

BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

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

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**ORDER**

And now, on this \_\_\_\_\_ day of \_\_\_\_\_, 2015, upon consideration of Petitioner Granny's Helping Hands, Pa. Inc.'s Petition for Reconsideration of the August 5, 2015, denial of the Certificate of Public Convenience, and any response thereto, it is hereby ORDERED and DECREED that the Petition for Reconsideration is GRANTED. It is further ORDERED that the Application for a Certificate of Public Convenience is GRANTED.

BY THE COMMISSION:

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BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

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In re: GRANNY’S HELPING HANDS PA INC.	:	Docket No. A-2014-2449185
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	:	A-6417022
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**GRANNY’S HELPING HANDS PA, INC.’S PETITION FOR RECONSIDERATION OF THE AUGUST 5, 2015 DENIAL OF THE CERTIFICATE OF PUBLIC CONVENIENCE**

TO THE PENNSYLVANIA PUBLIC UTILITY COMMISSION:

Granny’s Helping Hands Pa, Inc. by and through its counsel, Michael S. Henry, Esquire, of Salaman Henry, P.C., hereby files this Motion for Reconsideration of the August 5, 2015 Decision denying the Certificate of Public Convenience , and in support thereof, avers as follows:

**I. INTRODUCTION AND FACTUAL HISTORY**

1. In the instant matter, Petitioner Granny’s Helping Hands, Pa Inc. filed an Application for a Certificate of Public Convenience which was erroneously denied by letter of August 5, 2015 on the basis that supporting documents were never received, notwithstanding the fact that they were forwarded to the Pennsylvania Public Utility Commission by the deadlines of July 28, 2015 and August 1, 2015.

2. On or about May 8, 2015, Petitioner was requested to provide a Business Plan and Supporting Statements for its Application for Certificate of Public Convenience. See, PUC Letter of May 8, 2015, attached hereto as **Exhibit “A”**.

3. On or about June 8, 2015, Petitioner requested an extension for an additional forty five (45) days to file the Verified Statements, which was granted. See, Counsel’s Letter of June 8, 2015, attached hereto as **Exhibit “B”**.

4. On or about July 8, 2015, the PUC received the business plan and verified statements, however in its July 14, 2015 Letter, the PUC requested verifications of the answers and provided Petitioner an additional ten (10) days to forward the information. See, PUC Letter of July 14, 2015, attached hereto as **Exhibit “C”**.

5. On or about July 21, 2015, the PUC returned the Business Plan and Verified Statements and required original signatures to be forwarded within ten (10) days from the date of the letter. See PUC Letter of July 21, 2015, attached hereto as **Exhibit “D”**.

6. Therefore, Petitioner was given two deadlines in which to file: a July 28, 2015 deadline in response to the PUC’s letter of July 14, 2015, and an August 1, 2015, deadline in response to the PUC’s letter of July 21, 2015.

7. On or about July 27, 2015, Petitioner served the Pennsylvania Public Utility Commission with the Business plan and Verified Statements of Support for Granny’s Helping Hands in response to the PUC’s letter of July 14, 2015, attached hereto as **Exhibit “E”**.

8. On or about, July 28, 2015, The Business Plan and Verified Statements were received by the Pennsylvania Public Utility Commission. See, Proof of Mailing the originally signed Business Plan and Verified Statements of Support, attached hereto as **Exhibit “F”**.

9. On or about July 29, 2015, Petitioner served the Pennsylvania Public Utility Commission with the originally signed Business Plan and Verified Statements, attached hereto as **Exhibit “G”** in response to the PUC’s letter of July 21, 2015.. See also, Proof of Mailing the originally signed Business Plan and Verified Statements, attached hereto as **Exhibit “H”**.

10. On or about July 29, 2015, The originally signed Business Plan and Verified Statements were time-stamped by the Pennsylvania Public Utility Commission, and are attached hereto as **Exhibit “G”**.

11. On or about August 5, 2015, Petitioner received a letter from the Pennsylvania Public Utility Commission denying Petitioner's Application for a Certificate of Public Convenience. See, Denial Letter of August 5, 2015 attached hereto as **Exhibit "I"**.

12. The reasons for the denial state that there are Insufficient Verified Statements of Applicant and Insufficient Verified Statements of Support because "[t]o date you have not filed the required information with the Commission." See, Denial Letter of August 5, 2015 attached hereto as **Exhibit "I"**.

13. The letter which was dated August 5, 2015, makes no mention of the originally signed Business Plan, Verification, and Verified Statements of Support that were served on July 27 and July 29, which was before the required deadlines.

14. Petitioner assumes that this must be a clerical error and the originally signed Business Plan and Verified Statements were never docketed or were erroneously docketed and respectfully requests that its Petition for Reconsideration and Application for Certificate of Public Convenience be granted as the supporting documents were timely filed.

## **II. LEGAL STANDARD FOR PETITIONS FOR RECONSIDERATION**

15. Pursuant to 52 Pa. Code § 5.44 Petitions for reconsideration from actions of the staff. "(a) Actions taken by staff, other than a presiding officer, under authority delegated by the Commission, will be deemed to be the final action of the Commission unless reconsideration is sought from the Commission within 20 days after service of notice of the action, unless a different time period is specified in this chapter or in the act."

16. Accordingly, a judgment may be altered or amended if the party seeking reconsideration shows at least one of the following grounds: (1) an intervening change in the controlling law; (2) the availability of new evidence that was not available when the court

granted the motion; or (3) the need to correct a clear error of law or fact or to prevent manifest injustice. Blystone v. Horn, 664 F.3d 397, 415–416 (3d Cir. Pa. 2011)(emphasis added).

### **III. LEGAL ARGUMENT**

**The Commission must grant the Petition for Reconsideration because the Supporting Documents were Timely Filed and the Denial was Based on a Clear Error of Fact.**

17. It was error for the PUC to deny the Application for the Certificate of Public Convenience because the supporting documents were timely filed.

18. Pursuant to the Commonwealth common law “mailbox rule” proof of a mailing raises a rebuttable presumption that the mailed item was received. Samaras v. Hartwick, 698 A.2d 71, 73 (Pa.Super.1997).

19. The presumption under the mailbox rule is not nullified solely by testimony denying receipt of the item mailed. Id.; see also Donegal Mutual Insurance Company v. Insurance Department, 719 A.2d 825 (Pa.Cmwlt.1998) (finding that merely asserting that the letter was not received, without corroboration, is insufficient to overcome the presumption of receipt).

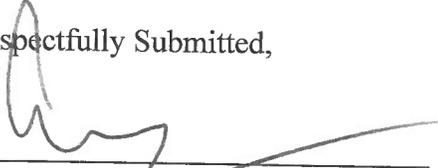
20. As Petitioner timely filed the Supporting documents in support of its Application for Certificate of Public Convenience and provided proof of overnight mailing, there is a rebuttable presumption that the mail was in fact sent timely and was received timely.

21. Moreover, the tracking information provides that both sets of documents were delivered timely.

22. Therefore, it was error to deny the Application because the necessary documents were timely filed.

**WHEREFORE**, Granny's Helping Hands, Pa, Inc. respectfully requests that the Commission grant the Petition for Reconsideration and the Application for Certificate of Public Convenience.

Respectfully Submitted,



---

MICHAEL S. HENRY, ESQUIRE  
Salaman, Grayson & Henry, P.C.  
100 S. Broad Street, Suite 650  
Philadelphia, PA 19110  
(215)-568-1500  
Counsel for Granny's Helping Hands, PA,  
Inc.

Date: August 21, 2015

BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

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

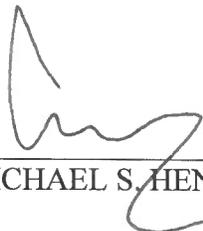
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A-6417022  
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**CERTIFICATE OF SERVICE**

I, hereby certify that I mailed by electronic filing and first class mail, postage prepaid, a copy of the foregoing Petition for Reconsideration on the following:

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



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MICHAEL S. HENRY, ESQUIRE

Dated: August 21, 2015

## 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

PC

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,

A handwritten signature in black ink, appearing to read "David P. Thompson". The signature is written in a cursive style with a large, stylized initial "D".

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](mailto:mshenry@sghlawgroup.com)

June 8, 2015

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

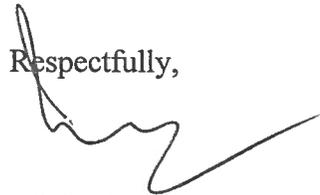
Re: Application of Granny's Helping Hands, PA, Inc.  
Docket #A-2014-2449185

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



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## eFiling Successfully Transmitted



Your filing has been electronically received. Upon review of the filing for conformance with the Commission's filing requirements, a notice will be issued acknowledging such compliance and assigning a Docket Number. The matter will receive the attention of the Commission and you will be advised if any further action is required on your part.

Print this page for your records. The date filed on will be the current day if the filing occurs on a business day before or at 4:30 PM Harrisburg, PA time. It will be the next business day if the filing occurs after 4:30 PM Harrisburg, PA time or on weekends or holidays.

*If your filing exceeds 250 pages, you are required to submit one paper copy of the filing within 3 business days of submitting the electronic filing. This paper copy can be mailed to: Secretary, Pennsylvania Public Utility Commission, Commonwealth Keystone Building, 400 North Street, 2nd Floor, Harrisburg, PA 17120 . Please print a copy of this page and attach it to the paper copy of your filing as the first page.*

eFiling Confirmation	
Docket Number:	A-2014-2449185
Description:	
Transmission Date:	6/8/2015 3:30:25 PM
Filed On:	6/8/2015 3:30:25 PM
eFiling Confirmation Number:	1594919

### Uploaded File List

File Name	Document Class	Document Type
Letter to PUC Requesting Extension of Time to File A2014-2449185 6-8-15.pdf	Communication	Letter

You can view a record of any previous eFiling, including the one you just made, by clicking the **My Filings** link in the left menu.

If a paper copy is required in accordance with the eFiling Regulations, please print this page and include it with your paper filing.

**Customer Hotline 1-800-692-7380 | PUC Webmaster**

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# **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”**



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
400 NORTH STREET 2<sup>ND</sup> 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”**

**SALAMAN / HENRY**  
ATTORNEYS AT LAW

(F)

Michael S. Henry, Esq.  
[mshenry@salamanhenry.com](mailto:mshenry@salamanhenry.com)

July 27, 2015

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

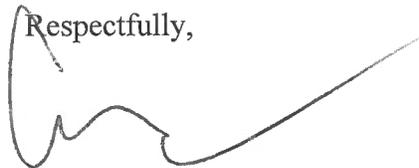
Re: Application of Granny's Helping Hands, PA, Inc.  
Docket #A-2014-2449185

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:

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

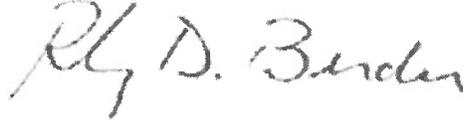
**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

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.

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 black ink that reads "Rodney D. Bender". The signature is written in a cursive style with a large, stylized initial "R".

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

Please print or type.

Kirk Savell

Name of Supporter

75 Ardmore Ave Apt 46

Street Address

Ardmore

City or Municipality

Pa

State

19003

Zip Code

Granny's Helping Hands PA, Inc Elise 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 & ELDERNET

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 A Page  
Name of Supporter

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

William A 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 A. Page  
(Signature of Supporter)

6/15/15  
(Date)

William A 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?

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.

Evelyn Page

(Signature of Supporter)

6/15/15

(Date)

Evelyn Page

(Supporter's Name, printed or Typed)

Montgomery

Please print or type.

Mrsula Jenkins  
Name of Supporter

7414 E. Lincoln Hwy. PA 19320  
Street Address City of 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

Please print or type

Sandra Vaught  
Name of Supporter

714 E. Lincoln Hwy #207 Cotatesville, PA 19320  
Street Address City or Municipality State Zip Code

Sandra Vaught 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 Vaught  
(Signature of Supporter)

2/25/15  
(Date)

SANDRA VAUGHT  
(Supporter's Name, printed or Typed)

Chester

Please print or type.

MARIAN E London  
Name of Supporter

118 E Chestnut St Coatsville Pa 19320  
Street Address City or Municipality State 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)

7/25/15  
(Date)

MARIAN E London  
(Supporter's Name, printed or Typed)

Chester

Please print or type.

Joseph Jones

Name of Supporter

429 Oak St

Street Address

Coatesville

City or Municipality

PA

State

19320

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 6:15 AM - 8:30 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 Sr*  
(Signature of Supporter)

*7-25-18*  
(Date)

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

*Chester*

# **EXHIBIT “F”**





Create Label

Preferences

Shipping History

Address I

Account i

## 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  
Ref#: 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****Message**

07-27-2015 15:15:25

LABEL PRINTED

07-27-2015 15:13:49

Getting Payment

07-27-2015 15:13:36

Setting Payment

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# **EXHIBIT “G”**

**SALAMAN / HENRY**  
ATTORNEYS AT LAW

Michael S. Henry, Esq.  
[mshenry@salamanhenny.com](mailto:mshenry@salamanhenny.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

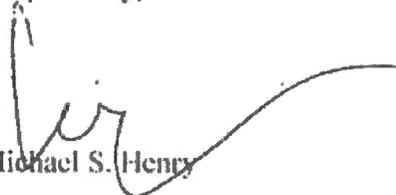
PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
400 NORTH STREET 2<sup>ND</sup> 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,

A handwritten signature in cursive script that reads "Rosemary Chiavetta".

Rosemary Chiavetta  
Secretary

Enclosures  
aw

# SALAMAN / HENRY

A Professional Corporation

Michael S. Henry, Esq.  
[mshenry@sghlawgroup.com](mailto:mshenry@sghlawgroup.com)

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July 8, 2015

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

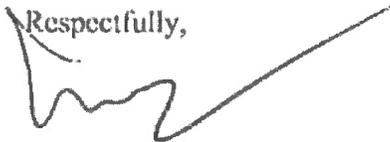
Re: Application of Granny's Helping Hands, PA, Inc.  
Docket #A-2014-2449185

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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JUL 29 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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

# 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)

<u>111 N. Lansdowne Ave., A1</u>	<u>Lansdowne</u>	<u>PA</u>	<u>19050</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 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 <https://pa.gov.com/ldr/account/login> at the rate of \$8.00 per license check [www.intelins.com/criminal-record.html](http://www.intelins.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.

c. 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

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

	<u>Apr 30, '15</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
Citizens Bank Savings	3,188.94
BOA - Now	23,740.52
BOA - PA	22,657.45
Granny's working	23,884.40
Grannys payroll	-1,232.80
National Penn - Checking	150.67
<b>Total Checking/Savings</b>	<u>72,384.38</u>
Other Current Assets	
Due from Broker	25,775.54
<b>Total Other Current Assets</b>	<u>25,775.54</u>
<b>Total Current Assets</b>	<u>98,140.32</u>
Fixed Assets	
Accumulated Depreciation	-42,691.20
Furniture & Fixture	4,144.13
Transportation Equipment	39,265.29
<b>Total Fixed Assets</b>	<u>718.42</u>
Other Assets	
loan receivable - employee	803.39
<b>Total Other Assets</b>	<u>803.39</u>
<b>TOTAL ASSETS</b>	<u><u>99,662.13</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Employee Xmas Club Withhold...	1,015.00
Line of Credit - National Penn	59,867.28
<b>Total Other Current Liabilities</b>	<u>59,882.28</u>
<b>Total Current Liabilities</b>	<u>59,882.28</u>
<b>Total Liabilities</b>	<u>59,882.28</u>
Equity	
Capital Stock	100.00
Distributions	
rental house expense	-4,341.60
Distributions - Other	-955,657.41
<b>Total Distributions</b>	<u>-960,000.01</u>
Retained Earnings	899,657.34
Net Income	110,021.84
<b>Total Equity</b>	<u>39,779.97</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<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) \_\_\_\_\_

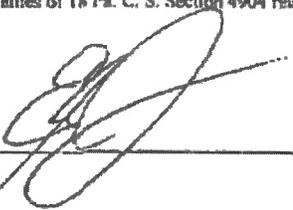
TOTAL LIABILITIES \_\_\_\_\_

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.

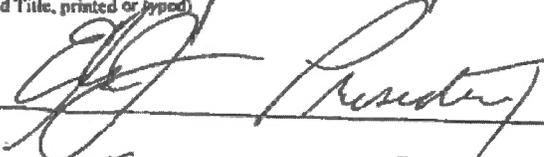
Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth herein 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)

4/10/15  
(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 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 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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JUL 29 2015

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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)

**RECEIVED**

JUL 29 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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

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)

RECEIVED

JUL 29 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Please print or type.

DIANE PATTERSON  
Name of Supporter

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

Cranny'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 PAW - 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 Patterson  
(Signature of Supporter)

July 21, 2015  
(Date)

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

**RECEIVED**

JUL 29 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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)

Please print or type.

MARY BROWN

Name of Supporter

5522

ARCH STREET

Street Address

PHILADELPHIA PA

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)

RECEIVED

JUL 29 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



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E

usps.com 9470 1036 9930 0015 6783 29 0181 1000 0021 7105  
\$18.11

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Flat Rate Env



Commercial Base Pricing

07/29/15

Mailed from 19110 082S0000000309

**PRIORITY MAIL EXPRESS 1-DAY™**

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

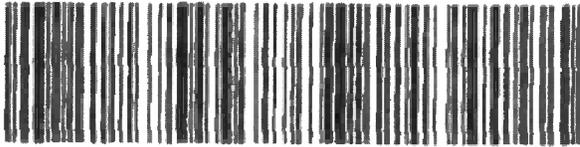
WAIVER OF SIGNATURE

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



9470103699300015678329



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# **EXHIBIT “H”**





Create Label

Preferences

Shipping History

Address I

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

#### 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: 07/29/15  
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****Message**

07-29-2015 15:51:05

LABEL PRINTED

07-29-2015 15:51:00

Getting Payment

07-29-2015 15:50:46

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 black ink, appearing to read "Rosemary Chiavetta". The signature is written in a cursive style with a large initial "R".

Rosemary Chiavetta  
Secretary