

Appendix C: Provider Survey



Transportation Provider Survey

Agency: _____

Organization: _____

1. Do you provide transportation? (please specify whether agency provides transportation or pays for transportation such as giving cash to clients for gas, referral, etc.)

- Yes (provides transportation)
- Yes (pays for transportation) *specify* _____
- No

2. What type of service does your agency provide?

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

3. How many days per week/month do you provide transportation service?

Days per week _____
 Days per month _____
 Hours of operation _____ to _____

Passenger Information:

4. Annual One-way Passenger-Trips _____ (the number of boarding passengers carried on all vehicles)

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

Category	Contracted	Non-contracted
Elderly (60 yrs +)		
Under 60 yrs.		
Children (3-5 yrs)		
School ages (5-16 yrs)		
Disabled		
Other		
TOTAL RIDES		

6. 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
Seniors (60 yrs +)	
Medicaid	
Head Start	
Nutrition	
Developmental Services	
Job Training (est.)	
Mental Health Services	
Nursing Home	
Senior Nutrition	
Sheltered Workshop	
Group Home	
Contractual	
Other	

Resources:

7. How many vehicles do you have? # of Vehicles: _____

8. How many vehicles are used on a daily basis? # of Vehicles: _____

9. What hours are your vehicles used? (Example: 8:00 a.m. to 10:00 a.m., Tuesday and Friday)

Hours of operation: _____ to _____

Day(s) of the Week: _____

10. Vehicle Fleet Inventory:

Vehicle Make	Vehicle Model	Seating Capacity	Year	Replacement Year	Wheelchair Tie-down	Condition	# of Units

Transportation Costs:

11. Total Annual Operating Cost \$ _____ for year _____

Revenue Information/ Source of Funding:

12. 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	\$
Grants	
FTA 5309 (discretionary capital)	\$
FTA 5310 (elderly & disabled)	\$
FTA 5311 (rural)	\$
State funds	
TransADE	\$
Other #1 (name)	\$
Other #2 (name)	\$
Other #3 (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	\$

Needs:

13. 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)

14. Please also list other service transportation needs. (Some examples include specific type of vehicle needed; other trips that require transportation that are currently not being served, specific time of day or other trip purposes that need transportation)

15. Please specify your agency's other transportation needs in the short term (1-6 years). Please list specific projects. 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; Hire 1 dispatcher at \$18,000 annually.

Coordination:

16. Does your agency coordinate with any other transit providers?

- Yes.
- No

If so, please describe those coordination activities and with which agency(s). (To what extent does your agency direct individuals to other transportation providers when unable to fill request(s) for services.)

17. 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"/>

	Interested	Possibly Interested	Not Interested	Not Applicable
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"/>

18. 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.)*

Please return this information to:

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THANK YOU FOR YOUR HELP!