Date

ABC Transportation

Advice Letter No. ##

California Public Utilities Commission

Consumer Protection and Protection Division

Transportation Licensing and Analysis Branch

505 Van Ness Avenue

San Francisco, CA 94102

Pursuant to Decision (D.) 20-03-007, ABC Transportation submits this Advice Letter No. ## to request to offset, against the quarterly Access Fund payments due, the amounts spent by ABC Transportation to improve wheelchair accessible vehicle (WAV) service in Quarter \_\_\_ of YEAR. The requested effective date is DATE (30 days from date of filing).

The offset amounts requested by county are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County** | **Offset Requested ($)** |  | **County** | **Offset Requested ($)** |
| **ALAMEDA** |   |  | **ORANGE** |   |
| **ALPINE** |   |  | **PLACER** |   |
| **AMADOR** |   |  | **PLUMAS** |   |
| **BUTTE** |   |  | **RIVERSIDE** |   |
| **CALAVERAS** |   |  | **SACRAMENTO** |   |
| **COLUSA** |   |  | **SAN BENITO** |   |
| **CONTRA COSTA** |   |  | **SAN BERNADINO** |   |
| **DEL NORTE** |   |  | **SAN DIEGO** |   |
| **EL DORADO** |   |  | **SAN FRANCISCO** |   |
| **FRESNO** |   |  | **SAN JOAQUIN** |   |
| **GLENN** |   |  | **SAN LUIS OBISPO** |   |
| **HUMBOLDT** |   |  | **SAN MATEO** |   |
| **IMPERIAL** |   |  | **SANTA BARBARA** |   |
| **INYO** |   |  | **SANTA CLARA** |   |
| **KERN** |   |  | **SANTA CRUZ** |   |
| **KINGS** |   |  | **SHASTA** |   |
| **LAKE** |   |  | **SIERRA** |   |
| **LASSEN** |   |  | **SISKIYOU** |   |
| **LOS ANGELES** |   |  | **SOLANO** |   |
| **MADERA** |   |  | **SONOMA** |   |
| **MARIN** |   |  | **STANISLAUS** |   |
| **MARIPOSA** |   |  | **SUTTER** |   |
| **MENDOCINO** |   |  | **TEHAMA** |   |
| **MERCED** |   |  | **TRINITY** |   |
| **MODOC** |   |  | **TULARE** |   |
| **MONO** |   |  | **TUOLUMNE** |   |
| **MONTEREY** |   |  | **VENTURA** |   |
| **NAPA** |   |  | **YOLO** |   |
| **NEVADA** |   |  | **YUBA** |   |
| **Subtotal** |  $ -  |   | **Subtotal** |  $ -  |
|  |   |   |  |   |
|   |   | **Total Offset Request** | $ -  |

Per D.20-03-007, ABC Transportation provides the following documents in support of its request as indicated in the summary table below (including all counties for which the TNC seeks offsets):

| **Criteria** | **Must Demonstrate** | **Satisfied Requirements (Y/N)** |
| --- | --- | --- |
| **1. Presence and availability of WAVs** | 1. the number of WAVs in operation - by quarter and aggregated by hour of the day and day of the week, and
2. the number and percentage of WAV trips completed, not accepted, cancelled by passenger, cancelled due to passenger no-show, and cancelled by driver – by quarter and aggregated by hour of the day and day of the week
3. operating hours for each geographic area
 |  |
| **2. Improved level of service** | (a.1) WAV Response Times: Either the Level 1 (50%) or Level 2 (75%) had a response time within the response time standard (see Table A)(a.2) Offset Time Standard: Either the Level 1 (50%) or Level 2 (75%) Offset Time Standard for a quarter in a geographic area, and demonstrated improvement over the prior quarter’s performance (see Table B)(b) Trip Completion Standard: Increase in the total number or % of completed WAV trips requested compared to previous quarter (see Table C) |  |
| **3. Efforts to publicize and promote available****WAV services** | Evidence of outreach efforts such as a list of partners from disability communities, how the partnership promoted WAV services, and marketing or promotional materials of those activities |  |
| **4. Full accounting of funds expended** | Qualifying offset expenses are:1. reasonable, legitimate costs that improve a TNC’s WAV service, and
2. incurred in the quarter for which a TNC requests an offset, and
3. on the list of eligible expensesattached as Appendix A
 |  |
| **5. Training and inspections** | (a) certification of WAV driver training completion within the past 3 years, 1. WAV driver training programs used per geographic area, and the number of WAV drivers that completed WAV training in that quarter, and
2. Certification of WAV inspection and approval
 |  |
| **6. Reporting complaints** | (a) number of complaints related to WAV drivers or services – by quarter and geographic area, and broken out by category |  |

*Table A: Level 1 and 2 Response Times by County (minutes)*

|  |  |  |  |
| --- | --- | --- | --- |
| **County** | **Benchmark** | **Q# 20##** | **Within Benchmark?** |
| **Level 1 50%****(mins)** | **Level 2****75%****(mins)** | **Level 1****50%****(mins)** | **Level 2****75%****(mins)** |
| **COUNTY A** | ## | ## | ##.## | ##.## | Yes/No (Level 1/2) |
| **COUNTY B** | ## | ## | ##.## | ##.## | Yes/No (Level 1/2) |

*Table B: Level 1 and Level 2 Offset Time Standards by County (percent)*

| **County** | **Q# 20##** | **Q# 20##** | **Demonstrates Improvement?** |
| --- | --- | --- | --- |
| **Level 1****(%)** | **Level 2****(%)** | **Level 1****(%)** | **Level 2****(%)** |
| **COUNTY A** | ##.##% | ##.##% | ##.##% | ##.##% | Yes/No (Level 1/2) |
| **COUNTY B** | ##.##% | ##.##% | ##.##% | ##.##% | Yes/No (Level 1/2) |

*Table C: Trip Completion Standard*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County** | **Option 1 or 2** | **(1)** **# of completed trips previous quarter** | **(2)** **% of trip requests that were completed previous quarter** | **(1)** **# of completed trips this quarter** | **(2)** **% of trip requests that were completed this quarter** |
| **COUNTY A** | 1/2 | #### | ##.##% | #### | ##.##% |
| **COUNTY B** | 1/2 | #### | ##.##% | #### | ##.##% |

In compliance with General Order 96-B, we served a copy of this advice letter via email upon the parties identified on the attached R.19-02-012 service list on DATE. If there are any questions regarding this advice letter, please contact \_\_\_\_\_\_\_\_\_\_\_\_ (TNC’s contact info).

Any Party can protest or respond to this advice letter by sending a written protest or response via email to CPED at TNCAccess@cpuc.ca.gov. If submitting a protest, the protest must set forth the specific grounds on which it is based, including supporting information or legal arguments. A protest or response to the advice letter must be submitted to CPED within twenty (20) days of the date the advice letter was filed and must be served on the TNC on the same day.

Email a copy of the protest or response to this advice letter to John Smith (TNC contact person) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (TNC email address).

To obtain information about the CPUC’s procedures for advice letters and protests, visit CPUC’s website at [www.cpuc.ca.gov](http://www.cpuc.ca.gov) and look for links to General Order 96-B.

**I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOLLOWING ATTACHMENTS HAVE BEEN EXAMINED BY ME AND IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Yours truly,

John Smith

Title

ABC Transportation

Attachments