



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**



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		

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 _____



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 1999 information. If the information for 1999 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 & 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 FIXED ROUTE services. Use Calendar Year 1999 information. If the information for 1999 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 & 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 1999 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 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.

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.



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		



Section 6: Vehicle Fleet & Facility Inventory

Vehicle Inventory – Attachment A

Attached find a vehicle inventory sheet (Attachment A). MDT has limited information for some of the agencies, but not all. Please make corrections or additions on the sheet or provide your own updated inventory list. For those organizations with a blank sheet, please fill in the information or submit your own inventory listing.

Facility Inventory – Attachment B

Also attached is the facility inventory sheet (Attachment B). Please make corrections or additions on the sheet or provide your own updated inventory list. For those agencies with a blank sheet, please fill in the information or submit your own inventory listing.

Section 7: Service Areas

The final section of the Survey includes service area information. Please provide a written description of your service area. For example: City of Billings, all of Flathead County, all of Blackfeet Reservation along the main highways.

Please specify on the enclosed map (Attachment C) 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 those areas so we can accurately map your serve area.

THANK YOU FOR YOUR HELP!

