

Appendix A: Transportation Provider Survey





Section 1: Transportation Provider 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 2002 information. If the information for 2002 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 DEMAND-RESPONSE services. Use Calendar Year 2002 information. If the information for 2002 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 2002 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.

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		

We hope to obtain as much of this information as possible at the beginning of the study. Each agency plays a key role in transportation and we will make every attempt to include each entity. The items which we will need include:

- Any reports or brochure regarding transit services B copies of the most recent TDPs.
- Organizational chart of each transportation provider.
- Hours of operation for each transit provider.
- 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 by each transit agency.
- Total vehicle-miles and vehicle-hours of service for the most recent year.
- List of intercity providers (Amtrak, Greyhound, etc.).

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.

Please return this information to:

Corinne Donahue
LSC Transportation Consultants, Inc.
101 North Tejon Street, Suite 200
Colorado Springs, CO 80903

Telephone: 800-677-1671
FAX: (719) 633-5430
Email: CLDONAHUE@LSCCS.COM

Please do not hesitate to call if you have any questions.

DUE MONDAY, JUNE 16, 2003

THANK YOU FOR YOUR HELP!