

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

In re: GRANNY'S HELPING HANDS PA INC.	:	Docket No. A-2014-2449185
	:	
	:	A-6417022
	:	
	:	

EXHIBIT LIST

- Exhibit "A"** PUC's Letter of May 8, 2015
- Exhibit "B"** Counsel's Letter of June 8, 2015
- Exhibit "C"** PUC's Letter of July 14, 2015
- Exhibit "D"** PUC's Letter of July 21, 2015
- Exhibit "E"** Business Plan and Verified Statement of Support of July 27, 2015
- Exhibit "F"** July 27, 2015 Proof of Mailing
- Exhibit "G"** Originally Signed Business Plan and Verifies Statements of July 29, 2015
- Exhibit "H"** July 29, 2015 Proof of Mailing
- Exhibit "I"** PUC's Denial Letter of August 5, 2015

EXHIBIT “A”



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

PL

IN REPLY PLEASE
REFER TO OUR FILE
A-2014-2449185

May 8, 2015

**MICHAEL S. HENRY, ESQUIRE
SALAMAN, GRAYSON & HENRY, P.C.
100 S. BROAD STREET, SUITE 650
PHILADELPHIA PA 19110**

In Re: A-2014-2449185 APPLICATION OF GRANNY'S HELPING HANDS PA, INC.
T/A LET'S GO TRANSPORTATION, LLC FOR PARATRANSIT SERVICE.

Michael S. Henry, Esquire:

The above referenced application has been assigned for review without oral hearing as a restrictive amendment has been agreed on. In order to reach a determination on the application, you are required to file verified statements in support of the application in accordance with 52 Pa. Code §3.381(e)(1).

You are required to file:

- A. BUSINESS PLAN OF APPLICANT.**
- B. SUPPORTING STATEMENTS FOR THE APPLICATION.**

The verified statements should be in paragraph form. Each heading contained in the attached minimum outline form should be a separate section or paragraph. The enclosed form may be used for your convenience.

Please be aware of the fact that the verified statements will be reviewed based on the Commission's decision in the Application of Blue Bird Coach Lines, Inc., (A-00088807, F.2, Am-K) 72 Pa. P.U.C. 262 (1990), which indicates: (1) the supporting witnesses must give evidence which is probative and relevant to the application proceeding; (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must correspond with the scope of the operating territory specified in the application, including request for vice versa authority; and (3) the number of witnesses which will represent a cross section of the public on the issue of need will vary with the breadth of the intended territory and commodity description. You are proposing service from points in the counties of Chester, Delaware, Montgomery, and Philadelphia, Pennsylvania; therefore, it is necessary for you to include supporters from points in that area. A sample form for supporting witnesses has also been enclosed. This form may be copied for the use of the supporting witnesses.

In accordance with 52 Pa. Code §3.381(c)(1)(iii)(A)(I), applicants are given an initial 30 days to file verified statements; your statements will be due on or before *June 8, 2015*. Pursuant to 52 Pa. Code §3.381(c)(1)(iii)(A)(IV), additional time to file verified statements, up to 45 days, may be requested by letter explaining the *extenuating* circumstances why an extension of time should be granted. This written request must be received prior to the initial due date of the verified statements. Failure to file this information within the allotted time, or to receive an extension as specified above, will result in the dismissal of your application.

Questions about the application should be directed to me at (717) 214-7155.

Sincerely,



David P. Thompson
Compliance Specialist
Bureau of Technical Utility Services

Enclosures

EXHIBIT “B”

SALAMAN, GRAYSON & HENRY, P.C.
ATTORNEYS AT LAW

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

June 8, 2015

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

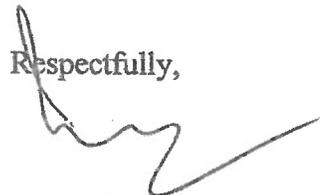
Re: Application of Granny's Helping Hands, PA, Inc.
Docket #A-2014-2449185

Dear Sir/Madam:

I represent the above named applicant in regard to Application # 2014-2449185. We would like to request an extension of time of 45 days to file the Verified Statements requested on May 8, 2015. My client is the owner of ongoing business which has recently been involved in a lawsuit and a workman's compensation matter. Both of these issues have required substantial time and effort on my client's part in addition to operating her ongoing business and preparing her new venture.

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

Respectfully,



Michael S. Henry

MSH/hl

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

EXHIBIT “C”



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

July 14, 2015

Docket No. A-2014-2449185

MICHAEL S. HENRY, ESQUIRE
SALAMAN, GRAYSON & HENRY, PC
100 SOUTH BROAD STREET, SUITE 650
PHILADELPHIA PA 19110

**RE: APPLICATION OF GRANNYS HELPING HANDS PA, INC., FOR PARATRANSIT
SERVICE A-2014-2449185**

Michael S. Henry, Esquire:

On July 8, 2015 the business plan and verified statements of support for Grannys Helping Hands PA, Inc., was accepted for filing and docketed with the Public Utility Commission. The business plan and statements of support were found to be incomplete. In order for us to complete our analysis of your application, requires answers to the attached question.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

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

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, _____, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

EXHIBIT "D"



PENNSYLVANIA PUBLIC UTILITY COMMISSION
400 NORTH STREET 2ND FLOOR, HARRISBURG, PA 17120

July 21, 2015

IN REPLY PLEASE
REFER TO OUR FILE NUMBER
A-2014-2449185

Michael S. Henry
100 South Broad Street Suite 650
Philadelphia PA 19110

Dear Sir/Madam:

We are returning your **Business Plan and Verified Statements of Support of Granny's Helping Hands, PA, Inc.** to you because it is required for us to have an original signature. Please sign in ink as indicated by the tab stating 'Sign Here' and return to the address listed at the top of this letter within 10 days.

Once we receive your Response with your original signature we will be able to process as needed. If you do not return within 10 days your filing will be considered unfiled.

Thank you for your attention to this matter.

Very truly yours,

Rosemary Chiavetta
Secretary

Enclosures
aw

EXHIBIT "E"

U

SALAMAN / HENRY
ATTORNEYS AT LAW

CF

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

July 27, 2015

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

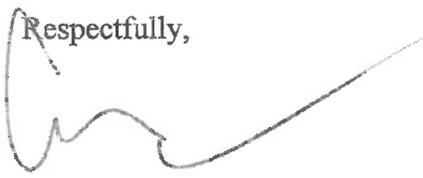
Re: Application of Granny's Helping Hands, PA, Inc.
Docket #A-2014-2449185

Dear Secretary Chiavetta:

Enclosed please find the additional information 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



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

July 14, 2015

Docket No. A-2014-2449185

**MICHAEL S. HENRY, ESQUIRE
SALAMAN, GRAYSON & HENRY, PC
100 SOUTH BROAD STREET, SUITE 650
PHILADELPHIA PA 19110**

**RE: APPLICATION OF GRANNYS HELPING HANDS PA, INC., FOR PARATRANSIT
SERVICE A-2014-2449185**

Michael S. Henry, Esquire:

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Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

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

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, _____, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

In addition, information may Not be sent by fax or e-mail. All information must be mailed to above noted address to be properly documented. Please direct any questions to David Thompson, Bureau of Technical Utility Services, at (717) 214-7155.

Sincerely,

A handwritten signature in cursive script that reads "Rodney D. Bender".

Rodney D. Bender, P.E., Manager
Bureau of Technical Utility Services

Enclosure

Docket No. A-2014-2449185
Grannys Helping Hands PA, Inc.
Data Request

1. Please explain: Your hiring standards for drivers: (item #6(a)):

You indicated "Drivers must have appropriate insurance coverage 100,000/300,000 bodily injury."

Please confirm that all vehicles will be registered to the authority, the authority is responsible for all insurance, and the vehicles must be properly marked indicating the authority.

2. Please provide: Statements of support representing a cross section of the public in the intended territory. You are proposing service from the counties of Chester, Delaware, Montgomery, and Philadelphia.

You provided two (2) statements of support from Delaware, and one (1) statement of support from Philadelphia. The three (3) from Bucks County may not be considered as your restrictive amendment does not allow you to provide service from Bucks County. Please provide statements of support from Chester and Montgomery Counties to verify there is a need for this service in those areas.



GRANNY'S HELPING HANDS PA. INC.

July 20, 2015

Additional Statement

RE: Docket # A 20142449185

Vehicle Registration and Insurance.

All vehicles will be registered and insured as property of Authority Granny's Helping Hands Pa Inc.

DBA Let's Go Transportation Inc. In addition, all vehicles will be properly marked as company vehicles.

Eloise Jay Jones


President

Granny's Helping Hands Pa Inc./ Let's go Transportation Inc

Kirk Savell

Name of Supporter

75 Ardmore Ave #146

Street Address

Ardmore

City or Municipality

Pa

State

19003

Zip Code

Granny's Helping Hands PA, Inc Elvise Jay Jones

Name of Applicant

- Describe the type of transportation service needed.

LOCAL ERRANDS, JUST GETTING OUT

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

ARDMORE

ARDMORE & BRYN MAWR

WYNNWOOD AREA

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

OCCASIONAL

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

TRANSNET & ELCOERNET

prefer what's most affordable

- 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.

X Kirk Savell

(Signature of Supporter)

6/22/15

(Date)

X KIRK SAVELL

(Supporter's Name, printed or Typed)

Please print or type.

William H. Page
Name of Supporter

1569 Osbourne Ave Abington, PA 19001
Street Address City or Municipality State Zip Code

William H. Page Granny's Helping Hands
Name of Applicant

- Describe the type of transportation service needed.

private transportation

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

Abington - local business

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

2 x monthly

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

Unsure

- 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.

William H. Page
(Signature of Supporter)

6/15/15
(Date)

William H. Page
(Supporter's Name, printed or Typed)

Please print or type.

Evelyn Page

Name of Supporter

1569 Osbourne Ave Abington, PA 19001

Street Address

City or Municipality

State

Zip Code

Evelyn Page Granny's Helping Hands

Name of Applicant

- Describe the type of transportation service needed.

private transportation

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

Abington - local businesses

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

2x monthly

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

Unsure

- 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.

Evelyn Page
(Signature of Supporter)

6/15/15
(Date)

Evelyn Page
(Supporter's Name, printed or Typed)

Montgomery

Mrsula Jenkins
Name of Supporter

7446 E. Lincoln Hwy. PA 19320
Street Address City or Municipality State Zip Code

Granny's Helping Hands
Name of Applicant

- Describe the type of transportation service needed.

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

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

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

Public transportation
- 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.

Mrsula Jenkins
(Signature of Supporter)

7/25/15
(Date)

(Supporter's Name, printed or Typed)

Chester

Sandra Vaughn

Name of Supporter

744 E. Lincoln Hwy #207 Coatesville, PA 19320

Street Address

City or Municipality

State

Zip Code

Sandra Vaughn Granny's Helping Hands

Name of Applicant

- Describe the type of transportation service needed.

Car Service

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

Home to Appointments & errands.

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

twice monthly

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

Public transportation.

- 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.

Sandra Vaughn

(Signature of Supporter)

2/25/15

(Date)

SANDRA VAUGHN

(Supporter's Name, printed or Typed)

Chester

MARIAN E London

Name of Supporter

118 E Chestnut St

Street Address

Coatsville Pa

City or Municipality

Pa

State

19320

Zip Code

Granny's Helping Hands

Name of Applicant

- Describe the type of transportation service needed.

transportation to appointments & errand

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

home to appointments - Coatsville

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

2x/month

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

Unsure

- 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.

Marian E London

(Signature of Supporter)

MARIAN E London

(Supporter's Name, printed or Typed)

7/25/15

(Date)

Chester

Joseph Jones

Name of Supporter

429 Oak ST

Street Address

Coatesville

City or Municipality

PA

State

19380

Zip Code

Granny's Helping Hands

Name of Applicant

- Describe the type of transportation service needed. *accessible car service*
- What will be the usual origin and destination? Please give specific locations, such as name of cities, boroughs, or townships. *- Doctor's appt, Food Shopping*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *1 to 2 times a month*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? *Public Bus Service - They only operate M-Fri 6¹⁵ AM - 8³⁰ PM*
- Have you supported similar applications in the past? If so, who was the applicant?

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.

Joseph Jones Jr
(Signature of Supporter)

7-25-18
(Date)

Joseph Jones Jr
(Supporter's Name, printed or Typed)

Chester

EXHIBIT “F”



Create Label

Preferences

Shipping History

Address

Account

Label Details

Label Number:

9470103699300015600559

Terms

Acceptance Cutoff: 07/27/2015 5:00 PM

Acceptance Time: 07/28/2015 7:11 PM

Guaranteed Date: 07/28/2015 12:00 PM

Delivery Status: Delivered
2015-07-29 07:43:00.0

Label Actions

[USPS Tracking®](#)

[Ship Again](#)

[Request A Refund](#)

Need help

[File an insurance claim](#)

Return Address:

HELEN M LYNCH
SALAMAN, GRAYSON & HENRY
100 S BROAD ST STE 650
PHILADELPHIA, PA 19110-1030
helen@sghlawgroup.com

Delivery Address:

ROSEMARY CHIAVETTA, SECRETARY
PENNSYLVANIA PUBLIC UTILITY COMM.
PO BOX 3265
HARRISBURG, PA 17105-3265
Reff#: Granny's

Package:

Ship Date: 07/27/15
Value: \$1.00
From: 19110

Service:

Priority Mail Express™ 1-Day
Flat Rate Envelope
Waiver of Signature

Transaction Number: 343429582

Transaction Type: Label

Payment Method: AMEX-1007

Payment Status: Account Charged

Postage Cost
Waiver of Signature

Label Total:

Order Total:

Timestamp

07-27-2015 15:15:25

07-27-2015 15:13:49

07-27-2015 15:13:36

Message

LABEL PRINTED

Getting Payment

Setting Payment

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EXHIBIT “G”

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

RECEIVED

JUL 29 2015

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

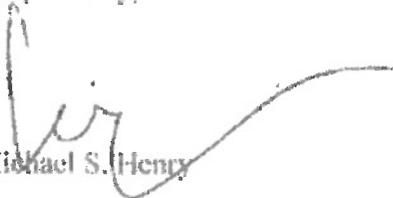
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
400 NORTH STREET 2ND FLOOR, HARRISBURG, PA 17120

July 21, 2015

IN REPLY PLEASE
REFER TO OUR FILE NUMBER
A-2014-2449185

Michael S. Henry
100 South Broad Street Suite 650
Philadelphia PA 19110

Dear Sir/Madam:

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Thank you for your attention to this matter.

Very truly yours,

Rosemary Chiavetta
Secretary

Enclosures
aw

SALAMAN / HENRY

A Professional Corporation

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

~~RECEIVED~~
2015 JUL 10 AM 10:48
PA P.U.C.
SECRETARY'S BUREAU

July 8, 2015

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

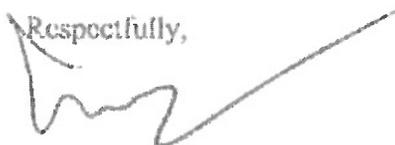
Re: Application of Granny's Helping Hands, PA, Inc.
Docket #A-2014-2449185

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.

RECEIVED

JUL 29 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

100 SOUTH BROAD STREET, SUITE 650 - PHILADELPHIA, PA 19110
TELEPHONE: 215-568-1500 - FACSIMILE: 215-537-6353

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. ILLIGIBLE 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)

<u>111 N. Lansdowne Ave., A1</u>	<u>Lansdowne</u>	<u>PA</u>	<u>19080</u>
Street Address (principal place of business)	City or Municipality	State	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 or 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 rate, 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 www.pa.gov/cdm/ids/accvnuw/foia at the rate of \$8.00 per license check www.pafelaw.com/criminal-records.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 Fitch online system.

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
- Testing and documentation of pick up instructions and destination arrival instructions
- Training on documentation and confidentiality of customer 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 Klerman
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

Granny's Helping Hands PA, Inc.
Balance Sheet Standard
As of April 30, 2015

	Apr 30, '15
ASSETS	
Current Assets	
Checking/Savings	
Citizens Bank Savings	3,188.94
BOA - Now	23,740.52
BOA - PA	22,887.45
Granny's working	23,814.40
Granny's payroll	-1,237.80
National Penn - Checking	150.87
Total Checking/Savings	72,384.38
Other Current Assets	
Duo Iron Broker	25,775.54
Total Other Current Assets	25,775.54
Total Current Assets	98,140.32
Fixed Assets	
Accumulated Depreciation	-42,891.20
Furniture & Fixture	4,144.13
Transportation Equipment	38,268.29
Total Fixed Assets	718.22
Other Assets	
loan receivable - emilyoya	803.30
Total Other Assets	803.30
TOTAL ASSETS	99,662.13
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Employee Xmas Club Withhold...	1,015.00
Line of Credit - National Penn	58,867.28
Total Other Current Liabilities	59,882.28
Total Current Liabilities	59,882.28
Total Liabilities	59,882.28
Equity	
Capital Stock	
Capital Stock	100.00
Distributions	
rental house expense	-4,341.60
Distributions - Other	-655,657.41
Total Distributions	-660,000.01
Retained Earnings	699,657.94
Net Income	110,021.84
Total Equity	39,779.87
TOTAL LIABILITIES & EQUITY	99,662.13

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) _____

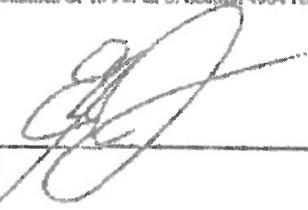
TOTAL LIABILITIES _____

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)



(Signature)

Eloise Jay-Jones President

(Name and Title, printed or typed)

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EXHIBIT 1

DRUG-FREE WORKPLACE POLICY

It is the purpose of Granby'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 ADMISSIBLE 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.

Shelley Ann Thornton
Name of Supporter

828 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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Joseph Doerr Sr.
Name of Supporter

100 East Glenolden Ave. Glenolden PA 19036.
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 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

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.

Joseph Doerr Sr.
(Signature of Supporter)

July 21, 2015
(Date)

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

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DIANE PATTINSON
Name of Supporter

100 EAST GLENDELLEN AVE - APT R-9 GLENDELLEN 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.
*GLENDELLEN TO BROOMALL 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.

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.

Diane Pattinson
(Signature of Supporter)

July 21, 2015
(Date)

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

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Please print or type.

William H. Page
Name of Supporter

1569 Osbourne Ave Abington PA 19001
Street Address City or Municipality State Zip Code

William H. Page
Name of Applicant

- Describe the type of transportation service needed.
- What will be the usual origin and destination? Please give specific locations, such as name of cities, boroughs, or townships.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
- Have you supported similar applications in the past? If so, who was the applicant?

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.

William H. Page
(Signature of Supporter)

6/15/15
(Date)

William H. Page
(Supporter's Name, printed or Typed)

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.

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.

Mary W. Brown
(Signature of Supporter)

6-15-15
(Date)

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

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HELEN M LYNCH
SALAMAN, GRAYSON & HENRY
100 S BROAD ST STE 850
PHILADELPHIA PA 19110-1030

Scheduled Delivery Date: 07/30/15
Ref#: Granny's
0007

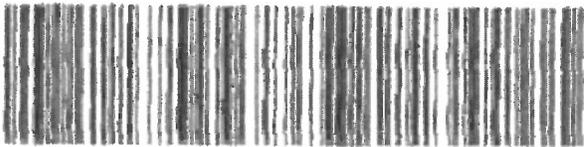
B099

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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Shipping History

Address

Account

Label Details

Label Number:

9470103699300015678329

Terms

Acceptance Cutoff: 07/29/2015 5:00 PM

Acceptance Time: 07/30/2015 5:09 PM

Guaranteed Date: 07/30/2015 12:00 PM

Delivery Status: Delivered
2015-07-31 09:44:00.0

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[Request A Refund](#)

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[File an insurance claim](#)

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HELEN M LYNCH
SALAMAN, GRAYSON & HENRY
100 S BROAD ST STE 650
PHILADELPHIA, PA 19110-1030
helen@sghlawgroup.com

Delivery Address:

ROSEMARY CHIAVETTA, SECRETARY
PENNSYLVANIA PUBLIC UTILITY COMM.
PO BOX 3265
HARRISBURG, PA 17105-3265
Ref#: Granny's

Package:

Ship Date: 07/29/15
Value: \$1.00
From: 19110

Service:

Priority Mail Express™ 1-Day
Flat Rate Envelope
Waiver of Signature

Transaction Number: 343708146

Transaction Type: Label

Payment Method: AMEX-1007

Payment Status: Account Charged

Postage Cost
Waiver of Signature

Label Total:

Order Total:

Timestamp

07-29-2015 15:51:05
 07-29-2015 15:51:00
 07-29-2015 15:50:46

Message

LABEL PRINTED
 Getting Payment
 Setting Payment

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EXHIBIT "I"



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

August 5, 2015

A-6417022
A-2014-2449185

MICHAEL S. HENRY, ESQUIRE
SALAMAN, GRAYSON & HENRY, PC
100 SOUTH BROAD STREET, SUITE 650
PHILADELPHIA PA 19110

Re: Application of *Granny's Helping Hands PA Inc.* 111 N. Lansdowne Avenue A 1,
Lansdowne, Delaware County, Pennsylvania.

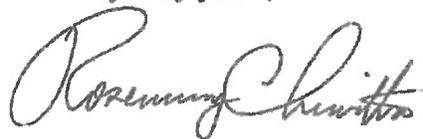
Michael S. Henry, Esquire:

The purpose of this Letter is to advise you that your Application, Docket No. A-2014-2449185, has been **DENIED** by the Pennsylvania Public Utility Commission (Commission). The Commission has determined that a Certificate of Public Convenience **WILL NOT BE GRANTED** for the following reason(s):

- **Insufficient Verified Statements of Applicant.** Under 52 Pa. Code §3.381(c)(1)(iii)(A)(I),(II) and (III) you were required to submit Verified Statements of Applicant to the Commission. The Commission sent you a letter requesting this information on May 8, 2015. That letter advised you that failure to comply with the request to file this information within 30 days would result in denial of your application. You were provided an additional 45 days to provide the required information. On July 14, 2015 you were provided an additional 10 business days to provide the missing information on your document dated July 8, 2015. The carrier is required to maintain the vehicles and provide insurance on the vehicles used to provide service. Information received reflects the carrier will not be in compliance with the 52 Pa. Code. To date you have not filed the required information with the Commission.
- **Insufficient Verified Statements of Support.** Under 52 Pa. Code §3.381(c)(1)(iii)(A)(I),(II) and (III) you were required to submit Verified Statements of Support to the Commission. The Commission sent you a letter requesting this information on May 8, 2015. That letter advised you that failure to comply with the request to file this information within 30 days would result in denial of your application. You were provided an additional 45 days to provide the required information. On July 14, 2015 you were provided an additional 10 business days to provide the missing information. By letter dated July 8, 2015 you provided only two verified statements from Delaware County and one verified statement from Philadelphia County. There were none provided from Chester or Montgomery counties and to date, you have not filed this information with the Commission.

For this reason(s), your application is **DENIED** and **DISMISSED**. If you disagree with this decision, you may request that the Commission reconsider this matter under 52 Pa. Code §5.44. A petition for reconsideration must be filed with the Commission within twenty (20) days of the date of this Letter. If no timely request for reconsideration is made, this action will be deemed to be the final action of the Commission.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Rosemary Chiavetta".

Rosemary Chiavetta
Secretary