

TRANSPORTATION COMPENSATION MEMO

\mathbf{r}	Λ.	TC	٠.
v	А	IC	

TO: Eligible Planning Council and Committee Members

FROM: Mindy He, HIV Planning and Coordination, Program Manager

SUBJECT: TRANSPORTATION COMPENSATION FOR MEETINGS AND/OR TRAININGS

Planning Council members (including affiliates) and/or standing committee members who are living with HIV and have incomes under 500% of the Federal Poverty Level (FPL) (See Appendix A for current FPL) may request compensation to assist in attending meetings and trainings. Members can choose mileage reimbursement via gas card or bus pass. Taxi transportation coordinated by Planning Council Support may be made available. Gas card reimbursement will be based on actual mileage traveled multiplied by the current Internal Revenue Service (IRS) Standard Mileage rate. Reimbursement will be rounded up to the nearest five (5) dollar denomination. IRS Standard Mileage reimbursement rates are updated annually. The most current mileage rate information is available at: https://www.irs.gov/tax-professionals/standard-mileage-rates.

The type of daily bus passes available are:

- Regular fare bus pass
- Reduced fare bus pass (for individuals who meet Orange County Transportation Authority (OCTA) requirements and have a Reduced Fare ID)

Complete form and return email to OCHIVPAC@ochca.com or in person to HIV Planning and Coordination. This memo is to be completed annually or if a member's need changes.

Name:										
Addres	s:									
I am a member of (Select all committees in which you are a member):										
Cou	uncil Executive HCAC IPC PSAP Quality Management									
I request one (1) of the following:										
Gas Card										
Regular Fare Bus Pass Reduced Fare Bus Pass If requesting a bus pass, I certify that I do not already receive a monthly bus pass via Ryan White (RW) Yes No										
Тахі										
By signing below, I certify that I am HIV-positive and meet the income requirement of below 500% FPL										
and understand that Planning Council Support will verify income.										
and an	acistana t		ourien suppor	t will veril		<u>. </u>				
Signatu	e:					Date:				
For Planning Council Support Use Only										
	Calculated Roundtrip Mileage:									
	Approved Gas Card Amount OR Approved Bus Pass Type:									
	Verified Income:									
	Verified RW Monthly Bus Pass:									
	Verified Taxi Need:									

Page 1 of 1 Rev 5/14/25 Tab 2