

**RESOLUTION AUTHORIZING THE FILING OF A GRANT APPLICATION TO THE DIRECTION HOME OF EASTERN OHIO, INC. FOR FUNDING FOR THE ASHTABULA COUNTY TRANSPORTATION SYSTEM (ACTS)**

WHEREAS, Patrick Arcaro, Director of the Ashtabula County Job and Family Services, on behalf of the Ashtabula County Transportation System, has prepared an application to The Direction Home of Eastern Ohio, Inc. for funds in the amount of \$37,472.00, with a local match of \$5,621.00 for a total of **\$43,093.00**; and

WHEREAS, the funds will be used to transport Ashtabula County residents age 60 and over on both the ACTS Demand Response and Deviated Fixed Route services. Residents will be transported to meal sites, grocery stores, senior centers, pharmacies, and social service agencies; and

WHEREAS, the application has been reviewed and it is found that such a grant would be desirable and is necessary; now

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio that an application be made to the Direction Home of Eastern Ohio, Inc. in accordance with a copy of said application on file in this office.

**ASHTABULA COUNTY COMMISSIONERS  
CERTIFICATION PAGE**

Resolution No. 2022-430

October 04, 2022

**RESOLUTION AUTHORIZING THE FILING OF A GRANT APPLICATION TO THE  
DIRECTION HOME OF EASTERN OHIO, INC. FOR FUNDING FOR THE  
ASHTABULA COUNTY TRANSPORTATION SYSTEM (ACTS)**

Upon the motion of Kathryn L. Whittington, seconded by Casey R. Kozlowski.

**VOTE:**

J.P. Ducro IV

Aye

Casey R. Kozlowski

Aye

Kathryn L. Whittington

Aye

**CERTIFICATE OF CLERK**

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



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Lisa Hawkins, Clerk of the Board  
Board of County Commissioners  
Ashtabula County, Ohio



## Application for Social Service Funding Fiscal Year 2023

**Summary: Complete only once regardless of number of services proposed.**

**Organization:** Ashtabula County Transportation System (ACTS)

**Federal Tax ID #:** 34-6000128

**Address:** 2924 Donahoe Drive

Ashtabula, Ohio 44004

**County:** Ashtabula

**Phone #:** 440-994-2502

**Fax #:** 440-998-4253

**Contact Person:** Carol Lennon

**Email:** Carol.Lennon@jfs.ohio.gov

**WellSky Contact Person:** Carol Lennon **Email:** Carol.Lennon@jfs.ohio.gov

**Previously Funded**  **New Applicant**  **Grant Revision**

**Instructions for Application:**

Complete summary, terms and conditions, portal requirements, and sections I-III only once.  
Complete sections IV-VII for each separate service requested.

**Proposal must be received before 2:30 p.m. Friday, October 14, 2022.**

**Deliver to: Don Dockry, Direction Home of Eastern Ohio, Inc.  
1030 N. Meridian Road Youngstown, Ohio 44509**

**Fiscal Year Start date: January 1, 2023 to December 31, 2023.**

**Terms and Conditions**

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, polices, and procedures of this State and the Administration on Aging of the U.S. Department of Health and Human services. Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by Direction Home of Eastern Ohio shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds from the State and/or Federal Governments. Direction Home of Eastern Ohio, Inc., will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that DHEO will fund a proposal. Proposals are subject to review by representatives of the Board and Staff of DHEO. At its sole discretion, DHEO may negotiate the unit price, or any other factors, including, but not limited to, the total funds, the composition of those funds, and the amount and type of match, prior to determining to enter a contract based on a proposal. The sub grantee hereby agrees that it will comply with all Ohio Department of Aging Service Standards. Failure to comply may result in termination of contract. Applicants should read and understand the conditions of contracting in the instruction booklet. Applicants will be required to comply with all applicable service specifications and conditions of contracting should a contract be awarded. Failure to comply may result in termination of contract. Service providers shall understand, agree and comply with the following applicable laws and rules:

1. American's with Disabilities Act of 1990
2. Occupational Safety and Health Act of 1970
3. Equal Employment Opportunity Act
4. Clean Air Act, as amended, 42USC AA 7401 et seq. If contract exceeds \$100,000
5. Certify that no funds appropriated by the contract will be used for lobbying ads described in 31 USC 1352.
6. Provider certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any state or federal department or agency.
7. Declaration Regarding Material Assistance/ Non-Assistance to a Terrorist Organization (ORC 2909.33)
8. Ohio Revised Code, OAC and ODM rules- All laws and regulations pertaining to the services provided.

Print Name J. P. Ducro, IV

Authorized Signature 

Print Title Pres, Board of County Commissioners

Date 10-4-22

Print Name Casey R. Kozlowski

Authorized Signature 

Print Title Vice-Pres, Board of County Commissioners

Date 10-4-22

Print Name Kathryn L. Whittington

Authorized Signature 

Print Title Ashtabula County Commissioner

Date 10-4-22

**Section I. Portal Requirements: Complete only once regardless of number of services proposed.**

Portal requirements are specific requirements of the applicant organization submitting a request for proposal. All portal requirements must be met before the proposal will be considered. Failure to provide the following will result in DHEO not considering the proposal. **Applicants should expect competition for every service specification.**

- 1.) Timeliness-** The application for funding **will not** be accepted if it arrives after the deadline specified. The deadline for the submission of the Application for Funding is **Friday, October 14, 2022 no later than 2:30p.m.** The location for delivery is **Direction Home of Eastern Ohio, 1030 N. Meridian Road Youngstown, Ohio 44509.**
- 2.) Audits-** The organization's most recent audit (minimum 2021 or later) for a non-profit corporation must be submitted. The most recent State audit for governmental entities must be submitted. An independently prepared financial statement, no older than the end of the previous corporate year, must be submitted for for-profit entities. The audit or statement must clearly show the organization bidding on the contract.
- 3.) Tax Returns-** The applicant must submit the most recent filed federal tax return. Tax returns submitted must be current to the last filing deadline for the last filed return plus an extension.
- 4.) Certificate of Good Standing-** A 2022 copy of a certificate of good standing from the Ohio Secretary of State is required. The website to request this document is **www.sos.state.oh.us.** There is a fee for this document.
- 5.) Payroll Taxes-** A copy of the Form 941 filed dated June, 2022 is required. A statement or other agreement regarding any back taxes owed to either the federal or state governments is required if it pertains to payment agreement with the taxing agency and must be current or must be under dispute between the taxing authority and the organization.
- 6.) Insurance-** Evidence of a current liability policy of \$1,000,000 is required.
- 7.) Worker's Compensation-** A copy of a current workers compensation certificate is required.
- 8.) Other-** The organization must certify, in letter format, addressed to Direction Home of Eastern Ohio, Inc. that it is not banned or otherwise sanctioned by the federal or state governments or any agency thereof. DHEO, based on its accounting firm's sole analysis of the information provided can determine that there is a reasonable expectation that the applicant can financially fulfill the terms of the contract for one year, i.e. the applicant is financially stable.

*Direction Home of Eastern Ohio, Inc. at its sole discretion, may waive or allow an applicant to remedy one or more of these issues provided there is either, 1) no competition for the particular dollars, 2) all applicants failed to meet one or more requirements or 3) evidence supports the applicants effort to meet a requirement in a timely manner but another party, outside its control, failed to respond within the deadline.*

**Section II. Provider Introduction: Complete only once regardless of number of services proposed.**

- A.) Give a Brief History of your organization. Please include your mission statement, strategic plan, how long have you been a business, and include all other services you provide regardless of funding.**

Ashtabula County Transportation System (ACTS) has been providing safe, reliable, and affordable transportation to all Ashtabula County residents since 1988. ACTS operates two types of public transit services: a deviated fixed service route within Ashtabula City and surrounding townships and Demand Response service covering all of Ashtabula County. The hours of operation for the service route are Monday – Saturday, 7:00am to 5:00pm and the Demand Response service operates Monday – Friday, 7:00am to 5:00pm. Fares range from \$.75 to \$2.00.

ACTS mission and goals are to provide a County-Wide Para Transit Public Transportation service; that is reliable, accessible, affordable, and safe for the general public, the elderly, low income and persons with disabilities.

ACTS also provides transportation to local medical offices, grocery stores, senior centers or government agencies, employment related needs and social activities to the general public regardless of funding.

- B.) Attach a copy or list of Board Members and/or Advisory Council Members.**

The members of the Board of Ashtabula County Commissioners are:

J. P. Ducro, IV, President  
Casey R. Kozlowski, Vice-President  
Kathryn L. Whittington

ACTS also has a Transportation Advisory Committee (TAC) that meets quarterly. Please see attached list of members.

- C.) In accordance with ODA Administrative Code 173-3-07, it is required that program income and cost share be collected from clients and that their identity be protected. Please describe how you collect program income and cost share income from clients and maintain confidentiality?**

ACTS will accept donations from consumers age 60 and older for transportation. Plain envelopes are available on each vehicle for consumers to use. They do not have to provide any personal information. The donations are counted at the ACTS Operation Center and deposited. The amounts and identity of any consumer is kept confidential.

**Section III. Budget: Complete only once regardless of number of services proposed.**

**TOTAL COMPUTATION OF REVENUE**

<u>Source of Revenue</u>	Contract Cash	In-Kind	Total
1. DHEO funds	\$37,472		\$37,472
2. Local In Kind			
3. Local Cash	\$5,621		\$5,621
4. Program Income			
5. Cost Share			
6. Other Resources (please list)			
7.			
8.			
9. TOTAL	\$43,093		\$43,093

**LOCAL MATCH RATIO**

Source of Funds	\$ Amount	Percentage
DHEO Funds	\$37,472.00	85%
Local Cash	\$5,621.00	15%
Local In-kind	\$	%
<b>TOTAL</b>	\$	100 %

**Local Match Required**

Source of Revenue for Local Cash	Amount
Contract Revenue	\$ 5,621.00
	\$
	\$
<b>Total Cash Match</b>	<b>\$ 5,621.00</b>

Source of Revenue for Local In Kind Match	Amount
	\$
	\$
	\$
<b>Total In Kind Match</b>	<b>\$</b>

<b>Total Match Contribution (Cash + In Kind)</b>	<b>\$</b>
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**Other Resources Revenue**  
**(Senior Aides, Business, Foundations, etc.)**

	\$
	\$
	\$
<b>Total Other Resources</b>	<b>\$</b>

**Total Budget**

	DHEO Funds	Local In Kind	Local Cash	Program Income	Cost Share	Other	Total
Personnel							
Fringes							
Equipment							
Travel							
Supplies							
Rent							
Utilities							
Audit							
Insurance							
Other							
<b>Total</b>	\$37,472		\$5,621				\$43,093

**A.) In the following space, give a budget narrative. (How do you plan on spending the funds?)**

The total budget includes all facility, staffing, equipment, administrative, and training costs including record documentation time. A unit of service is a one-way trip. Funds received from DHEO will be used to transport seniors age 60 and older to the congregate meal sites, medical offices, grocery stores and senior centers. ACTS will provide these services to eligible residents in the cities of Ashtabula, Geneva and Conneaut and surrounding townships including Geneva, Saybrook, Ashtabula, Plymouth, Kingsville, Sheffield and Monroe.



**Section V. Service Goals/Targeting: Complete for each service requested.**

**A.) Complete chart to indicate planned service goals.**

**Planned Annual Units of Service**

Service Category (ex. Personal Care)	Unit of Service (ex. Hours)	Number of Units	DHEO Cost per Unit (Reimbursement Rate)
Transportation	One-Way Trips	4182	\$8.96

**Planned Total Clients**

Unduplicated Clients	Low Income	Minority	Low income Minority	Age 75+	Disabled Handicapped	Rural	Female	Living Alone
36	12	0	3	18	16	9	30	21

**B.) How did you calculate the number of units of service?**

The number of units of service was calculated by taking the funding amount of \$37,472.00 and dividing it by \$8.96 per unit.

**C.) How did you determine the number of unduplicated clients?**

The number of unduplicated clients was determined by using the current individuals on my August 2022 roster and going into the WellSky database and determining the priority categories they qualified for. The number of clients does vary month to month and when someone is no longer eligible for the services (deceased, moved), we will add a new client to the roster.

**D.) How did you determine the number of clients in each priority category you will serve? How will you target special groups including limited English speaking and those at most risk for institutional placement?**

We will prioritize clients and verify their needs by using the information in NAPIS. ACTS also distributes information at various public facilities throughout Ashtabula City and surrounding areas including low-moderate income housing facilities, libraries, and post offices. ACTS has contacts at local churches to inform Ashtabula County residents of the services available. Any special groups such as limited English speaking, Holocaust survivors and LGBTQ communities will have the same access to the information as the general public.

**E.) How will you ensure consumers continuation of services for the full 12 months of funding?**

If ACTS is operating at full capacity and we receive all requested Federal and State Operating funds, ACTS will ensure consumers continued services for the full 12 months. This may require additional local match funds for the full 12 months. I will also closely monitor the number of units ACTS provides each month.

**F.) Briefly describe how you determine placing a consumer on your wait list?**

The ACTS Operation Center will usually receive a phone call inquiring about the program. They refer the individual to Carol Lennon at Ashtabula County JFS. Carol will explain the program to them and tell them there is currently a waiting list, and do they want an application sent to them?

How do you organize your waitlist to ensure that priority populations are being served?

ACTS currently has 7 individuals on the waiting list. The list is prioritized by the date we receive the application back for processing.

**Section VI. Quality of Service: Complete for each service requested.**

**A.) How do you evaluate your program's effectiveness?**

I evaluate ACTS program effectiveness by the number of clients we are serving. My goal is to serve as many clients as possible each month and to monitor ridership and inform new clients who are unaware of the service. ACTS now includes these services on the Service Route buses. By doing this, we have seen an increase in the number of individuals using the program.

**B.) How do you measure consumer satisfaction? If you conduct a satisfaction survey, please attach a copy.**

One way ACTS consumer satisfaction is measured is by the number of complaints the Program Manager receives each month. These complaints are also part of a monthly report that is provided to the JFS Executive Director. **The number of complaints for 2022 are very minimal compared to the number of trips provided.**

The most recent customer satisfaction survey was conducted in April 2019. I do plan to distribute another survey in 2023 so I will have information to compare. The lower scores were in the following categories: operating hours, customer service and availability/scheduling of trips. **NOTE: Courtesy of drivers received an excellent 76% in the survey.**

**C.) How have you used this information for program improvement?**

ACTS has used this information to improve on-time services, customer service at the Operation Center and availability/scheduling of trips. The office staff (scheduler and dispatcher) and the driver's receive mandatory safety and customer service training regularly.

**D.) Give an example of a situation where you've had an unhappy consumer. How did you remedy the complaint and what was the outcome?**

The complaints I receive are very minimal compared to the total trips ACTS provides. If I do receive a complaint from an unhappy consumer, I speak to all parties involved, including the provider, the consumer, and other riders if necessary to determine if the complaint is substantiated. I also request an explanation and a resolution from the provider to help prevent the problem from re-occurring. This process usually results in a positive outcome.

**E.) How do you adapt your services to meet the individual's person-centered care?**

The operating hours for ACTS are M-F, 7:00 am to 5:00 pm for the Demand Response service and M-Sat, 7:00 am to 5:00 pm for the Service Route. There is a medical center and a large grocery store on the Service Route. ACTS also offers transportation to the local Senior Center. I believe this offers all individuals a variety of choices to make medical appointments, go grocery shopping and plan social activities. The consumer knows best what their needs are, and having access to ACTS transportation for these services can help them remain independent and living in their own homes.

**Section VII. Service Capacity: Complete for each service requested.**

**A.) Complete Chart below to indicate past service delivery. Please indicate the service delivered for which the units are being reported.**

**\*Use unduplicated client count (client is counted only once for the year no matter how many units of service they receive for the year).**

<b>Year</b>	<b>Total Units</b>	<b>Total Clients</b>	<b>Minority Clients %</b>	<b>Age 75+ Clients %</b>	<b>Low Income Clients %</b>	<b>Rural Clients %</b>
2021	5,202	33	0	46%	28%	26%
2020*COVID*	2,279	21	0	42%	58%	0
2019	4,149	18	0	62%	38%	0
*DAR ONLY*						

**B.) If the number of people or units of service reported on the previous chart has declined from prior years, what has caused the decline and what provisions are being made to address the decline?**

Quite the opposite has happened. We are serving a greater number of customers than in previous years. This is due to adding the services to the passengers that only use the Service Route buses for their transportation needs. The only decline in services was in 2020 during COVID. This is mainly due to the congregate meal sites being closed.

**C.) Becoming a provider requires collecting and reporting data to Direction Home of Eastern Ohio. What is your process for collecting NAPIS data?**

If we receive a referral from another agency, they complete the application, send it to Community Action, and they enter the information in NAPIS. If JFS receives a referral, a transit unit employee completes the application with the individual, and then enters the information in NAPIS.

How will you make sure your documentation in Wellsky is complete knowing you have to collect NAPIS data? If applicable, have you been compliant with data entry into Wellsky?

For the new consumers that are added at JFS, the transit unit employee gets as much

information as possible from them. As you know, some older folks do not like to answer certain questions. We also use our internal resources (Medicaid and Transportation data bases) to try to verify some of the pertinent information.

**D.) Describe the geographic service boundaries for your proposed service. Are there areas you are not able to serve in the counties you are proposing to serve?**

The majority of consumers ACTS serves are in Ashtabula City because they are on the Service Route. ACTS is also available to serve Geneva and Conneaut Cities. We do have a few consumers from Saybrook and Ashtabula Townships, but Plymouth, Kingsville, Sheffield and Monroe township areas are very rural and we do not have any requests from those areas.

**E.) How will you ensure visibility in all the required service areas?**

Acts distributes the passenger guides to all the Senior Centers, libraries, and post offices, in most of the service areas. Also, the congregate meal sites are helpful in letting people know about ACTS. The TAC members are also aware of the services available, and they share it with the individuals they are serving.

Our ACTS service route buses run continuously throughout Ashtabula City M-SAT 7:00am to 5:00pm and the buses are clearly marked with both phone numbers for ACTS.

Also, the ACTS demand response buses will be seen throughout Ashtabula County during normal operating hours and the buses are clearly marked with both phone numbers if people want to call and get information about what transportation services are available to them. They can be informed about DHEO transportation at that time.

**Section VIII. Innovation: Complete for each service requested.**

**A.) What are some of the creative ways you engage the consumers you service?**

ACTS also provides transportation to special events like the Ashtabula County Fair, the Senior Levy Conference, RAM and events at the Senior Centers. The customers are very happy to have the opportunity to attend these events. We encourage feedback from the consumers. These happy, satisfied ACTS riders will tell their friends!

**B.) What steps do you take to keep staff engaged and involved with your agency?**

An employee in the Transit Unit at JFS is responsible for handling all DHEO transportation inquiries. This same person also handles all other transportation requests for the age 60 and over groups. She has excellent rapport with this age group, especially the elderly and disabled. She is available to inform the public of the services through DHEO if they are not eligible for any other category of transportation. She also enters the data in NAPIS, so she is familiar with the database and the useful consumer information it provides.

This employee enjoys helping this group of consumers and she takes pride in her work.

**C.) What innovative tools are you utilizing to make your agency work more efficiently?**

I periodically cross check the ACTS daily roster to find general passengers who are age 60 and over and not using DHEO funds. We contact them to see if they are interested in the services. If they are, we send out an application. When they return it we set them up in NAPIS. They are usually very grateful they do not have to pay a fare any longer. We also encourage word of mouth from other satisfied customers.

**D.) Give an example of your organization working with another community agency or entity. What outcomes did it produce?**

ACTS works with all the local Senior Centers and Congregate meal sites to coordinate transportation when possible.

When applicable, a JFS staff member will give a presentation at the Senior Centers or the Congregate Meal Sites to inform the public of the services available to them. An outcome of this is the increased ridership we have seen in the past year.



## **Application for Social Service Funding**

**Fiscal Year 2023**

### **Portal Requirements:**

**Most recent single Audit-year ended December 31, 2020, Page 4**

**Letter regarding portal item (3)**

**Certificate of Good Standing**

**Form 941, June 2022**

**Evidence of Liability insurance**

**Current Worker's Compensation certificate**

**Financial Letter**

### **Attachments:**

**Transportation Advisory Committee (TAC) Members**

**ASHTABULA COUNTY**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**FOR THE YEAR ENDED DECEMBER 31, 2020**

<b>FEDERAL GRANTOR Pass Through Grantor Program / Cluster Title</b>	<b>Federal CFDA Number</b>	<b>Pass Through Entity Identifying Number</b>	<b>Passed Through to Subrecipients</b>	<b>Total Federal Expenditures</b>
<b><u>U.S. DEPARTMENT OF HEALTH &amp; HUMAN SERVICES</u></b>				
<i>Passed Through Ohio Department of Jobs &amp; Family Services and the Ohio Department of Developmental Disabilities:</i>				
Medical Assistance Programs:				
Medical Assistance Claiming (MAC) - Title XIX	93.778	FY 20		\$ 210,911
Social Services Block Grant - Title XX	93.667	MR-04 (19-21)		73,886
<b>Subtotal Social Services Block Grant - Title XX</b>				<b>284,797</b>
<b>Subtotal - Ohio Department of Jobs &amp; Family Services and the Ohio Department of Developmental Disabilities</b>				<b>284,797</b>
<i>Passed Through Ohio Department of Jobs &amp; Family Services and the Ohio Department of Mental Health &amp; Addiction Services:</i>				
HEALing Communities Study	93.279	OSU PO-1000101780-21		5,613
SAMHSA COVID-19 Crisis	93.665	1H79FG000645-01		13,750
Social Services Block Grant - Title XX	93.667	FY 20 FY 21		45,455 43,439
<b>Subtotal Social Services Block Grant - Title XX</b>				<b>88,894</b>
Community Mental Health Block Grant	93.958	FY 20 FY 21		31,325 67,958
<b>Subtotal Community Mental Health Grant</b>				<b>99,283</b>
Prevention and Treatment of Substance Abuse:				
ADA Women's set aside	93.959	FY 20	136,020	136,020
ADA Women's set aside		FY 21	131,856	131,856
Federal per capita		FY 20		115,805
Federal per capita		FY 21		36,201
<b>Subtotal - Prevention and Treatment of Substance Abuse</b>			<b>267,876</b>	<b>419,882</b>
<b>Subtotal - Ohio Department of Jobs &amp; Family Services and the Ohio Department of Mental Health &amp; Addiction Services</b>			<b>267,876</b>	<b>627,422</b>
<b><u>U.S. DEPARTMENT OF HEALTH &amp; HUMAN SERVICES</u></b>				
<i>Direct Funding:</i>				
Provider Relief Fund for Coronavirus	93.498	FY20		580,236
<i>Passed Through Ohio Department of Jobs &amp; Family Services:</i>				
Child Welfare Services	93.645	JFSCCW20 JFSCCW21		76,635 19,934
<b>Subtotal Child Welfare Services</b>				<b>96,569</b>
Temporary Assistance for Needy Families	93.558	JFSCTF19 JFSCTF20 JFSCTF19 JFSCTF20 JFSCTF21 JFSSTF20B JFSSTF21B		16,489 3,870 84,382 3,141,361 453,772 (7,223) (2,850)
<b>Subtotal - Temporary Assistance for Needy Families</b>				<b>3,889,801</b>

The accompanying notes to this schedule are an integral part of this schedule.

(Continued)

ASHTABULA COUNTY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2020

FEDERAL GRANTOR Pass Through Grantor Program / Cluster Title	Federal CFDA Number	Pass Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH &amp; HUMAN SERVICES (Continued)</b>				
<i>Passed Through Ohio Department of Jobs &amp; Family Services:</i>				
Title IV E Foster Care	93.658	G-2021-06-0046-20 G-2021-06-0048-21 JFSCFC20 JFSCFC21		\$ 539,867 465,842 1,451,156 482,082 <hr/> 2,938,947
<b>Subtotal - Title IV E Foster Care</b>				<hr/> 2,938,947
Title IV E Adoption Assistance	93.659	JFSCAA20 JFSCAA21		564,971 <hr/> 218,549 783,520
<b>Subtotal - Title IV E Adoption Assistance</b>				<hr/> 783,520
Promoting Safe and Stable Families	93.556	JFSCMC20 JFSCPF20 JFSCMC21 JFSCPF21		7,302 57,818 1,958 <hr/> 11,414 78,492
<b>Subtotal - Promoting Safe and Stable Families</b>				<hr/> 78,492
Chafee Foster Care Independence Program	93.674	JFSCIL20 JFSCIL21		34,784 <hr/> 12,241 47,026
<b>Subtotal - Chafee Foster Care Independence Program</b>				<hr/> 47,026
Child Care and Development Block Grant	93.575	JFSCCD20 JFSCCD21		94,221 <hr/> 73,689 167,910
<b>Subtotal - Child Care and Development Block Grant</b>				<hr/> 167,910
Child Support Enforcement	93.563	4200504 JFSFCS20I JFSFCS19I JFSCCS20I JFSCCS21I		46,108 700 1,151 730,332 <hr/> 249,644 1,027,933
<b>Subtotal - Child Support Enforcement</b>				<hr/> 1,027,933
Children's Health Insurance Program (CHIP)	93.767	MCDFSH20 MCDFSH21 MCDFSH21CV		57,494 12,225 <hr/> 712 70,431
<b>Subtotal - CHIP</b>				<hr/> 70,431
Medicaid Cluster	93.778	MCDFMT20 MCDFMT21 MCDFMP20 MCDFMP21		1,467,160 403,972 29,322 <hr/> (81) 1,900,393
<b>Subtotal - Medicaid Cluster</b>				<hr/> 1,900,393
Social Services Block Grant - Title XX	93.667	JFSCSS20 JFSCSS21 JFSCTX20 JFSCTX21		191,837 70,318 866,557 <hr/> 6,254 934,966
<b>Subtotal - Social Services Block Grant - Title XX</b>				<hr/> 934,966
<b>Subtotal - Ohio Department of Jobs and Family Services</b>				
				<hr/> <hr/> 11,735,987
<i>Passed Through the Ohio Department of Aging; Passed through District XI Area Agency on Aging:</i>				
Special Programs for the Aging - Title III - B	93.044	FY20		20,420
<i>Passed Through the Ohio University:</i>				
State Targeted Response to the Opioid Crisis Grant	93.788	FY20 FY21		89,811 57,119 <hr/> 146,930
<b>Subtotal - State Targeted Response to the Opioid Crisis Grant</b>				<hr/> 146,930
HRSA Grant - Grantee Ohio University	93.912	HRSA-18-116 - FY20 HRSA-18-116 - FY21		9,691 <hr/> 17,585 27,276
<b>Subtotal - HRSA Grant - Grantee Ohio University</b>				<hr/> 27,276
<b>Total U.S. Department of Health &amp; Human Services</b>			<hr/> <hr/> 267,876	<hr/> <hr/> 13,423,068

The accompanying notes to this schedule are an integral part of this schedule.

(Continued)

**ASHTABULA COUNTY**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2020**

<b>FEDERAL GRANTOR Pass Through Grantor Program / Cluster Title</b>	<b>Federal CFDA Number</b>	<b>Pass Through Entity Identifying Number</b>	<b>Passed Through to Subrecipients</b>	<b>Total Federal Expenditures</b>
<b><u>U.S. DEPARTMENT OF HOUSING &amp; URBAN DEVELOPMENT</u></b>				
<i>Direct Funding:</i>				
Shelter Care Plus (SPC) Program	14.238	OH-0202L5E071811-20		\$ 172,085
		OH-0202L5E071811-21		145,162
<b>Subtotal - Shelter Care Plus Program</b>				<b>317,237</b>
<i>Passed Through Ohio Department of Development -</i>				
Community Development Block Grant - Small Cities	14.228	B-F-19-1AD-1		76,948
		B-F-18-1AD-1		328,138
Community Development Block Grant - CHIP		B-C-19-1AD-1		129,823
<b>Subtotal - CDBG Small Cities</b>				<b>534,909</b>
Community Housing Improvement Program CHIP - Home	14.239	B-C-19-1AD-2		308,340
<b>Total U.S. Department of Housing &amp; Urban Development</b>				<b>1,160,486</b>
<b><u>U.S. DEPARTMENT OF AGRICULTURE</u></b>				
<i>Passed Through Ohio Department of Jobs &amp; Family Services:</i>				
Supplemental Food Assistance Program		JFSCF520		20,335
Administrative Matching Grants	10.581	JFSCFP20		428
		JFSCF120		18,963
		JFSCF121		32,824
		JFSSFB20B		(11,238)
		JFSSFB21B		(1,586)
		JFSCFB20		122,857
		JFSCFB21		57,415
<b>Subtotal - Supplemental Food Assistance</b>				<b>239,998</b>
<b>Total U.S. Department of Agriculture</b>				<b>239,998</b>
<b><u>U.S. DEPARTMENT OF ELECTION ASSISTANCE COMMISSION</u></b>				
<i>Passed Through Ohio Secretary of State:</i>				
HAVA Election Security Grant	90.404	N/A		206,284
<b>Total U.S. Department of Election Assistance Commission</b>				<b>206,284</b>
<b><u>U.S. DEPARTMENT OF LABOR:</u></b>				
<i>Passed Through Workforce Investment Act - Area 19 Northeast Ohio Consortium Council of Governments</i>				
<i>Workforce Investment Act Cluster:</i>				
Workforce Investment Act - Adult Programs	17.258	S1904FY20		215,408
Workforce Investment Act - Youth Activities	17.259	C1904FY18		34,336
		C1904FY19		209,313
		C1904FY20		707
<b>Subtotal - Workforce Investment Act - Youth Activities</b>				<b>244,356</b>
Workforce Investment Act - Dislocated Workers	17.278	S1904FY20		179,906
FY20 Rapid Response	17.278	S1904FY20		13,265
<b>Subtotal - WIA Cluster</b>				<b>193,171</b>
<b>Total U.S. Department of Labor</b>				<b>662,935</b>

(Continued)

The accompanying notes to this schedule are an integral part of this schedule.

ASHTABULA COUNTY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2020

FEDERAL GRANTOR Pass Through Grantor Program / Cluster Title	Federal CFDA Number	Pass Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
<b><u>U.S. DEPARTMENT OF TREASURY:</u></b>				
<i>Passed Through the Ohio Office of Budget and Management (OBM)</i>				
Coronavirus Relief Fund				
COVID-19 Relief via House Bill 481 & 614	21.019	House Bill 481 & 614		\$ 4,984,483
				287,267
				<u>5,251,750</u>
<b>Total U.S. Department of Treasury</b>				<u><u>5,251,750</u></u>
<b><u>U.S. DEPARTMENT OF TRANSPORTATION:</u></b>				
<i>Federal Transit Administration</i>				
<i>Passed Through the Ohio Department of Transportation</i>				
Formula Grants for Rural Areas				
Rural Transit Operating	20.509	RPTR-4125-005-201		777,377
Rural Transit Capitalized Maintenance	20.509	RPTM-0125-005-201		94,753
<b>Subtotal - Federal Transit Administration</b>				<u>872,130</u>
<b>Total U. S. Department of Transportation</b>				<u><u>872,130</u></u>
<b><u>U.S. DEPARTMENT OF HOMELAND SECURITY</u></b>				
<i>Passed Through the Ohio Department of Public Safety's</i>				
<i>Emergency Management Agency:</i>				
<i>Homeland Security Cluster</i>				
Homeland Security Grant Program	97.067	EMW-2018-SS-00038		47,729
PRE Disaster Mitigation	97.047	EMC-2018-PC-006		8,016
Emergency Management Performance Grant	97.042	EMC-2019-EP-00005		107,302
	97.042	EMC-2020-EP-00004		108,144
<b>Subtotal - Emergency Management Performance Grant</b>				<u>215,446</u>
<b>Total U. S. Department of Homeland Security</b>				<u><u>271,191</u></u>
<b><u>U.S. DEPARTMENT OF EDUCATION</u></b>				
<i>Passed through the Ohio Department of Developmental Disabilities:</i>				
Special Education-Grants for Infants and Families (Early Intervention Part C)	84.181	H181A190024		44,389
<b>Total U.S. Department of Education</b>				<u><u>44,389</u></u>
<b><u>U.S. DEPARTMENT OF JUSTICE:</u></b>				
<i>Direct Funding</i>				
Mental Health Court Justice Assistance	16.580	2019-JG-D02-00111		51,488
Drug Court Enhancement Project	16.580	2019-DC-BX-0009		59,398
<i>Passed Through the Supreme Court of Ohio</i>				
Ohio Family Drug Court Statewide System Reform Program	16.585	D-1819-08-051541		65,405
<i>Passed Through the Ohio Attorney General's</i>				
<i>Crime Victims Assistance Office:</i>				
Crime Victims Assistance Program (VOCA)	16.575	2121-VOCA-134152037		74,355
<i>Passed Through the Ohio Department of Justice:</i>				
Edward Byrne Memorial Justice Assistant Grant Program	16.738	2016-JG-A01-V6720		34,886
		2017-JG-A01-V6720		57,563
		2019-JG-A01-V6720		16,895
		2019-DL-LEF-5789		13,491
<b>Subtotal - Edward Byrne Memorial Justice Assistant Grant Program</b>				<u>122,825</u>
<b>Total U.S. Department of Justice</b>				<u><u>373,471</u></u>
<b>Totals</b>				<u><u>\$ 267,876</u></u> <u><u>\$ 22,494,702</u></u>

The accompanying notes to this schedule are an integral part of this schedule.



**Ashtabula County Transportation System  
2924 Donahoe Drive  
Ashtabula, OH 44004**

**For Transportation Call:  
(440) 992-4411 or 1-800-445-4140**



10-4-22

To Whom It May Concern:

**Re: Portal Requirements for the 2023 Direction Home of Eastern Ohio, Inc.  
Application for Social Service Funding**

**Item (3) Tax Returns-Ashtabula County Transportation System (ACTS) is part of Ashtabula County. We are a local government Agency and we do not file tax returns. This item does not apply to us.**

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MV CONTRACT TRANSPORTATION, INC., a Delaware corporation, having qualified to do business within the State of Ohio on January 21, 2004 under License No. 1436711 is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of September, A.D. 2022.*

A handwritten signature in blue ink that reads "Frank LaRose".

**Ohio Secretary of State**

**Validation Number: 202226905190**

Form 941 for 2022: Employer's QUARTERLY Federal Tax Return

950122

(Rev. June 2022) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 11-3706363
Name (not your trade name) MV CONTRACT TRANSPORTATION INC
Trade name (if any)
Address 2711 N HASKELL AVE SUITE 1500
Number Street Suite or room number
DALLAS TX 75204
City State ZIP code
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2022 (Check one.)
1: January, February, March
[X] 2: April, May, June
3: July, August, September
4: October, November, December
Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 7405
2 Wages, tips, and other compensation 2 75126859.35
3 Federal income tax withheld from wages, tips, and other compensation 3 7866544.07
4 If no wages, tips, and other compensation are subject to social security or Medicare tax [ ] Check and go to line 6.
5a Taxable social security wages\* 74809454.67 x 0.124 = 9276372.38
5a (i) Qualified sick leave wages\* . x 0.062 =
5a (ii) Qualified family leave wages\* . x 0.062 =
5b Taxable social security tips . x 0.124 =
5c Taxable Medicare wages & tips. 75943133.81 x 0.029 = 2202350.88
5d Taxable wages & tips subject to Additional Medicare Tax withholding 658844.37 x 0.009 = 5929.60
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e 11484652.86
5f Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions) 5f
6 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 19351196.93
7 Current quarter's adjustment for fractions of cents 7
8 Current quarter's adjustment for sick pay 8
9 Current quarter's adjustments for tips and group-term life insurance 9
10 Total taxes after adjustments. Combine lines 6 through 9 10 19351196.93
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a
11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 11b
11c Reserved for future use 11c

\*Include taxable qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31, 2020, and before April 1, 2021.

Name (not your trade name) <b>MV CONTRACT TRANSPORTATION INC</b>	Employer identification number (EIN) <b>11-3706363</b>
---	---

**Part 1: Answer these questions for this quarter. (continued)**

<b>11d</b> Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>11d</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>11e</b> Reserved for future use . . . . .	<b>11e</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>11f</b> Reserved for future use . . . . .		<input style="width:95%;" type="text" value="0.00"/>
<b>11g</b> Total nonrefundable credits. Add lines 11a, 11b, and 11d . . . . .	<b>11g</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>12</b> Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 . . . . .	<b>12</b>	<input style="width:95%;" type="text" value="19351196.93"/>
<b>13a</b> Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . .	<b>13a</b>	<input style="width:95%;" type="text" value="19351196.93"/>
<b>13b</b> Reserved for future use . . . . .	<b>13b</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>13c</b> Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . .	<b>13c</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>13d</b> Reserved for future use . . . . .	<b>13d</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>13e</b> Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>13e</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>13f</b> Reserved for future use . . . . .	<b>13f</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>13g</b> Total deposits and refundable credits. Add lines 13a, 13c, and 13e . . . . .	<b>13g</b>	<input style="width:95%;" type="text" value="19351196.93"/>
<b>13h</b> Reserved for future use . . . . .	<b>13h</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>13i</b> Reserved for future use . . . . .	<b>13i</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>14</b> Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . . .	<b>14</b>	<input style="width:95%;" type="text" value="0.00"/>
<b>15</b> Overpayment. If line 13g is more than line 12, enter the difference <input style="width:150px;" type="text" value="0.00"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

**16** Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	Month 1	<input style="width:95%;" type="text" value="0.00"/>
	Month 2	<input style="width:95%;" type="text" value="0.00"/>
	Month 3	<input style="width:95%;" type="text" value="0.00"/>

Total liability for quarter  Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

▶ You MUST complete all three pages of Form 941 and SIGN it.

Next ▶

Name (not your trade name) MV CONTRACT TRANSPORTATION INC	Employer identification number (EIN) 11-3706363
--	--

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages  /  / ; also attach a statement to your return. See instructions.
- 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . .  Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19
- 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20
- 21 Reserved for future use . . . . . 21
- 22 Reserved for future use . . . . . 22
- 23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23
- 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24
- 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 . . . . . 25
- 26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26
- 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27
- 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 . . . . . 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

*W. Corwin*

Print your name here

W CORWIN

Print your title here

ADP ATTY-IN-FACT

Date  07/31/22

Best daytime phone  877-706-0510

Paid Preparer Use Only

Check if you're self-employed . . . . .

Preparer's name	<input type="text"/>	PTIN	<input type="text"/>		
Preparer's signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Firm's name (or yours if self-employed)	<input type="text"/>	EIN	<input type="text"/>		
Address	<input type="text"/>		Phone	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	ZIP code	<input type="text"/>

# Schedule B (Form 941):

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)   -

Name (not your trade name)

Calendar year     (Also check quarter)

Report for this Quarter...  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

1	174583.56	9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	222608.02
6		14		22	2863733.24	30	
7		15	223209.22	23		31	
8	2820244.90	16		24			

Tax liability for Month 1

6304378.94

**Month 2**

1		9		17		25	
2		10		18		26	
3		11		19		27	441139.06
4		12		20	2870536.47	28	
5		13	295380.73	21		29	
6	2884129.30	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

6491185.56

**Month 3**

1		9		17	3029315.08	25	
2		10	301633.04	18		26	
3	2909627.76	11		19		27	2657.50
4		12		20		28	1233.00
5		13		21	13.36	29	5527.02
6		14		22	3551.35	30	62745.00
7		15		23	1750.89	31	
8		16		24	237578.43		

Tax liability for Month 3

6555632.43

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

19351196.93



**ASHTABULA COUNTY  
COMMISSIONERS  
J. P. Ducro IV  
Casey R. Kozlowski  
Kathryn L. Whittington**



**25 W. Jefferson St.  
Jefferson, OH 44047-1092  
Phone: (440) 576-3750  
Fax: (440) 576-2344  
commissioners@ashtabulacounty.us**

October 4, 2022

**Direction Home of Eastern Ohio, Inc.  
1030 N. Meridian Rd.  
Youngstown, Ohio 44509**

Enclosed for your review, please find a completed FY 2023 Proposal Application along with the required supporting documentation. The Board of Ashtabula County Commissioners and the Ashtabula County Transportation System (ACTS) appreciates the opportunity to apply for these funds to assist the senior population of Ashtabula County with their transportation needs.

The Board of Ashtabula County Commissioners agree to comply with the terms and conditions outlined in the grant application.

Further, this letter is to certify that Ashtabula County is not banned or otherwise sanctioned by the federal or state governments or any agency thereof. Based on the information provided, Direction Home of Eastern Ohio, Inc. can determine that there is a reasonable expectation that the applicant can financially fulfill the terms of an agreement for one year and the applicant is financially stable.

Should you require anything further, please contact Lisa Hawkins, Clerk of the Board at (440) 576-3754 or Carol Lennon, ACTS Program Manager at (440) 994-2502.

Sincerely,

**Ashtabula County Board of Commissioners**

A handwritten signature in blue ink, appearing to read 'J. P. Ducro IV'.

**J. P. Ducro IV, President**

A handwritten signature in blue ink, appearing to read 'Casey Kozlowski'.

**Casey Kozlowski, Vice-President**

A handwritten signature in blue ink, appearing to read 'Kathryn Whittington'.

**Kathryn Whittington, Commissioner**

## ASHTABULA COUNTY TRANSPORTATION SYSTEM (ACTS) TRANSPORTATION ADVISORY COMMITTEE MEMBERS

Renee Howell  
7450 Poore Rd  
Conneaut, Ohio 44030  
440-812-6745  
Email: [rsh73@case.edu](mailto:rsh73@case.edu)  
Term 1-1-20 through 12-31-22

Commissioner Casey Kozlowski  
25 W Jefferson St.  
Jefferson, Ohio 44047  
440-576-3750  
Email: [CRKozlowski@ashtabulacounty.us](mailto:CRKozlowski@ashtabulacounty.us)

Christopher McCain  
331 Lake Ave.  
Ashtabula, Ohio 44004  
440-964-9640, 440-319-1602, 440-650-5035  
Email: [revmccain@aol.com](mailto:revmccain@aol.com)  
Term 1-1-22 through 12-31-24

Judith Barris, Vice-Chairperson  
P.O. Box 2610  
Ashtabula, Ohio 4405-2610  
440-997-1721  
Email: [jbarris@accaa.org](mailto:jbarris@accaa.org)  
Term 1-1-20 through 12-31-22

Dr. German Womack  
6854 North Main St.  
Conneaut, Ohio 44030  
440-265-1114  
Email: [peopleshepherd@windstream.net](mailto:peopleshepherd@windstream.net)  
Term 1-1-22 through 12-31-24

Miriam Walton  
860 Sandusky St.  
Conneaut, Ohio 44030  
440-813-2322, 440-992-3121  
Email: [mwalton@ashtabulamhrs.org](mailto:mwalton@ashtabulamhrs.org)  
Term 1-1-20 through 12-31-22

Elena Marquetti, Chairperson  
1710 Warrick Dr.  
Ashtabula, Ohio 44004  
440-964-3332  
Email: [elenamarquetti@gmail.com](mailto:elenamarquetti@gmail.com)  
Term 1-1-20 through 12-31-22

Michelle Thompson  
2774 Lake Rd  
Conneaut, Ohio 44030  
440-812-1203  
Email: [m.thompson@brightviewhealth.com](mailto:m.thompson@brightviewhealth.com)  
Term 7-14-20 through 12-31-22

Send notifications for the Commissioner's Office to:  
[LLHawkins@ashtabulacounty.us](mailto:LLHawkins@ashtabulacounty.us)  
Lisa Hawkins  
[CMSturgill@ashtabulacounty.us](mailto:CMSturgill@ashtabulacounty.us)  
Crystal Sturgill

**ACJFS STAFF**  
Carol Lennon  
2924 Donahoe Drive  
Ashtabula, Ohio 44004  
440-994-2502  
[Carol.Lennon@jfs.ohio.gov](mailto:Carol.Lennon@jfs.ohio.gov)