

Appendix A: Survey Questionnaires





Transit Provider Survey

Section 1: Transportation Provider Information

Organization:

Address:

Phone:

Fax:

Contact Person:

Title/Dept.:

E-mail Address:

Name of person completing this survey:

What type of agency are you?

- Public transit system**
- Government human services agency**
- Private nonprofit human services agency**
- Private nonprofit transportation provider**
- Private for-profit transportation provider**

Please provide an organizational chart for your agency.

Who is eligible for transportation service with your agency? (check all that apply)

- Elderly (60+) Non-disabled**
- Elderly Disabled**
- Non-elderly Disabled (mental/physical)**
- Low Income**
- Youth**
- General Public**
- Other** _____

What type of service does your agency provide?

- Fixed-Route (FR)**
- Demand-Response (DR)**
- Both FR and DR**
- Route Deviation**
- Other** _____

Does your agency provide contract transit service?

- Yes. If YES, FR or DR** (circle the correct response)
- No**

Does your agency coordinate with any other transit providers?

- Yes.**
- No**

If so, please describe those coordination activities and with which agency(s).

Listed below are a number of possible strategies for improving coordination among transportation providers. Please indicate your level of interest in each of these strategies by checking the appropriate box.

	Interested	Possibly Interested	Not Interested	Not Applicable
a. Providing transportation services, or more transportation services, under contract to another agency or agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Purchasing transportation services from another organization, assuming that the price and quality of service met your needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Coordinating schedules and vehicle operation with nearby paratransit providers so that riders can transfer from one service to another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Joining together with another municipality or agency to consolidate the operation of transportation services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Joining together with another municipality or agency to consolidate the purchase (or contracting) of transportation services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- f. Highlighting connections to other fixed-route or demand-responsive services on your schedules or other information materials.
- g. Adjusting hours or frequency of service.
- h. Coordinating activities such as procurement, training, vehicle maintenance, and public information with other providers.
- i. Participating in an organized county-wide transportation marketing program.

Do you feel there are any real or perceived barriers to the coordination of existing transportation services in your area? (For example, statutory barriers to pooling funds, liability concerns, "turf issues", unique client characteristics, etc.)

How many, and which, days per week do you regularly provide transit service?

Days _____

How many weeks per year do you regularly provide transit service?

Weeks _____

How many people at your agency are involved in transit?

of Full-time employees _____

of Part-time employees _____

of Administrative employees _____

of Maintenance employees _____

How many drivers do you employ?

TYPE OF DRIVER	# Year-round	# Seasonal
Full-time Drivers		
Part-time Drivers		
Volunteer Drivers		

Are your drivers required to be CDL-certified?

- Yes
- No

How many vehicles do you have in service on an average day?

of Vehicles _____

How many vehicles do you have in service for peak periods?

of Vehicles _____

What are your peak period hours?

From _____ to _____

From _____ to _____

From _____ to _____

What are your hours of operation?

From _____ to _____

From _____ to _____

From _____ to _____

If you serve specific program clients, please indicate the number of clients in each program such as Head Start or Senior Nutrition:

Program	Number of Participants

Section 2: Transportation Cost Information

FIXED-ROUTE SERVICE ONLY (Demand-response information goes on the following page.)

Please provide your agency's annual passenger transportation costs for FIXED-ROUTE services. Use Calendar Year 2004 information. If the information for 2004 is not available, use your agency's most current Fiscal Year information, and identify the fiscal year. _____

OPERATING COSTS – FIXED-ROUTE (variable/direct)	ANNUAL COST (\$)
Labor	
Driver(s) salary	\$
Other salaries	\$
Fringe Benefits	\$
Services	
Professional and technical services	\$
Advertising fees	\$
Temporary help	\$
Vehicle maintenance services (including parts)	\$
Custodial services	\$
Other services	\$
Materials and Supplies	
Fuel and lubricants	\$
Tires and tubes	\$
Utilities	\$
Casualty and Liability Costs	\$
Taxes	
Property tax	\$
Vehicle licensing and registration fees	\$
Other taxes	\$
Purchased Transportation Service	\$
Leases and Rentals	
Passenger shelters	\$
Vehicles	\$
Facilities	\$
Miscellaneous Expense	
Dues and subscriptions	\$
Travel and meetings	\$
Other miscellaneous expense	\$
TOTAL OPERATING COSTS	\$

Because of the fluctuating nature of capital costs, please add the capital expenditures for the last 3 years, divide by 3 and enter the averages below.

CAPITAL COSTS – FIXED-ROUTE (3-year average)	ANNUAL COST (\$)
Vehicles	\$
Facilities	\$
Equipment	\$
TOTAL CAPITAL COSTS	\$

Section 2: Transportation Cost Information (cont.)

DEMAND-RESPONSIVE SERVICE ONLY

Please provide your agency's annual passenger transportation costs for DEMAND-RESPONSE services. Use Calendar Year 2004 information. If the information for 2004 is not available, use your agency's most current Fiscal Year information, and identify the fiscal year. _____

OPERATING COSTS – DEMAND-RESPONSE (variable/direct)	ANNUAL COST (\$)
Labor	
Driver(s) salary	\$
Other salaries	\$
Fringe Benefits	\$
Services	
Professional and technical services	\$
Advertising fees	\$
Temporary help	\$
Vehicle maintenance services (including parts)	\$
Custodial services	\$
Other services	\$
Materials and Supplies	
Fuel and lubricants	\$
Tires and tubes	\$
Utilities	\$
Casualty and Liability Costs	\$
Taxes	
Property tax	\$
Vehicle licensing and registration fees	\$
Other taxes	\$
Purchased Transportation Service	\$
Leases and Rentals	
Passenger shelters	\$
Vehicles	\$
Facilities	\$
Miscellaneous Expense	
Dues and subscriptions	\$
Travel and meetings	\$
Other miscellaneous expense	\$
TOTAL OPERATING COSTS	\$

Because of the fluctuating nature of capital costs, please add the capital expenditures for the last 3 years, divide by 3 and enter the averages below.

CAPITAL COSTS – DEMAND-RESPONSE (3-year average)	ANNUAL COST (\$)
Vehicles	\$
Facilities	\$
Equipment	\$
TOTAL CAPITAL COSTS	\$

Section 3: Revenue Information

Please provide your agency's annual passenger transportation revenues. Use Fiscal Year 2004 information.

REVENUE SOURCE	AMOUNT (\$)
Fares/Donations	\$
Advertising	\$
Dedicated transit tax	\$
Grants	
FTA 5307 (urbanized)	\$
FTA 5309 (discretionary capital)	\$
FTA 5310 (elderly & disabled)	\$
FTA 5311 (rural)	\$
Other federal grants (CMAQ, FHWA, etc.)	
Other #1 (name)	\$
Other #2 (name)	\$
Other #3 (name)	\$
Other #4 (name)	\$
Other miscellaneous grants	
Other #1 (name)	\$
Other #2 (name)	\$
TOTAL OF ALL GRANTS	\$
Contracts	
Developmental Services	\$
Head Start	\$
Medicaid	\$
Older Americans	\$
Other #1 (name)	\$
Other #2 (name)	\$
Other #3 (name)	\$
TOTAL OF ALL CONTRACT REVENUE	\$
Other revenue sources	\$
	\$
TOTAL REVENUES	\$

Section 4: Transportation Conditions

The following questions will help measure existing conditions. The information is also needed to determine current deficiencies, future needs, and project costs for the planning horizon. Please be as specific as possible when answering the questions. Since the questions are more descriptive, you may fill in the answers on this sheet or supply us with the answers on sheets generated by your own agency.

What are the major transportation needs of your agency in the short term (1 – 6 years)? Please list specific projects. Some examples include the following: Replacement of 4 large buses at a cost of \$250,000 each; 2 minibuses at \$50,000 each; New service to the shopping mall with 30 minute headways at a cost of \$500,000 annually; 1-day per week demand-response service to the elderly apartments at a cost of \$20,000 annually; 4 new bus shelters at \$1,000 each; New schedules printed, estimated cost with labor and materials \$5,000; Hire 1 dispatcher at \$18,000 annually.

What are the major transportation needs of your agency in the long term (7 – 20 years)? Please list specific projects, such as the above examples.

What do you see as the major unmet transportation needs in Boone County within the next 5 to 10 years?

Section 5: Service Information

Please provide information about general public transit services that your organization provides. Annual trips should be recorded as one-way or unlinked trips.

Service Performance

Service Type	Annual Veh. Miles	Annual Veh. Hours	Annual Pass. Trips
Fixed-Route			
ADA Services			
Demand-Response			
Other			
TOTAL SERVICE			

Passenger Information

Please list the number of rides provided. Record each ride in one category only.

Category	Contracted	Non-contracted
Elderly (60 yrs +)		
Under 60 yrs.		
Disabled		
TOTAL RIDES		

Please provide the following information:

- Any reports or brochures regarding transit services such as a riders' guide or route and schedule brochures.
- Hours of operation including days. Which holidays do you not provide service on?
- Ridership for each transit provider; average daily and total for the past 3 years.
- Variations in ridership by time of day, day of the week month of the year, and year-to-year, and if possible, broken down by type of passenger (general public, elderly, disabled, etc.), and or route.
- Fares charged.
- Maintenance arrangements.
- Description of facilities.
- Policies and procedures for transit service.
- How do riders obtain more information?

Section 6: Vehicle Fleet Inventory

Vehicle Inventory

Please include a vehicle inventory sheet. Information should include vehicle make, model, year, replacement year, seating capacity, wheelchair tiedowns, condition.

Section 7: Service Areas

The final section of the Survey includes service area information. Please provide a written description of your transportation services offered and the service area. Please specify the approximate boundaries of the service area and location of regular routes.

THANK YOU FOR YOUR HELP!



Agency Information

Organization:

Address:

Phone:

Fax:

Contact Person:

Title/Dept.: _____

E-mail Address:

Name of person completing:

1. Is your agency:

- Public**
- Private non-profit**
- Private for-profit**
- Other** _____

2. What type of primary services does your agency provide? **(check all that apply)**

- Alcohol, Tobacco or Drug Education & Treatment**
- Diagnosis and Early Evaluation**
- Education/Training**
- Employment Opportunities/Job Placement**
- Health Care**
- Housing**
- Child Care**
- Community Support Networks**
- Family Support & In-home Assistance**
- Family Safety & Protection Housing**
- Nutrition**
- Life Skills Development & Assistance**
- Transportation**
- Residential Care**
- Other (please specify)** _____

3. What age group are your services designed for? (check all that apply)

- Under 18
- 18 to 54
- 55 to 59
- 60 to 64
- 65 to 74
- 75 and older
- Any age

4. Does your agency serve people with mobility limitations? (Mobility limitations are physical, mental, or other conditions that limit their ability or cause difficulty in getting to places they need or want to go)

- Yes
- No (Please skip to question 5)

4a. Please identify the types of mobility limitations: (check all that apply)

- Age-related
- Physical
- Cannot afford motor vehicle
- Lack of motor (for reasons other than income)
- Other (please specify)
- Cognitive
- Vision
- Remote location

4b. What percentage of your participants and/or residents do you estimate have mobility limitations? (e.g. 5%, 40%, etc.)

_____%

5. During the average week, how many participants and/or residents travel to your offices and/or services? (such as congregate meal sites, medical clinics, supervised employment, etc.)

of weekly participants _____

6. Of your participants and/or residents, what percentage do you estimate use public transportation (buses, vans, dial-a-ride) to get to or from your office and/or services? (e.g. 5%, 75%, etc.)

_____%

7. Which of the following transportation methods do your participants use to access your services? (check all that apply)

- Fixed route bus service (buses that run on a schedule)
- Dial-a-ride service (small buses or vans that operate on request)
- Van services for specific participants (for veterans, church members, senior centers, etc.)
- Private taxi
- Medical transportation (ambulance)
- Private vehicle driven by agency employee or volunteer
- Family
- Friends or neighbor
- Drive themselves
- Other (please specify)

8. Does your agency supply any type of transportation to its participants?

- Yes, agency supplies transportation**
- No, agency does not supply transportation to participants. (Skip to question 14)**

9. Below is a list of methods for supplying transportation. Please estimate the total number of trips (one-way) per week provided by your agency?

Provide ride from agency vehicle	# of weekly rides _____
Provide bus pass	# of weekly rides _____
Provide cash to participants specifically for Transportation	# of weekly rides _____
Other (please specify) _____	# of weekly rides _____

10. Does your agency charge participants for transportation services?

- Yes, participant pays a fee**
- No, participant does not pay a fee**
- No, prohibited from charging for services**

11. Other than charging participants, how are the transportation services funded at your agency? (check all that apply)

- City, county or special district (describe)**
- Donations, United Way, fundraising, volunteer**
- Federal funds (what category)**
- State funds (what category)**

12. Is your transportation funding limited to specific groups of participants?

- Yes**
- No, (please skip to question 13)**

12a. How are the funds limited? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> People with disabilities only | <input type="checkbox"/> Children |
| <input type="checkbox"/> Veterans only | <input type="checkbox"/> Students |
| <input type="checkbox"/> Seniors only | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Low income/Means tested | _____ |

12b. Is the limited funding an agency policy or a source restriction?

- Agency Policy**
- Funding Source Restriction**

13. Are the transportation trips limited in any way to participants?

- Yes**
- No, (please skip to question 14)**

13a. How are the trips limited? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Emergency only | <input type="checkbox"/> Nutrition only |
| <input type="checkbox"/> Job training only | <input type="checkbox"/> Veterans services only |
| <input type="checkbox"/> Medical visits only | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Low income/Means tested | |
| <input type="checkbox"/> School only | |
-

13b. Is the limited funding an agency policy or a source restriction?

- Agency Policy
- Funding Source Restriction

14. How would you rate public transportation's ability to provide trips to YOUR SERVICES where and when your clients would like them?

- Always get trips where and when they want
- Get most trips, but not all
- Get only limited trips, perhaps for specific purposes only
- Almost never get trips
- Get no service
- Housing

15. For those participants who have trouble obtaining public transportation to YOUR services, why do you think their options are limited? (check all that apply)

- No existing service
 - No service to our location
 - Service does not run during hours when rides are needed
 - Accessing service is too difficult (waiting, reservation requirements, etc.)
 - Do not qualify for the services available
 - Lack of money for fares
 - Do not know how to access the system
 - Live too far away
 - They have been turned away in the past and have given up asking
 - Other factors (please explain)
-

16. For what other types of trips do your participants have difficulty obtaining transportation? (check all that apply)

- Education
 - Nutrition/Meal Programs
 - Shopping
 - Work
 - Medical
 - Personal business (banking, post office, etc.)
 - Social / Recreational
 - Other (please explain)
-

17. In your opinion, how much would people in your community support an increase in taxes or fees for improvements to public transportation for seniors and people with disabilities?

- Strongly oppose**
- Somewhat oppose**
- Somewhat support**
- Strongly support**

18. In your opinion, how much would people in your community support increased state funding for improvements to public transportation for seniors and people with disabilities?

- Strongly oppose**
- Somewhat oppose**
- Somewhat support**
- Strongly support**

19. Please rate the importance of the following service improvements for public transportation for seniors and people with disabilities in your community:

	Urgent	Very Important	Important	Would Be Nice	Not Needed
Greater number of door-to-door rides	†	†	†	†	†
More fixed-route service	†	†	†	†	†
Service easier to use for seniors and people with disabilities	†	†	†	†	†
Longer hours of operation	†	†	†	†	†
More days of operation	†	†	†	†	†
More reliable service	†	†	†	†	†
Vehicles in better condition	†	†	†	†	†
Lower fares	†	†	†	†	†
Easier trip scheduling over the phone	†	†	†	†	†
Printed schedules easier to read and understand	†	†	†	†	†
More reliable on-time pickups	†	†	†	†	†
More reliable drop-offs	†	†	†	†	†
Easier to identify vehicles	†	†	†	†	†
More wheelchair accessible vehicles	†	†	†	†	†
Better/easier wheelchair securements within the vehicles	†	†	†	†	†
Better/more convenient connections with other transit services	†	†	†	†	†

20. Please indicate the number of vehicles used for client transportation.

_____ Buses _____ Van _____ Car
_____ Truck/SUV _____ Other

21. Please provide an estimate of weekly miles and hours driven for your clients.

Weekly MILES

Weekly HOURS

_____ Buses	_____ Buses
_____ Van	_____ Van
_____ Car	_____ Car
_____ Truck/SUV	_____ Truck/SUV
_____ Other	_____ Other

22. How many days per week do you regularly provide transit service?

_____ **days per week**

23. How many weeks per year do you regularly provide transit service?

_____ **weeks per year**

24. Please provide your agency's annual transportation cost information in the following table. Use calendar year 2005 information or the most recent fiscal period.

OPERATING COSTS – FIXED ROUTE (variable/direct)	ANNUAL COST (\$)
Labor	
Driver(s) Salary	\$
Other salaries	\$
Fringe Benefits	\$
Services	
Professional and technical services	\$
Advertising fees	\$
Temporary help	\$
Vehicle maintenance services (including parts)	\$
Custodial services	\$
Other services	\$
Materials & Supplies	
Fuel and lubricants	\$
Tires and tubes	\$
Utilities	\$
Casualty and liability costs	\$
Taxes	
Property tax	\$
Vehicle licensing and registration fees	\$
Other taxes	\$
Purchased transportation service	\$
Leases and Rentals	
Passenger shelters	\$
Vehicles	\$
Facilities	\$
Miscellaneous Expense	
Dues and subscriptions	\$
Travel and meetings	\$
Other miscellaneous expense	\$
TOTAL OPERATING COSTS	\$

25. Please provide your agency's annual passenger transportation revenues.
 Use Fiscal Year 2005 information or the most recent fiscal year.

REVENUE SOURCE	AMOUNT (\$)
Fares/Donations	\$
Advertising	\$
Dedicated transit tax	\$
Grants	
FTA 5307 (urbanized)	\$
FTA 5309 (discretionary capital)	\$
FTA 5310 (elderly & disabled)	\$
FTA 5311 (rural)	\$
Other federal grants (CMAQ, FHWA, etc.)	
Other #1 (name)	\$
Other #2 (name)	\$
Other #3 (name)	\$
Other #4 (name)	\$
Other miscellaneous grants	
Other #1 (name)	\$
Other #2 (name)	\$
TOTAL OF ALL GRANTS	\$
Contracts	
Developmental Services	\$
Head start	\$
Medicaid	\$
Older Americans	\$
Other #1 (name)	\$
Other #2 (name)	\$
Other #3 (name)	\$
TOTAL OF ALL CONTRACT REVENUE	\$
Other revenue sources	\$
	\$
TOTAL REVENUES	\$

26. Listed below are a number of possible strategies for improving coordination among transportation providers. Please indicate your level of interest in each of these strategies by checking the appropriate box.

	Interested	Possibly Interested	Not Interested	Not Applicable
a. Providing transportation services, or more transportation services, under contract to another agency or agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Purchasing transportation services from another organization, assuming that the price and quality of service met your needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Coordinating schedules and vehicle operation with nearby paratransit providers so that riders can transfer from one service to another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Joining together with another municipality or agency to consolidate the operation of transportation services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Joining together with another municipality or agency to consolidate the purchase (or contracting) of transportation services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Highlighting connections to other fixed-route or demand-responsive services on your schedules or other information materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Adjusting hours or frequency of service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Coordinating activities such as procurement, training, vehicle maintenance, and public information with other providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Participating in an organized county-wide transportation marketing program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Do you feel there are any real or perceived barriers to the coordination of existing transportation services in your area? (For example, statutory barriers to pooling funds, liability concerns, "turf issues", unique client characteristics, etc.)

The following questions will help measure existing conditions. The information is also needed to determine current deficiencies, future needs and project costs for the 20 Year planning horizon. Please be as specific as possible when answering the questions. Since the questions are more descriptive, you may fill in the answers on this sheet or supply us with the answers on sheets generated by your own agency.

28. What are the major transportation needs of your agency in the short term (1 – 6 years)? Please list specific projects. Some examples include the following: Replacement of 4 large buses at a cost of \$250,000 each; 2 minibuses at \$50,000 each; New service to the shopping mall with 30 minute headways at a cost of \$500,000 annually; 1-day per week demand response service to the elderly apartments at a cost of \$20,000 annually; 4 new bus shelters at \$1,000 each; New schedules printed, estimated cost with labor and materials \$5,000; Hire 1 dispatcher at \$18,000 annually.

29. What are the major transportation needs of your agency in the long term (7 – 20 years)? Please list specific projects, such as the above examples.

30. Please use the form below to describe the program-related transit services that are the responsibility of your agency. Program related transit services mean the riders meet eligibility criteria and are participating in activities of the specific program. If a program is not listed, use the lines marked with other to record the information. Annual trips should be presented as one-way or unlinked trips.

	# of participants	Annual Vehicle Miles	Annual Trips	Contracted (Y or N)
Developmental Services: Adult				
Developmental Services: Case Management				
Developmental Services: Children				
Developmental Services: Pre-School				
Group Home				
HeadStart				
HeadStart: Homebase				
HeadStart: Other				
Homeless Transportation				
Job Training				
Mental Health Services				
Mental Health: Case Management				
Nursing Home				
Senior Nutrition				
Sheltered Workshop				
Substance Abuse				
Meals on Wheels				
Other				
Other				
Other				

31. The final section of the Survey includes service area information. Please provide a written description of your service area. For example: City of Columbia, all of Boone County, along the main highways, etc. Please specify on a map the approximate boundaries of the service area and location of regular routes. You may use a pencil or pen and shade the approximate areas of service. For example if you serve the entire reservation, but only travel along the main roadways, shade only those areas so we can accurately map your service area.

THANK YOU FOR YOUR HELP!