



Transit Provider Survey

Section 1: Transit Agency Information

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title/Dept.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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 service?

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

## Appendix C

How many 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 \_\_\_\_\_

How many drivers do you employ?

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

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 \_\_\_\_\_

## Appendix C

# 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. Please provide this information for the most recent five years. Use additional copies of this page and indicate the year \_\_\_\_\_.

<b>OPERATING COSTS – FIXED-ROUTE (variable/direct)</b>	<b>ANNUAL COST (\$)</b>
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	\$
<b>TOTAL OPERATING COSTS</b>	<b>\$</b>

<b>CAPITAL COSTS – FIXED-ROUTE</b>	<b>ANNUAL COST (\$)</b>
Vehicles	\$
Facilities	\$
Equipment	\$
<b>TOTAL CAPITAL COSTS</b>	<b>\$</b>

## Appendix C

# Section 2: Transportation Cost Information (cont.)

### DEMAND-RESPONSIVE SERVICE ONLY

Please provide your agency's annual passenger transportation costs for DEMAND-RESPONSE services. Please provide this information for the most recent five years. Use additional copies of this page and indicate the 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 & 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	\$
<b>TOTAL OPERATING COSTS</b>	<b>\$</b>

CAPITAL COSTS – DEMAND-RESPONSE	ANNUAL COST (\$)
Vehicles	\$
Facilities	\$
Equipment	\$
<b>TOTAL CAPITAL COSTS</b>	<b>\$</b>

## Appendix C

### Section 3: Revenue Information

Please provide your agency's annual passenger transportation revenues for the most recent five years. Use additional copies of this page and indicate the year \_\_\_\_\_.

REVENUE SOURCE	AMOUNT (\$)
Fares/Donations	\$
Advertising	\$
Dedicated transit tax	\$
Other Regional Priorities	\$
<b>Grants</b>	
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)	\$
<b>TOTAL OF ALL GRANTS</b>	<b>\$</b>
<b>Contracts</b>	
Developmental Services	\$
Head Start	\$
Medicaid	\$
Older Americans	\$
Other #1 (name)	\$
Other #2 (name)	\$
Other #3 (name)	\$
<b>TOTAL OF ALL CONTRACT REVENUE</b>	<b>\$</b>
Other revenue sources	\$
	\$
<b>TOTAL REVENUES</b>	<b>\$</b>

## Appendix C

### 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.

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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.

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### 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

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

#### Passenger Information

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

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

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### Section 6: Vehicle Fleet Inventory

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

### Section 7: Facility Inventory

Please include an inventory of the transit facilities which you own or use. The inventory may be provided on the attached form.

### Section 8: Service Areas

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

***THANK YOU FOR YOUR HELP!***