

SALAMAN / HENRY
ATTORNEYS AT LAW

Michael S. Henry, Esq.
mshenry@salamanhenry.com

July 29, 2015

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

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JUL 29 2015

Re: Application of Granny's Helping Hands, PA, Inc.
Docket #A-2014-2449185

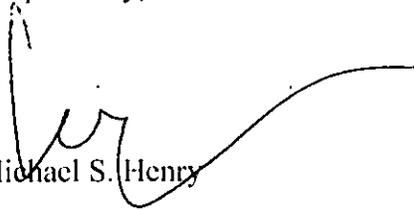
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Dear Secretary Chiavetta:

Enclosed please find the originally-signed Business Plan and Verified Statements requested in the enclosed letter in regard to the above-named application.

Please feel free to contact my office with any questions you may have. Thank you for your assistance.

Respectfully,


Michael S. Henry

MSH/hl
Enc.

100 SOUTH BROAD STREET, SUITE 650 – PHILADELPHIA, PA 19110
TELEPHONE: 215-568-1500 – FACSIMILE: 215-557-6353

SALAMAN / HENRY

A Professional Corporation

Michael S. Henry, Esq.
mshenrv@sghlawgroup.com

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July 8, 2015

Secretary's Office
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105

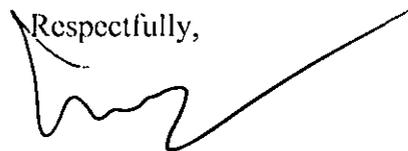
Re: Application of Granny's Helping Hands, PA, Inc.
Docket #A-2014-2449185

Dear Sir/Madam:

Enclosed please find the business plan and supporting statements for the above-named application, Docket #2014-2449185

Please feel free to contact my office with any questions you may have. Thank you for your assistance.

Respectfully,



Michael S. Henry

MSH/hl
Enc.

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100 SOUTH BROAD STREET, SUITE 650 – PHILADELPHIA, PA 19110
TELEPHONE: 215-568-1500 – FACSIMILE: 215-557-6353

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

THE FOLLOWING INFORMATION IS REQUIRED TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

RE : File A-2014-2449185

A-2014-2449185

(PUC Application Docket No.)

GRANNY'S HELPING HANDS PA Inc.

(Legal Name of Applicant)

Let's Go Transportation

(Trade Name, if any)

111 N. Lansdowne Ave., A1

Street Address (principal place of business)

Lansdowne

City or Municipality

PA

State

19050

Zip Code

This document is a business plan, or your proposal for providing the transportation for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

Eloise Jay-Jones, Owner

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

N/A

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

Eloise Jay-Jones applicant has successfully owned and managed homecare agencies from the period 1992 to present. Commonly within the daily routine of that business, Eloise has often supervised the scheduling and organization of required transportation needs for persons, who either did not own vehicles or who were not able to drive themselves.

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4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

The physical location of the office is 111 N. Lansdowne Ave., Suite A1, Lansdowne PA 19050. The office space includes off-street parking for storage of the vehicles.

5. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill request, and continuous communication with drivers.

At start up the service, calls will come into a telephone number, which will be maintained by a Dispatch operator who will take the request for service, set up the appointment as per location and date, and then assign a driver. Operator will record the transport information on the office log. The customer's name and information will be given to the assigned driver. (Per text message) Driver will record information on his schedule. On the date of the desired trip, the operator will phone customer to confirm need and time of driver's arrival. Driver will arrive at the consumer's home, consumer will board transport to be taken to their destination, upon arrival of the destination driver will record time of arrival and phone office to confirm with operator. Company is currently seeking dispatch software products.

6. Please explain:

- a. Your hiring standards for drivers:

Qualified drivers must include the following:

- **Be at least 21 years of age**
- **Possess a valid Pennsylvania driver's license appropriate for vehicle**
- **Receive a physical examination including a vision test prior to hire and annually thereafter.**
- **Obtain the criminal history prior to hire and two years after**
- **Understand that company performs random drug and alcohol testing with a zero tolerance rule, which may terminate driver on first offense**
- **Applicant will not be eligible to drive until company has confirmed a clear and positive review of drivers history from every state in which that person held a motor vehicle operator's license or permit during the preceding 3 years. Following receipt of the initial driver history report, a common or contract carrier shall, at least once every 12 months from the date of the last report, obtain a driver history for each driver operating under its authority from the appropriate agency of the State in which the driver held an operator's license during the time period.**
- **Review for the state of PA will be performed via website apps.pa.gov/idr/account/login at the rate of \$8.00 per license check www.intelius.com/criminal-record.html**
- **A copy of the driver history shall be maintained by the common or contract carrier for at least 2 years.**
- **Drivers must have appropriate insurance coverage 100,000/300,000 bodily injury.**
- **Driver must be willing to provide door-to-door services.**

- b. Your system to ensure prospective drivers will be subject to a criminal background check:

All applicants at the time of application will be informed that the company will screen for criminal history background using the Patch online system.

e. Your driver training program:

Company's driver training program will consist of topics such as :

- Pre-requisites that require annual or bi-annual updates such as Safe driving techniques, Drivers licensing, physicals and insurance certificates.
- Incident reporting is to include accidents, damage to the vehicle, reporting repairs needed to the vehicle, what to do in the event of injury of drivers or customers, approaches to properly handle disgruntled customers.
- Documentation of daily log and how to properly daily inspect vehicle, and reporting findings to company.
- Employee benefits, dress code, employee business and professional etiquette.
- Proper procedure for daily observation checks and recognizing mechanical defaults.
- Proper procedure for callout for vacation
- Proper procedure to return to work after sickness or leave
- Review of drug and alcohol policy and zero tolerance rule.
- Training and documentation of pick up instructions and destination arrival instructions
- Training on documentation and confidentiality of customers information
- Training regarding safe entrance and exiting the vehicle
- Procedure for handling customer's personal belongings
- Streetwise tips
- Rules for guide dog upon vehicle

d. Your system for ensuring that your drivers are properly licensed at all times:

The company will perform monthly checks with The Department of Transportation to ensure that the drivers are adequately licensed via online check system. If driver has had more than one State licensing, the monthly check will be through a nationwide online service.

e. Your system to ensure that all drivers will be subjected to a criminal background check every two years:

Company administrative assistant will have the task of maintaining the applicant's chart and as protocol, a criminal background will be reviewed every two years.

f. Your policies regarding alcohol and drug use by your drivers.

Company has a zero-tolerance drug policy that allows us to randomly screen for drug and alcohol. See Attached exhibit 1

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

Agency: First National Insurance
Contact: Mr. Alan Kleeman
Telephone Number: 215- 357 8484
Premium: \$6,500

10. Criminal Record. Has the applicant been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution? YES _____ NO X

2:08 PM

08/12/15

Granny's Helping Hands PA, Inc.

Balance Sheet Standard

As of April 30, 2015

	<u>Apr 30, '15</u>
ASSETS	
Current Assets	
Checking/Savings	
Citizens Bank Savings	3,188.94
BOA - New	23,740.62
BOA - PA	22,667.45
Granny's working	23,864.40
Granny's payroll	-1,232.60
National Penn - Checking	150.67
Total Checking/Savings	<u>72,384.38</u>
Other Current Assets	
Due from Broker	25,775.84
Total Other Current Assets	<u>25,775.84</u>
Total Current Assets	98,140.32
Fixed Assets	
Accumulated Depreciation	-42,691.20
Furniture & Fixture	4,144.13
Transportation Equipment	39,265.29
Total Fixed Assets	<u>718.42</u>
Other Assets	
loan receivable - employee	803.39
Total Other Assets	<u>803.39</u>
TOTAL ASSETS	<u><u>99,662.13</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Employee Xmas Club Withhold...	1,015.00
Line of Credit - National Penn	58,867.26
Total Other Current Liabilities	<u>59,882.26</u>
Total Current Liabilities	<u>59,882.26</u>
Total Liabilities	59,882.26
Equity	
Capital Stock	100.00
Distributions	
rental house expense	-4,341.60
Distributions - Other	-865,657.41
Total Distributions	<u>-969,999.01</u>
Retained Earnings	899,657.34
Net Income	110,021.34
Total Equity	<u>39,779.37</u>
TOTAL LIABILITIES & EQUITY	<u><u>99,662.13</u></u>

11. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

See Attached

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets

Cash _____
 Other Current Assets (specify) _____

Other Assets

Motor Vehicle Equipment _____
 Building and Structures _____
 Office Equipment _____
 Investments and Funds (specify) _____

TOTAL ASSETS _____

LIABILITIES

Current Liabilities (Due within one year of date) _____

Long Term Liabilities (Due after one year of date) _____

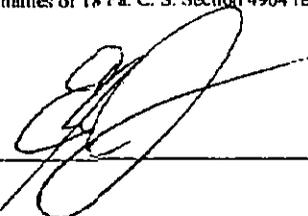
TOTAL LIABILITIES _____

NET WORTH/ OWNER'S EQUITY (Subtract total liabilities from total assets) _____

Disclaimer: Applications are public records and can be accessed on the PUC's website. DO NOT provide social security numbers, credit card numbers, bank account numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.



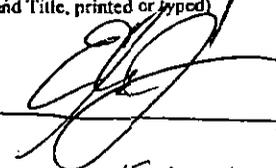
(Signature)

6/10/15

(Date)

Eloise Jay-Jones President

(Name and Title, printed or typed)

 President

Eloise Jay-Jones President

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EXHIBIT 1

DRUG-FREE WORKPLACE POLICY

It is the purpose of Granny's Helping Hands PA, Inc. (the "Company") to help provide a safe, healthy, efficient and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following drug-free workplace policy (the "Policy") for existing and future employees of the Company

The Company explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company or client premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from the Company or client premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company or client premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- The presence of any detectable amount of Prohibited Substances in the employee's system while at work, while on the premises of the company or its clients, or while on company business. "Prohibited Substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

The Company will conduct drug and/or alcohol testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug and/or alcohol testing at any interval determined by the Company, including prior to employment.
- **FOR-CAUSE TESTING:** The Company may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the person who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.

THIS IS A ZERO-TOLERANCE POLICY. If an employee is tested for drugs or alcohol pursuant to this Policy or outside the employment context and the results indicate a violation of this Policy, or if an employee refuses a request to submit to testing under this Policy, the employee shall be discharged from employment.

As a condition of employment, all employees are required to notify the president of GHH of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

Any testing performed under this Policy shall be performed by the Company at the Company's place of business or, upon request by the Company, at an outside laboratory that regularly conducts drug and/or alcohol testing. Such testing may be conducted at any time or place and shall be conducted with at least one (1) witness present.

THE RESULTS OF ANY TESTING PERFORMED UNDER THIS POLICY SHALL BE FULLY ADMISSABLE IN A COURT OF LAW.

As a condition of employment, each employee shall agree to this Policy, with such agreement being evidenced by the employee's execution of the Employee Agreement and Consent to Drug and/or Alcohol Testing.

Revised 8/24/10

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SUPPORTING STATEMENT FOR THE APPLICATION

At Docket Number A-2012-2375687

52 Pa. Code Section 41.14(a) states that an applicant seeking motor common carrier authority has the burden of demonstrating that approval of the application will serve a useful public purpose, responding to a public demand or need. This form documents a statement of support on behalf of the applicant to demonstrate need by the public for the service the applicant wishes to offer. This form may be duplicated as needed for use by each supporting witness.

The Commission requires: 1) supporting witnesses must give evidence proving they need the applicant's service; 2) the supporting witnesses must identify origin and destination points in Pennsylvania which they require transportation AND those points must fall within the operating territory specified in the application; and 3) there must be a sufficient number of supporters for the proposed operating territory.

Failure to demonstrate a public need for the application will result in the application's dismissal. Failure to obtain supporting statements from witnesses in all parts of the proposed operating territory could result in the Commission granting only limited authority consistent with the need demonstrated by the applicant.

Please print or type.

Shelley Ann Thornton
Name of Supporter

328 Providence Road Apt. C210 Pa. 19018-3637
Street Address City or Municipality State Zip Code

Granny's Helping Hands
Name of Applicant

- Describe the type of transportation service needed.

errands

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

cities, boroughs

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

no

- Have you supported similar applications in the past? If so, who was the applicant?

no

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Shelley A. Thornton
(Signature of Supporter)

06-15-15
(Date)

Shelley Ann Thornton
(Supporter's Name, printed or typed)

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Please print or type.

Joseph Doerr Sr.

Name of Supporter

100 East Glenolden Ave

Street Address

Glenolden PA

City or Municipality

State

19036

Zip Code

Granny's Helping Hands, PA Inc.

Name of Applicant

- Describe the type of transportation service needed.

Doctor appointments, errands

- What will be the usual origin and destination? Please give specific locations, such as name of cities, boroughs, or townships.

Chester, King of Prussia, Broomall

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Bi-Weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Not sure of.

- Have you supported similar applications in the past? If so, who was the applicant?

No.

VERIFICATION OF STATEMENT

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Joseph Doerr Sr.
(Signature of Supporter)

July 21, 2015
(Date)

Joseph Doerr, Sr.
(Supporter's Name, printed or Typed)

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Please print or type.

DIANE PATTERSON
Name of Supporter

100 EAST GLENDCIEN AVE - APT R-9 GLENDEN 19036
Street Address City or Municipality State Zip Code

Granny's Helping Hands
Name of Applicant

- Describe the type of transportation service needed.
TO ERRANDS
DR. APPOINTMENTS
Shopping
ANY OTHER NEEDS
- What will be the usual origin and destination? Please give specific locations, such as name of cities, boroughs, or townships.
GLENDEN TO BACON HILL PA - Med. DR.
TO PAID - KING OF PRUSSIA OR CHESTER
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
WEEKLY
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NOT THAT I KNOW OF
- Have you supported similar applications in the past? If so, who was the applicant?
NO

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

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Diane Patterson
(Signature of Supporter)

July 21, 2015
(Date)

DIANE PATTERSON
(Supporter's Name, printed or Typed)

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Please print or type.

MARY BROWN

Name of Supporter

5522 ARCH STREET PHILADELPHIA PA

Street Address

City or Municipality

State

Zip Code

GRANNY'S HELPING HANDS PA INC.

Name of Applicant

- Describe the type of transportation service needed.

DOCTOR'S APPOINTMENTS, GROCERY SHOPPING, ERRANDS

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

PHILADELPHIA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

TWICE WEEKLY

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

NO, A LITTLE COSTLY

- Have you supported similar applications in the past? If so, who was the applicant?

NO.

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

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Mary W. Brown
(Signature of Supporter)

6-15-15
(Date)

Mary W. Brown
(Supporter's Name, printed or typed)

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SALAMAN, GRAYSON & HENRY
100 S BROAD ST STE 650
PHILADELPHIA PA 19110-1030

Scheduled Delivery Date: 07/30/15

Ref#: Granny's
0007

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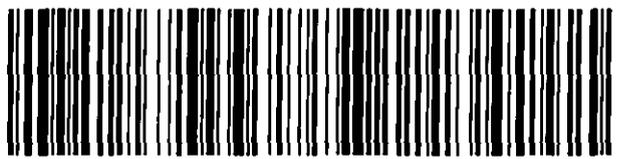
WAIVER OF SIGNATURE

SCHEDULED DELIVERY 12:00 PM

SHIP TO:

ROSEMARY CHIAVETTA, SECRETARY
PENNSYLVANIA PUBLIC UTILITY COMM.
PO BOX 3265
HARRISBURG PA 17105-3265

USPS TRACKING #



9470 1036 9930 0015 6783 29



CMPC

To: **CHIAVETA, R. PUC**

Agency PUC

Floor:

External Carrier:

DELIVERY CONFIRMATION

7/31/2015 10:02:39 AM



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