



## SACOG Board of Directors

October 16, 2008

### Approve Contract for Mobility and Travel Training

**Issue:** Whether to approve a contract with Paratransit, Inc. for multi-lingual community enhancements.

**Recommendation:** The Transportation Committee unanimously recommends that the Board authorize the Executive Director to enter into a contract with Paratransit, Inc. for Mobility and Travel Training for \$53,400.

**Committee Action/Discussion:** SACOG received a Caltrans Environmental Justice (EJ) Grant for “Multi-lingual and Community Enhancements” for \$75,000. This grant includes mobility training, multi-lingual outreach, and SACRegion 511 Web Site Multi-lingual Assistance, with \$18,400 for mobility training. An additional \$82,000 for mobility training is provided through the Congestion Mitigation & Air Quality (CMAQ) program with Caltrans Local Assistance Program approval of the grant on May 28.

SACOG staff issued a request for proposals on June 18 with a closing date for the receipt of proposals on July 21. The only proposal received was from Paratransit, Inc. Paratransit, Inc. has provided mobility training under contract with SACOG previously for the FY 2004-05 Multi-lingual Transit and Alternative Modes Public Information Outreach Program. A review of the previous contract shows their proposed cost per trainee is lower than the previous contract. SACOG Board approval is required for the contract.

The initial contract is for \$53,400, which includes the Caltrans EJ Grant and CMAQ funding. An additional \$47,000 in CMAQ funds is available to extend the contract following a review by staff of the effectiveness of the contractor and the program in accomplishing its goals of improving mobility and increasing transit ridership. Executive Director approval will be required to extend the contract.

Attached to this staff report is a copy of the evaluation criteria that will be used to determine the effectiveness of the training.

Approved by:

Mike McKeever  
Executive Director

MM:GT:gg

Key Staff: James E. Brown, Supervising Senior Planner, (916) 340-6221  
Gary Taylor, Associate Planner, (916) 340-6279

# Mobility Training Program Evaluation

Name of Trainee:

Address:

Telephone Number:

Name of person filling out the survey (if other than the trainee)

Relationship to the trainee

Name of your Trainer:

1. How would you rate your overall training experience?

Excellent  Good  Average  Poor

2. How would you rate the Trainer's ability to assist you in meeting your specific transit needs?

Excellent  Good  Average  Poor

3. How would you rate the Trainer's knowledge of the bus system?

Excellent  Good  Average  Poor

4. Where were you trained to go?

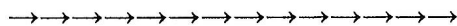
Work  School  Program  Recreation  Other:

5. How many times do you plan to use the bus each week? \_\_\_\_\_

6. Did you use Paratransit services before your training? Yes  No

7. Did the Trainer show you how to travel to other places? Yes  No

Turn over for more questions



**8. Before the training, what was your level of anxiety of fear about using the bus?**

Use the scale from 1 to 5.

No Worry ←-----→ Extremely  
Fearful/Anxious  
1       2       3       4       5

**After the training, what is your level of anxiety of fear about using the bus?**

Use the scale from 1 to 5.

No Worry ←-----→ Fearful/Anxious  
5       4       3       2       1

**9. What did you like about this training program?**

**10. What could be improved about this training program?**

**11. Would you recommend this training program to others?**

Yes     No

**12. Additional comments:**

Thank you for your help in making this program better.

**Signature**

**Date**

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