 of the Federal Mass Transit Regulations, or section 164(b) of the Federal-Aid Highway Act of 1973 (49 U.S.C. 1602a(b)).
- (b) If the applicant is authorized or obtains authorization from the FTA Administrator to engage in school bus operations under 49 CFR § 605.11, the applicant agrees as follows:
  - (1) The applicant agrees that neither it nor any operator of project equipment will engage in school bus operations in competition with private school bus operators except as provided herein.
  - (2) The applicant, or any operator of project equipment, agrees to promptly notify the FTA Administrator of any changes in its operations which might jeopardize the continuation of an exemption under § 605.11.
  - (3) The applicant agrees that it will not engage in any practice which constitutes a means of avoiding the requirements of this agreement, part 605 of the Federal Transit Administration regulations or section 164(b) of the Federal-Aid Highway Act of 1973 (49 U.S.C. 1602a(b)).
  - (4) The applicant agrees that the project facilities and equipment shall be used for the provision of mass transportation services within its urban area and that any other use of project facilities and equipment will be incidental to and shall not interfere with the use of such facilities and equipment in mass transportation service to the public.

**CATEGORY 6. TRANSIT ASSET MANAGEMENT PLAN.**

*If the applicant owns, operates, or manages capital assets used to provide public transportation, the following certification is required by 49 U.S.C. § 5326(a).*

The applicant certifies that it is in compliance with 49 CFR Part 625.

**CATEGORY 7. ROLLING STOCK BUY AMERICA REVIEWS AND BUS TESTING.****7.1. Rolling Stock Buy America Reviews.**

*If the applicant will apply for an award to acquire rolling stock for use in revenue service, it must make this certification. This certification is required by 49 CFR § 663.7.*

The applicant certifies that it will conduct or cause to be conducted the pre-award and post-delivery audits prescribed by 49 CFR Part 663 and will maintain on file the certifications required by Subparts B, C, and D of 49 CFR Part 663.

**7.2. Bus Testing.**

*If the applicant will apply for funds for the purchase or lease of any new bus model, or any bus model with a major change in configuration or components, the applicant must make this certification. This certification is required by 49 CFR § 665.7.*

The applicant certifies that the bus was tested at the Bus Testing Facility and that the bus received a passing test score as required by 49 CFR Part 665. The applicant has received or will receive the appropriate full Bus Testing Report and any applicable partial testing reports before final acceptance of the first vehicle.

**CATEGORY 8. URBANIZED AREA FORMULA GRANTS PROGRAM.**

*If the applicant will apply for an award under the Urbanized Area Formula Grants Program (49 U.S.C. § 5307), or any other program or award that is subject to the requirements of 49 U.S.C. § 5307, including the Formula Grants for the Enhanced Mobility of Seniors Program (49 U.S.C. § 5310); "flex funds" from infrastructure programs administered by the Federal Highways Administration (see 49 U.S.C. § 5334(i)); projects that will receive an award authorized by the Transportation Infrastructure Finance and Innovation Act ("TIFIA") (23 U.S.C. §§ 601–609) or State Infrastructure Bank Program (23 U.S.C. § 610) (see 49 U.S.C. § 5323(o)); formula awards or competitive awards to urbanized areas under the Grants for Buses and Bus Facilities Program (49 U.S.C. § 5339(a) and (b)); or low or no emission awards to any area under the Grants for Buses and Bus Facilities Program (49 U.S.C. § 5339(c)), the applicant must make the following certification. This certification is required by 49 U.S.C. § 5307(c)(1).*

The applicant certifies that it:

- (a) Has or will have the legal, financial, and technical capacity to carry out the program of projects (developed pursuant 49 U.S.C. § 5307(b)), including safety and security aspects of the program;
- (b) Has or will have satisfactory continuing control over the use of equipment and facilities;

- (c) Will maintain equipment and facilities in accordance with the applicant's transit asset management plan;
- (d) Will ensure that, during non-peak hours for transportation using or involving a facility or equipment of a project financed under this section, a fare that is not more than 50 percent of the peak hour fare will be charged for any—
  - (1) Senior;
  - (2) Individual who, because of illness, injury, age, congenital malfunction, or any other incapacity or temporary or permanent disability (including an individual who is a wheelchair user or has semi-ambulatory capability), cannot use a public transportation service or a public transportation facility effectively without special facilities, planning, or design; and
  - (3) Individual presenting a Medicare card issued to that individual under title II or XVIII of the Social Security Act (42 U.S.C. §§ 401 et seq., and 1395 et seq.);
- (e) In carrying out a procurement under 49 U.S.C. § 5307, will comply with 49 U.S.C. §§ 5323 (general provisions) and 5325 (contract requirements);
- (f) Has complied with 49 U.S.C. § 5307(b) (program of projects requirements);
- (g) Has available and will provide the required amounts as provided by 49 U.S.C. § 5307(d) (cost sharing);
- (h) Will comply with 49 U.S.C. §§ 5303 (metropolitan transportation planning) and 5304 (statewide and nonmetropolitan transportation planning);
- (i) Has a locally developed process to solicit and consider public comment before raising a fare or carrying out a major reduction of transportation;
- (j) Either—
  - (1) Will expend for each fiscal year for public transportation security projects, including increased lighting in or adjacent to a public transportation system (including bus stops, subway stations, parking lots, and garages), increased camera surveillance of an area in or adjacent to that system, providing an emergency telephone line to contact law enforcement or security personnel in an area in or adjacent to that system, and any other project intended to increase the security and safety of an existing or planned public transportation system, at least 1 percent of the amount the recipient receives for each fiscal year under 49 U.S.C. § 5336; or
  - (2) Has decided that the expenditure for security projects is not necessary;
- (k) In the case of an applicant for an urbanized area with a population of not fewer than 200,000 individuals, as determined by the Bureau of the Census, will submit an annual report listing projects carried out in the preceding fiscal year under 49 U.S.C. § 5307 for associated transit improvements as defined in 49 U.S.C. § 5302; and
- (l) Will comply with 49 U.S.C. § 5329(d) (public transportation agency safety plan).



**CATEGORY 9. FORMULA GRANTS FOR RURAL AREAS.**

*If the applicant will apply for funds made available to it under the Formula Grants for Rural Areas Program (49 U.S.C. § 5311), it must make this certification. Paragraph (a) of this certification helps FTA make the determinations required by 49 U.S.C. § 5310(b)(2)(C). Paragraph (b) of this certification is required by 49 U.S.C. § 5311(f)(2). Paragraph (c) of this certification, which applies to funds apportioned for the Appalachian Development Public Transportation Assistance Program, is necessary to enforce the conditions of 49 U.S.C. § 5311(c)(2)(D).*

- (a) The applicant certifies that its State program for public transportation service projects, including agreements with private providers for public transportation service—
  - (1) Provides a fair distribution of amounts in the State, including Indian reservations; and
  - (2) Provides the maximum feasible coordination of public transportation service assisted under 49 U.S.C. § 5311 with transportation service assisted by other Federal sources; and
- (b) If the applicant will in any fiscal year expend less than 15% of the total amount made available to it under 49 U.S.C. § 5311 to carry out a program to develop and support intercity bus transportation, the applicant certifies that it has consulted with affected intercity bus service providers, and the intercity bus service needs of the State are being met adequately.
- (c) If the applicant will use for a highway project amounts that cannot be used for operating expenses authorized under 49 U.S.C. § 5311(c)(2) (Appalachian Development Public Transportation Assistance Program), the applicant certifies that—
  - (1) It has approved the use in writing only after providing appropriate notice and an opportunity for comment and appeal to affected public transportation providers; and
  - (2) It has determined that otherwise eligible local transit needs are being addressed.

**CATEGORY 10. FIXED GUIDEWAY CAPITAL INVESTMENT GRANTS AND THE EXPEDITED PROJECT DELIVERY FOR CAPITAL INVESTMENT GRANTS PILOT PROGRAM.**

*If the applicant will apply for an award under any subsection of the Fixed Guideway Capital Investment Program (49 U.S.C. § 5309), including an award made pursuant to the FAST Act's Expedited Project Delivery for Capital Investment Grants Pilot Program (Pub. L. 114-94, div. A, title III, § 3005(b)), the applicant must make the following certification. This certification is required by 49 U.S.C. § 5309(c)(2) and Pub. L. 114-94, div. A, title III, § 3005(b)(3)(B).*

The applicant certifies that it:

- (a) Has or will have the legal, financial, and technical capacity to carry out its Award, including the safety and security aspects of that Award,
- (b) Has or will have satisfactory continuing control over the use of equipment and facilities acquired or improved under its Award.
- (c) Will maintain equipment and facilities acquired or improved under its Award in accordance with its transit asset management plan; and
- (d) Will comply with 49 U.S.C. §§ 5303 (metropolitan transportation planning) and 5304 (statewide and nonmetropolitan transportation planning).

**CATEGORY 11. GRANTS FOR BUSES AND BUS FACILITIES AND LOW OR NO EMISSION VEHICLE DEPLOYMENT GRANT PROGRAMS.**

*If the applicant is in an urbanized area and will apply for an award under subsection (a) (formula grants), subsection (b) (buses and bus facilities competitive grants), or subsection (c) (low or no emissions grants) of the Grants for Buses and Bus Facilities Program (49 U.S.C. § 5339), the applicant must make the certification in Category 8 for Urbanized Area Formula Grants (49 U.S.C. § 5307). This certification is required by 49 U.S.C. § 5339(a)(3), (b)(6), and (c)(3), respectively.*

*If the applicant is in a rural area and will apply for an award under subsection (a) (formula grants), subsection (b) (bus and bus facilities competitive grants), or subsection (c) (low or no emissions grants) of the Grants for Buses and Bus Facilities Program (49 U.S.C. § 5339), the applicant must make the certification in Category 9 for Formula Grants for Rural Areas (49 U.S.C. § 5311). This certification is required by 49 U.S.C. § 5339(a)(3), (b)(6), and (c)(3), respectively.*

*Making this certification will incorporate by reference the applicable certifications in Category 8 or Category 9.*

*If the applicant will receive a competitive award under subsection (b) (buses and bus facilities competitive grants), or subsection (c) (low or no emissions grants) of the Grants for Buses and Bus Facilities Program (49 U.S.C. § 5339) related to zero emissions vehicles or related infrastructure, it must make the following certification. This certification is required by 49 U.S.C. § 5339(d).*

The applicant will use 5 percent of grants related to zero emissions vehicles (as defined in subsection (c)(1)) or related infrastructure under subsection (b) or (c) to fund workforce development training as described in section 49 U.S.C. § 5314(b)(2) (including registered apprenticeships and other labor-management training programs) under the recipient's plan to address the impact of the transition to zero emission vehicles on the applicant's current workforce; or the applicant certifies a smaller percentage is necessary to carry out that plan.

**CATEGORY 12. ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES PROGRAMS.**

*If the applicant will apply for an award under the Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities Program (49 U.S.C. § 5310), it must make the certification in Category 8 for Urbanized Area Formula Grants (49 U.S.C. § 5307). This certification is required by 49 U.S.C. § 5310(e)(1). Making this certification will incorporate by reference the certification in Category 8, except that FTA has determined that (d), (f), (i), (j), and (k) of Category 8 do not apply to awards made under 49 U.S.C. § 5310 and will not be enforced.*

*In addition to the certification in Category 8, the applicant must make the following certification that is specific to the Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities Program. This certification is required by 49 U.S.C. § 5310(e)(2).*

The applicant certifies that:

- (a) The projects selected by the applicant are included in a locally developed, coordinated public transit-human services transportation plan;
- (b) The plan described in clause (a) was developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers, and other members of the public;
- (c) To the maximum extent feasible, the services funded under 49 U.S.C. § 5310 will be coordinated with transportation services assisted by other Federal departments and agencies, including any transportation activities carried out by a recipient of a grant from the Department of Health and Human Services; and
- (d) If the applicant will allocate funds received under 49 U.S.C. § 5310 to subrecipients, it will do so on a fair and equitable basis.

**CATEGORY 13. STATE OF GOOD REPAIR GRANTS.**

*If the applicant will apply for an award under FTA's State of Good Repair Grants Program (49 U.S.C. § 5337), it must make the following certification. Because FTA generally does not review the transit asset management plans of public transportation providers, the asset management certification is necessary to enforce the provisions of 49 U.S.C. § 5337(a)(4). The certification with regard to acquiring restricted rail rolling stock is required by 49 U.S.C. § 5323(u)(4). Note that this certification is not limited to the use of Federal funds.*

The applicant certifies that the projects it will carry out using assistance authorized by the State of Good Repair Grants Program, 49 U.S.C. § 5337, are aligned with the applicant's most recent transit asset management plan and are identified in the investment and prioritization section of such plan, consistent with the requirements of 49 CFR Part 625.

If the applicant operates a rail fixed guideway service, the applicant certifies that, in the fiscal year for which an award is available to the applicant under the State of Good Repair Grants Program, 49 U.S.C. § 5337, the applicant will not award any contract or subcontract for the procurement of rail rolling stock for use in public transportation with a rail rolling stock manufacturer described in 49 U.S.C. § 5323(u)(1).

#### **CATEGORY 14. INFRASTRUCTURE FINANCE PROGRAMS.**

*If the applicant will apply for an award for a project that will include assistance under the Transportation Infrastructure Finance and Innovation Act ("TIFIA") Program (23 U.S.C. §§ 601–609) or the State Infrastructure Banks ("SIB") Program (23 U.S.C. § 610), it must make the certifications in Category 8 for the Urbanized Area Formula Grants Program, Category 10 for the Fixed Guideway Capital Investment Grants program, and Category 13 for the State of Good Repair Grants program. These certifications are required by 49 U.S.C. § 5323(o).*

*Making this certification will incorporate the certifications in Categories 8, 10, and 13 by reference.*

#### **CATEGORY 15. ALCOHOL AND CONTROLLED SUBSTANCES TESTING.**

*If the applicant will apply for an award under FTA's Urbanized Area Formula Grants Program (49 U.S.C. § 5307), Fixed Guideway Capital Investment Program (49 U.S.C. § 5309), Formula Grants for Rural Areas Program (49 U.S.C. § 5311), or Grants for Buses and Bus Facilities Program (49 U.S.C. § 5339) programs, the applicant must make the following certification. The applicant must make this certification on its own behalf and on behalf of its subrecipients and contractors. This certification is required by 49 CFR § 655.83.*

The applicant certifies that it, its subrecipients, and its contractors are compliant with FTA's regulation for the Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations, 49 CFR Part 655.

#### **CATEGORY 16. RAIL SAFETY TRAINING AND OVERSIGHT.**

*If the applicant is a State with at least one rail fixed guideway system, or is a State Safety Oversight Agency, or operates a rail fixed guideway system, it must make the following certification. The elements of this certification are required by 49 CFR §§ 672.31 and 674.39.*

The applicant certifies that the rail fixed guideway public transportation system and the State Safety Oversight Agency for the State are:

- (a) Compliant with the requirements of 49 CFR Part 672, "Public Transportation Safety Certification Training Program"; and
- (b) Compliant with the requirements of 49 CFR Part 674, "State Safety Oversight".

**CATEGORY 17. DEMAND RESPONSIVE SERVICE.**

*If the applicant operates demand responsive service and will apply for an award to purchase a non-rail vehicle that is not accessible within the meaning of 49 CFR Part 37, it must make the following certification. This certification is required by 49 CFR § 37.77.*

The applicant certifies that the service it provides to individuals with disabilities is equivalent to that provided to other persons. A demand responsive system, when viewed in its entirety, is deemed to provide equivalent service if the service available to individuals with disabilities, including individuals who use wheelchairs, is provided in the most integrated setting appropriate to the needs of the individual and is equivalent to the service provided other individuals with respect to the following service characteristics:

- (a) Response time;
- (b) Fares;
- (c) Geographic area of service;
- (d) Hours and days of service;
- (e) Restrictions or priorities based on trip purpose;
- (f) Availability of information and reservation capability; and
- (g) Any constraints on capacity or service availability.

**CATEGORY 18. INTEREST AND FINANCING COSTS.**

*If the applicant will pay for interest or other financing costs of a project using assistance awarded under the Urbanized Area Formula Grants Program (49 U.S.C. § 5307), the Fixed Guideway Capital Investment Grants Program (49 U.S.C. § 5309), or any program that must comply with the requirements of 49 U.S.C. § 5307, including the Formula Grants for the Enhanced Mobility of Seniors Program (49 U.S.C. § 5310), "flex funds" from infrastructure programs administered by the Federal Highways Administration (see 49 U.S.C. § 5334(i)), or awards to urbanized areas under the Grants for Buses and Bus Facilities Program (49 U.S.C. § 5339), the applicant must make the following certification. This certification is required by 49 U.S.C. §§ 5307(e)(3) and 5309(k)(2)(D).*

The applicant certifies that:

- (a) Its application includes the cost of interest earned and payable on bonds issued by the applicant only to the extent proceeds of the bonds were or will be expended in carrying out the project identified in its application; and
- (b) The applicant has shown or will show reasonable diligence in seeking the most favorable financing terms available to the project at the time of borrowing.

**CATEGORY 19. CYBERSECURITY CERTIFICATION FOR RAIL ROLLING STOCK AND OPERATIONS.**

*If the applicant operates a rail fixed guideway public transportation system, it must make this certification. This certification is required by 49 U.S.C. § 5323(v). For information about standards or practices that may apply to a rail fixed guideway public transportation system, visit <https://www.nist.gov/cyberframework> and <https://www.cisa.gov/>.*

The applicant certifies that it has established a process to develop, maintain, and execute a written plan for identifying and reducing cybersecurity risks that complies with the requirements of 49 U.S.C. § 5323(v)(2).

**CATEGORY 20. PUBLIC TRANSPORTATION ON INDIAN RESERVATIONS FORMULA AND DISCRETIONARY PROGRAM (TRIBAL TRANSIT PROGRAMS).**

*Before FTA may provide Federal assistance for an Award financed under either the Public Transportation on Indian Reservations Formula or Discretionary Program authorized under 49 U.S.C. § 5311(c)(1), as amended by the FAST Act, (Tribal Transit Programs), the applicant must select the Certifications in Category 21, except as FTA determines otherwise in writing. Tribal Transit Program applicants may certify to this Category and Category 1 (Certifications and Assurances Required of Every Applicant) and need not make any other certification, to meet Tribal Transit Program certification requirements. If an applicant will apply for any program in addition to the Tribal Transit Program, additional certifications may be required.*

FTA has established terms and conditions for Tribal Transit Program grants financed with Federal assistance appropriated or made available under 49 U.S.C. § 5311(c)(1). The applicant certifies that:

- (a) It has or will have the legal, financial, and technical capacity to carry out its Award, including the safety and security aspects of that Award.
- (b) It has or will have satisfactory continuing control over the use of its equipment and facilities acquired or improved under its Award.
- (c) It will maintain its equipment and facilities acquired or improved under its Award, in accordance with its transit asset management plan and consistent with FTA regulations, "Transit Asset Management," 49 CFR Part 625. Its Award will achieve maximum feasible coordination with transportation service financed by other federal sources.
- (d) With respect to its procurement system:
  - (1) It will have a procurement system that complies with U.S. DOT regulations, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards," 2 CFR Part 1201, which incorporates by reference U.S. OMB regulatory guidance, "Uniform Administrative Requirements, Cost

- Principles, and Audit Requirements for Federal Awards,” 2 CFR Part 200, for Awards made on or after December 26, 2014,
- (2) It will have a procurement system that complies with U.S. DOT regulations, “Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments,” 49 CFR Part 18, specifically former 49 CFR § 18.36, for Awards made before December 26, 2014, or
  - (3) It will inform FTA promptly if its procurement system does not comply with either of those U.S. DOT regulations.
- (e) It will comply with the Certifications, Assurances, and Agreements in:
- (1) Category 05.1 and 05.2 (Charter Service Agreement and School Bus Agreement),
  - (2) Category 06 (Transit Asset Management Plan),
  - (3) Category 07.1 and 07.2 (Rolling Stock Buy America Reviews and Bus Testing),
  - (4) Category 09 (Formula Grants for Rural Areas),
  - (5) Category 15 (Alcohol and Controlled Substances Testing), and
  - (6) Category 17 (Demand Responsive Service).

#### **CATEGORY 21. EMERGENCY RELIEF PROGRAM.**

*An applicant to the Public Transportation Emergency Relief Program, 49 U.S.C. § 5324, must make the following certification. The certification is required by 49 U.S.C. § 5324(f) and must be made before the applicant can receive a grant under the Emergency Relief program.*

The applicant certifies that the applicant has insurance required under State law for all structures related to the emergency relief program grant application.

**FEDERAL FISCAL YEAR 2023 CERTIFICATIONS AND ASSURANCES FOR FTA ASSISTANCE PROGRAMS**

(Signature pages alternate to providing Certifications and Assurances in TrAMS.)

Name of Applicant: Texoma Area Paratransit System, Inc.

The Applicant certifies to the applicable provisions of all categories: (*check here*)

*Or,*

The Applicant certifies to the applicable provisions of the categories it has selected:

<b>Category</b>	<b>Certification</b>
01 Certifications and Assurances Required of Every Applicant	<input type="checkbox"/>
02 Public Transportation Agency Safety Plans	<input type="checkbox"/>
03 Tax Liability and Felony Convictions	<input type="checkbox"/>
04 Lobbying	<input type="checkbox"/>
05 Private Sector Protections	<input type="checkbox"/>
06 Transit Asset Management Plan	<input type="checkbox"/>
07 Rolling Stock Buy America Reviews and Bus Testing	<input type="checkbox"/>
08 Urbanized Area Formula Grants Program	<input type="checkbox"/>
09 Formula Grants for Rural Areas	<input type="checkbox"/>
10 Fixed Guideway Capital Investment Grants and the Expedited Project Delivery for Capital Investment Grants Pilot Program	<input type="checkbox"/>
11 Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs	<input type="checkbox"/>



Certifications and Assurances

Fiscal Year 2023

- 12 Enhanced Mobility of Seniors and Individuals with Disabilities Programs

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- 13 State of Good Repair Grants

---

- 14 Infrastructure Finance Programs

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- 15 Alcohol and Controlled Substances Testing

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- 16 Rail Safety Training and Oversight

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- 17 Demand Responsive Service

---

- 18 Interest and Financing Costs

---

- 19 Cybersecurity Certification for Rail Rolling Stock and Operations

---

- 20 Tribal Transit Programs

---

- 21 Emergency Relief Program

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**CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE**

**AFFIRMATION OF APPLICANT**

Name of the Applicant: Texoma Area Paratransit System, Inc.

BY SIGNING BELOW, on behalf of the Applicant, I declare that it has duly authorized me to make these Certifications and Assurances and bind its compliance. Thus, it agrees to comply with all federal laws, regulations, and requirements, follow applicable federal guidance, and comply with the Certifications and Assurances as indicated on the foregoing page applicable to each application its Authorized Representative makes to the Federal Transit Administration (FTA) in the federal fiscal year, irrespective of whether the individual that acted on his or her Applicant's behalf continues to represent it.

The Certifications and Assurances the Applicant selects apply to each Award for which it now seeks, or may later seek federal assistance to be awarded by FTA during the federal fiscal year.

The Applicant affirms the truthfulness and accuracy of the Certifications and Assurances it has selected in the statements submitted with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. § 3801 *et seq.*, and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31, apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. § 1001 apply to any certification, assurance, or submission made in connection with a federal public transportation program authorized by 49 U.S.C. chapter 53 or any other statute

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 Applicant are true and accurate.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name Pamela Howeth \_\_\_\_\_ Authorized Representative of Applicant

**AFFIRMATION OF APPLICANT'S ATTORNEY**

For (Name of Applicant): Texoma Area Paratransit System, Inc. \_\_\_\_\_

As the undersigned Attorney for the above-named Applicant, I hereby affirm to the Applicant that it has authority under state, local, or tribal government law, as applicable, 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 constitute legal and binding obligations on it.

I further affirm that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these Certifications and Assurances, or of the performance of its FTA assisted Award.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Attorney for Applicant

*Each Applicant for federal assistance to be awarded by FTA must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its electronic signature in lieu of the Attorney's signature within TrAMS, provided the Applicant has on file and uploaded to TrAMS this hard-copy Affirmation, signed by the attorney and dated this federal fiscal year.*

# TxDOT FISCAL YEAR 2023 CERTIFICATIONS AND ASSURANCES

## U.S. DEPARTMENT OF LABOR SPECIAL SECTION 5333(b) WARRANTY CERTIFICATION

The following language shall be made part of the contract of assistance with the State or other public body charged with allocation and administration of funds provided under 49 U.S.C. 5333(b):

### **A. General Application**

The Public Body agrees that, in the absence of waiver by the Department of Labor, the terms and conditions of this warranty, as set forth below, shall apply for the protection of the transportation related employees of any employer providing transportation services assisted by the Project ("Recipient"), and the transportation related employees of any other surface public transportation providers in the transportation service area of the Project.

The Public Body shall provide to the Department of Labor and maintain at all times during the Project an accurate, up-to-date listing of all existing transportation providers which are eligible Recipients of transportation assistance funded by the Project, in the transportation service area of the Project, and any labor organizations representing the employees of such providers.

Certification by the Public Body to the Department of Labor that the designated Recipients have indicated in writing acceptance of the terms and conditions of the warranty arrangement will be sufficient to permit the flow of Section 5311 funding in the absence of a finding of non-compliance by the Department of Labor.

### **B. Standard Terms and Conditions**

- (1) The Project shall be carried out in such a manner and upon such terms and conditions as will not adversely affect employees of the Recipient and of any other surface public transportation provider in the transportation service area of the Project. It shall be an obligation of the Recipient and any other legally responsible party designated by the Public Body to assure that any and all transportation services assisted by the Project are contracted for and operated in such a manner that they do not impair the rights and interests of affected employees. The term "Project," as used herein, shall not be limited to the particular facility, service or operation assisted by Federal funds, but shall include any changes, whether organizational, or otherwise, which are a result of the assistance provided. The phrase "as a result of the Project," shall when used in this arrangement, include events related to the Project occurring in anticipation of, during, and subsequent to the Project and any program of efficiencies or economies related thereto; provided, however, that volume rises and falls of business, or changes in volume and character of employment brought about by causes other than the Project (including any economies or efficiencies unrelated to the Project) are not within the purview of this arrangement.

An employee covered by this arrangement, who is not dismissed, displaced or otherwise worsened in his position with regard to his employment as a result of the Project, but who is dismissed, displaced or otherwise worsened solely because of the total or partial termination of the Project, discontinuance of Project services, or exhaustion of Project funding shall not be deemed eligible for a dismissal or displacement allowance within the meaning of paragraphs (6) and (7) of the Model agreement or applicable provisions of substitute comparable arrangements.

- (2)(a) Where employees of a Recipient are represented for collective bargaining purposes, all Project services provided by that Recipient shall be provided under and in accordance with any collective bargaining agreement applicable to such employees which is then in effect.
- (2)(b) The Recipient or legally responsible party shall provide to all affected employees sixty (60) days' notice of intended actions which may result in displacements or dismissals or rearrangements of the working

## TxDOT FISCAL YEAR 2023 CERTIFICATIONS AND ASSURANCES

forces. In the case of employees represented by a union, such notice shall be provided by certified mail through their representatives. The notice shall contain a full and adequate statement of the proposed changes, and an estimate of the number of employees affected by the intended changes, and the number and classifications of any jobs in the Recipient's employment available to be filled by such affected employees.

- (2)(c) The procedures of this subparagraph shall apply to cases where notices involve employees represented by a union for collective bargaining purposes. At the request of either the Recipient or the representatives of such employees negotiations for the purposes of reaching agreement with respect to the applications of the terms and conditions of this arrangement shall commence immediately. If no agreement is reached within twenty (20) days from the commencement of negotiations, any party to the dispute may submit the matter to dispute settlement procedures in accordance with paragraph (4) of this warranty. The foregoing procedures shall be complied with and carried out prior to the institution of the intended action.
- (3) For the purpose of providing the statutory required protections including those specifically mandated by 49 U.S.C. Section 5333(b)<sup>1</sup>, the public Body will assure as a condition of the release of funds that the Recipient agrees to be bound by the terms and conditions of the National (Model) Section 5333(b) Agreement executed July 23, 1975, identified below<sup>2</sup>, provided that other comparable arrangements may be substituted therefore, if approved by the Secretary of Labor and certified for inclusion in these conditions.
- (4) Any dispute or controversy arising regarding the application, interpretation, or enforcement of any of the provisions of this arrangement which cannot be settled by and between the parties at interest within thirty (30) days after the dispute or controversy first arises, may be referred by any such party to any final and binding disputes settlement procedure acceptable to the parties, or in the event they cannot agree upon such procedure, to the Department of Labor or an impartial third party designated by the Department of Labor for final and binding determination. The compensation and expenses of the impartial third party, and any other jointly incurred expenses, shall be borne equally by the parties to the proceeding and all other expenses shall be paid by the party incurring them.

In the event of any dispute as to whether or not a particular employee was affected by the Project, it shall be his obligation to identify the Project and specify the pertinent facts of the Project relied upon. It shall then be the burden of either the Recipient or other party legally responsible for the application of these conditions to prove that factors other than the Project affected the employees. The claiming employee shall prevail if it is established that the Project had an effect upon the employee even if other factors may also have affected the employee.

- (5) The Recipient or other legally responsible party designated by the Public Body will be financially responsible for the application of these conditions and will make the necessary arrangements so that any employee covered by these arrangements, or the union representative of such employee, may file claim of violation of these arrangements with the Recipient within sixty (60) days of the date he is terminated or laid off as a result of the Project, or within eighteen (18) months of the date his position with respect to his employment is otherwise worsened as a result of the Project. In the latter case, if the events giving rise to the claim have occurred over an extended period, the 18-month limitation shall be measured from the last such event. No benefits shall be payable for any period prior to six (6) months from the date of the filing of any claim.
- (6) Nothing in this arrangement shall be construed as depriving any employee of any rights or benefits which such employee may have under existing employment or collective bargaining agreements, nor shall this arrangement be deemed a waiver of any rights or any union or of any represented employee derived from any other agreement or provision of federal, state or local law.

## TxDOT FISCAL YEAR 2023 CERTIFICATIONS AND ASSURANCES

- (7) In the event any employee covered by these arrangements is terminated or laid off as a result of the Project, he shall be granted priority of employment or reemployment to fill any vacant position within the control of the Recipient for which he is, or by training or retraining within a reasonable period, can become qualified. In the event training or retraining is required by such employment or reemployment, the Recipient or other legally responsible party designated by the Public Body shall provide or provide for such training or retraining at no cost to the employee.
- (8) The Recipient will post, in a prominent and accessible place, a notice stating that the Recipient has received federal assistance under 49 U.S.C. Chapter 53 and has agreed to comply with the provisions of 49 U.S.C. Section 5333(b). This notice shall also specify the terms and conditions set forth herein for the protection of employees. The Recipient shall maintain and keep on file all relevant books and records in sufficient detail as to provide the basic information necessary to the proper application, administration, and enforcement of these arrangements and to the proper determination of any claims arising thereunder.
- (9) Any labor organization which is the collective bargaining representative of employees covered by these arrangements, may become a party to these arrangements by serving written notice of its desire to do so upon the Recipient and the Department of Labor. In the event of any disagreement that such labor organization represents covered employees, or is otherwise eligible to become a party to these arrangements, as applied to the Project, the dispute as to whether such organization shall participate shall be determined by the Secretary of Labor.
- (10) In the event the Project is approved for assistance under 49 U.S.C. Chapter 53, the foregoing terms and conditions shall be made part of the contract of assistance between the federal government and the Public Body or Recipient of federal funds; provided, however, that this arrangement shall not merge into the contract of assistance, but shall be independently binding and enforceable by an upon the parties thereto, and by any covered employee or his representative, in accordance with its terms, nor shall any other employee protective agreement merge into this arrangement, but each shall be independently binding and enforceable by and upon the parties thereto, in accordance with its terms.

### **C. Waiver**

As part of the grant approval process, either the Recipient or other legally responsible party designated by the Public Body may in writing seek from the Secretary of Labor a waiver of the statutory required protections. The Secretary will waive these protections in cases, where at the time of the requested waiver, the Secretary determines that there are no employees of the Recipient or of any other surface public transportation providers in the transportation service area who could be potentially affected by the Project. A 30-day notice of proposed waiver will be given by the Department of Labor and in the absence of timely objection, the waiver will become final at the end of the 30-day notice period. In the event of timely objection, the Department of Labor will review the matter and determine whether a waiver shall be granted. In the absence of waiver, these protections shall apply to the Project.

- <sup>1</sup> Such protective arrangements shall include, without being limited to, such provisions as may be necessary for (1) the preservation of rights, privileges, and benefits (including continuation of pension rights and benefits) under existing collective bargaining agreements or otherwise; (2) the continuation of collective bargaining rights; (3) the protection of individual employees against a worsening of their positions with respect to their employment; (4) assurances of employment to employees of acquired mass transportation systems and priority of reemployment of employees terminated or laid off; and (5) paid training and retraining programs. Such arrangements shall include provisions protecting individual employees against a worsening of their positions with respect to their employments which shall in no event provide benefits less than those established pursuant to 49 U.S.C. Section 11347 [the codified citation of Section 5(2)(f) of the Act of February 4, 1887 (24 Stat. 379), as amended].
- <sup>2</sup> For purposes of this warranty agreement, paragraphs (1); (2); (5); (15); (22); (23); (24); (26); (27); (28); and (29) of the Model Section 5333(b) Agreement, executed July 23, 1975 are to be omitted.

## TxDOT FISCAL YEAR 2023 CERTIFICATIONS AND ASSURANCES

49 U.S.C 5333(b) (also known as Section 13C of the Federal Transit )

<b>STATE SUBRECIPIENT SERVICE AREA INFORMATION</b>	
Subrecipient Name: <b>Texoma Area Paratransit System, Inc.</b>	
Contact Name: <b>Shellie White</b>	Date
Area Code & Phone Number: <b>(580) 775-8736</b>	Email Address: <b>shellie.white@transdev.com</b>
Provide a description of subrecipient's service area: <span style="float: right;"><input type="checkbox"/> NA, Planning Agency</span>  <b>Sherman-Denison Urbanized Area of Grayson County, and the Rural Areas of Grayson, Clay, Cooke, Fannin, Montague, and Wise counties.</b>	
Are the Recipient's Transit Employees Private or Public? <input checked="" type="checkbox"/> Private or <input type="checkbox"/> Public	
Identify the Labor Organization(s) which represent the Recipient's or its Contractor's Employees <b>NA, no unions <input checked="" type="checkbox"/></b>	
List OTHER Public Transit Providers in the service area of the subrecipient (commuter, paratransit, fixed route...etc.) and their associated labor organization(s) or NA, no other service providers in the subrecipient's area <input checked="" type="checkbox"/>	

Printed Name: **Pamela Howeth**

Signature \_\_\_\_\_

# **TxDOT FISCAL YEAR 2023 CERTIFICATIONS AND ASSURANCES**

## **LOBBYING CERTIFICATION**

For

Grants, Contracts, Loans, and Interagency Cooperation Contracts

The undersigned certifies to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclosure accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Board of Directors Chair

\_\_\_\_\_  
Title

\_\_\_\_\_  
Texoma Area Paratransit System, Inc.

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

# TxDOT FISCAL YEAR 2023 CERTIFICATIONS AND ASSURANCES

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.



**DISCLOSURE OF LOBBYING ACTIVITIES**

OMB Control Number: 4040-0013  
Expiration Date: 2/28/2025

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

<p><b>1. * Type of Federal Action:</b></p> <p><input type="checkbox"/> a. contract  <input checked="" type="checkbox"/> b. grant  <input type="checkbox"/> c. cooperative agreement  <input type="checkbox"/> d. loan  <input type="checkbox"/> e. loan guarantee  <input type="checkbox"/> f. loan insurance</p>	<p><b>2. * Status of Federal Action:</b></p> <p><input type="checkbox"/> a. bid/offer/application  <input checked="" type="checkbox"/> b. initial award  <input type="checkbox"/> c. post-award</p>	<p><b>3. * Report Type:</b></p> <p><input checked="" type="checkbox"/> a. initial filing  <input type="checkbox"/> b. material change</p>
<p><b>4. Name and Address of Reporting Entity:</b></p> <p><input checked="" type="checkbox"/> Prime    <input type="checkbox"/> SubAwardee</p> <p>* Name: <b>Texoma Area Paratransit System, Inc.</b></p> <p>* Street 1: <b>6104 Texoma Parkway</b>    Street 2: _____</p> <p>* City: <b>Sherman</b>    State: <b>TX</b>    Zip: <b>75090</b></p> <p>Congressional District, if known: _____</p>		
<p><b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b></p> <p>_____</p>		
<p><b>6. * Federal Department/Agency:</b></p> <p>_____</p>	<p><b>7. * Federal Program Name/Description:</b></p> <p>_____</p> <p>CFDA Number, if applicable: _____</p>	
<p><b>8. Federal Action Number, if known:</b></p> <p>_____</p>	<p><b>9. Award Amount, if known:</b></p> <p>\$ _____</p>	
<p><b>10. a. Name and Address of Lobbying Registrant:</b></p> <p>Prefix _____ * First Name _____ Middle Name _____</p> <p>* Last Name _____ Suffix _____</p> <p>* Street 1 _____ Street 2 _____</p> <p>* City _____ State _____ Zip _____</p>		
<p><b>b. Individual Performing Services (including address if different from No. 10a)</b></p> <p>Prefix _____ * First Name _____ Middle Name _____</p> <p>* Last Name _____ Suffix _____</p> <p>* Street 1 _____ Street 2 _____</p> <p>* City _____ State _____ Zip _____</p>		
<p><b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p> <p>* Signature: _____</p> <p>* Name: Prefix _____ * First Name <b>Pamela</b> Middle Name _____</p> <p>* Last Name <b>Howeth</b> Suffix _____</p> <p>Title: <b>Board of Directors Chair</b>    Telephone No.: _____    Date: _____</p>		
<p>Federal Use Only:</p>		<p>STANDARD FORM LLL (REV. 7/1997) Authorized for Local Reproduction</p>

# TxDOT FISCAL YEAR 2023 CERTIFICATIONS AND ASSURANCES

## DEBARMENT AND SUSPENSION (NONPROCUREMENT)

(TxDOT requires this form to be completed by all Applicants)

### Applicability to Contracts

2 CFR Part 180 and Part 1200, prohibits FTA recipients and sub-recipients from contracting for goods and services from organizations that have been suspended or debarred from receiving Federally-assisted contracts. As part of their applications each year, recipients are required to submit a certification to the effect that they will not enter into contracts \$25,000 and over with suspended or debarred contractors and that they will require their contractors (and their subcontractors) to make the same certification to them.

- (1) The Subrecipient certifies to the best of its knowledge and belief, that it and its principals, including its first tier subrecipients:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded or disqualified from covered transactions by any Federal department or agency;
  - (b) Have not within a three-year period preceding its latest application or proposal been convicted of or had a civil judgment rendered against any of them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction, or contract under a public transaction; violation of any Federal or State antitrust statute; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making any false statement, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local);
  - (d) Have not within a three-year period preceding this certification had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) The Subrecipient certifies that it and its principals, including its first tier subrecipients will assure that each lower tier participant involved in the Project is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded or disqualified from participation in this transaction by any Federal department or agency;
- (3) The Subrecipient certifies that if, later, it or its principals, including any of its first tier subrecipients, become aware of any information contradicting the statements of subparagraphs (1)(2), it will promptly provide any necessary information to FTA;
- (4) Where the Subrecipient is unable to certify to any of the statements in this certification, such Subrecipient shall attach an explanation to this certification.

NA, no Exceptions

EXCEPTIONS :

Signature of Certifying Official: \_\_\_\_\_

Title: Board of Directors Chair

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



# Internal Compliance Program Certification

Form 2433  
(Rev. 01/17)  
Page 1 of 2

## **BACKGROUND**

Title 43 of the Texas Administrative Code requires specific state and federal funds recipients to adopt and enforce an internal ethics and compliance program that satisfies the requirements of 43 Texas Administrative Code §10.51. The department may, at its discretion, request that the entity provide the department with written evidence of the entity's internal ethics and compliance program

## **MINIMUM REQUIREMENTS SET FORTH IN TITLE 43 TEXAS ADMINISTRATIVE CODE §10.51:**

1. High level personnel are responsible for oversight of compliance with the standards and procedures.
  - ◆ *High level personnel shall be knowledgeable about the content and operation of the entity's internal ethics and compliance program and shall promote an organizational culture that encourages ethical conduct and a commitment to compliance with all applicable laws and regulations.*
2. Appropriate care is being taken to avoid the delegation of substantial discretionary authority to individuals whom the entity knows, or should know, have a propensity to engage in illegal activities
  - ◆ *The entity shall have a consistent process to vet the background of current and future employees in high level positions and those involved in the handling of financial and/or highly confidential information.*
3. Ensure that compliance standards and procedures are effectively communicated to all of the entity's employees, including members of the governing board if the entity has a governing board, by requiring them to participate in periodic training in ethics and in the requirements of the program.
  - ◆ *The entity shall ensure that employees and the governing board (if applicable) are made aware of all internal ethics and compliance policies, procedures, and practices by requiring them to participate in periodic ethics and compliance training. A record of those participating in training shall be kept.*
4. Ensure that compliance standards and procedures are effectively communicated to all of the entity's agents
  - ◆ *The entity shall notify and require its partners doing business on its behalf to comply with the entity's internal ethics and compliance policies, procedures, and practices through written or verbal communication.*
5. Ensure that reasonable steps are being taken to achieve compliance with the compliance standards and procedures by using monitoring and auditing systems that are designed to reasonably detect non-compliance and providing and publicizing a system for the entity's employees and agents to report suspected non-compliance without fear of retaliation
  - ◆ *The entity shall have in place a reporting system, which may include mechanisms for anonymity or confidentiality, that allows employees, the governing board and entity agents to report suspected incidents of non-compliance without fear of retaliation.*
  - ◆ *The entity shall have an established process for assessing compliance with its code of conduct as well as policies and procedures adopted to promote adherence with laws and regulations.*
6. Ensure consistent enforcement of compliance standards and procedures is administered through appropriate disciplinary mechanisms
  - ◆ *The entity shall respond to incidents of non-compliance by following an established internal disciplinary process.*

7. Ensure reasonable steps are being taken to respond appropriately to detected offenses and to prevent future similar offenses
- ◆ *The entity shall have established protocols and processes for monitoring and responding to risk that could potentially result in violations.*
  - ◆ *The entity shall act appropriately to prevent similar conduct by implementing a plan remedying past non-compliance, preventing future non-compliance and making modifications as necessary to the entity's policies to ensure effective compliance.*
8. Have in place a written employee code of conduct that, at a minimum, addresses record retention, fraud, equal opportunity employment, sexual harassment, conflicts of interest, personal use of the entity's property, and gifts honoraria
- ◆ *The entity shall adopt a code of conduct that, at a minimum, addresses each element of this requirement.*

**CERTIFICATION**

The undersigned organization would like to be eligible to receive state or federal funds from or through the Texas Department of Transportation.

To comply with the requirements set forth in the Texas Administrative Code, the undersigned entity certifies that:

1. the entity has a written internal ethics and compliance program that provides compliance standards and procedures that are designed to detect and prevent violations of the law, and ethical standards;
2. the entity enforces employee compliance with its internal ethics and compliance program; and
3. the entity's internal ethics and compliance program specifically includes, at a minimum, the items contained in 43 Tex. Admin. Code §10.51.

**Any other requirements by any state, federal, or local law, rule, regulation, ordinance or otherwise is not included in these requirements and it is the sole responsibility of the undersigned to comply with such laws. This is not intended to provide legal advice or representation to the undersigned.**

The department may, at its discretion, request that the entity provide the department with written evidence of the entity's internal ethics and compliance program (43 Tex. Admin. Code §10.51(c)).

Texoma Area Paratransit System, Inc.

Organization Name

Signed by: Pamela Howeth

Printed Name

Board of Directors Chair

Title

Date

Signature



## **Texoma Area Paratransit System, Inc.**

6104 Texoma Parkway, Sherman, TX. 75091-2008

903-893-4601 | 800-256-0911 | Fax 903-893-4766

### **RESOLUTION NO. 20-2023**

#### **BOARD APPROVAL OF VEHICLE TITLE SIGNATURE AUTHORITY**

**WHEREAS**, TAPS is the owner of transit vehicles used for public transportation and TXDOT is the lienholder of said vehicles.; and

**WHEREAS**, in the process of doing business, TAPS must sale vehicles that are no longer in working condition or are passed their useful life benchmark.

**NOW, THEREFORE, BE IT RESOLVED**, that the TAPS Board of Directors at a regularly scheduled meeting held on February 15, 2023, does hereby authorize signature authority to the Board Chair, Pamela Howeth, for the purpose of transferring vehicle title ownership and signature authority to request lost titles for all vehicles owned by Texoma Area Paratransit System, Inc.

**PASSED, APPROVED AND ADOPTED BY THE GOVERNING BODY OF THE  
TEXOMA AREA PARATRANSIT SYSTEM ON THIS 15<sup>TH</sup> DAY OF FEBRUARY  
2023.**

---

**Pamela Howeth, Board Chair**



Texas Department  
of Motor Vehicles

# Application for a Certified Copy of Title

## Information

This form is used to apply for a Certified Copy of Texas Title for a motor vehicle if the original Texas Certificate of Title is lost, stolen, or mutilated. A Certified Copy of Texas Title replaces the original Texas Certificate of Title and any previously issued Certified Copy of Texas Title. *The applicant (person signing this application) must be the owner or lienholder on the department's motor vehicle record, or an authorized agent of the owner/lienholder.* Submit this completed application and all required documents in person or by mail to a Texas Department of Motor Vehicles (TxDMV) Regional Service Center (see page 2 for locations).

**Note:** No documents submitted to a TxDMV Regional Service Center will be returned.

## IMPORTANT: Application Checklist

Check each box to acknowledge the following requirements are met:

- The fee is \$2.00 by mail or \$5.45 in person.**  
Mailed fees must be in the form of a personal check, cashier's check, or money order payable to the TxDMV. **Do not mail cash.** Credit/debit cards and temporary checks are not accepted. **Fees are non-refundable.**
- Copy of acceptable government issued photo ID for each recorded owner and/or agent is required.**  
Refer to "Applicant Identification Requirements" on page 2 for requirements. All IDs must be valid and expired not more than 12 months. **Note:** Photocopies, faxes, or scans are acceptable for photo identification (ID), employee ID, business cards, and powers of attorney.
- Original signature(s) are required on this application (black or blue ink).**  
If the vehicle is jointly owned, original signatures are required of each owner or a power of attorney is required for each owner.
- Original, signed release of lien is required if a lien is shown on the department's record.**  
An original, signed release of lien must be obtained from the lienholder(s) when the current owner named on the vehicle record financed the vehicle and when a lender(s) remains listed as a lienholder on the department's vehicle record. This original, signed release of lien must be submitted with the application even if the vehicle loan has been paid in full. The department will remove the applicable lien(s) from the vehicle record. Refer to the "Lien on Title Record" section on page 2. **Note:** Photocopies, scans, faxes, and emails are not acceptable.
- An acceptable form of signature authority is required if applying on behalf of an entity or using a power of attorney.**  
Refer to "Entity Applicant" or "Using Power(s) of Attorney" in the "Applicant Identification Requirements" section on page 2 for requirements.

## Vehicle Information

Vehicle Identification Number <b>1FDXE4FS3FDA07201</b>	Year <b>2015</b>	Make <b>Ford</b>	Body Style <b>Bus</b>	Model <b>Universal</b>
Title/Document Number (if unknown, leave blank)	Texas License Plate Number (if unknown, leave blank) <b>1161359</b>			

## Recipient Information – To whom the certified copy will be given or mailed

First Name (or Entity Name) <b>Texoma Area Paratransit System, Inc.</b>	Middle Name	Last Name	Suffix (if any)
Mailing Address <b>6104 Texoma Parkway</b>	City <b>Sherman</b>	State <b>TX</b>	Zip <b>75090</b>
Email <b>brenda.davis@transdev.com</b>	Phone Number <b>580-775-8736</b>		

## Government Issued Identification – Complete (as needed) and provide photocopy of each ID (see page 2)

Type: <input type="checkbox"/> U.S. Driver License/ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other	Issued By (state or country)	ID Number	Expiration Date
Type: <input type="checkbox"/> U.S. Driver License/ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other	Issued By (state or country)	ID Number	Expiration Date
Type: <input type="checkbox"/> U.S. Driver License/ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other	Issued By (state or country)	ID Number	Expiration Date
Type: <input type="checkbox"/> U.S. Driver License/ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other	Issued By (state or country)	ID Number	Expiration Date

## Certification – State law makes falsifying information a third degree felony

I, the undersigned, hereby certify I am the recorded owner, lienholder, or verified agent of the owner or lienholder of the vehicle described above, and the original title issued for the vehicle has been lost, destroyed, or mutilated.

Signature of Applicant/Owner  <b>Pamela L. Howeth</b>	Printed Name (Same as Signature) <b>Pamela L. Howeth</b>	Date
Signature of Additional Applicant(s)/Owner(s) (if any)	Printed Name (Same as Signature)	Date

# Application for a Certified Copy of Title

## IMPORTANT: Applicant Identification Requirements

Complete the "Government Issued Identification" section on page 1 with the applicable information for each ID required below:

### Individual Applicant(s)

If a vehicle is titled in the name of an individual, the individual must sign this application and provide a copy of their government issued photo ID.

**MULTIPLE INDIVIDUALS:** If a vehicle is titled in the name of multiple individuals, each individual must sign this form, and each must provide a copy of their government issued photo ID.

### Entity Applicant

If a vehicle is titled in the name of an entity, an agent representing the entity must sign the application.

**Additional Requirements:** Agent must provide letter of signature authority on letterhead, printed business card (containing the agent's name), or employee ID connecting the signing agent to the entity (may be copies) and a copy of the agent's government issued photo ID.

### Lienholder Applicant

If the vehicle has a recorded lien, the lienholder (or an agent of the lienholder) may apply for a Certified Copy of Texas Title and sign the application.

**Additional Requirements:** If the lienholder is an individual, a copy of the individual's current government issued photo ID must be provided. If the lienholder is an entity, letter of signature authority on letterhead, printed business card (containing the agent's name), or employee ID connecting the signing agent to the entity (may be copies) and a copy of the agent's government issued photo ID must be provided.

### Using Power(s) of Attorney

If a power of attorney (POA) is used, the above requirements apply for both the individual or entity granting the POA and the individual or entity being granted POA. For an individual (whether granting or being granted the POA), a copy of that individual's government issued photo ID is required. For an entity (whether granting or being granted the POA), both a copy of the agent's government issued photo ID and a letter of signature authority on letterhead, printed business card (with the agent's name), or employee ID connecting the signing agent to the entity (may be copies) are required.

### Notes:

- If the recipient is not the applicant but the recipient will be obtaining the Certified Copy of Title in-person, the recipient's acceptable government issued photo ID is also required at the time they are receiving the Certified Copy of Title.
- A release of lien must be original (see "Lien on Title Record" below). Court documents, such as divorce decrees and court orders, must be either originals or certified copies. The department will not return documents submitted with this application.

## Acceptable Government Issued Photo Identification

The following are the only acceptable forms of government issued photo ID for an Application for Certified Copy of Texas Title:

- Driver license or ID issued by a state or territory of the U.S.,
- Texas handgun license,
- U.S. or foreign passport,
- U.S. military ID,
- North Atlantic Treaty Organization ID,
- ID issued under a Status of Forces Agreement,
- U.S. Department of Homeland Security ID,
- U.S. Department of State ID,
- U.S. Citizenship and Immigration Services ID document.

**The department will accept an identification for up to 12 months after expiration.**

**If an individual other than the owner(s) is receiving the certified copy of title in-person, a valid photo ID of the recipient must be presented and written on page 1 of this form.**

## Lien on Title Record

If the current owner(s) of the motor vehicle had a lien (loan or financing) of any kind on the motor vehicle, even if it has been paid off, the department's records may still show the lien. Please contact the lienholder and request an original, signed release of lien.

An original, signed release of lien on the lienholder's original letterhead or on the *Prescribed Form for Release of Lien* (Form VTR-266) is required if there is a lien shown on the department's record. **A photocopy, scan, fax, or email is not acceptable.** If the release of lien is on the Form VTR-266, the lienholder's agent signing the Form VTR-266 must attach a letter of signature authority on letterhead, printed business card (with the agent's name), or employee ID that connects the agent to the entity (copies acceptable).

## Application by Mail – \$2.00 Fee

Mail this application, \$2.00 fee, copy of ID(s), and any other documentation to:

**Texas Department of Motor Vehicles**  
**1601-A Southwest Parkway**  
**Wichita Falls, TX 76302**

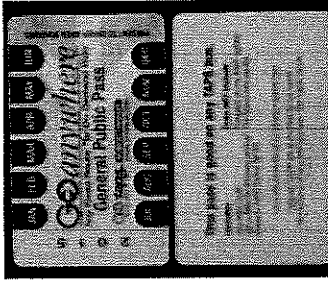
- Please allow at least 15 days to receive your Certified Copy of Title when mailing an application.
- The department is unable to provide a status of an application. Application tracking is unavailable.
- No documentation submitted with the application will be returned to the recipient listed on page 1.

## Application in Person – \$5.45 Fee

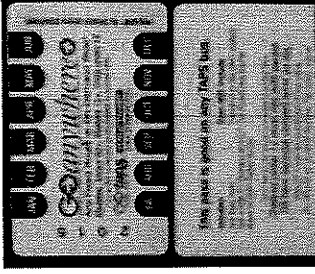
*\*Applications should not be mailed to the locations below, except Wichita Falls\**

ABILENE – 4210 N. Clack St., Abilene, TX 79601	HOUSTON – 2110 East Governors Cir., Houston, TX 77092
AMARILLO – 5715 Canyon Dr., Building H, Amarillo, TX 79110	LONGVIEW – 4549 W. Loop 281, Longview, TX 75604
AUSTIN – 1001 E. Parmer Ln., Ste. A, Austin, TX 78753	LUBBOCK – 135 Slaton Rd., Lubbock, TX 79404
BEAUMONT – 8550 Eastex Freeway, Beaumont, TX 77708	ODESSA – 3901 East Highway 80, Odessa, TX 79761
CORPUS CHRISTI – 602 N. Staples St., Ste. 130, Corpus Christi, TX 78401	PHARR – 600 West Expressway 83, Pharr, TX 78577
DALLAS – 1925 E. Beltline Rd., Ste. 100, Carrollton, TX 75006	SAN ANTONIO – 15150 Nacogdoches Rd., Ste. 100, San Antonio, TX 78247
EL PASO – 1227 Lee Trevino, Ste. 100, El Paso, TX 79907	WACO – 2203 Austin Ave., Waco, TX 76701
FORT WORTH – 2425 Gravel Dr., Fort Worth, TX 76118	WICHITA FALLS – 1601-A Southwest Pkwy., Wichita Falls, TX 76302

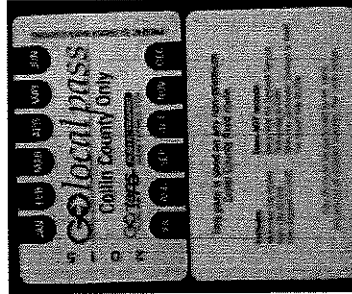
# 2015 TAPS Passes



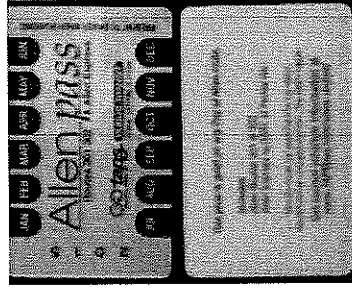
**\$80 Go Anywhere Monthly Pass**  
 General Public  
**Includes**  
 Any FIXED or On-Demand (curb-to-curb)  
 All Buses to DART  
**DO NOT USE FOR**  
 Airport Shuttles  
*Must be punched for the current month.*



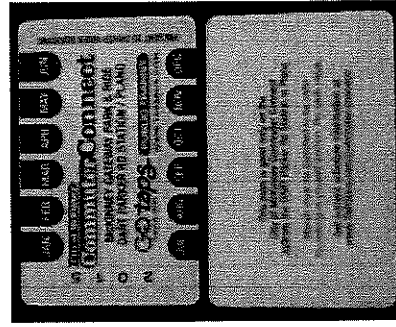
**\$52 Go Anywhere Plus Monthly Pass**  
 Students, 60+, Disabled  
**Includes**  
 Any FIXED or On-Demand (curb-to-curb)  
 All Buses to DART  
**DO NOT USE FOR**  
 Airport Shuttles  
*Must be punched for the current month.*



**\$20 Go Local Monthly Pass**  
 Includes  
 Any McKinney Fixed Routes and All Allen  
 Fixed Routes including Allen Express  
**DO NOT USE FOR**  
 On-Demand (Curb to Curb)  
 McKinney to DART  
 Sherman to DART  
 Airport Shuttle  
*Must be punched for the current month.*



**\$30 Allen Pass**  
 Includes  
 All Allen Fixed Routes including Allen  
 Express  
**DO NOT USE FOR**  
 On-Demand (Curb to Curb)  
 McKinney to DART  
 Sherman to DART  
 Airport Shuttle  
 McKinney Fixed Routes  
*Must be punched for the current month.*



**\$58 Commuter Connect Pass**  
 Includes  
 McKinney to DART ONLY  
 Sherman to DART accepted  
**DO NOT USE FOR**  
 On-Demand (Curb to Curb)  
 McKinney Fixed Routes  
 Allen Fixed Routes  
 Airport Shuttle  
*Must be punched for the current month.*



- **The Go Anywhere Pass** costs \$80.00 monthly, and is good on ANY TAPS bus, system-wide in the TAPS service area. It includes on-demand access, all fixed-routes, and connections to the DART station in Plano, TX. It does not include transport on the DART system or the Airport Hop shuttle service.
- **The Go Access Pass** costs \$52.00 monthly, and provides the exact same coverage as the Go Anywhere Pass for Disabled, Elderly 60+, Students 12+, and Children under 12.
- **The Go Local Pass (Grayson County)** costs \$20.00 monthly, and is good for riding the Red River Route, Storm Route, Viking Routes, Roo Route, and the Alorica service. It does not include On-Demand access, Connections to DART station in Plano, or the Airport Hop Shuttle service.
- **The Go Local Pass (Collin County)** is the same as above except the routes it allows access to are the McKinney City Routes 100 and 300 only.
- The old System Passes, Express Passes (excluding the McKinney Commuter Connect Pass), College Passes, and Employee Shuttle Passes are replaced by one or more of the passes listed above.

**TAPS DELEGATION of  
AUTHORITY**



## **Texoma Area Paratransit System, Inc.**

6104 Texoma Parkway, Sherman, TX. 75091-2008

903-893-4601 | 800-256-0911 | Fax 903-893-4766

### **RESOLUTION NO. 21-2023**

#### **A RESOLUTION OF THE TEXOMA AREA PARATRANSIT SYSTEM (TAPS) GOVERNING BOARD TO DELEGATE SIGNATURE AUTHORITY**

**WHEREAS**, TAPS is a government entity in the state of Texas that provides transportation services in six counties across North Central Texas and receives funding from Texas DOT and FTA.; and

**WHEREAS**, TXDOT and FTA requires that signatories be formally granted the authorization to sign on behalf of TAPS; and

**WHEREAS**, TAPS recognizes that approval to sign/execute documents with TXDOT and FTA must be monitored and updated; and

**WHEREAS**, TAPS board recognizes signature authorities that were approved at a regularly scheduled board meeting held on November 16, 2022 will still be in effect; and

**WHEREAS**, TAPS board recognizes the only change to the current TXDOT and FTA signature authorities will be the addition of the new Grants Administrator and Attorney role;

#### **NOW, THEREFORE, BE IT RESOLVED,**

1. The Board adopts and approves this resolution and gives signature authority to the individual(s) identified on the form following this resolution for the designated roles.
2. The Board further directs the General Manager to submit this form to TXDOT and FTA.

**PASSED, APPROVED AND ADOPTED BY THE GOVERNING BODY OF THE  
TEXOMA AREA PARATRANSIT SYSTEM ON THIS 15<sup>TH</sup> DAY OF FEBRUARY  
2023.**

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**Pamela Howeth, Board Chair**

# SIGNATURE AUTHORITY

## Delegation of Signature Approval Authority Public Transportation

**Agency:**

Texoma Area Paratransit System

Delegated signature and approval authority is issued to following individuals effective immediately:

Name/Title/Signature	Documents/Conditions
Printed Name: Christina Zamora Title: Grant Administrator Signature:	Requests for Reimbursement, Grant Reports, Scholarships, Grant Applications, MPRs, Supplemental

### CERTIFICATION OF SIGNATURE AUTHORITY

To: Texas Department of Transportation, Public Transportation Division

From: Governing Body Chair

Agency: Texoma Area Paratransit System, Inc.

Effective Date: February 15, 2023

I, Pamela Howeth (Name of Chair)

TAPS Board Chair (Title)

certify that the individuals listed in the table below have signature authority for the documents specified. Their signature is considered binding on the agency.

\_\_\_\_\_  
(Signature)

Name/Function Title		
1. Christina Zamora Grant Administrator	<input type="checkbox"/>	All Documents
	<input type="checkbox"/>	Master Grant Agreement / Amendments
	<input type="checkbox"/>	FTA and TxDOT Certifications & Assurances
	<input type="checkbox"/>	Project Grant Agreements / Amendments
	<input type="checkbox"/>	Obligation Certification (Grant Application)
	X	Request for Reimbursement / Refunds
	X	Scholarships
2.	<input type="checkbox"/>	All Documents
	<input type="checkbox"/>	Master Grant Agreement / Amendments
	<input type="checkbox"/>	FTA and TxDOT Certifications & Assurances
	<input type="checkbox"/>	Project Grant Agreements / Amendments
	<input type="checkbox"/>	Obligation Certification (Grant Application)
	<input type="checkbox"/>	Request for Reimbursement / Refunds
	<input type="checkbox"/>	Scholarships



DESIGNATION OF SIGNATURE AUTHORITY  
For The  
TRANSPORTATION AWARD MANAGEMENT SYSTEM  
(TrAMS)

The Texoma Area Paratransit System hereby authorizes Christina Zamora, Grant Administrator, Transdev North America to be assigned and use of a Personal Identification Number (PIN), for:

- 1. Official User Role
- 2. Attorney User Role
- 3. Submitter User Role

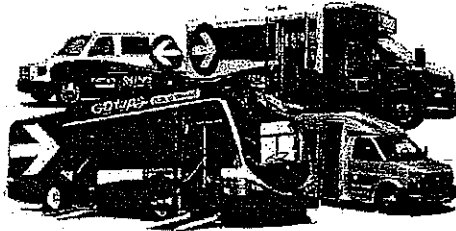
on behalf of the official(s) below, for the FTA's Transportation Award Management System (TrAMS).

\_\_\_\_\_  
Pamela Howeth, TAPS Board Chau

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dan Lee, Transdev Attorney

\_\_\_\_\_  
Date



DESIGNATION OF SIGNATURE AUTHORITY  
For The  
TRANSPORTATION AWARD MANAGEMENT SYSTEM  
(TrAMS)

The Texoma Area Paratransit System hereby authorizes Dan Lee, Attorney, Transdev North America to be assigned and use of a Personal Identification Number (PIN),  
for:

- 1. Official User Role
- 2. Attorney User Role
- 3. Submitter User Role

on behalf of the official(s) below, for the FTA's Transportation Award Management System (TrAMS).

\_\_\_\_\_  
Pamela Howeth, TAPS Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dan Lee, Transdev Attorney

\_\_\_\_\_  
Date

**TEXOMA AREA PARATRANSIT SYSTEM, INC**  
**BOARD REPORT - BANK DETAIL**

End of Month Totals  
 October 2022

Landmark Bank Acct # 9534

Balance at 9/30/2022	\$ 150,681.11
Deposits	201,940.61
Debits	<u>(243,600.75)</u>
Account Balance at 10/31/2021	<u>\$ 109,020.97</u>

Landmark Bank Acct # 9693

Balance at 09/30/22	\$ 162,207.11
** Deposits	2,450.00
** Debits	<u>(537.00)</u>
Account Balance at 10/31/2022	<u>\$ 164,120.11</u>

Checks/Debits

Transdev (Sep Invoice)	\$ 225,809.27
Huit-Zollars (Building Study)	\$ 17,640.00
TX Smart Buy (State Contract annual fee)	\$ 100.00
Herald Democrat Advertising (Covered Parking RFP)	\$ 51.48

Deposits/Credits

Farebox	\$ 4,241.61
Local Contributions	\$ 2,500.00
TXDOT Reimbursements (Aug Inv)	\$ 195,199.00

\$ 243,600.75

\$ 201,940.61

\* Local Contributions from Cooke County United Way

\*\* Deposits were made to the wrong bank account and have been transferred to the correct account.



**TEXOMA AREA PARATRANSIT SYSTEM, INC**  
**BOARD REPORT - BANK DETAIL**

End of Month Totals  
November 2022

Landmark Bank Acct # 9534

Balance at 10/31/2022	\$ 109,020.97
Deposits	226,383.21
Debits	<u>(266,035.75)</u>
Account Balance at 11/30/2022	<u>\$ 69,368.43</u>

Landmark Bank Acct # 9693

Balance at 10/31/2022	\$ 164,120.11
Deposits	10.00
** Debits	<u>(2,450.00)</u>
Account Balance at 11/30/2022	<u>\$ 161,680.11</u>

Checks/Debits

Transdev (October Invoice)	\$ 222,895.75
Huit-Zollars (Building Study)	\$ 43,140.00
	<u>\$ 266,035.75</u>

Deposits/Credits

TXDOT Reimbursement	\$ 195,648.00
Local Contributions *	\$ 24,156.25
Farebox	\$ 2,968.96
Advertising	\$ 3,600.00
Bank Cash Back	\$ 10.00
	<u>\$ 226,383.21</u>

\* Local Contributions from Honey Grove, City of Denison, City of Sherman and Wise County United Way

\*\* Deposits were made to the wrong bank account and have been transferred to the correct account.

**TEXOMA AREA PARATRANSIT SYSTEM, INC**  
**BOARD REPORT - BANK DETAIL**

End of Month Totals  
 December 2022

Landmark Bank Acct # 9534

Balance at 11/30/2022	\$ 69,368.43
Deposits	287,552.75
Debits	(226,979.03)
Account Balance at 12/31/2022	<u>\$ 129,942.15</u>

Landmark Bank Acct # 9693

Balance at 11/30/2022	\$ 161,680.11
Deposits	-
Debits	(10.00)
Account Balance at 12/31/2022	<u>\$ 161,670.11</u>

Checks

Transdev (November Invoice)	\$ 226,969.03
Monthly Bank Fee	\$ 10.00

Deposits

FTA Reimbursement (Oct/Nov Inv)	\$ 80,695.00
TxDot Reimbursement	\$ 179,336.00
Farebox	\$ 3,971.75
Local Contribution	\$ 23,550.00

\$ 226,979.03

\$ 287,552.75

\* Local Contributions from Honey Grove, Cooke County United Way, and Grayson County

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**TEXOMA AREA PARATRANSIT SYSTEM, INC**  
**BOARD REPORT - BANK DETAIL**

End of Month Totals  
 January 2023

Landmark Bank Acct # 9534

Balance at 12/31/2022	\$ 129,942.15
Deposits	317,633.84
Debits	(286,478.83)
Account Balance at 01/31/2023	<u>\$ 161,097.16</u>

Landmark Bank Acct # 9693

Balance at 12/31/2022	\$ 161,670.11
Deposits	
Debits	(10.00)
Account Balance at 01/31/2023	<u>\$ 161,660.11</u>

Checks

Transdev (December Invoice)	\$ 236,403.83
Huit-Zollars (Building Study)	\$ 49,835.00
TXCEQ (Environmental)	\$ 200.00
Monthly Bank Fee	\$ 10.00
Returned check	\$ 30.00
	<u>\$ 286,478.83</u>

Deposits

FTA Reimbursement (Nov/Dec Inv)	\$ 82,249.00
TxDot Reimbursement	\$ 199,725.00
Farebox	\$ 3,151.50
Local Contribution	\$ 32,508.34
	<u>\$ 317,633.84</u>

\* Local Contributions from Grayson County United Way, Wise County, Honey Grove, City of Denison and CDBG Grant (Sherman)



**Simmons Bank.**

MEMBER FDIC | 866.246.2400

Date 10/31/22  
Primary Account  
Enclosures

Page 1  
XXXXXXXXXXXX9693  
1

Texoma Area Paratransit System Inc  
3400 Texoma Pkwy  
Sherman TX 75090-1916

**CHECKING ACCOUNTS**

Simply Business 250 Checking		Number of Enclosures	1
Account Number	XXXXXXXXXXXX9693	Statement Dates	10/03/22 thru 10/31/22
Previous Balance	162,207.11	Days in the statement period	29
1 Deposits/Credits	2,450.00	Average Ledger	162,805.42
1 Checks/Debits	537.00	Average Collected	162,720.93
Service Charge	.00		
Interest Paid	.00		
Current Balance	164,120.11		

**Deposits and Additions**

Date	Description	Amount
10/19	Deposit	2,450.00

**Checks and Withdrawals**

Date	Description	Amount
10/05	Transfer from x9693 to x9534 Farebox Dep in Error	537.00-

**Daily Balance Information**

Date	Balance	Date	Balance	Date	Balance
10/03	162,207.11	10/05	161,670.11	10/19	164,120.11

Thank you for banking with Simmons Bank.

\*\*\*\*\* END OF STATEMENT \*\*\*\*\*

**Credit**

Bank: SIMMONS BANK  
Branch #: 318  
Branch Name: TX Sherman Branch  
Teller ID: B09B109647  
Drawer #: 37103  
Trans #: 84  
Misc: Tax Deposits, Inst. tape

**Virtual DDA Deposit**

Date/Time: 10/19/2022 3:15 PM  
Workstation: D2808H13  
HIN #: 832737720000243  
Owner: Texoma Area Paratransit Sys

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SUBSTITUTE IMAGE / VIRTUAL DOCUMENT

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AUXILIARY	R/T	ACCOUNT	PC/TC	AMOUNT
	5001-0120	4176039693	20	\$2,450.00

Deposit Date: 10/19 Amount: \$2,450.00

ADDRESS OR NAME CHANGES – You are responsible for notifying us of any change in your address or your name. Unless we agree otherwise, change of address or name must be made in writing by at least one of the account holders. Informing us of your address or name change on a check reorder form is not sufficient. We will attempt to communicate with you only by use of the most recent address you have provided to us. If we receive returned mail, we may impose a service fee.

IF YOUR ADDRESS IS INCORRECT, MARK THROUGH THE ADDRESS SHOWN ON THE FRONT OF THIS STATEMENT. COMPLETE THE FORM AT THE RIGHT, DETACH AND MAIL TO P. O. BOX 7009, PINE BLUFF, AR 71603-7009.

PLEASE CHANGE MY ADDRESS TO:		
STREET		
CITY	STATE	ZIP CODE
EFFECTIVE DATE	SIGNATURE	

PLEASE CHANGE MY ADDRESS ON FOLLOWING ACCOUNTS.

List all accounts you want changed. We will change only the accounts you indicate since some customers prefer to maintain separate account addresses.

TYPE OF ACCOUNT	CHECKING	SAVINGS	LOAN	CD	ATM / DEBIT CARD	OTHER
ACCOUNT NUMBER						
ACCOUNT NUMBER						

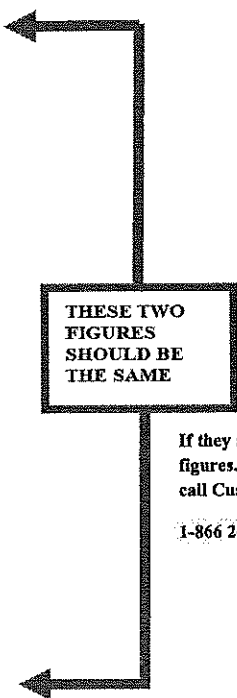
**PLEASE EXAMINE YOUR STATEMENT PROMPTLY AND NOTIFY US OF ANY ERRORS**

**RECONCILEMENT INFORMATION**

- (1) Balance now shown in your checking..... \$ \_\_\_\_\_
- (2) Add interest shown on the statement ..... \$ \_\_\_\_\_
- (3) Subtract bank charges included in this statement. (be sure to enter any Bank charges and unrecorded checks in your checkbook)..... \$ \_\_\_\_\_
- NEW BALANCE SHOWN  
IN YOUR CHECKBOOK..... \$ \_\_\_\_\_
- (4) Last balance shown on this statement..... \$ \_\_\_\_\_
- (5) Add total of those deposits which have been made and shown in your checkbook, but not yet shown on this statement..... \$ \_\_\_\_\_
- SUB-TOTALS \$ \_\_\_\_\_
- (6) List outstanding checks below (checks which are shown in your checkbook, but not yet paid by the bank.)

These 6 Fast, Easy Steps Will Reconcile The Balance Shown On This Statement With The Balance Shown In Your Checkbook

CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
TOTAL			\$ _____



If they are not the same, recheck your figures. If still not the same, please call Customer Service.  
1-866 246 2400 Toll Free

SUBTRACT THIS TOTAL OF OUTSTANDING CHECKS FROM SUB-TOTAL ABOVE \$ \_\_\_\_\_

**ELECTRONIC TRANSFER ERROR RESOLUTION NOTICE (CONSUMER ACCOUNTS ONLY)**

In case of Errors or Questions about your Electronic Transfer, call us at 1-866-246-2400 or write to us at P. O. Box 7009, Pine Bluff, AR 71611-7009, as soon as you can, if you think your statement or receipt is wrong, or if you need more information about a transfer listed on a statement or a receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared .

- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.



Texoma Area Paratransit System Inc  
3400 Texoma Pkwy  
Sherman TX 75090-1916

**CHECKING ACCOUNTS**

Simply Business 250 Checking		Number of Enclosures	10
Account Number	XXXXXXXXXXXX9534	Statement Dates	10/03/22 thru 10/31/22
Previous Balance	150,681.11	Days in the statement period	29
11 Deposits/Credits	201,940.61	Average Ledger	161,768.08
5 Checks/Debits	243,600.75	Average Collected	161,662.77
Service Charge	.00		
Interest Paid	.00		
Current Balance	109,020.97		

**Deposits and Additions**

Date	Description	Amount
10/03	Deposit	712.10
10/03	Deposit	2,500.00
10/05	Transfer from x9693 to x9534	537.00
	Farebox Dep in Error	
10/06	Deposit	838.50
10/13	Deposit	738.75
10/19	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	35,231.00
10/20	Deposit	705.00
10/24	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	31,181.00
10/24	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	47,842.00
10/24	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	80,945.00
10/28	Deposit	710.26

**Checks and Withdrawals**

Date	Description	Amount
10/17	Column Column ST-M8X6Q4I1R8U1	51.48-

**CHECKS IN NUMBER ORDER**

Date	Check No	Amount	Date	Check No	Amount
10/07	34631	6,825.00	10/26	34635*	225,809.27
10/17	34633*	100.00	10/28	34636	10,815.00

\* Denotes skip in sequential check numbers

**Daily Balance Information**

Date	Balance	Date	Balance	Date	Balance
10/03	153,893.21	10/06	155,268.71	10/13	149,182.46
10/05	154,430.21	10/07	148,443.71	10/17	149,030.98



**Simmons Bank.**  
MEMBER FDIC | 866.246.2400

Date 10/31/22 Page 2  
Primary Account XXXXXXXXXXXX9534  
Enclosures 10

Simply Business\_250 Checking XXXXXXXXXXXX9534 (Continued)

**Daily Balance Information**

Date	Balance	Date	Balance	Date	Balance
10/19	184,261.98	10/24	344,934.98	10/28	109,020.97
10/20	184,966.98	10/26	119,125.71		

Thank you for banking with Simmons Bank.

\*\*\*\*\* END OF STATEMENT \*\*\*\*\*



**Simmons Bank.**  
DEPOSIT TICKET  
TRAN CODE  CASH

NAME TAPS  
ADDRESS  
CITY/STATE  
DATE 9/30/22 BY  
ACCOUNT NUMBER  
4180009534

AMOUNTS:  
652.00  
50.00  
10.00  
212.00

NET DEPOSIT \$ 5000.00

Deposit Date: 10/03 Amount: \$712.10

**Simmons Bank.**  
DEPOSIT TICKET  
TRAN CODE  CASH

NAME TAPS  
ADDRESS  
CITY/STATE  
DATE 10/4/22 BY  
ACCOUNT NUMBER  
4180009534

AMOUNTS:  
738.50  
739.50  
100.00  
838.50

NET DEPOSIT \$ 5000.00

Deposit Date: 10/06 Amount: \$838.50

**Simmons Bank.**  
DEPOSIT TICKET  
TRAN CODE  CASH

NAME TAPS  
ADDRESS  
CITY/STATE  
DATE 10/19/22 BY  
ACCOUNT NUMBER  
4180009534

AMOUNTS:  
705.00  
705.00

NET DEPOSIT \$ 5000.00

Deposit Date: 10/20 Amount: \$705.00

TEXOMA AREA PARATRANSIT SYSTEM, INC  
8104 TEXOMA PARKWAY  
SHERMAN, TX 75090  
PH. 903-893-4601

SIMMONS BANK  
720 E. Peyton St., Sherman, TX 75090  
81-4329

DATE 34631  
AMOUNT \$6,825.00  
10/4/2022

PAY TO THE ORDER OF  
HUITT-ZOLLARS INC  
5430 Lyndon B. Johnson Freeway Suite 1500  
Dallas, Texas 75240  
USA

NET DEPOSIT \$ 5000.00

Check 34631 Date: 10/07 Amount: \$6,825.00

TEXOMA AREA PARATRANSIT SYSTEM, INC  
8104 TEXOMA PARKWAY  
SHERMAN, TX 75090  
PH. 903-893-4601

SIMMONS BANK  
720 E. Peyton St., Sherman, TX 75090  
81-4329

DATE 34635  
AMOUNT \$225,809.27  
10/25/2022

PAY TO THE ORDER OF  
TRANSDEV SERVICES INC.  
4167 COLLECTION CENTER DRIVE  
CHICAGO, IL 60693  
USA

NET DEPOSIT \$ 5000.00

Check 34635 Date: 10/26 Amount: \$225,809.27

**Credit**  
Bank: SIMMONS BANK  
Branch #: 318  
Branch Name: TX Sherman Branch  
Teller ID: 8093109647  
Drawer #: 37103  
Trans #: 111  
Misc: Ten Deposits, Inst TAPS

**Virtual DDA Deposit**  
Date/Time: 10/3/2022 3:24 PM  
Workstation: D28081-113  
PIN #: 831137720000279  
Owner: Texoma Area Paratransit Sys

AUXILIARY R/T ACCOUNT PC/TC AMOUNT  
5001-0120 4180009534 20 \$2,500.00

Deposit Date: 10/03 Amount: \$2,500.00

**Simmons Bank.**  
DEPOSIT TICKET  
TRAN CODE  CASH

NAME TAPS  
ADDRESS  
CITY/STATE  
DATE 10/12/22 BY  
ACCOUNT NUMBER  
4180009534

AMOUNTS:  
683.75  
30.00  
25.00  
738.50

NET DEPOSIT \$ 5000.00

Deposit Date: 10/13 Amount: \$738.75

**Simmons Bank.**  
DEPOSIT TICKET  
TRAN CODE  CASH

NAME TAPS  
ADDRESS  
CITY/STATE  
DATE 10/27/2022 BY  
ACCOUNT NUMBER  
4180009534

AMOUNTS:  
596.00  
108.00  
6.00  
709.50

NET DEPOSIT \$ 5000.00

Deposit Date: 10/28 Amount: \$710.26

TEXOMA AREA PARATRANSIT SYSTEM, INC  
8104 TEXOMA PARKWAY  
SHERMAN, TX 75090  
PH. 903-893-4601

SIMMONS BANK  
720 E. Peyton St., Sherman, TX 75090  
81-4329

DATE 34633  
AMOUNT \$100.00  
10/4/2022

PAY TO THE ORDER OF  
Texas Comptroller of Public Accounts  
P.O. Box 13186  
Austin, TX 78711-3186

NET DEPOSIT \$ 5000.00

Check 34633 Date: 10/17 Amount: \$100.00

TEXOMA AREA PARATRANSIT SYSTEM, INC  
8104 TEXOMA PARKWAY  
SHERMAN, TX 75090  
PH. 903-893-4601

SIMMONS BANK  
720 E. Peyton St., Sherman, TX 75090  
81-4329

DATE 34636  
AMOUNT \$10,815.00  
10/25/2022

PAY TO THE ORDER OF  
HUITT-ZOLLARS INC  
5430 Lyndon B. Johnson Freeway Suite 1500  
Dallas, Texas 75240  
USA

NET DEPOSIT \$ 5000.00

Check 34636 Date: 10/28 Amount: \$10,815.00

ADDRESS OR NAME CHANGES – You are responsible for notifying us of any change in your address or your name. Unless we agree otherwise, change of address or name must be made in writing by at least one of the account holders. Informing us of your address or name change on a check reorder form is not sufficient. We will attempt to communicate with you only by use of the most recent address you have provided to us. If we receive returned mail, we may impose a service fee.

IF YOUR ADDRESS IS INCORRECT, MARK THROUGH THE ADDRESS SHOWN ON THE FRONT OF THIS STATEMENT. COMPLETE THE FORM AT THE RIGHT, DETACH AND MAIL TO P. O. BOX 7009, PINE BLUFF, AR 71603-7009.

PLEASE CHANGE MY ADDRESS TO:		
STREET		
CITY	STATE	ZIP CODE
EFFECTIVE DATE	SIGNATURE	

PLEASE CHANGE MY ADDRESS ON FOLLOWING ACCOUNTS.

TYPE OF ACCOUNT	CHECKING	SAVINGS	LOAN	CD	ATM / DEBIT CARD	OTHER
ACCOUNT NUMBER						
ACCOUNT NUMBER						

List all accounts you want changed. We will change only the accounts you indicate since some customers prefer to maintain separate account addresses.

**PLEASE EXAMINE YOUR STATEMENT PROMPTLY AND NOTIFY US OF ANY ERRORS**

**RECONCILEMENT INFORMATION**

- (1) Balance now shown in your checking..... \$ \_\_\_\_\_
- (2) Add interest shown on the statement ..... \$ \_\_\_\_\_
- (3) Subtract bank charges included in this statement. (be sure to enter any Bank charges and unrecorded checks in your checkbook)..... \$ \_\_\_\_\_
- NEW BALANCE SHOWN  
IN YOUR CHECKBOOK..... \$ \_\_\_\_\_
- (4) Last balance shown on this statement..... \$ \_\_\_\_\_
- (5) Add total of those deposits which have been made and shown in your checkbook, but not yet shown on this statement..... \$ \_\_\_\_\_
- SUB-TOTALS \$ \_\_\_\_\_
- (6) List outstanding checks below (checks which are shown in your checkbook, but not yet paid by the bank.)

These 6 Fast, Easy Steps Will Reconcile The Balance Shown On This Statement With The Balance Shown In Your Checkbook

CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
TOTAL			\$ _____

THESE TWO FIGURES SHOULD BE THE SAME

If they are not the same, recheck your figures. If still not the same, please call Customer Service.  
1-866 246 2400 Toll Free

SUBTRACT THIS TOTAL OF OUTSTANDING CHECKS FROM SUB-TOTAL ABOVE \$ \_\_\_\_\_

**ELECTRONIC TRANSFER ERROR RESOLUTION NOTICE (CONSUMER ACCOUNTS ONLY)**

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Texoma Area Paratransit System Inc  
3400 Texoma Pkwy  
Sherman TX 75090-1916

**CHECKING ACCOUNTS**

Simply Business 250 Checking		Number of Enclosures	0
Account Number	XXXXXXXXXXXX9693	Statement Dates	11/01/22 thru 11/30/22
Previous Balance	164,120.11	Days in the statement period	30
1 Deposits/Credits	10.00	Average Ledger	162,896.11
1 Checks/Debits	2,450.00	Average Collected	162,896.11
Service Charge	.00		
Interest Paid	.00		
Current Balance	161,680.11		

**Deposits and Additions**

Date	Description	Amount
11/28	RelationshipRwds Cash Back	10.00

**Checks and Withdrawals**

Date	Description	Amount
11/16	Transfer from x9693 to x9534 Deposit made in err	2,450.00-

**Daily Balance Information**

Date	Balance	Date	Balance	Date	Balance
11/01	164,120.11	11/16	161,670.11	11/28	161,680.11

**RELATIONSHIP REWARDS PROGRAM**

As of 11/25/2022 This account has earned the Relationship Credit for this statement cycle. This credit will be labeled "RelationshipRwds Cash Back". Thank you for being a valued Simmons Bank customer!

Thank you for banking with Simmons Bank.

\*\*\*\*\* END OF STATEMENT \*\*\*\*\*

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STREET		
CITY	STATE	ZIP CODE
EFFECTIVE DATE	SIGNATURE	

PLEASE CHANGE MY ADDRESS ON FOLLOWING ACCOUNTS.

TYPE OF ACCOUNT	CHECKING	SAVINGS	LOAN	CD	ATM / DEBIT CARD	OTHER
ACCOUNT NUMBER						
ACCOUNT NUMBER						

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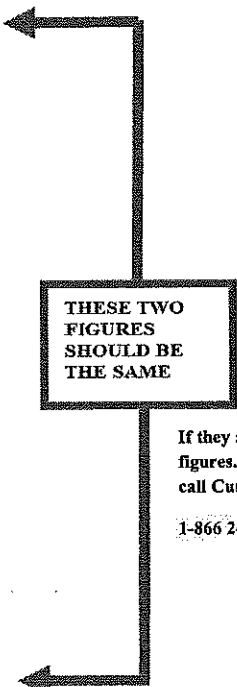
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IN YOUR CHECKBOOK..... \$ \_\_\_\_\_
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These 6 Fast, Easy Steps Will Reconcile The Balance Shown On This Statement With The Balance Shown In Your Checkbook

CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
		TOTAL	\$ _____



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1-866 246 2400 Toll Free

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Texoma Area Paratransit System Inc  
3400 Texoma Pkwy  
Sherman TX 75090-1916

**CHECKING ACCOUNTS**

Simply Business 250 Checking		Number of Enclosures	9
Account Number	XXXXXXXXXXXX9534	Statement Dates	11/01/22 thru 11/30/22
Previous Balance	109,020.97	Days in the statement period	30
14 Deposits/Credits	226,383.21	Average Ledger	120,087.76
2 Checks/Debits	266,035.75	Average Collected	119,696.89
Service Charge	.00		
Interest Paid	.00		
Current Balance	69,368.43		

**Deposits and Additions**

Date	Description	Amount
11/03	Deposit	40.50
11/03	Deposit	842.00
11/14	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	27,439.00
11/14	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	27,468.00
11/14	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	28,820.00
11/14	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	51,523.00
11/14	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	60,398.00
11/14	Deposit	541.50
11/16	Transfer from x9693 to x9534 Deposit made in err	2,450.00
11/16	Deposit	50.00
11/17	Deposit	770.51
11/25	Deposit	715.95
11/28	RelationshipRwds Cash Back	10.00
11/28	Deposit	25,314.75

**CHECKS IN NUMBER ORDER**

Date	Check No	Amount	Date	Check No	Amount
11/25	34637	43,140.00	11/18	34638	222,895.75

\* Denotes skip in sequential check numbers

**Daily Balance Information**

Date	Balance	Date	Balance
11/01	109,020.97	11/16	308,592.97
11/03	109,903.47	11/17	309,363.48
11/14	306,092.97	11/18	86,467.73
		11/25	44,043.68
		11/28	69,368.43



**RELATIONSHIP REWARDS PROGRAM**

As of 11/25/2022 This account has earned the Relationship Credit for this statement cycle. This credit will be labeled "RelationshipRwds Cash Back". Thank you for being a valued Simmons Bank customer!

Thank you for banking with Simmons Bank.

\*\*\*\*\* END OF STATEMENT \*\*\*\*\*

**1**  
Simmons Bank  
MEMBER FDIC

DEPOSIT TICKET  
TRAN CODE  CASH

100291 40.50

SIGN HERE FOR CASH RECEIVED

NAME TAPS

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATE 11/02/22 BY \_\_\_\_\_  
ACCOUNT NUMBER

418 000 9534

NET DEPOSIT \$ 40.50

⑆5000⑆0⑆2⑆⑆

Deposit Date: 11/03 Amount: \$40.50

**5**  
Simmons Bank  
MEMBER FDIC

DEPOSIT TICKET  
TRAN CODE  CASH

11261 792.00  
50.00

SIGN HERE FOR CASH RECEIVED

NAME TAPS

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATE 11/03/22 BY \_\_\_\_\_  
ACCOUNT NUMBER

418 000 9534

NET DEPOSIT \$ 842.00

⑆5000⑆0⑆2⑆⑆

Deposit Date: 11/03 Amount: \$842.00

**5**  
Simmons Bank  
MEMBER FDIC

DEPOSIT TICKET  
TRAN CODE  CASH

1288 537.50  
4.00

SIGN HERE FOR CASH RECEIVED

NAME TAPS

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATE 11/11/22 BY \_\_\_\_\_  
ACCOUNT NUMBER

418 000 9534

NET DEPOSIT \$ 541.50

⑆5000⑆0⑆2⑆⑆

Deposit Date: 11/14 Amount: \$541.50

**1**  
Simmons Bank  
MEMBER FDIC

DEPOSIT TICKET  
TRAN CODE  CASH

10307 50.00

SIGN HERE FOR CASH RECEIVED

NAME TAPS

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATE 11/16/2022 BY \_\_\_\_\_  
ACCOUNT NUMBER

418 000 9534

NET DEPOSIT \$ 50.00

⑆5000⑆0⑆2⑆⑆

Deposit Date: 11/16 Amount: \$50.00

**5**  
Simmons Bank  
MEMBER FDIC

DEPOSIT TICKET  
TRAN CODE  CASH

1002 734.50  
16.00  
1101 20.00

SIGN HERE FOR CASH RECEIVED

NAME TAPS

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATE 11/18/2022 BY \_\_\_\_\_  
ACCOUNT NUMBER

418 000 9534

NET DEPOSIT \$ 770.50

⑆5000⑆0⑆2⑆⑆

Deposit Date: 11/17 Amount: \$770.51

**5**  
Simmons Bank  
MEMBER FDIC

DEPOSIT TICKET  
TRAN CODE  CASH

1289 11.95  
214.00  
4.00

SIGN HERE FOR CASH RECEIVED

NAME TAPS

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATE 11/23/2022 BY \_\_\_\_\_  
ACCOUNT NUMBER

418 000 9534

NET DEPOSIT \$ 718.00  
715.95

⑆5000⑆0⑆2⑆⑆

Deposit Date: 11/25 Amount: \$715.95

**5**  
Simmons Bank  
MEMBER FDIC

DEPOSIT TICKET  
TRAN CODE  CASH

50573 13781.25  
130898 7875.00  
3658.50

SIGN HERE FOR CASH RECEIVED

NAME TAPS

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATE 11/28/22 BY \_\_\_\_\_  
ACCOUNT NUMBER

418 000 9534

NET DEPOSIT \$ 25314.75

⑆5000⑆0⑆2⑆⑆

Deposit Date: 11/28 Amount: \$25,314.75

TEXOMA AREA PARATRANSIT SYSTEM, INC  
5104 TEXOMA PARKWAY  
SHERMAN, TX 75099  
PH. 903-893-4601

SIMMONS BANK  
720 E. Peyton St. Sherman, TX 75099  
81-47-838

DATE 34631637

AMOUNT  
\$ 43,140.00

11/16/2022

HUITT-ZOLLARS INC  
5430 Lyndon B Johnson Freeway Suite 1500  
Dallas, Texas 75240  
USA

34631637 ⑆08 2900432⑆ 4180009534⑆

Check 34637 Date: 11/25 Amount: \$43,140.00

TEXOMA AREA PARATRANSIT SYSTEM, INC  
5104 TEXOMA PARKWAY  
SHERMAN, TX 75099  
PH. 903-893-4601

SIMMONS BANK  
720 E. Peyton St. Sherman, TX 75099  
81-47-838

DATE 34638838

AMOUNT  
\$ 222,895.75

11/16/2022

TRANSDEV SERVICES INC.  
4157 COLLECTION CENTER DRIVE  
CHICAGO, IL 60693  
USA

34638838 ⑆08 2900432⑆ 4180009534⑆

Check 34638 Date: 11/18 Amount: \$222,895.75

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PLEASE CHANGE MY ADDRESS TO:		
STREET		
CITY	STATE	ZIP CODE
EFFECTIVE DATE	SIGNATURE	

PLEASE CHANGE MY ADDRESS ON FOLLOWING ACCOUNTS.

List all accounts you want changed. We will change only the accounts you indicate since some customers prefer to maintain separate account addresses.

TYPE OF ACCOUNT	CHECKING	SAVINGS	LOAN	CD	ATM / DEBIT CARD	OTHER
ACCOUNT NUMBER						
ACCOUNT NUMBER						

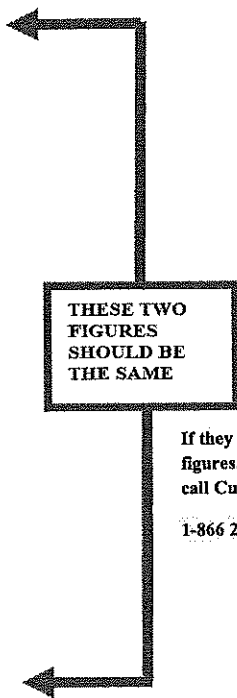
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**RECONCILEMENT INFORMATION**

- (1) Balance now shown in your checking..... \$ \_\_\_\_\_
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- NEW BALANCE SHOWN  
IN YOUR CHECKBOOK..... \$ \_\_\_\_\_
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These 6 Fast, Easy Steps Will Reconcile The Balance Shown On This Statement With The Balance Shown In Your Checkbook

CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
TOTAL			\$ _____



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1-866 246 2400 Toll Free

SUBTRACT THIS TOTAL OF OUTSTANDING CHECKS FROM SUB-TOTAL ABOVE \$ \_\_\_\_\_

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Texoma Area Paratransit System Inc  
3400 Texoma Pkwy  
Sherman TX 75090-1916

**CHECKING ACCOUNTS**

Simply Business 250 Checking		Number of Enclosures	0
Account Number	XXXXXXXXXXXX9693	Statement Dates	12/01/22 thru 12/31/22
Previous Balance	161,680.11	Days in the statement period	31
1 Deposits/Credits	10.00	Average Ledger	161,663.98
1 Checks/Debits	20.00	Average Collected	161,663.98
Service Charge	.00		
Interest Paid	.00		
Current Balance	161,670.11		

**Deposits and Additions**

Date	Description	Amount
12/28	RelationshipRwds Cash Back	10.00

**Checks and Withdrawals**

Date	Description	Amount
12/05	Account Analysis Charge	20.00-

**Daily Balance Information**

Date	Balance	Date	Balance	Date	Balance
12/01	161,680.11	12/05	161,660.11	12/28	161,670.11

**RELATIONSHIP REWARDS PROGRAM**

As of 12/25/2022 This account has earned the Relationship Credit for this statement cycle. This credit will be labeled "RelationshipRwds Cash Back". Thank you for being a valued Simmons Bank customer!

Thank you for banking with Simmons Bank.

\*\*\*\*\* END OF STATEMENT \*\*\*\*\*

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STREET		
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TYPE OF ACCOUNT	CHECKING	SAVINGS	LOAN	CD	ATM / DEBIT CARD	OTHER
ACCOUNT NUMBER						
ACCOUNT NUMBER						

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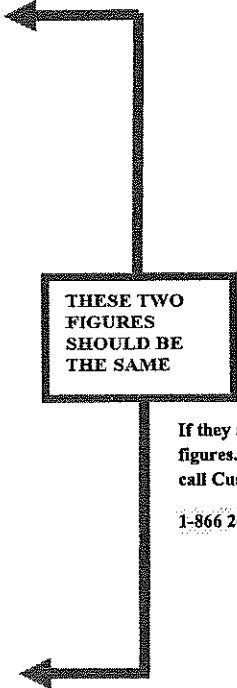
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CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
TOTAL			\$ _____



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Texoma Area Paratransit System Inc  
3400 Texoma Pkwy  
Sherman TX 75090-1916

**CHECKING ACCOUNTS**

Simply Business 250 Checking		Number of Enclosures	9
Account Number	XXXXXXXXXXXX9534	Statement Dates	12/01/22 thru 12/31/22
Previous Balance	69,368.43	Days in the statement period	31
14 Deposits/Credits	287,562.75	Average Ledger	171,574.32
2 Checks/Debits	226,989.03	Average Collected	170,789.93
Service Charge	.00		
Interest Paid	.00		
Current Balance	129,942.15		

**Deposits and Additions**

Date	Description	Amount
12/01	MISC PAY FTA1 TREAS 310 P69950000690800	80,695.00
12/05	Deposit	543.35
12/07	Deposit	496.40
12/07	Deposit	21,362.00
12/08	Deposit	358.50
12/15	Deposit	885.00
12/19	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	2,500.00
12/19	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	26,113.00
12/19	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	60,254.00
12/19	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	90,469.00
12/23	Deposit	782.50
12/27	Deposit	2,550.00
12/28	RelationshipRwds Cash Back	10.00
12/30	Deposit	544.00

**Checks and Withdrawals**

Date	Description	Amount
12/05	Account Analysis Charge	20.00-

**CHECKS IN NUMBER ORDER**

Date	Check No	Amount
12/22	34639	226,969.03

\* Denotes skip in sequential check numbers

**Daily Balance Information**

Date	Balance	Date	Balance	Date	Balance
12/01	150,063.43	12/05	150,586.78	12/07	172,445.18



Simply Business 250 Checking ... XXXXXXXXXXXX9534 (Continued)

**Daily Balance Information**

Date	Balance	Date	Balance	Date	Balance
12/08	172,803.68	12/22	126,055.65	12/28	129,398.15
12/15	173,688.68	12/23	126,838.15	12/30	129,942.15
12/19	353,024.68	12/27	129,388.15		

**RELATIONSHIP REWARDS PROGRAM**

As of 12/25/2022 This account has earned the Relationship Credit for this statement cycle. This credit will be labeled "RelationshipRwds Cash Back". Thank you for being a valued Simmons Bank customer!

Thank you for banking with Simmons Bank.

\*\*\*\*\* END OF STATEMENT \*\*\*\*\*

**Simmons Bank.** DEPOSIT TICKET  
 TRAN CODE  CASH  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 12/12/2022 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 9534  
 NET DEPOSIT \$ 543.35  
 539.35  
 540.00  
 4.00  
 389  
 2308  
 1359  
 21000.00  
 250.00  
 112.00  
 544.00  
 543.35  
 5000001211

Deposit Date: 12/05 Amount: \$543.35

**Simmons Bank.** DEPOSIT TICKET  
 TRAN CODE  CASH  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 12/6/22 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 9534  
 NET DEPOSIT \$ 496.50  
 442.50  
 4.00  
 50.00  
 1290  
 131  
 359.50  
 40  
 5000001211

Deposit Date: 12/07 Amount: \$496.40

**Simmons Bank.** DEPOSIT TICKET  
 TRAN CODE  CASH  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 12/7/2022 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 9534  
 NET DEPOSIT \$ 21362.00  
 21000.00  
 250.00  
 112.00  
 21362.00  
 5000001211

Deposit Date: 12/07 Amount: \$21,362.00

**Simmons Bank.** DEPOSIT TICKET  
 TRAN CODE  CASH  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 12/7/2022 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 9534  
 NET DEPOSIT \$ 358.50  
 359.50  
 358  
 5000001211

Deposit Date: 12/08 Amount: \$358.50

**Simmons Bank.** DEPOSIT TICKET  
 TRAN CODE  CASH  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 12/17/2022 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 9534  
 NET DEPOSIT \$ 485.00  
 747.00  
 100.00  
 36.00  
 2.00  
 6100  
 1054  
 485.00  
 5000001211

Deposit Date: 12/15 Amount: \$885.00

**Simmons Bank.** DEPOSIT TICKET  
 TRAN CODE  CASH  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 12/22/2022 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 9534  
 NET DEPOSIT \$ 782.50  
 250.50  
 16.00  
 9.00  
 12.00  
 1005  
 146  
 782.50  
 5000001211

Deposit Date: 12/23 Amount: \$782.50

**Simmons Bank.** DEPOSIT TICKET  
 TRAN CODE  CASH  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 12/27/22 BY \_\_\_\_\_  
 ACCOUNT NUMBER 414 000 9534  
 NET DEPOSIT \$ 2550.00  
 2500.00  
 50.00  
 8157  
 1920  
 2550.00  
 5000001211

Deposit Date: 12/27 Amount: \$2,550.00

**Simmons Bank.** DEPOSIT TICKET  
 TRAN CODE  CASH  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 12/29/2022 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 9534  
 NET DEPOSIT \$ 544.00  
 504.00  
 20.00  
 20.00  
 503  
 192  
 544.00  
 5000001211

Deposit Date: 12/30 Amount: \$544.00

TEXOMA AREA PARATRANSIT SYSTEM, INC  
 6104 TEXOMA PARKWAY  
 SHERMAN, TX 75090  
 PH. 903-993-4601

SIMMONS BANK  
 720 E. Peyton St., Sherman, TX 75090  
 81-41832

DATE 12/22/2022 AMOUNT \$226,969.03

\*\*\*\*Two Hundred Twenty Six Thousand Nine Hundred Sixty Nine and 03/100 Dollars

PAY TO THE ORDER OF  
 TRANSOEV SERVICES INC.  
 4157 COLLECTION CENTER DRIVE  
 CHICAGO, IL 60693  
 USA

*Amelia L. Hawk*  
*Phyllis...*  
 AUTHORIZED SIGNATURE

⑆034639⑆ ⑆082900432⑆ ⑆180009534⑆

Check 34639 Date: 12/22 Amount: \$226,969.03

ADDRESS OR NAME CHANGES – You are responsible for notifying us of any change in your address or your name. Unless we agree otherwise, change of address or name must be made in writing by at least one of the account holders. Informing us of your address or name change on a check reorder form is not sufficient. We will attempt to communicate with you only by use of the most recent address you have provided to us. If we receive returned mail, we may impose a service fee.

IF YOUR ADDRESS IS INCORRECT, MARK THROUGH THE ADDRESS SHOWN ON THE FRONT OF THIS STATEMENT. COMPLETE THE FORM AT THE RIGHT, DETACH AND MAIL TO P. O. BOX 7009, PINE BLUFF, AR 71603-7009.

PLEASE CHANGE MY ADDRESS TO:		
STREET		
CITY	STATE	ZIP CODE
EFFECTIVE DATE	SIGNATURE	

PLEASE CHANGE MY ADDRESS ON FOLLOWING ACCOUNTS.

List all accounts you want changed. We will change only the accounts you indicate since some customers prefer to maintain separate account addresses.

TYPE OF ACCOUNT	CHECKING	SAVINGS	LOAN	CD	ATM / DEBIT CARD	OTHER
ACCOUNT NUMBER						
ACCOUNT NUMBER						

PLEASE EXAMINE YOUR STATEMENT PROMPTLY AND NOTIFY US OF ANY ERRORS

RECONCILEMENT INFORMATION

- Balance now shown in your checking..... \$ \_\_\_\_\_
- Add interest shown on the statement ..... \$ \_\_\_\_\_
- Subtract bank charges included in this statement. (be sure to enter any Bank charges and unrecorded checks in your checkbook)..... \$ \_\_\_\_\_
- NEW BALANCE SHOWN IN YOUR CHECKBOOK..... \$ \_\_\_\_\_
- Last balance shown on this statement..... \$ \_\_\_\_\_
- Add total of those deposits which have been made and shown in your checkbook, but not yet shown on this statement..... \$ \_\_\_\_\_
- SUB-TOTALS \$ \_\_\_\_\_
- List outstanding checks below (checks which are shown in your checkbook, but not yet paid by the bank.)

These 6 Fast, Easy Steps Will Reconcile The Balance Shown On This Statement With The Balance Shown In Your Checkbook

CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
TOTAL			\$ _____

SUBTRACT THIS TOTAL OF OUTSTANDING CHECKS FROM SUB-TOTAL ABOVE \$ \_\_\_\_\_

THESE TWO FIGURES SHOULD BE THE SAME

If they are not the same, recheck your figures. If still not the same, please call Customer Service. 1-866 246 2400 Toll Free

ELECTRONIC TRANSFER ERROR RESOLUTION NOTICE (CONSUMER ACCOUNTS ONLY)

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Texoma Area Paratransit System Inc  
3400 Texoma Pkwy  
Sherman TX 75090-1916

**CHECKING ACCOUNTS**

Simply Business 250 Checking		Number of Enclosures	0
Account Number	XXXXXXXXXXXX9693	Statement Dates	1/01/23 thru 1/31/23
Previous Balance	161,670.11	Days in the statement period	31
1 Deposits/Credits	10.00	Average Ledger	161,654.62
1 Checks/Debits	20.00	Average Collected	161,654.62
Service Charge	.00		
Interest Paid	.00		
Current Balance	161,660.11		

**Deposits and Additions**

Date	Description	Amount
1/26	RelationshipRwds Cash Back	10.00

**Checks and Withdrawals**

Date	Description	Amount
1/05	Account Analysis Charge	20.00-

**Daily Balance Information**

Date	Balance	Date	Balance	Date	Balance
1/01	161,670.11	1/05	161,650.11	1/26	161,660.11

**RELATIONSHIP REWARDS PROGRAM**

As of 01/25/2023 This account has earned the Relationship Credit for this statement cycle. This credit will be labeled "RelationshipRwds Cash Back". Thank you for being a valued Simmons Bank customer!

Thank you for banking with Simmons Bank.

\*\*\*\*\* END OF STATEMENT \*\*\*\*\*

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STREET			
CITY		STATE	ZIP CODE
EFFECTIVE DATE		SIGNATURE	

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TYPE OF ACCOUNT	CHECKING	SAVINGS	LOAN	CD	ATM / DEBIT CARD	OTHER
ACCOUNT NUMBER						
ACCOUNT NUMBER						

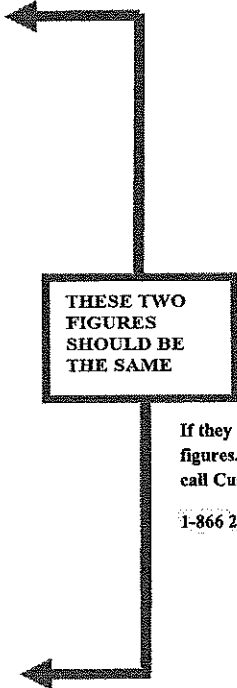
**PLEASE EXAMINE YOUR STATEMENT PROMPTLY AND NOTIFY US OF ANY ERRORS**

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- (1) Balance now shown in your checking..... \$ \_\_\_\_\_
  - (2) Add interest shown on the statement ..... \$ \_\_\_\_\_
  - (3) Subtract bank charges included in this statement. (be sure to enter any Bank charges and unrecorded checks in your checkbook)..... \$ \_\_\_\_\_
- NEW BALANCE SHOWN  
IN YOUR CHECKBOOK..... \$ \_\_\_\_\_
- (4) Last balance shown on this statement..... \$ \_\_\_\_\_
  - (5) Add total of those deposits which have been made and shown in your checkbook, but not yet shown on this statement..... \$ \_\_\_\_\_
- SUB-TOTALS \$ \_\_\_\_\_
- (6) List outstanding checks below (checks which are shown in your checkbook, but not yet paid by the bank.)

These 6 Fast, Easy Steps Will Reconcile The Balance Shown On This Statement With The Balance Shown In Your Checkbook

CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
TOTAL			\$ _____



**THESE TWO FIGURES SHOULD BE THE SAME**

If they are not the same, recheck your figures. If still not the same, please call Customer Service.  
1-866 246 2400 Toll Free

SUBTRACT THIS TOTAL OF OUTSTANDING CHECKS FROM SUB-TOTAL ABOVE \$ \_\_\_\_\_

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- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

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Texoma Area Paratransit System Inc  
3400 Texoma Pkwy  
Sherman TX 75090-1916

**CHECKING ACCOUNTS**

Simply Business 250 Checking		Number of Enclosures	11
Account Number	XXXXXXXXXXXX9534	Statement Dates	1/01/23 thru 1/31/23
Previous Balance	129,942.15	Days in the statement period	31
17 Deposits/Credits	317,644.43	Average Ledger	245,808.76
7 Checks/Debits	286,489.42	Average Collected	244,799.76
Service Charge	.00		
Interest Paid	.00		
Current Balance	161,097.16		

**Deposits and Additions**

Date	Description	Amount
1/06	MISC PAY FTA1 TREAS 310 P69950000690800	82,249.00
1/06	Deposit	97.00
1/06	Deposit	715.50
1/11	Deposit	910.00
1/13	15th 22-23 UNITED WAY OF GR 5847542	833.34
1/18	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	1,960.00
1/18	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	31,728.00
1/18	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	47,851.00
1/18	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	56,193.00
1/18	INV-PAYMTS TX DEPT OF TRNSP 17521272678004	61,993.00
1/18	Deposit	750.50
1/18	Deposit	15,050.00
1/24	Deposit	16,625.00
1/25	ACCTVERIFY Florida CU WEB 204322	.16
1/25	ACCTVERIFY Florida CU WEB 204323	.43
1/26	RelationshipRwds Cash Back	10.00
1/27	Deposit	678.50

**Checks and Withdrawals**

Date	Description	Amount
1/05	Account Analysis Charge	20.00-
1/17	CHARGEBACK ON FRUEN	30.00-



Simply Business 250 Checking XXXXXXXXXXXX9534 (Continued)

**Checks and Withdrawals**

Date	Description	Amount
1/25	ACCTVERIFY Florida CU WEB 204324	.59-

**CHECKS IN NUMBER ORDER**

Date	Check No	Amount	Date	Check No	Amount
1/30	34640	47,798.00	1/30	34642	2,037.00
1/27	34641	200.00	1/25	34643	236,403.83

\* Denotes skip in sequential check numbers

**Daily Balance Information**

Date	Balance	Date	Balance	Date	Balance
1/01	129,942.15	1/13	214,726.99	1/25	210,443.66
1/05	129,922.15	1/17	214,696.99	1/26	210,453.66
1/06	212,983.65	1/18	430,222.49	1/27	210,932.16
1/11	213,893.65	1/24	446,847.49	1/30	161,097.16

**RELATIONSHIP REWARDS PROGRAM**

As of 01/25/2023 This account has earned the Relationship Credit for this statement cycle. This credit will be labeled "RelationshipRwds Cash Back". Thank you for being a valued Simmons Bank customer!

Thank you for banking with Simmons Bank.

\*\*\*\*\* END OF STATEMENT \*\*\*\*\*

**Simmons Bank** DEPOSIT TICKET  
 TRAN CODE  CASH+  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 1/5/2023 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 953 4  
 NET DEPOSIT \$ 97.00

DEPOSITED: 132.81  
 60.00  
 10.80  
 37.00  
 TOTAL FROM OTHER SIDE  
 LESS CASH RECEIVED  
 NET DEPOSIT \$ 97.00

⑆5000⑆0⑆2⑆⑆

Deposit Date: 01/06 Amount: \$97.00

**Simmons Bank** DEPOSIT TICKET  
 TRAN CODE  CASH+  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 1/4/2023 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 953 4  
 NET DEPOSIT \$ 715.50

DEPOSITED: \_\_\_\_\_  
 TOTAL FROM OTHER SIDE  
 LESS CASH RECEIVED  
 NET DEPOSIT \$ 715.50

⑆5000⑆0⑆2⑆⑆

Deposit Date: 01/06 Amount: \$715.50

**Simmons Bank** DEPOSIT TICKET  
 TRAN CODE  CASH+  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 1/11/2023 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 953 4  
 NET DEPOSIT \$ 910.00

DEPOSITED: 105.9  
 129.6  
 804.00  
 33.00  
 4.00  
 69.00  
 TOTAL FROM OTHER SIDE  
 LESS CASH RECEIVED  
 NET DEPOSIT \$ 910.00

⑆5000⑆0⑆2⑆⑆

Deposit Date: 01/11 Amount: \$910.00

**Simmons Bank** DEPOSIT TICKET  
 TRAN CODE  CASH+  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 01/18/2023 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 953 4  
 NET DEPOSIT \$ 750.50

DEPOSITED: 12.98  
 2.00  
 748.50  
 TOTAL FROM OTHER SIDE  
 LESS CASH RECEIVED  
 NET DEPOSIT \$ 750.50

⑆5000⑆0⑆2⑆⑆

Deposit Date: 01/18 Amount: \$750.50

**Simmons Bank** DEPOSIT TICKET  
 TRAN CODE  CASH+  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 1/11/2023 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 953 4  
 NET DEPOSIT \$ 15050.00

DEPOSITED: 00621.9  
 10463  
 15000.00  
 50.00  
 TOTAL FROM OTHER SIDE  
 LESS CASH RECEIVED  
 NET DEPOSIT \$ 15050.00

⑆5000⑆0⑆2⑆⑆

Deposit Date: 01/18 Amount: \$15,050.00

**Simmons Bank** DEPOSIT TICKET  
 TRAN CODE  CASH+  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 1/27/2023 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 953 4  
 NET DEPOSIT \$ 16625.00

DEPOSITED: 15/619  
 506.47  
 15750.00  
 15750.00  
 TOTAL FROM OTHER SIDE  
 LESS CASH RECEIVED  
 NET DEPOSIT \$ 16625.00

⑆5000⑆0⑆2⑆⑆

Deposit Date: 01/24 Amount: \$16,625.00

**Simmons Bank** DEPOSIT TICKET  
 TRAN CODE  CASH+  
 SIGN HERE FOR CASH RECEIVED  
 NAME TAPS  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_  
 DATE 1/26/23 BY \_\_\_\_\_  
 ACCOUNT NUMBER 418 000 953 4  
 NET DEPOSIT \$ 679.50

DEPOSITED: \_\_\_\_\_  
 TOTAL FROM OTHER SIDE  
 LESS CASH RECEIVED  
 NET DEPOSIT \$ 679.50

⑆5000⑆0⑆2⑆⑆

Deposit Date: 01/27 Amount: \$678.50

TEXOMA AREA PARATRANSIT SYSTEM, INC  
 8104 TEXOMA PARKWAY  
 SHERMAN, TX 75090  
 PH. 903-893-4001

SIMMONS BANK  
 720 E. Peyton St., Sherman, TX 75090  
 ⑆1-⑆1917

DATE 34640840

AMOUNT \$ 47,798.00

1/24/2023

PAY TO THE ORDER OF  
 Tricon Sherman  
 1728 Alpina Drive  
 Sherman, Tex 75092

*Donald L. Howell*  
*Phillip J. ...*  
 AUTHORIZED SIGNATURE

⑆034640⑆ ⑆082900432⑆ ⑆180009534⑆

Check 34640 Date: 01/30 Amount: \$47,798.00

TEXOMA AREA PARATRANSIT SYSTEM, INC  
 8104 TEXOMA PARKWAY  
 SHERMAN, TX 75090  
 PH. 903-893-4001

SIMMONS BANK  
 720 E. Peyton St., Sherman, TX 75090  
 ⑆1-⑆1917

DATE 34641841

AMOUNT \$ 200.00

1/24/2023

PAY TO THE ORDER OF  
 TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
 FINANCIAL ADMINISTRATION DIVISION  
 CASHIER'S OFFICE, MC-214  
 P.O. BOX 13088  
 AUSTIN, TEXAS 78711-3088  
 USA

*Donald L. Howell*  
*Phillip J. ...*  
 AUTHORIZED SIGNATURE

⑆034641⑆ ⑆082900432⑆ ⑆180009534⑆

Check 34641 Date: 01/27 Amount: \$200.00

TEXOMA AREA PARATRANSIT SYSTEM, INC  
 8104 TEXOMA PARKWAY  
 SHERMAN, TX 75090  
 PH. 903-893-4001

SIMMONS BANK  
 720 E. Peyton St., Sherman, TX 75090  
 ⑆1-⑆1917

DATE 34642842

AMOUNT \$ 2,037.00

1/24/2023

PAY TO THE ORDER OF  
 HUITT-ZOLLARS INC  
 5430 Lyndon B Johnson Freeway Suite 1500  
 Dallas, Texas 75240  
 USA

*Donald L. Howell*  
*Phillip J. ...*  
 AUTHORIZED SIGNATURE

⑆034642⑆ ⑆082900432⑆ ⑆180009534⑆

Check 34642 Date: 01/30 Amount: \$2,037.00

TEXOMA AREA PARATRANSIT SYSTEM, INC  
 8104 TEXOMA PARKWAY  
 SHERMAN, TX 75090  
 PH. 903-893-4001

SIMMONS BANK  
 720 E. Peyton St., Sherman, TX 75090  
 ⑆1-⑆1917

DATE 34643843

AMOUNT \$ 2,336,403.83

1/24/2023

PAY TO THE ORDER OF  
 TRANSDAY SERVICES INC.  
 4157 COLLECTION CENTER DRIVE  
 CHICAGO, IL 60693  
 USA

*Donald L. Howell*  
*Phillip J. ...*  
 AUTHORIZED SIGNATURE

⑆034643⑆ ⑆082900432⑆ ⑆180009534⑆

Check 34643 Date: 01/25 Amount: \$2,336,403.83

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STREET			
CITY	STATE	ZIP CODE	
EFFECTIVE DATE	SIGNATURE		

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TYPE OF ACCOUNT	CHECKING	SAVINGS	LOAN	CD	ATM / DEBIT CARD	OTHER
ACCOUNT NUMBER						
ACCOUNT NUMBER						

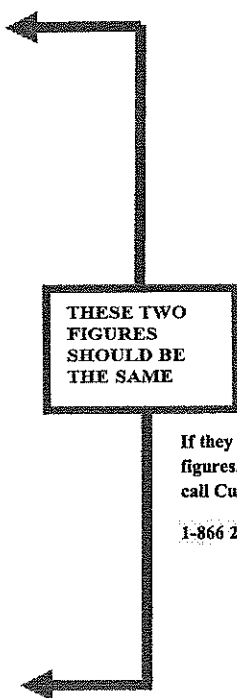
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**RECONCILEMENT INFORMATION**

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- (3) Subtract bank charges included in this statement. (be sure to enter any Bank charges and unrecorded checks in your checkbook)..... \$ \_\_\_\_\_
- NEW BALANCE SHOWN IN YOUR CHECKBOOK..... \$ \_\_\_\_\_**
- (4) Last balance shown on this statement..... \$ \_\_\_\_\_
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- SUB-TOTALS \$ \_\_\_\_\_**
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**These 6 Fast, Easy Steps Will Reconcile The Balance Shown On This Statement With The Balance Shown In Your Checkbook**

CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
<b>TOTAL</b>			<b>\$ _____</b>



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1-866 246 2400 Toll Free

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# FY 2022 OPERATING BUDGET VARIANCE REPORT

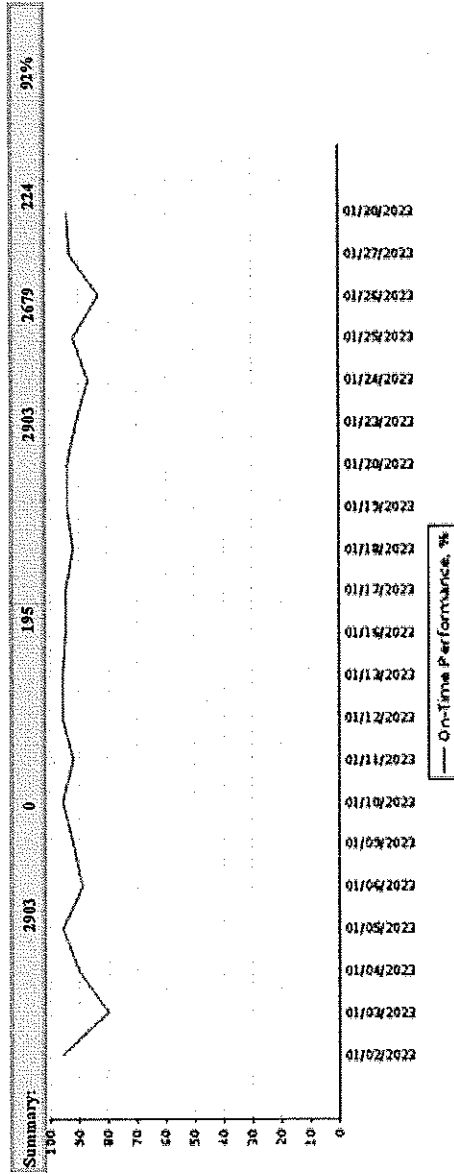
<u>Revenues</u>	<u>YTD</u>			
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>%</u>
FTA 5307	188,333	200,457	12,124	6%
FTA 5311 Rural	240,606	302,538	61,932	26%
FTA 5310 Elderly & Disabled	20,664	61,993	41,329	200%
TX DOT Urban	256,840	120,420	(136,420)	-53%
TX DOT Rural	73,027	235,505	162,478	222%
Operating Revenue	14,000	14,643	643	5%
In-kind Contributions	5,400	5,400	-	0%
Public Contributions	125,936	137,275	11,339	9%
Private Contributions	-	-	-	0%
Advertising Revenue	-	3,600	3,600	0%
Miscellaneous	-	20	20	0%
<b>Total Revenues</b>	<b>924,806</b>	<b>1,081,851</b>	<b>157,045</b>	<b>17%</b>
<b><u>Expenses</u></b>				
Transdev Fixed Cost	497,012	497,012	0	0%
Transdev Variable Cost	335,323	330,548	(4,775)	-1%
<i>hours of service</i>	7,693	7,583	(110)	-1%
Utilities	10,800	11,099	299	3%
Fuel	70,000	57,496	(12,504)	-18%
Board Insurance	6,271	7,063	792	13%
In-Kind Rent	5,400	5,400	-	0%
Miscellaneous	-	2,767	2,767	0%
<b>Total Expenses</b>	<b>924,806</b>	<b>911,386</b>	<b>(13,420)</b>	<b>-1%</b>
Net Income(Loss)	-	170,465	170,465	

# **OPERATIONAL UPDATE**

	Scheduled Trips	Actual Trips	% Taken	Denied Trip Request	Miles	Hours	Trips/ Hour	Miles/ Trip	Direct Op Cost	Cost/ Trip	MPH
Jan-22	2,549	2,417	95%	173	35,219	1,703	1.48	14.57	\$ 61,132	\$ 25.29	20.68
Feb-22	1,952	1,815	93%	71	25,379	1,555	1.17	13.98	\$ 55,823	\$ 30.76	16.32
Mar-22	3,084	2,912	94%	140	38,964	2,035	1.43	13.38	\$ 73,049	\$ 25.09	19.15
Apr-22	2,813	2,669	95%	221	36,460	1,880	1.42	13.66	\$ 67,509	\$ 25.29	19.39
May-22	3,164	2,965	94%	172	42,712	2,195	1.35	14.41	\$ 92,879	\$ 31.33	19.46
Jun-22	3,392	3,198	94%	135	47,165	2,362	1.35	14.75	\$ 99,963	\$ 31.26	19.97
Jul-22	3,123	2,953	94%	149	42,889	2,157	1.37	14.52	\$ 91,297	\$ 30.92	19.88
Aug-22	3,463	3,275	95%	129	46,471	2,183	1.50	14.19	\$ 92,370	\$ 28.20	21.29
Sep-22	3,206	3,036	95%	49	41,276	1,951	1.56	13.60	\$ 82,557	\$ 27.19	21.16
Oct-22	2,976	2,828	95%	87	38,194	1,885	1.50	13.51	\$ 79,768	\$ 28.21	20.26
Nov-22	2,969	2,758	93%	28	39,702	1,889	1.45	14.40	\$ 80,375	\$ 29.14	20.90
Dec-22	3,031	2,836	94%	6	37,942	1,951	1.45	13.38	\$ 82,576	\$ 29.12	19.45
Jan-23	2,903	2,708	93%	21	36,324	1,794	1.51	13.41	\$ 75,924	\$ 28.04	20.25
Average	2,971	2,798	94%	106	39,131	1,964.60	1.42	13.99	\$ 79,632	\$ 28.45	19.86

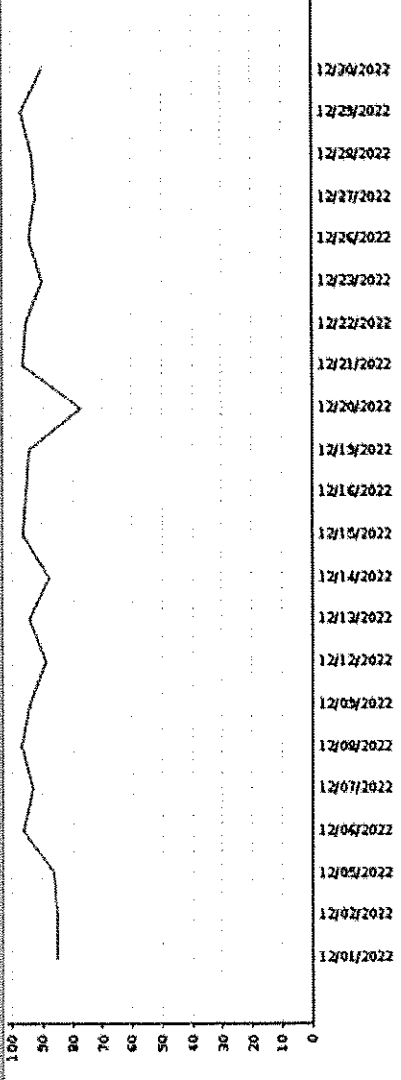


Totals		Jan-23	Scheduled	Actual	% taken	miles	hours	Trips/ hour	Miles/ trip	Direct Op Cost	Cost/trip	% of trip	% of hrs	MPH	Trip Denials
Grayson	1700	1585	19149.13	1,040.81	93%	19149.13	1,040.81	1.52	12.08	44,047.08	27.79	59%	58%	18.40	17
Grayson Urban	1253	1159	10707.23	620.78	92%	10707.23	620.78	1.87	9.24	26,271.41	22.67	43%	35%	17.25	12
Grayson Rural	447	426	8441.9	420.03	95%	8441.9	420.03	1.01	19.82	17,775.67	41.73	16%	23%	20.10	5
Fannin	152	147	2792.36	97.04	97%	2792.36	97.04	1.51	19.00	4,106.73	27.94	5%	5%	28.78	0
Cooke	460	440	3491.12	209.75	96%	3491.12	209.75	2.10	7.93	8,876.62	20.17	16%	12%	16.64	3
Wise	521	474	8203.52	341.85	91%	8203.52	341.85	1.39	17.31	14,467.09	30.52	18%	19%	24.00	1
Clay	2	2	40.5	1.08	100%	40.5	1.08	1.85	20.25	45.71	22.85	0%	0%	37.50	0
Montague	68	60	2647.58	103.51	88%	2647.58	103.51	0.58	44.13	4,380.54	75.01	2%	6%	25.58	0
<b>Monthly Total</b>	<b>2903</b>	<b>2708</b>	<b>36324.21</b>	<b>1,794.04</b>	<b>93%</b>	<b>36324.21</b>	<b>1,794.04</b>	<b>1.51</b>	<b>13.41</b>	<b>75,923.77</b>	<b>28.04</b>	<b>100%</b>	<b>100%</b>	<b>20.25</b>	<b>21</b>



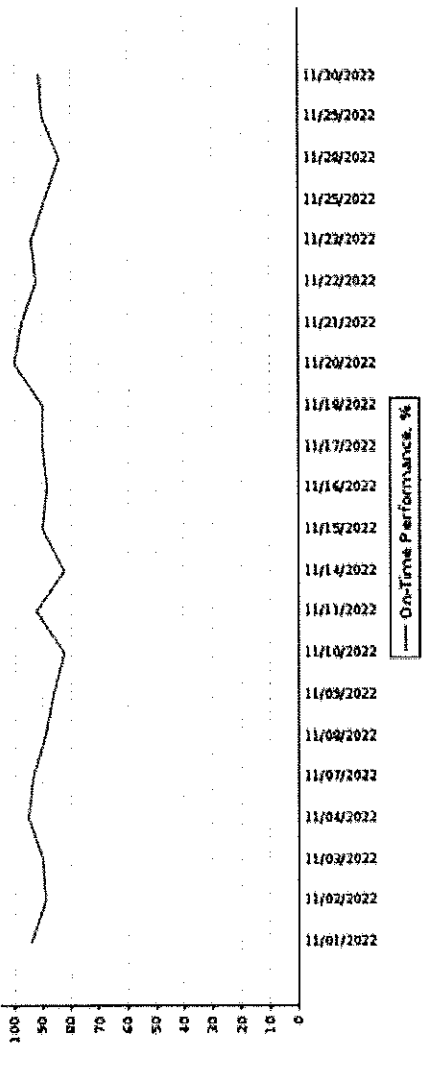
Totals	Dec-22 Scheduled	Actual	% taken	miles	hours	Trips/ hour	Miles/ trip	Direct Op		% of trip	% of hrs	MPH	Trip Denials
								Cost	Cost/trip				
Grayson	1725	1609	93%	18165.32	1,083.18	1.49	11.29	45,840.18	28.49	57%	56%	16.77	3
Grayson Urban	1326	1224	92%	11398.88	720.16	1.70	9.31	30,477.17	24.90	43%	37%	15.83	2
Grayson Rural	399	385	96%	6766.44	363.02	1.06	17.58	15,363.01	39.90	14%	19%	18.64	1
Fannin	158	153	97%	3134.89	109.10	1.40	20.49	4,617.11	30.18	5%	6%	28.73	0
Cooke	506	477	94%	3760.7	254.27	1.88	7.88	10,760.71	22.56	17%	13%	14.79	2
Wise	566	524	93%	9412.86	378.83	1.38	17.96	16,032.09	30.60	18%	19%	24.85	1
Clay	2	2	100%	74.46	1.85	1.08	37.23	78.29	39.15	0%	0%	40.25	0
Montague	74	71	96%	3393.95	124.00	0.57	47.80	5,247.68	73.91	3%	6%	27.37	0
<b>Monthly Total</b>	<b>3031</b>	<b>2836</b>	<b>94%</b>	<b>37942.18</b>	<b>1,951.23</b>	<b>1.45</b>	<b>13.38</b>	<b>82,576.05</b>	<b>29.12</b>	<b>100%</b>	<b>100%</b>	<b>19.45</b>	<b>6</b>

Summary:	3032	0	196	3032	2782	250	92%
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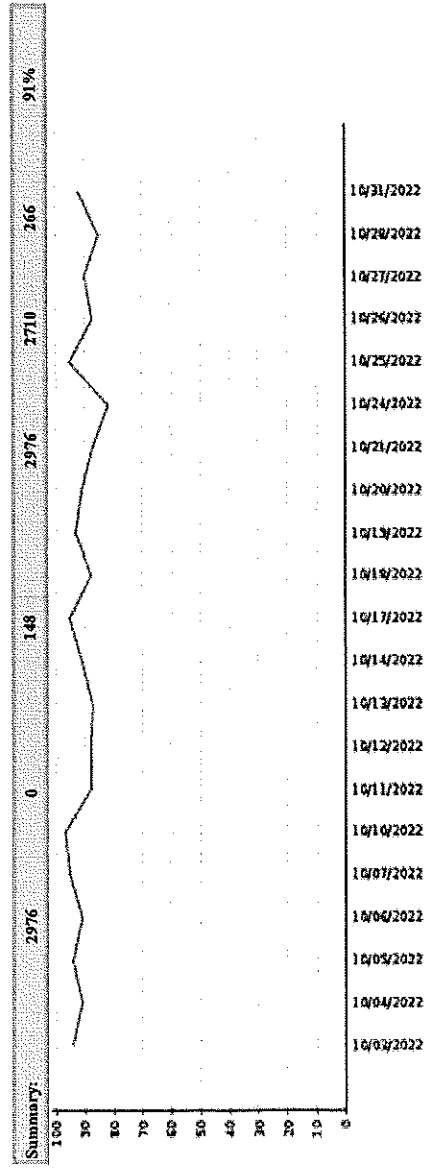


Nov-22	Totals		% taken	miles	hours	Trips/ hour	Miles/ trip	Direct Op Cost	Cost/trip	% of trip	% of hrs	MPH	Trip Denials
	Scheduled	Actual											
Grayson	1662	1538	93%	18772.24	1,025.48	1.50	12.21	43,398.31	28.22	56%	54%	18.31	28
Grayson Urban	1254	1161	93%	11632.22	674.51	1.72	10.02	28,545.26	24.59	42%	36%	17.25	24
Grayson Rural	408	377	92%	7140.02	350.97	1.07	18.94	14,853.05	39.40	14%	18%	20.34	4
Fannin	148	136	92%	2988.6	104.41	1.30	21.98	4,418.63	32.49	5%	5%	28.62	0
Cooke	377	361	96%	3176.54	205.58	1.76	8.80	8,700.15	24.10	13%	11%	15.45	0
Wise	684	629	92%	11476.78	441.19	1.43	18.25	18,671.16	29.68	23%	23%	26.01	0
Clay	4	4	100%	120.03	3.55	1.13	30.01	150.24	37.56	0%	0%	33.81	0
Montague	94	90	96%	3167.72	119.02	0.76	35.20	5,036.93	55.97	3%	6%	26.62	0
<b>Monthly Total</b>	<b>2969</b>	<b>2758</b>	<b>93%</b>	<b>39701.91</b>	<b>1,899.23</b>	<b>1.45</b>	<b>14.40</b>	<b>80,375.41</b>	<b>29.14</b>	<b>100%</b>	<b>100%</b>	<b>20.90</b>	<b>28</b>

Summary:	2969	0	211	2969	2688	281	91%
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Totals		Actual	% taken	miles	hours	Trips/ hour	Miles/ trip	Direct Op Cost	Cost/trip	% of trip	% of hrs	MPH	Trip Denials
Oct-22	Scheduled												
Grayson	1687	1611	95%	19232.21	1,025.89	1.57	11.94	43,415.66	26.95	57%	54%	18.75	80
<b>Grayson Urban</b>	<b>1188</b>	<b>1130</b>	<b>95%</b>	<b>10449.48</b>	<b>571.95</b>	<b>1.98</b>	<b>9.25</b>	<b>24,204.92</b>	<b>21.42</b>	<b>40%</b>	<b>30%</b>	<b>18.27</b>	<b>61</b>
Grayson Rural	499	481	96%	8782.73	2,346.82	0.20	18.26	99,317.42	206.48	17%	125%	3.74	19
Fannin	138	129	93%	2509.89	90.77	1.42	19.46	3,841.39	29.78	5%	5%	27.65	0
Cooke	369	351	95%	3182.23	212.06	1.66	9.07	8,974.38	25.57	12%	11%	15.01	2
Wise	697	652	94%	10605.14	453.11	1.44	16.27	19,175.62	29.41	23%	24%	23.41	5
Clay	0	0	0%	0	-	-	-	-	-	0%	0%	-	0
Montague	85	85	100%	2664.75	103.05	0.82	31.35	4,361.08	51.31	3%	5%	25.86	0
<b>Monthly Total</b>	<b>2976</b>	<b>2828</b>	<b>95%</b>	<b>38194.22</b>	<b>1,884.88</b>	<b>1.50</b>	<b>13.51</b>	<b>79,768.12</b>	<b>28.21</b>	<b>100%</b>	<b>100%</b>	<b>20.26</b>	<b>87</b>



# Taps Maintenance Dept

Compliance Review Period

011/1/2022 - 011/30/2022

Section 1	Total number of PMIs completed			32
PM A's	Target Miles	5000	5	
PM B's	Target Miles	10000	6	
PM C's	Target Miles	30000	0	
PM E's	Target Miles	60000	0	
PM Z's (disinfecting)	Target Days	31	21	
Buses completed	PM Type	Miles From previous PM	On time	Late
323	Z	33		X
324	A/Z	250	X	
341	Z	31	X	
342	Z	28	X	
343	Z	33		X
344	A/Z	5000/28	X	
345	Z	31	X	
347	B/Z	5000/26	X	
349	B/Z	5000/20	X	
350	B/Z	5000/30	X	
351	Z	26	X	
352	A/Z	31		X
354	A/Z	5000/29	X	
355	B/Z	5000/17	X	
356	B/Z	5000/23	X	
Buses completed	PM Type	Miles From previous PM	On time	Late

357	Z	31	X	
359	Z	33		X
361	Z	25	X	
362	A/Z	5000/29	X	
363	B	5000	X	
364	Z	26	X	
365	Z	23	X	

Accessible equipment in PMs

YES

Copies of PMs available

YES

### SECTION 2 Major Maintenance Projects

Major Maintenance Projects completed ?

No

Notes	

### SECTION 3: Records Retention

Current List of TAPS Vehicles

YES

Daily Vehicle Checklists

YES

Preventative Maintenance Checklists

YES

Warranty Claims

NO

### SECTION 4: Facilities / Equipment Condition

Maintenance Facilities in Good Condition ?

Yes / No

Notes	
	Checklist completed 11/3/2022

Equipment in Good Condition ?

Notes	
	checklist completed 11/28/2022

Reviewers Signature

Date

# Taps Maintenance Dept

Compliance Review Period

012/1/2022 - 012/31/2022

Section 1	Total number of PMIs completed			25
PM A's	Target Miles	5000	5	
PM B's	Target Miles	10000	1	
PM C's	Target Miles	30000	0	
PM E's	Target Miles	60000	0	
PM Z's (disinfecting)	Target Days	31	19	
Buses completed	PM Type	Miles From previous PM	On time	Late
<b>323</b>	B	5000	X	
<b>324</b>	Z	33		X
<b>341</b>	A/Z	5000/30	X	
<b>342</b>	Z	31	X	
<b>343</b>	A/Z	5000/27	X	
<b>344</b>	Z	32		X
<b>345</b>	A/Z	5000/29	X	
<b>349</b>	Z	31	X	
<b>350</b>	Z	31	X	
<b>351</b>	Z	31	X	
<b>354</b>	Z	31	X	
<b>355</b>	Z	31	X	
<b>356</b>	A/Z	5000/33	X	X
Buses completed	PM Type	Miles From previous PM	On time	Late

357	Z	32		X
358	A/Z	5000/30	X	
361	Z	31	X	
362	Z	28	X	
363	Z	33		X
364	Z	31	X	
365	Z	30	X	

Accessible equipment in PMs

YES

Copies of PMs available

YES

## SECTION 2 Major Maintenance Projects

Major Maintenance Projects completed ?

No

Notes	

## SECTION 3: Records Retention

Current List of TAPS Vehicles

YES

Daily Vehicle Checklists

YES

Preventative Maintenance Checklists

YES

Warranty Claims

NO

## SECTION 4: Facilities / Equipment Condition

Maintenance Facilities in Good Condition ?

Yes / No

Notes	
	Checklist completed 12/5/2022

Equipment in Good Condition ?

Notes	
	checklist completed 12/28/2022

Reviewers Signature

Date



# Taps Maintenance Dept

Compliance Review Period

01/1/2023 - 01/31/2023

Section 1	Total number of PMIs completed			29
PM A's	Target Miles	5000	6	
PM B's	Target Miles	10000	3	
PM C's	Target Miles	30000	0	
PM E's	Target Miles	60000	0	
PM Z's (disinfecting)	Target Days	31	20	
Buses completed	PM Type	Miles From previous PM	On time	Late
323	Z	36		X
324	Z	31	X	
342	A/Z	5000/32	X	X
343	Z	32		X
344	B/Z	5000/27	X	
345	Z	34		X
349	A/Z	5000/27	X	
350	A/Z	5000/32	X	X
351	Z	35		X
354	B/Z	5000/29	X	
355	A/Z	5000/31	X	
356	Z	34		X
357	B/Z	5000/32	X	X
358	Z	31	X	
359	Z	28	X	
361	A/Z	5000/24	X	
Buses completed	PM Type	Miles From previous PM	On time	Late

<b>362</b>	Z	32		X
<b>363</b>	A/Z	5000/31	X	
<b>364</b>	B/Z	5000/32	X	X
<b>365</b>	A/Z	5000/31	X	

**Accessible equipment in PMs**

YES

**Copies of PMs available**

YES

**SECTION 2 Major Maintenance Projects**

Major Maintenance Projects completed ?

No

<b>Notes</b>	

**SECTION 3: Records Retention**

Current List of TAPS Vehicles

YES

Daily Vehicle Checklists

YES

Preventative Maintenance Checklists

YES

Warranty Claims

NO

**SECTION 4: Facilities / Equipment Condition**

Maintenance Facilities in Good Condition ?

Yes / No

<b>Notes</b>	
	Checklist completed 1/4/2023

Equipment in Good Condition ?

<b>Notes</b>	
	checklist completed 1/30/2022

Reviewers Signature

Date

## TAPS Quarterly Analysis

Analysis of Nov through Jan, 2023

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

### Drug & Alcohol Monitoring

#### Section 1

Pool size for this quarter 22

Drug Test Type	Total # Test Results	Negative Results	Positive Results	Refusals to Test	Cancelled Tests	Random Rate Exceeds FTA Minimum?*
Pre-Employment	6	5	1	0	0	n/a
Random	5	3	2	0	0	yes
Post Accident	0	0	0	0	0	n/a
Reasonable Suspicion	0	0	0	0	0	n/a
Return-to-Duty	0	0	0	0	0	n/a
Follow-Up	0	0	0	0	0	n/a
<b>Total (Drug)</b>	<b>11</b>	<b>9</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Alcohol Type</b>	<b>3</b>	<b>3</b>				n/a
Pre-Employment	0	0	0	0	0	n/a
Random	3	3	0	0	0	yes
Post Accident	0	0	0	0	0	n/a
Reasonable Suspicion	0	0	0	0	0	n/a
Return-to-Duty	0	0	0	0	0	n/a
Follow-Up	0	0	0	0	0	n/a
<b>Total (Alcohol)</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Random drug testing requirements: Must equal  $T = (0.50 * (D/P))$

\*Random alcohol testing requirements: Must equal  $T = (0.1 * (D/P))$

where D = size of pool, and P = number of testing periods per year

**Section 2**

**Review of Certifications:**

Are current certifications for Medical Review Officer, Breath Alcohol Technician, and Substance Abuse Professional on file?

Y / N
-------

**Section 3**

**Records Maintenance:**

Retention time frames clearly marked on each file

**One Year:** Records of negative drug/alcohol test results

**Two Years:** Records related to the collection process and employee training

**Five Years:** Records of verified positive drug/alcohol test results, refusals to take required drug/alcohol tests, employee referrals to the SAP, and copies of annual MIS reports

Records are stored in locked cabinet/room with only program manager and his/her designee(s) having access

Policy clearly states to whom and under what circumstances drug/alcohol records will be released

Initials

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**Section 4**

**Collection Clinic Audits**

Has Transdev conducted a clinic audit within the past 6 months?

Are these records of this clinic audit on file?

Y / N
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Y / N
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**Section 5**

**Drug & Alcohol Training**

New employees and employee transfers to safety-sensitive positions have received a one-time 60-minute training session on the effects and consequences of drug and alcohol use

Newly hired or promoted supervisors who make reasonable suspicion determinations have received a one-time 60-minute training session on the physical, behavioral, speech and performance indicators of probable drug and alcohol use (total of 120 minutes)

Initials

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**Section 6**

**Safety Meetings**

Y / N
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**Section 7**

**Educational Materials Available**

Y / N
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Reviewer's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

# Quarterly Management & Compliance Report

FY 2022

<b>Drug &amp; Alcohol</b>	Nov	Dec	Jan
Pre-employment	1	1	4
Employees in test pool	22	22	23
Random	1	2	2
Post Accident	0	0	0
Reasonable Suspicion	0	0	0
Positive Results	0	2	1
Drug Lab Certification	YES	YES	YES

<b>Safety</b>	Nov	Dec	Jan
Preventable incidents	0	0	1
Total incidents	0	0	2
Preventable Injuries	1	0	0
Total Injuries	1	0	0
Safety Meetings	1	0	1

<b>Complaints</b>	August	Sept.	Oct.
Americans with Disabilities Act (ADA)	0	0	0
Title VI	0	0	0
General	0	0	0