

New federal funding for specialized transportation is available in Los Angeles County. Your survey responses will help ASI to identify and prioritize possible projects and ensure you receive new funding information.

Contact Person:		Agency Name:	
Title:		Program Site Address:	
E-mail:		City & Zipcode:	
Phone/Ext:		Mailing Address:	
Agency website:		City & Zipcode:	

1. What services do you provide? *(Please attach brochures or flyers as necessary)*

2. Agency type: *(check one only):*

Private, for profit Private, non-profit

Public agency Faith based organization

Tribal organization

3. Number of active clients on your agency's roster living within Los Angeles County:

_____ # Total enrolled clients / consumers

_____ # Average daily attendance/ridership

_____ # of clients who require transportation assistance from the door or curb

_____ # of clients in wheelchairs or mobility device

_____ # ADA eligible riders

4. Primary client population served (e.g. youth, seniors, low-income): _____

5. Describe any transportation provided by your agency: *(check all that apply)*

NO TRANSPORTATION operated, contracted, subsidized or arranged.

OPERATE transportation with full responsibility for the transportation by this agency.

ACT as CONTRACTOR for one or more agencies to provide transportation services.

CONTRACT for transportation with services provided by another entity under contract to this agency.

SUBSIDIZE transportation through agency purchase of coupons, scrip, passes, fares or mileage reimbursement.

ARRANGE for transportation by assisting with information but clients responsible for follow-up.

Other *(please specify)* _____

6. What trips do your clients need that are unserved or poorly served? *(check all that apply)*

Medical trips

Adult day care or health care trips

Same Day Transportation Service

Environmental Barriers to access fixed route/bus

Senior Programs/ senior nutrition trips

Employment trips between 8am – 5pm

Employment trips - night or early morning work shifts

Shopping and multiple errand trips

Visiting family or friends

Recreation during daytime

Recreation during evenings

Recreation on weekends

Children to day care, school or after-school care

Adult school during evenings or on weekends

Long trips (beyond local community) for purposes of _____

7. Are you interested in transportation service coordination? *(check all that apply)*

What kind of coordination is your agency participating in?

Pooling, or sharing of vehicles among agencies

Coordinated vehicle and capital purchases

Shared fueling, maintenance and storage facilities

Joint purchase of supplies, equipment or insurance

Coordinated trip scheduling and/or dispatching

Contracting to provide transportation to other agencies

Pooling of financial resources to better coordinate service

Other _____

Not interested in transportation coordination activities

8. Please explain your difficulties with coordination?

Transportation survey, page 2

If you answered **NO TRANSPORTATION** to #5, please stop here and return the survey form in the enclosed envelope. Otherwise, please continue. Thank You.

9. Transportation services are provided to:

- Any person served by this agency
- Only formally enrolled agency clients
- Clients authorized/ approved for purchased transportation
- General public
- Other, please specify _____

10. How many vehicles do you have for client transportation?

11. How many vehicles are used for client transportation on an average day? _____

12. Number & capacity of vehicles:

(please complete all that apply)

- A. ___ 9 or fewer passengers
- B. ___ 10 - 14 passengers
- C. ___ 15 - 24 passengers
- D. ___ 25 passengers or more
- E. ___ How many are wheelchair lift-equipped?

13. How many of your vehicles are:

___ less than 3 yrs old? ___ 3-5? ___ 5-7? ___ over 7 yrs old?

14. Vehicle use:

Please tell us about the amount of service you provide:

A. _____ Average # trips per DAY
(A trip is counted each time a passenger boards the vehicle)

B. _____ Average DAILY vehicle miles
(Average daily miles your fleet of vehicles travel to transport riders)

15. Transportation service area:

Please list cities /or describe the geographic region your agency serves:

- Within a ___ radius of: _____
- Throughout Los Angeles County

16. Days and hours of service:

	Service Hours	First Pick-up	Last Drop-off
Weekdays			
Saturdays			
Sundays			

17. Do you charge passengers a fare?

- No
- Yes, If so, how much? _____

18. Do you have any cooperative service agreements?

- No
- Yes, cooperative arrangements with (what type?): _____

19. Your transportation budget (current year)

- \$ _____ For vehicle operations (drivers, maintenance, fuel)
- \$ _____ For new vehicles or equipment
- \$ _____ For Bus Passes
- \$ _____ Taxi vouchers or other specialized transportation
- \$ _____ Other (please specify) _____

20. How much do you plan to spend on specialized transportation services (per year) \$ _____

21. Funding sources for transportation budget

(indicate source and please identify other as appropriate)

<u>County/Local Funding</u>	<u>Federal Funding</u>
<input type="checkbox"/> Proposition A or C (Sales tax)	<input type="checkbox"/> FTA section 5307/5309
<input type="checkbox"/> Other _____	<input type="checkbox"/> FTA section 5310 (vehicles)
<input type="checkbox"/> Other _____	<input type="checkbox"/> FTA section 5311
_____	<input type="checkbox"/> Comm. Develop. Block Grants
<u>State Funding</u>	<input type="checkbox"/> Health and Human Services
<input type="checkbox"/> Transportation Development Act	_____
<input type="checkbox"/> Education Department	_____
<input type="checkbox"/> Dept. Developmental Services	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dept. of Aging	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dept. of Rehabilitation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dept. of Health Services	_____
<input type="checkbox"/> Medicaid/Medi-Cal	<u>Other Funding</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Client/Parent Fees
_____	<input type="checkbox"/> Private Donations / Grants
_____	<input type="checkbox"/> United Way
_____	<input type="checkbox"/> Other _____
_____	_____

22. Is your transportation budget, compared to last year?

- More
- Less
- Same

23. Will you continue to provide client transportation over the next 5 years?

- Yes
- No
- Unsure

24. Please describe other transportation needs in Los Angeles County that you feel need to be addressed: