

REQUEST FOR BRATS TRANSIT SERVICE

9/30/2019

Name of Organization: Fairhope Health & Rehab Date of Request: Oct 19, 2019

Contact Person: Tanja Almore Email Address: talmore@nolandhealth.com

Phone Number: 251-727-6315 or 251-888-0087

Billing Address: 108 S. Church Street Fairhope, AL 36532

Do you currently have an approved account with Baldwin Regional Area Transit System? Yes No [checked]

POTENTIAL EXEMPTIONS OR EXCEPTIONS

EXEMPTION: Rural Program Purpose

Is the origin of the proposed trip outside the MPO Urbanized Area (see attached map)? [] Yes [checked] No
Will the proposed transportation be for a human service organization or for elderly, disabled, or low income passengers. [checked] Yes [] No

EXCEPTION 1: Service for Qualified Human Service Organizations (QHSO)

Is the requested service for individuals in one of the following three categories (check all that apply)?
[checked] Those with mobility limitations due to advanced age [checked] Those with disabilities [checked] Those with low income
Does one of the following apply to your entity (check all that apply)?
[checked] Receives funding from federal program listed in attachment [] Is a registered QHSO on the FTA charter website

EXCEPTION 2: Service for Government Officials on Official Government Business

Will the proposed trip occur within BRATS service area (currently all of Baldwin County)? [checked] Yes [] No
Will the proposed involve official government business? [] Yes [checked] No
Will at least one elected or appointed official be on each provided trip? [] Yes [checked] No

EXCEPTION 3: Service When Private Charter Service Not Available

Would you like BRATS to initiate exceptions by issuing a notice to determine whether any registered charter providers are interested in providing your entity with charter service? [checked] Yes [] No
NOTE: if you mark "yes" above, BRATS will issue the required notice to registered charter service providers within Baldwin County. If any provider responds with interest in providing the service, Baldwin County cannot provide your entity with the requested service.

EVENT INFORMATION

Name of Event: Catfish Roundup Date of Event: Oct 19 2019

Contact Person at Event: Mrs. Grimes Cell Phone Number: (251) 937-5993

Number of Vehicles Needed: 1 Number of Passengers: 6 patients 3 staff

Number of Wheelchairs: 4 Number of Lift Assist Passengers: 4

Time to Begin Event: 10am Time Event Will End: 2pm

Pick Up Location & Physical Address: 108 South Church Street Fairhope Health & Rehab Fairhope, AL 36532

Destination Location and Physical Address: 36900 State Hwy 59 Grimes Nursery Bay Minette, AL 36507

A timed itinerary with address details must be supplied for multiple stops.

We acknowledge there will be additional charges for excessive cleanup or damage to the vehicle caused by passengers. We understand charges will include pre and post safety inspections of vehicle and travel times to and from event. We will not hold BRATS responsible for breakdowns, accidents, bad road conditions, inclement weather, and other conditions beyond its control.

Signed: _____ For: _____
(Authorized Signature) (Company Name)

Trip Scheduled: _____ / _____ Approved Cost: _____
(scheduler signature) (date)