



## INSTRUCTIONS

The Social Services Transportation Survey has several options for completion. The survey can be completed by hand or typed or downloaded off the Internet for electronic submission. You may substitute your own computerized inventory, revenue and budget information if similar itemized data is calculated at your agency. Please include all the requested information.

Use 1999 dollar values for all financial amounts.

Additional assistance is available from the following list of persons. Please feel free to contact them at any time for any questions regarding the completion of the survey.

		<b>e-mail</b>
● Corinne Donahue, LSC	800-677-1671	cldonahue@lscs.com
● A.T. Stoddard, LSC	800-677-1671	atstoddard@lscs.com
● Tom Stuber, MDT	406-444-9216	tstuber@state.mt.us

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### AGENCY INFORMATION (Questions 1-18)

Each organization should answer each question according to the type of service they provide.

### Question 24: TRANSPORTATION COST INFORMATION

To determine the Cost Information, please use the categories shown below:

**FRINGES BENEFITS:** Social Security match, health and life insurance, workers compensation, vacation, sick leave, etc.

**SERVICES:** labor and other work provided by outside organizations for fees and related expenses. This may include professional/technical services, maintenance, custodial services, management services, advertising fees, printing, training for employees, other services, excluding transportation services.

**MATERIALS AND SUPPLIES:** fuel, oil, parts, tires, office supplies, postage, etc.

**UTILITIES:** gas, water, electricity, telephone.

**CASUALTY AND LIABILITY COSTS:** vehicle insurance, general liability, etc.

**TAXES:** license fees and taxes levied against the transit system by federal, state, and local governments.

**PURCHASED TRANSPORTATION SERVICES:** trips bought from taxi operators, other transit agencies, etc.



MISCELLANEOUS EXPENSES: dues, subscriptions, travel, meals and lodging, fund raising, fines and penalties, bad debts, interest, entertainment, etc.

**Question 29: SERVICE AREAS**

*Service Area Map:* The description should reflect the general boundaries of the area you serve. Do not describe every route. If you serve most areas in a county, just list the county. If you actually serve only portions of the county, then show only those areas actually served. Sketch (shade) the geographic area of your service area on a map in pencil or pen.

Please feel free to call with any questions.

Survey Due Date: March 27, 2000.

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***THANK YOU FOR YOUR  
PARTICIPATION!***