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State of Nevada

COORDINATED HUMAN SERVICES TRANSPORTATION PLAN

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1. PLAN ORGANIZATION AND INTRODUCTION

PLAN ORGANIZATION

The Nevada Coordinated Human Services Transportation Plan is organized in five chapters, and supplemental material is provided in an Appendix. A brief overview of the contents of each chapter is as follows:

- **Chapter 1** provides an introduction to plan purpose and regulatory background, identifies primary plan goals, and provides an overview of the contents of the plan.
- **Chapter 2** provides a summary of pertinent Nevada demographic characteristics with a particular focus on older adults, people with low incomes, and the disabled.
- **Chapter 3** provides information regarding existing transportation services in Nevada obtained through a January 2008 telephone survey of 23 transportation providers operating in the 15 smaller Nevada counties and non-urban areas of Clark County and Washoe County.
- **Chapter 4** provides a summary listing of comments and recommendations received from transportation service stakeholders regarding service needs, gaps in services, and transportation improvement ideas. The information was obtained through a United We Ride Workshop held in April 2006 and the January 2008 survey of transportation providers referenced in the Section 3 description.
- **Chapter 5** identifies potential strategies to address human service transportation needs in Nevada.

INTRODUCTION

The Nevada Coordinated Human Services Transportation Plan focuses on the transportation needs of individuals with disabilities, older adults, and people with limited incomes throughout the State of Nevada, excepting the urban areas of Clark County and Washoe County. Complementary plans are the Coordinated Public Transportation and Human Services Plan prepared by the Regional Transportation Commission of Southern Nevada and the Coordinated Human Services Public Transit Plan prepared by the Regional Transportation Commission of Washoe County.

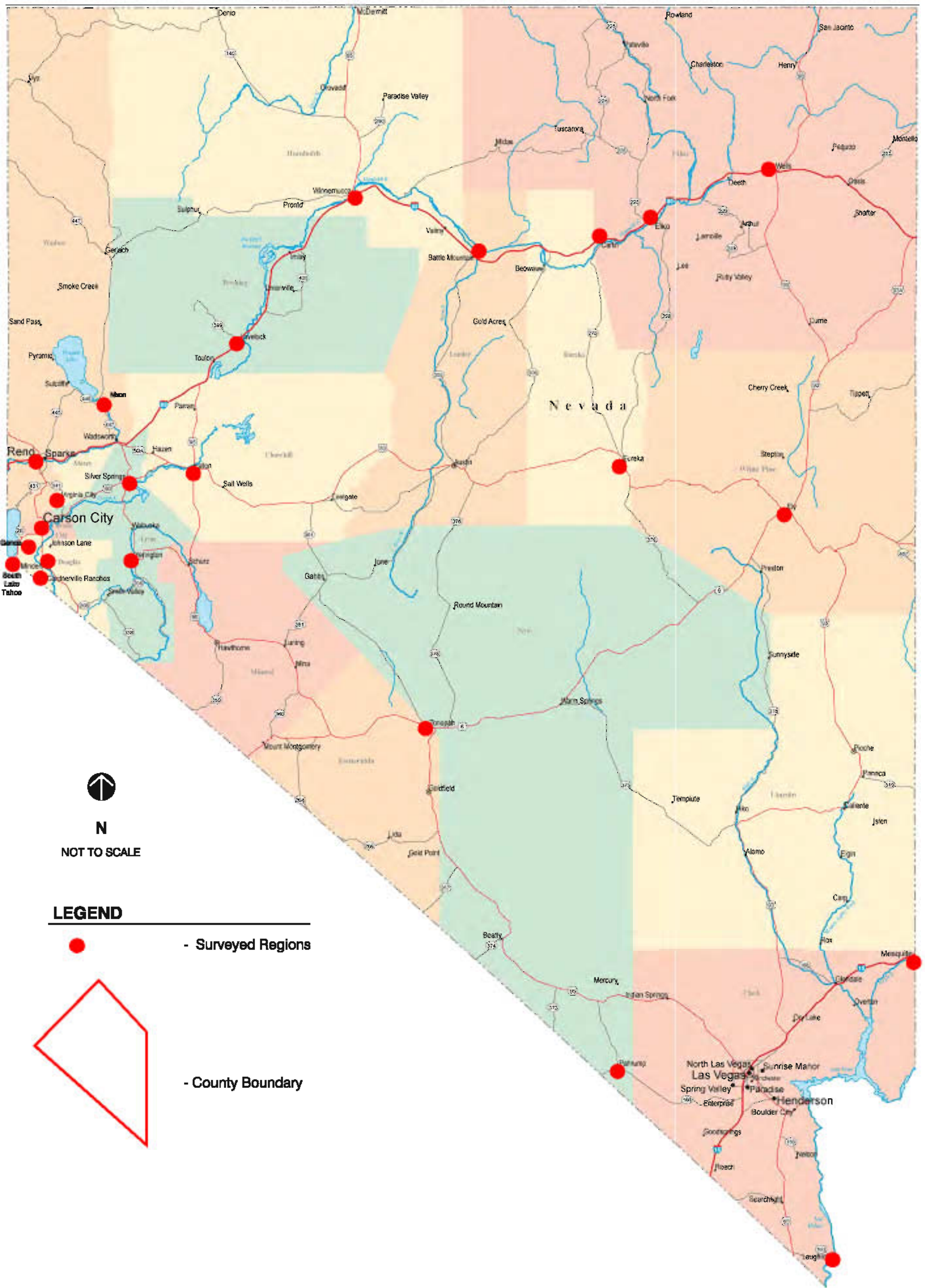
On August 10, 2005 President Bush signed into law the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users, commonly referred to as SAFETEA-LU. The SAFETEA-LU legislation authorized the provision of \$286.4 billion in funding for federal surface transportation programs over six years through Fiscal year 2009, including \$52.6 billion for federal transit programs.

Projects funded through three programs included in SAFETEA-LU, including the Elderly Individuals and Individuals with Disabilities Program (Section 5310), Job Access and Reverse Commute Program (JARC, Section 5316), and New Freedom Program (Section 5317), are required to be derived from a locally developed, coordinated public transit-human services transportation plan. The three funding programs focus on the needs of transportation disadvantaged persons, or those with special transportation needs that cannot be met through the traditional means (access to a private automobile or public transportation). A coordinated transportation plan focuses on the transportation needs of individuals with disabilities, older adults, and people with limited incomes.

PLAN GOALS

The Nevada Department of Transportation (NDOT) serves as the designated recipient for the Section 5310, Section 5316, Section 5317, and other federal funds intended for the non-urbanized area of the state. NDOT in turn distributes these funds to local entities through a competitive grant process. The overarching goal of this planning effort, then, is to respond to both SAFETEA-LU and State of Nevada requirements for receiving these federal funds.

Additionally, an important goal for this plan is to provide an opportunity for a diverse range of stakeholders with a common interest in human services transportation to collaborate on how best to provide transportation services for these targeted populations. Specifically, the stakeholders are called upon to identify service needs, gaps, and barriers, and to identify potential solutions for meeting transportation needs. Stakeholder outreach and participation is a key element to the development of this plan, and federal guidance issued by the Federal Transit Administration (FTA) specifically requires this participation, and recommends that it come from a broad base of groups and organizations involved in the coordinated planning process. This document is intended to capture that local stakeholder participation, and to provide a framework for potential future planning and coordination activities. Stakeholder participation was sought in two ways: 1) United We Ride Workshop which occurred in April 2006 and 2) Phone interviews of service providers which occurred in January 2008. Service providers were included in the phone interview from throughout the state of Nevada as shown on **Figure 1**.



Map Provided by: Nevada-Map.org

2. NEVADA DEMOGRAPHIC CHARACTERISTICS

This chapter includes a summary of demographic statistics for 15 counties in Nevada that are part of this plan. The Washoe County Regional Transportation Commission and the Regional Transportation Commission of Southern Nevada (primarily Clark County) are each preparing a Coordinated Human Services Transportation Plan for their service areas.

Demographic data from the 15 counties was collected to document population characteristics in these areas that may require specific services. Specifically, the data evaluated includes a breakdown of the percentage of the population of each county that is over age 65, disabled, or below the poverty level. In some cases, these categories may overlap. That is, one person could be over 65, disabled, and below the poverty level and would appear once in each category.

The population estimate was acquired from the State Demographer's Office. This data represents the most recent estimate to be certified by the Governor. The demographic data was acquired from the 2000 Census and is presented in percentages. As the population has increased, the percentage of the population in each of the groups may have changed. However, the data presents a good estimate of the population characteristics of each county.

The most recent estimate of the state of Nevada population by the State Demographer's office is 2,623,050 and has been increasing at a rate of approximately 4% per year for the past six years. The estimated population and characteristics of the population in each county included in this plan are shown in Table 2.1.

**TABLE 2.1
 NEVADA COUNTIES DEMOGRAPHIC DATA**

County	Year 2006 Population Estimate ¹	Median Age ²	Over Age 65 ²	Disabled ²	Below Poverty Level ²
Carson City	57,701	38.7	14.9%	20.8%	10.0%
Churchill	27,371	34.7	11.9%	19.4%	8.7%
Douglas	51,770	41.7	15.2%	17.0%	7.3%
Elko	48,339	31.2	5.9%	16.3%	8.9%
Esmeralda	1,262	45.1	17.2%	26.9%	15.3%
Eureka	1,460	38.3	12.4%	22.2%	12.6%
Humboldt	17,751	33.4	7.5%	15.7%	9.7%
Lander	5,655	34.1	7.0%	20.9%	12.5%
Lincoln	3,987	38.8	16.2%	24.6%	16.5%
Lyon	54,031	38.2	13.7%	22.3%	10.4%
Mineral	4,399	42.9	19.8%	29.8%	15.2%
Nye	44,795	42.9	18.4%	28.3%	10.7%
Pershing	6,955	34.4	7.8%	20.4%	11.4%
Storey	4,110	44.5	13.1%	25.9%	5.8%
White Pine	9,542	37.7	13.5%	22.9%	11.0%

Sources: ¹ Nevada State Demographer's Office
² 2000 U.S. Census

Ten out of fifteen counties have a population over age 65 at or above the national average of 12.4%. Twelve out of fifteen counties have a disabled population of over the national average of 19.3%. Five counties have a population below the poverty level that is above the national average of 12.4%.

As this report is concerned with the transportation of the population, travel to work data was acquired from the 2000 Census and is shown in Table 2.2. While many important trips are taken to destinations other than the workplace, this data provides some understanding of the mode choice of travelers in each county.

**TABLE 2.2
 2000 CENSUS INFORMATION FOR NEVADA COUNTIES AND NEIGHBORING STATES**

Location	Means of Transportation to Work						Mean Travel Time to Work
	Drive Alone	Carpool	Public Trans	Bicycle	Walk	Other	
Carson City	77.7%	13.9%	0.6%	0.9%	0.7%	4.2%	17.7 min.
Churchill	74.0%	17.1%	0.1%	0.5%	3.8%	4.3%	20.7 min.
Clark	74.6%	14.7%	4.4%	0.5%	2.3%	3.5%	24.3 min.
Douglas	79.0%	10.9%	0.4%	0.2%	2.1%	7.5%	23.5 min.
Elko	64.2%	18.1%	8.8%	0.3%	5.3%	3.2%	25.2 min.
Esmeralda	63.9%	12.6%	1.9%	0.0%	14.2%	7.5%	21.9 min.
Eureka	64.0%	13.1%	4.4%	0.0%	9.1%	9.4%	18.2 min.
Humboldt	60.5%	24.1%	9.0%	0.0%	3.7%	2.8%	26.2 min.
Lander	66.1%	25.0%	0.2%	0.5%	4.5%	3.7%	23.6 min.
Lincoln	66.3%	14.2%	1.0%	1.1%	12.5%	4.9%	20.2 min.
Lyon	75.7%	17.3%	0.1%	0.3%	2.6%	4.2%	28.0 min.
Mineral	72.4%	14.1%	0.3%	0.0%	7.7%	5.4%	16.9 min.
Nye	70.4%	18.0%	1.8%	0.1%	4.9%	4.8%	28.6 min.
Pershing	69.9%	18.4%	0.6%	0.8%	6.3%	4.0%	22.8 min.
Storey	77.8%	11.7%	0.7%	0.5%	6.2%	3.1%	29.4 min.
Washoe	75.3%	13.8%	3.2%	0.7%	3.2%	3.8%	19.2 min.
White Pine	71.3%	15.7%	1.6%	0.4%	5.7%	5.2%	18.3 min.

Source: 2000 U.S. Census, Summary File 3 (SF 3)

As in most areas of the U.S. the majority of the population drives alone to work. Humboldt County has the highest percentage of travelers on public transit and Esmeralda County has the highest percentage of walkers.

The mean travel time to work for all counties is between 15 and 30 minutes.

3. EXISTING TRANSPORTATION SERVICES

To develop an overview of existing transportation services and needs in Nevada, a telephone interview survey of 23 transportation providers was performed during January 2008. The survey was intended to be representative, and is not exhaustive. The intent of the survey was to focus on services provided or needed for individuals with disabilities, older adults, and people with limited incomes.

The service providers surveyed included a diversity of public, private, and tribal organizations that are of various sizes. The service providers are based in 15 counties, and included one Clark and one Washoe County agency providing service to the non-urban areas of those counties, and one Washoe County agency providing service to a disabled population. A listing of the service providers included in the survey is included in **Appendix A**.

Question subject matter included type of service offered, who typically uses the service and for what purpose/destination, service area, type and capability of service vehicles, unmet service needs, and possible areas for increased coordination. A copy of the survey instrument as well as the service provider responses is provided in **Appendix B**. A summary of the responses regarding services offered and equipment/operations/funding are provided below.

SERVICES OFFERED SURVEY RESPONSES

Twenty-three service providers participated in the survey which included 11 private non-profit organizations, nine public entities, two tribal governments, and one public/private organization. Public transit systems operating in more populated areas included Jump Around Carson (JAC), Douglas Area Regional Transit (DART), Bluego (Douglas County), and the Tahoe Transportation District. Larger public systems operated by non-profit organizations include the Churchill County Senior Center (CART) system, Southern Nevada Transit Coalition (SNTC) in Clark County, and the Northern Nevada Transit Coalition (NNTC) in Elko County. The two tribal governments participating in the survey were the Pyramid Lake Paiutes and the Ely Shoshone Tribe.

The most common type of transportation provider surveyed was senior centers, which typically provide limited service to elderly/disabled citizens. The senior centers included in the survey are located in Carlin, Wells, Eureka, Winnemucca, Battle Mountain, Silver Springs, Yerington, Tonopah, Pahrump, Lovelock, and Virginia City. Three non-profit organizations (Ormsby ARC in Carson City, Fallon Industries, and High Sierra Industries in Reno) providing transportation to special needs/disabled populations were also included in the survey. Accordingly, the survey encompassed a diversity of perspectives relative to organizational character and location within the state of Nevada.

The questions regarding services focused on type of service, offered user groups that the service is provided for, important destinations, and highest priority for transportation service. A summary of responses to those questions is presented in Table 3.1. The survey also included questions regarding geographic service area, day/hours of service operation, service duplication, and transportation functions requested. Appendix B includes copies of each of the provider survey responses.

**TABLE 3.1
 SERVICE PROVIDERS CHARACTERISTICS SUMMARY**

Total Service Providers Surveyed: 23		
Question/Response	Number of Service Providers Responding	Percent of Total Service Providers Surveyed
Question: Which of the following best describes your organization (check one only)?		
Private Not-Profit	11	48%
Public (operates)	6	26%
Public (contracts)	3	13%
Tribal	2	9%
Other	1	4%
Question: What transportation service are offered by you agency (check all that apply)?		
Demand Response	18	78%
Fixed Route	7	30%
Dial-a-Ride	7	30%
Intercity	6	26%
Reservations	5	22%
Other	3	13%
Question: Are there any restrictions to receiving transportation services (check all that apply)?		
Elderly and Disabled	8	35%
Elderly Only	5	24%
Disabled Only	1	4%
Clients	3	13%
Reservations	2	9%
None	3	13%
Question: What Destinations are most important for your citizens within your community?		
Medical	10	48%
Employment	5	24%
Shopping	9	43%
Senior Center	9	43%
Question: What Destinations are most important for your citizens adjacent to your community?		
Medical	12	71%
Employment	2	12%
Shopping	6	35%
Question: What do you consider your highest priority for transportation services?		
Medical	15	71%
Senior Center	6	29%
Source: Fehr & Peers, 2008		

When asked as to what transportation functions are most requested, 'to medical appointments' received 19 responses and was followed by 'grocery shopping' with 18 responses and 'to senior center' at 15 responses. The second tier of requested transportation functions included 'recreational/social, social services, home delivered meals, and employment' with 12, 10, 9, and 9 responses, respectively.

EQUIPMENT/OPERATIONS/FUNDING SURVEY RESPONSES

Responses to questions regarding equipment, operations, and funding were quite variable, and consistent with the different community settings and purposes of the service providers responding to the survey.

The public systems such as JAC, CART, DART, NNTC, and SNTC in larger communities operate multiple vehicles, and their annual budgets for transportation are greater. The typical senior center operates two to four vans to provide transportation for their clients and have modest budget amounts for that limited transportation service. A question on the cost (per ride) of providing transportation service did not produce a meaningful set of responses.

Four of the 23 respondents purchase transportation from other providers. For vehicle maintenance, three organizations have their own shops, 11 contract with an outside vendor, and eight city or county organizations have vehicle maintenance facilities. Four organizations performed their own driver training, three went to other entities for training, and eight received training from NDOT. Some respondents expressed concern that training once provided by NDOT was no longer available.

Respondents reported a variety of funding sources for their transportation services as presented in Table 3.2.

TABLE 3.2 SERVICE PROVIDERS FUNDING SUMMARY		
Question/Response	Number of Service Providers Responding	Percent of Total Service Providers Surveyed
Question: What is source of your transportation system funding (check all that apply)?		
Federal		
Section 5310	9	39%
Section 5311	5	25%
Section 5316	6	26%
Other	6	26%
None	2	9%
Unknown	7	30%
State		
Division for Ageing, Independent Living Grant	9	39%
Other	14	61%
None	1	4%
Local		
Local Sources	15	65%
Source: Fehr & Peers, 2008		

The majority (17) of service providers that were surveyed indicated that there were restrictions/limitations on how the funding that was received could be used. Several of the service providers rely on funding from federal sources including Elderly Individuals and Individuals with Disabilities Program (Section 5310) and Job Access and Reverse Commute Program (JARC, Section 5316). None of the service providers specifically listed the New Freedom Program (Section 5317) as a funding source; however, this program could provide funding for the service providers.

4. IDENTIFICATION OF TRANSPORTATION SERVICE NEEDS, GAPS, AND TRANSPORTATION IMPROVEMENT IDEAS

This chapter describes the service needs, gaps in service, and transportation improvement ideas that were collected during the April 2006 United We Ride Workshop and through phone interviews that were conducted in January 2008.

APRIL 2006 UNITED WE RIDE WORKSHOP

On February 24, 2004 President George W. Bush signed an Executive Order on Human Services Transportation Coordination to improve human services coordination for individuals with disabilities, older adults, and people with lower incomes. The Executive Order established the Interagency Transportation Coordinating Council on Access and Mobility (CCAM) representing 11 Federal departments. Accordingly, the CCAM launched United We Ride, a national initiative to implement the requirements of the Executive Order.

The Nevada Department of Transportation (NDOT) hosted the United We Ride workshop at Caesars Lake Tahoe April 26-28, 2006. The purpose of the workshop was to bring together state and local transportation providers with Department of Transportation, Department of Labor, and Department of Education representatives to discuss improved mobility, employment opportunities, and access to community services for persons who are transportation disadvantaged in Nevada.

The facilitator of the workshop was Mr. Dave Cyra of Community Transportation Association of America. He provided the agenda and format for the working sessions. At the conclusion of the workshop, 36 participants working in five different groups developed statements regarding mission (identification of barriers other than funding), actions, and goals. A listing of the workshop participants is included in Appendix C.

A summary of each group's mission, actions, and goals is provided as follows.

Blue Group

Mission: To Identify Barriers (other than funding)

- Want to take their own personal transit assessment to their group meeting to identify their common thread and weaknesses.
- Work on areas that need improvement overall.
- Plan to educate governmental entities and improve public awareness.
- Want to attend more ACT meetings and keep current with past/present/future issues.
- Develop transit websites to coordinate user-friendly data to get riders where they need to go. Encourage comments, questions and needs.
- Develop a time line for improvements.

Action

- Mineral, Pershing, Lyon, Churchill and Storey Counties all have a common need for connectivity.
- They formed an informal “coalition” to meet monthly and have informational and progressive meetings.
- The first meeting will be held after the ACT meeting on May 17, 2006.
- The second meeting will be held in Fallon to visit and observe Ernie Maguire’s facility.
- Leslie Spracklin will be the BLUE GROUP’S coordinator.
- All are willing to offer support at the other BLUE GROUP county/public meetings to educate and provide public awareness to their communities.
- Ernie will share grant program information as well as provide samples of applications and ILG/Division of Aging information.

Goal

- Re-evaluate assessments to see what progress or accomplishments were achieved with the group.
- Provide a less complex and more efficient transit service with better connectivity within the 5 rural counties. The intent isn’t to alienate others but to provide connectivity if possible with them also.
- Eventually make CART the main transit system hub that offers and satisfies clients from as many areas as possible.
- To provide a written report for the “United We Ride” State Plan to improve transit connectivity by September 30, 2006.

Green Group

Mission: To Identify Barriers (other than funding)

- Establish a Regional Working Group Coordination Committee (RWGCC)
- Identify who will be the leaders
- Needs analyst for a Database system
- Design a website
- Incorporate a information hot line (511) statewide
- Produce consultants for dependable data collection

Action

- Nevada Department of Transportation (NDOT) to grasp the lead position for the RWGCC and guide the planning process.
- This group will include the MPO's TMA, School District Leaders, VA Group, Greyhound, Amtrak, TRPA, Mobility Managers and NDOT.
- Consultants to do a study on schools. Examine the rules and regulations for the school buses (can they be used) acquire them into the routes with gaps to bond the bus lines or use them as charters.
- Create the Triangle Van Pool for commuters on the Kingsbury Grade, Tahoe, and Douglas County. Provide a Ride Share Program.
- Design the 511 Information number to be automated with a representative from a brokerage firm linked with the website, map lines, and information for the bus.
- Once the Information Hot line 511 is established, place the number on bus line maps, website, news ads, and on the side of the bus for public notice exposure.
- Design new maps (Transit Connectivity Map) connecting routes.

Goal:

- Clarify the results, priorities, and continue the developed plan connecting transportation brokers creating transit hubs throughout the state securing the most cost-effective transportation for human service. Compliment the existing public transportation service for persons that depend on public transportation and private transit that make their journeys successfully.

Pink Group

Mission: To Identify Barriers (other than funding)

- Mission: To Identify Barriers and Eliminate Them.
- Establish coordination/collaboration between state agencies.
- Establish coordination between federal and state agencies.
- Standardize regulations. For example: driver training and drug testing requirements and funding restrictions.

Action

- Start at state level with NDOT being lead agency.
- Request and assist Feds to look at disparities within regulations to reduce costs, which get passed along to taxpayers.

- Getting state agencies and representatives of other entities to the table (attending workshops, meetings, etc.)
- Coordinate State agencies in resolving regulation differences and fiscal issues.

Goal:

- Provide funding to cover cost of training for transit providers, i.e., CPR, First Aid.
- Identify individual(s) to provide timely training in rural areas.
- Identify or provide a state position at NDOT Elko District office to oversee multi-modal issues.

Red/Purple Group

Mission: To Identify Barriers (other than funding)

- Initial notification from NDOT, counties, etc.
- Funding for the planning process (travel, etc) to decrease the boundary of limited funds for small stakeholder to ensure their participation
- Leadership council – made up of government, non profit and others (equal representation)
- Establish missions and goals of the UWR group
- Identify potential stakeholders and their funding sources for transit services such as: TANIF, WFIB, JARC, 5310/5311, New Freedom (5317), VA, DAS/ILG transportation recipients
- Construct the coordination plan and Designate recipients of funds

Action

- Action – To develop the capability to coordinate and go beyond set boundaries
- Form inter-local agreements (RTC of Washoe County has offered some templates for this purpose)
- Create a list of projects that are boundary related and distribute ideas, issues and solutions to stakeholders of the projects (county, state, cities)
- Information gathering of what we can or cannot do
- Inform/educate working group of projects in other states/areas of the country
- Develop solution to Rural to Urban transit problems
- Inventory of vehicle sources from the coordination efforts of the planning group
- Develop a plan to increase the productivity of vehicles

- Include NDOT, subrecipients, DAS/ILG grantees, develop a list of stakeholders and identify gaps in service (school, SC, VA, etc) Goal – To improve and/or provide the following:
 - Interagency Communications
 - Technology Sharing
 - Standardization of Forms/Criteria
 - A central point of information
 - Corridor connectivity relative to US50, I-80, US95 and US93
 - Public outreach/Education
 - Funding diagram
 - Same day priority service
 - Volunteer rules

STATE GROUP

Mission: To Identify Barriers (other than funding)

- The Statewide Interagency Council will provide leadership and direction in the provision of transport services statewide. By working together this group will work with needs and resources to assure a seamless transfer service with quality control
- Obtain a committed lead agency; the Nevada Interagency Transportation Coordination Council (NITCC)
- Solicitation of interest for a work group
- Form an interagency work group
- Solicit executive support and seek and obtain direction from the Governor
- Determine feasibility
- Provide a forum for discussing issues and initiating change
- Report to the Legislature and recommend legislative changes
- Promote the coordination of special needs transportation
- Seek and obtain state coordination
- Provide oversight and direction to the states coordination agenda

Action

- Propose legislation for Bill Draft Requests (BDR'S)
- Communicate the need and benefits coordination to all agencies involved in transport
- Work with the Olmstead Act in providing transport services

- Explore funding programs and/or opportunities for formal planning endeavors
- Develop and conduct a statewide needs assessment
- Develop and conduct a statewide coordination feasibility study
- Develop an inventory of resources
- Develop and conduct a statewide coordination plan – combine all local plans
- Develop a statewide public participation process
- Develop and conduct a data process – IT (Information Tools) survey to search for compatibility of different programs

Goal

- Seek executive endorsement
- Obtain an inventory of “needs and resources”
- Review institutional barriers, policies, procedures and rules, etc
- Review human service programs and determine transport implications. *Examples:* Olmstead Act, rehabilitation education, FTA and ADA
- Identify cost redundancies
- Explore the feasibility of a central database and eligibility criteria and/or program. *Example:* Conduct an inventory of information technology existing in local agencies such as the Department of Information Technology (DOIT)
- Develop a communication strategy for the dissemination of the NITCC result
- Obtain coordination of operational support facilities
- Provide oversight and direction to saving the needs of transit populations
- Invent customer feedback system to ensure satisfaction. *Example:* Telephone hotline, the Internet, an ombudsman, etc.
- To improve overall community transportation systems by:
 - Making things happen by working together
 - Taking stock of community needs and moving forward
 - Putting customers first
 - Adapting funding for greater mobility, and
 - Moving people safely and efficiently

JANUARY 2008 SURVEY OF TRANSPORTATION PROVIDERS

The January 2008 telephone survey of 23 transportation providers in Nevada included twelve questions that focused on the identification of service needs, gaps in service, and recommendations for improving transportation services. A copy of the survey instrument is included in Appendix B.

Summary of Survey Responses by County

At least one transportation provider within all Nevada counties were contacted and asked to participate in the transportation needs interview. The responses that focus on service gaps and needs from each transportation provider are summarized below, organized by County and provider name.

The questions that focused on service needs and gaps are as follows:

- How would you describe unmet transportation service needs (if any) in your area?
- What are the service gaps temporal (time), connectivity (location), accessibility (affordability)?
- What specific recommendations would you offer for providing service to those unmet needs?
- What types of service are most desired by your community? (i.e., dial-a-ride, local bus, inter-city bus, etc.).

Each survey participant's responses to these questions are as follows.

Carson City Service Gaps/Needs

Jump Around Carson (JAC)

- Unmet needs include a fixed route to un-served areas of the city and longer service hours.
- Specifically, the representative recommended that an increase in service should be sought.
- The community desires more service in un-served locations and service provided in the evening hours.

Ormsby ARC

- Unmet needs include JAC service not provided for hours and areas needed.
- A primary service gap is that paratransit is not provided.
- Recommendations include expanding areas of JAC service and paratransit vehicles/service.
- The community would like local bus service.

Churchill County Service Gaps/Needs

Churchill County Senior Center (CART)

- Unmet needs include county to county service. Desired service includes Tri-county service (Mineral, Lyon, and Churchill) 5 days/week providing connections from Hawthorne to Shurz to Yerington to Fallon to Patrick to Silver Springs and Stagecoach to Dayton to Carson to Reno.
- The community would like county to county service for shopping, etc.

Fallon Industries

- The representative indicated that Health and Human Services should provide service for children, adults, and seniors. Currently, seniors get priority, so the service should be expanded to include children and adults

Clark County Service Gaps/Needs

Southern Nevada Transit Coalition (SNTC)

- The SNTC would like to provide service in Pahrump and more service in Indian Springs, however, more funding needed for fuel. In addition, they would like to increase the demand responsive service in Moapa Valley and Searchlight/CalNevAri/Palm Gardens. Additional fixed routes are needed in Mesquite and Laughlin.
- To serve unmet needs, the SNTC would like to increase senior riders.

Douglas County Service Gaps/Needs

Douglas Area Regional Transit (DART)

- The representative indicated that DART cannot deviate more than one mile from route but beyond that might be needed. Other unmet needs include service on weekends and evenings, and additional service to Reno. Because the county is large, they feel that it is difficult to serve everyone.
- Recommendations to improve unmet needs include better communication between agencies and providers, direct connection to JAC, more funding, and more vehicles.
- The community would like expanded dial-a-ride and local bus service.

Bluego

- Bluego indicated that there is a need for additional connectivity, and closing affordability service gaps.
- They would like additional funding.

Tahoe Transportation District (TRPA)

- TRPA indicated that the ticket process should be streamlined (currently cash only), and increase in service needed to outlying areas.
- Unmet needs include nighttime service and there is not a fixed route service to Meyers.
- Recommendations for unmet needs include increase service through increased local source revenues such as tax, parking charges, etc.
- The community would like intra-regional service— South Lake Tahoe to Incline Village, Tahoe City, etc. and South Lake Tahoe to Sacramento and Carson City.

Elko County Service Gaps/Needs

Northern Nevada Transit Coalition (NNTC)

- The NNTC recommends that agencies are coordinated. For example there is a VA bus once a week, but it is restricted for veteran use only. The NNTC suggested that on weeks when the bus does not fill up, the space could be made available to others.
- The community would like Saturday/Sunday demand responsive service.

Carlin Open Door Senior Center

- Unmet needs include only having one bus available, if it breaks down there is no backup, and there are no other transportation providers in the area. Adding an additional bus would help meet needs.
- The community would like service to Salt Lake City for medical treatment and service for people under 60 years old.

Silver Sage (Wells) Community Center

- Silver Sage Community Center indicated that their unmet need was having weekend service.
- The community would like dial-a-ride service.

Eureka County Service Gaps/Needs

Eureka Senior Center

- Eureka Senior Center indicated that most of their needs are met but a second monthly trip to Elko is desired.

Humboldt County Service Gaps/Needs

Seniors of Humboldt County

- The primary service limitation is that service is only provided between 8 am and 4 pm. Therefore, they recommend that the hours are extended.
- Local bus and dial-a-ride is desired by the community.

Lander County Service Gaps/Needs

Lander County Senior Citizens Center

- Lander County Senior Citizens Center indicated that more transportation is needed out of town and for medical appointments.
- Connectivity and affordability are the biggest service gaps.

Lyon County Service Gaps/Needs

Lyon County Human Services

- Lyon County indicated that there is a lack of public transportation for seniors, low-income families and their children, a shortage of funding to provide public transportation, and a lack of specialized transportation.
- Recommended is better coordination to between partners to increase accessible transportation services for Lyon County.
- Each Lyon County community would like dial-a-ride service (door-to-door service) and local transportation.

Older Americans of Lyon County (Yerington)

- Older Americans of Lyon County indicated that a service gap is that there is not weekend or after hours service, other than voluntary service.
- They would need additional funding to provide the weekend and afternoon service.
- The community desires out-of-town service for shopping, etc.

Nye County Service Gaps/Needs

Nye County Nutrition & Esmeralda Senior Nutrition (Tonopah)

- Nye County Nutrition and Esmeralda Senior Nutrition indicated that service gaps/unmet needs include that disabled non-seniors are not a priority, services are not always available, and transients can't get out of town to Reno or Las Vegas.
- The recommended that Tonopah service extended later in the day and/or on weekends.
- The community would like dial-a-ride and local bus service.

Pahrump Senior Center

- The community would like local bus and inter-city bus service.

Pershing County Service Gaps/Needs

Pershing County Senior Center

- Pershing County Senior Center indicated that additional funding was their primary need.
- The recommended more out of area trips for medical purposes.
- The service desired is local daily rides.

Storey County Service Gaps/Needs

Virginia City Senior Center

- The Virginia City Senior Center indicated that many seniors in the area do not own cars and do not drive seniors; however, they need transportation to shopping, medical appointments, etc.
- The major service gaps are connectivity to Dayton and Reno; therefore, a intercity bus is desired by the community.

Washoe County Service Gaps/Needs

High Sierra Industries

- High Sierra Industries indicated that training needs to be more readily available.
- The community desire is dial-a-ride service.

Pyramid Lake Paiutes/Numaga Project Senior Center

- The Pyramid Lake Paiutes/Numaga Project Senior Center indicated that their challenge is that the small communities are isolated relative to Reno and Fernley and individuals need to leave the reservation for shopping, work, appointments, and other reasons.
- The tribe indicated that they should be included in planning.
- Their primary need is vans for transportation.

White Pine County Service Gaps/Needs

Ely Shoshone Tribe

- The Ely Shoshone Tribe indicated that their unmet need is transportation out of town. They need service to locations outside of town for medical services, etc.
- The service desired is inter-city bus.

SUMMARY OF SERVICE GAPS/NEEDS

A summary of the responses to the survey questions that referred to service needs/gaps is provided in Table 4.1.

**TABLE 4.1
 SERVICE PROVIDERS CHARACTERISTICS SUMMARY**

Question/Response	Number of Service Providers Responding	Additional Information
Question: What are areas for increased coordination (check all that apply)?		
Funding	7	N/A
Training	7	N/A
Ride Sharing	6	N/A
Eligibility	4	N/A
Drivers	4	N/A
Purchasing	3	N/A
Reporting	2	N/A
Maintenance	2	N/A
Other (Ticket Sales)	1	N/A
None	2	N/A
Question: Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing?		
Shelters	6	Shelters were indicated as a need by six respondents (Jump Around Carson, Southern Nevada Transit Coalition, Bluego, Tahoe Transportation District, High Sierra Industries, and Pyramid Lake Paiutes). Other specific needed amenities identified were benches and bike racks (Jump Around Carson), marketing (Southern Nevada Transit Coalition), transfer points (Douglas Area Regional Transit), integrated phone and web information sharing (Tahoe Transportation District), and covered bus parking (Nye County Nutrition). Positive but non-specific responses regarding the need for amenities were received from Lyon County Human Services and the Pahrump Senior Center.
Other	7	
Question: What technology would assist in meeting customer's travel needs?		
Variety of responses	6	Responses included the following: Jump Around Carson – automated stop announcements; Southern Nevada Transit Coalition – radios in buses; Tahoe Transportation District – integrated phone and web information sharing between areas; Northern Nevada Transit Coalition – expand into GPS for existing computerized dispatch; Nye County Nutrition – maintenance program and dispatch/trip tracking; and Pyramid Lake Paiutes – software for scheduling
Question: Is emergency medical transportation service adequate in the area?		
No	4	Only four 'no' responses to this question were received from the Northern Nevada Transit Coalition, Nye County Nutrition, Pahrump Senior Center, and Pyramid Lake Paiutes.
Yes	19	

**TABLE 4.1
 SERVICE PROVIDERS CHARACTERISTICS SUMMARY**

Question/Response	Number of Service Providers Responding	Additional Information
Question: What connections would expedite travel for long distances?		
Intercity Bus Service	14	Fourteen providers identified inter-city bus service as a need, with two suggesting Greyhound service.
Question: What public/private arrangements could increase travel options?		
The service providers offered a wide range of responses to this question as follows: Jump Around Carson – improved coordination with non-profits, Southern Nevada Transit Coalition – service to low income homes in Arizona and to the Indian tribe south of Laughlin, Douglas Area Regional Transit – Wal-Mart employees shuttle, more private business to contribute to dial-a-ride, Tahoe Transportation District – airport shuttle from Sacramento to Stateline, Northern Nevada Transit Coalition – continue to work with mines to help match funds and work with other providers, Carlin Open Door Senior Center – affordable shuttle or taxi, Silver Sage Community Center – partner with Greyhound, Seniors of Humboldt County – transportation for hours we don't serve, Lander County Senior Citizens Center – financial, Older Americans of Lyon County – taxi service, Nye County Nutrition – an affordable, reliable taxi service, Pershing County Senior Center – more funding, Pyramid Lake Paiutes – feeder bus to main-line service, and Ely Shoshone Tribe – use of grant opportunities.		
Question: What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational)		
Financial	20	Other constraints mentioned were distribution of residents/planning not conducive to transit, lack of transportation services in the rural areas, lack of coordination, and lack of planning. Some illustrative comments regarding the financial constraints included the following: no state funding, NV is one of only 3 states with no tax money for rural public transportation (use sales tax, gas tax, DMV revenues, etc.), find matching funds, and make use of grant opportunities.
Institutional	2	
Operational	1	
Notes: N/A – Not Applicable Source: Fehr & Peers, 2008		

The final question posed to the survey participants was if there were any recommendations that they would offer that would improve transportation services and/or coordination by service providers in the state? The service providers offered a variety of responses to this question as follows:

- Jump Around Carson – More funding
- Ormsby ARC – Continued expansion of services
- Churchill County Senior Center – County to county coordination and funding and coordination with the Paiute Shoshone Tribe

- Fallon Industries – Coordination between counties and cities, Wal-Mart shuttles, medical needs rides between Hawthorne and Fallon
- Southern Nevada Transit Coalition – Need cross state line coordination/service/funding
- Northern Nevada Transit Coalition – Push on United We Ride at the federal and state levels, get more service providers involved, some small senior centers cannot send people to quarterly meetings in Carson City
- Carlin Open Door Senior Center – Single point of contact for the entire state, more training
- Seniors of Humboldt County – NDOT training program should be offered again
- Lyon County Human Services – More communication and coordination with agencies providing transportation services
- Older Americans of Lyon County – More funding
- Pyramid Lake Paiutes – Involve the tribe in planning

5. POTENTIAL STRATEGIES TO ADDRESS TRANSPORTATION SERVICE NEEDS

This chapter describes potential strategies to address the general transportation service needs identified during the 2006 United We Ride workshop and the phone interviews conducted in January 2008. The strategies are broad and are intended to provide guidance as specific improvements are developed for specific communities. Table 5.1 describes the general service need and identifies potential strategies to meet that need.

TABLE 5.1 STRATEGIES TO ADDRESS SERVICE NEEDS	
Service Need	Strategy
Increased funding	<ul style="list-style-type: none"> • Identify all possible funding sources • Assist small providers in finding matching funds for grants • Streamline grant approval procedures • Seek a statewide dedicated source of transit funding
Coordination of planning and services	<ul style="list-style-type: none"> • Undertake coordinated planning on a regional basis with area providers • Develop a database of service providers • Pursue cross state line coordination where applicable
Apply technology to improve service	<ul style="list-style-type: none"> • Support joint-use technological investment by multiple providers • Expand the use of GPS and GIS technology • Identify and distribute 'best practice' technology information • Explore the feasibility of using smart card media to improve fare and user data collection for larger transit systems • Provide information to customers through 511 or 211 technology
Improve service provider capabilities	<ul style="list-style-type: none"> • Provide standardized driver training • Develop a pool of back-up temporary 'loan' vehicles • Provide administrator management and planning training • Develop an informational database/library as a resource for service providers
Increase inter-city bus service	<ul style="list-style-type: none"> • Prioritize inter-city bus service needs • Explore and initiate service options in cooperation with service providers
Source: Fehr & Peers, 2008	

The strategies identified are intended for action by the Nevada Department of Transportation (NDOT), as the agency having overall responsibility for oversight and transit funding in the state (outside of the urban areas). However, the success or failure of transit in Nevada is dependent on the many service providers in the state. NDOT should serve as a resource for those service providers. The responses to the provider surveys and the strategies identified in Table 5.1 should be used to develop and prioritize specific transportation projects that focus on serving individuals with disabilities, older adults, and people with limited incomes. Proposals for these specific projects would be used to apply for funding through the Elderly Individuals and Individuals with Disabilities Program (Section 5310), Job Access and Reverse Commute Program (JARC, Section 5316), and New Freedom Program (Section 5317).

A common theme of both the April 2006 United We Ride Workshop and the January 2008 survey of transportation providers was the need for the coordination of transportation planning and services. Due to the population distribution throughout the state, it appears that the coordination of planning and services would best be carried out on a regional basis. Indeed, it appears that the Northern Nevada Transit Coalition and the Southern Nevada Transit Coalition have evolved exactly in response to the interface of area populations and their transportation needs.

**APPENDIX A:
JANUARY 2008 SURVEY CONTACTS**

January 2008 Transportation Service Provider Survey

Listing of Participants

BLUEGO: Jeff Foltz, Senior Civil Engineer
PO Box 218
Minden, NV 89423
Phone: (775) 782-6233 e-mail: jfoltz@co.douglas.nv.us

Churchill County Senior Center (CART): Ernie Maguire, Operations Manager/Director of
CART
310 East Court Street
Fallon, NV 89406
Phone: (775) 423-7096 email: cart@phonewave.net

Douglas Area Regional Transit (DART) & Douglas County Senior Services:
Warren Bottino, Manager of Senior Services and Transportation
PO Box 218
Minden, NV 89423
Phone: (775) 783-6455 e-mail: wbottino@co.douglas.nv.us

Fallon Industries: Leslie Spracklin, Executive Director/CEO
P.O. Box 1641
Fallon, NV 89407
Phone: (775) 423-4760 email: carc@cccomm.net

Lyon County Human Services: Edrie LaVoie
P.O. Box 1141
Silver Springs, NV 89429-1141
Phone: (775) 577-5009 email: elavoie@lyon-county.org

Northern Nevada Transit Coalition (NNTC): Chuck Ricker, Executive Director
PO Box 1291
Elko, NV 89803
Phone: (775) 783-7662 email: nenrtc@elko.nv.com

Older Americans of Lyon County: Wanda Espinoza, Director
117 Tilson Lane
Yerington, NV 89447
Phone: (775) 463-6550 email: oaic@wildblue.net

Pershing County Sr. Center: Lauri Cerini-Jones, Director
P.O. Box 838
Lovelock, NV 89419
Phone: (775) 273-2291 email: pershing seniors@sbcglobal.net

High Sierra Industries: Steve McGarvey, Facility Manager and Manufacturing Engineer
555 Reactor Way
Reno, NV 89502
Phone: (775) 829-7400 email: steve.mcgarvey@hsireno.com

Eureka Senior Center: Millie Oram, Director
PO Box 278
Eureka, NV 89316
Phone: (775) 237-5597 email: morem@sencet@eureka-nv.org

Ely Shoshone Tribe: Michael Dalton, Planner
16 Shoshone Circle
Phone: (775) 289-3013 email: Dalton.est@sbcglobal.net

Carlin Open Door Senior Center: Daria Hoadly, Executive Director
PO Box 123
Carlin, NV 89822
Phone: (775) 754-6465 email: seniorcenter@explorecarlinnv.com

Jump Around Carson (JAC): Keith Pearson, Transportation Planning Technician
3505 Butti Way
Carson City, NV 89701
Phone: (775) 841-7433 e-mail: kpearson@ci.carson-city.nv.us

**APPENDIX B:
JANUARY 2008 COMPLETED SURVEYS**

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: _____

Address: _____

Telephone: _____ FAX: _____

Website: _____

Agency Contact Person:

Name: _____

Title: _____ E-Mail: _____

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Home delivered meals | <input type="checkbox"/> To senior center | <input type="checkbox"/> To medical appointments |
| <input type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input type="checkbox"/> To social services | <input type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

4. What destinations are most important for citizens in your area?

Within your community _____

To adjacent communities _____

5. What do you consider your highest priority for transportation services?

6. How do you define your geographic service area?

7. What days and hours do you operate your transportation service?

8. Are there areas of service duplication?

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
	Minivans			
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization?

Full time _____ Part time _____ volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours)

What courses are required?

4. What is the safety record? (# accidents/100,000 miles)

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? _____

6. How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? _____

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): _____

State government _____

Local sources _____

9. Are there restrictions and/or limitations on how your funding can be used? _____

10. What does your organization charge for providing transportation service? _____

11. Are transit passes, tickets, tokens, or vouchers used in the payment of fares?

12. What percentage of service is provided to:

Seniors _____ Youth _____ Disabled _____ Low Income _____?

13. Is there a tribal outreach program in your area?

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area?

2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	

3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?

4. What specific recommendations would you offer for providing service to meet those unmet needs?

5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.)

6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing?

7. What technology would assist in meeting customer's travel needs?

8. Is emergency medical transportation service adequate in the area?

9. What connections would expedite travel for long distances?

10. What public/private arrangements could increase travel options?

11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational)

12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state?

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency Name: Douglas County/Bluego

Address: PO Box 218, Minden, NV 89423

Telephone: (775)782-6233

FAX: (775)782-6297

Website: _____

Agency Contact Person:

Name: Jeff Foltz

Title: Senior Civil Engineer E-Mail: jfoltz@co.douglas.nv.us

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Demand response | <input checked="" type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input checked="" type="checkbox"/> Other (Describe) Fixed route with deviations | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Home delivered meals | <input type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input checked="" type="checkbox"/> To employment | <input checked="" type="checkbox"/> To education/training |
| <input type="checkbox"/> To social services | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

4. What destinations are most important for citizens in your area?

Within your community: Casinos

To adjacent communities: Lodging

5. What do you consider your highest priority for transportation services? Timely service

6. How do you define your geographic service area? Stateline area to Marla Bay, lower kingsbury grade

7. What days and hours do you operate your transportation service? 7:00 am -7:00 pm

8. Are there areas of service duplication? NO

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
	Minivans			
	15 – passenger vans			
1	Light-duty bus (16-24 passengers)	0	1	2
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization? 0

Full time_____ Part time_____ volunteer_____

3. Describe your driver training program (classroom/behind the wheel hours)

Contact ATM, Gabe Chavarin: 530-541-6328

What courses are required?

4. What is the safety record? (# accidents/100,000 miles) Contact ATM

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area?

2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input checked="" type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	

3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?
Temporal, connectivity, affordability

4. What specific recommendations would you offer for providing service to meet those unmet needs?
More funding

5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.)
Contact ATM

6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing?
Shelters (forthcoming)

7. What technology would assist in meeting customer's travel needs?

8. Is emergency medical transportation service adequate in the area?

9. What connections would expedite travel for long distances?
Connect to Reno/Carson City

10. What public/private arrangements could increase travel options?

11. What do you see as the most pressing constraints, if any, to the provision of the desired services?
(i.e., financial, institutional, operational) Financial

12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state?

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency Name: Churchill County Senior Center (CART)

Address: 310 E. Court St., Fallon, NV 89406

Telephone: (775)423-7096

Website: _____

Agency Contact Person:

Name: Ernie Maguire

Title: Operations Manager/Director of CART E-Mail: cart@phonewave.net

Telephone: (775)428-2988/2983 FAX: (775)423-9696

Which of the following best describes your organization? (Check only one)

- Private non-profit – Under Churchill County
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Demand response | <input checked="" type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input checked="" type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input checked="" type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

What transportation functions are most requested? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input checked="" type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input checked="" type="checkbox"/> To social services | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

No restriction, but priority is given to Seniors and persons with disabilities, then services are offered on a first-come, first served basis

What destinations are most important for citizens in your area?

Within your community 1) Senior Center, 2) Hospitals, 3) shopping, 4) other

To adjacent communities Reno for medical appointments

What do you consider your highest priority for transportation services? Seniors/disabled

How do you define your geographic service area?

12 mile radius around downtown Fallon on maintained county roads

What days and hours do you operate your transportation service?

Fixed Route – Mon, Wed, Fri

Dial-a-ride – M-F, 7am – 7pm (1-day advanced notice)

INTERCITY (RENO) – TUES, THURS FOR MEDICAL APPOINTMENTS ONLY, WITH 1 DAY ADVANCED NOTICE. IF A REQUEST HAS BEEN MADE, OTHERS MAY RIDE THE SHUTTLE

ALSO, EQUIPMENT/FUNDING

Deleted: ¶
¶
¶

Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Operating Capacity	Age In Years	Number Lift Equipped
	Sedans			
	Station Wagons			
	Minivans			
<u>2</u>	<u>14 – passenger vans (one used for transit, one for day-to-day business)</u>	<u>14 ppl</u>	<u>1-6 years</u>	<u>1</u>
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
<u>7</u>	<u>Other cutaway buses E450 Ford</u>	<u>12-14 ppl</u>	<u>1-6 yrs</u>	<u>7</u>

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? No, but we are a provider for logisticare (Nev. Cancer Institute, Senior Centers, etc.)

How is your vehicle maintenance performed?

Own Shop

Outside Vendor in-kind services with phone

company. Major work done at maint. Shop owned by Mayor.

Other (Describe): _____

What are your approximate annual expenses for your transportation services? \$400,000

50% Fed, 25% county, 25% other

What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310

Section 5313

Section 5311

Section 5316 (JARC)

Other federal funds (Describe): _____

State government _____

Local sources County Match

Are there restrictions and/or limitations on how your funding can be used? **Yes 5310 – Senior/disabled, 5311 Welfare/Soc Security, 5316 JARC**

What does your organization charge for providing transportation service?

Gen Public Fare/Senior Suggested Donation

Fixed \$2/\$1, Dial-a-ride \$3/\$2, Reno \$20/\$10

TRANSPORTATION NEEDS IDENTIFICATION

How would you describe unmet transportation service needs (if any) in your area?

County to County service

What specific recommendations would you offer for providing service to meet those unmet needs?

Tri-county service (Mineral, Lyon, Churchill), 5days/week providing service that would run from Hawthorne to Shurz to Yerington to Fallon to Patrick to Silver Springs and Stagecoach to Dayton to Carson to Reno

What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.)

County-to-county service for shopping, etc.

What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational)

Financial/political.

NV is one of only 3 states with no tax money for rural public transportation. Need state funding to expand (tax – sales, gas, DMV, etc.). They should have used state surplus to fund transit rather than refund 3 years ago.

Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state?

County to county coordination and funding. Churchill won't provide transit to other counties without \$ from those counties. Winnemucca and Wendover had to shut down service because they could not match gov. funds.

Coordinate with Paiute Shoshone Tribe – CART does not (can not) currently go that far out.

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency Name: Douglas Area Regional Transit (DART)/Douglas County Senior Services

Address: Physical: 2300 Meadow Lane, Gardnerville, NV 89410,

Mailing: PO Box 218 Minden, NV 89423

Telephone: (775)783-6455 FAX: (775)783-6457

Website: <http://www.douglascountynv.gov/sites/SrCntr/index.cfm>

Agency Contact Person:

Name: Warran Bottino

Title: Manger of Senior Services and Transportation E-Mail: wbottino@co.douglas.nv.us

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- Demand response
- Charter bus
- Intercity
- Reservations
- Other (Describe) _____
- Fixed route
- School bus
- Interstate
- None
- Van pool
- Prescription
- Dial-a-ride

2. What transportation functions are most requested? (Check all that apply)

- Home delivered meals
- To shopping (grocery)
- To social services
- To senior center
- To employment
- Recreation/social
- To medical appointments
- To education/training
- Other (Describe) _____

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- Restricted to elderly
- None
- Other (Describe): _____
- Restricted to disabled
- Trip Purpose
- Restricted to clients
- Advance reservations

Note: Demand Response restricted to elderly, advance reservations for medical appointments. No restrictions for fixed route (public) except children under 12 must be accompanied by an adult or have permission from a parent/guardian with an adult at the drop-off location.

4. What destinations are most important for citizens in your area?

Within your community Senior Center

To adjacent communities Wal Mart (hub – JAC picks up there)

5. What do you consider your highest priority for transportation services? 1. medical, 2. employment, 3. nutrition.

6. How do you define your geographic service area? Rural – Topaz lodge to Wal-Mart near Carson City

7. What days and hours do you operate your transportation service?

Monday – Friday, 5am – 7:30 pm

8. Are there areas of service duplication? No

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
3	Minivans	4		
2	15 – passenger vans	5		
7	Light-duty bus (16-24 passengers)	New (4) 5 yrs (3)		
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization?

Full time 7 Part time 2 volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours)

What courses are required?

4. What is the safety record? (# accidents/100,000 miles)

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? No

6. How is your vehicle maintenance performed?

- Own Shop Outside Vendor
 Other (Describe): County Maint. Yard

7. What are your approximate annual expenses for your transportation services? Over \$440,000
\$60,000 gas & oil, \$3,000 uniforms, \$62,000 shop, \$500 outside repair, \$XXXX salaries

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

- Section 5310 (Capitol – Elderly/people with disabilities)
 Section 5311
 Section 5313
 Section 5316 (Job Access Reverse Commute – JARC)
 Section 5317 (New Freedom/Beyond ADA)
 Other federal funds (Describe): _____

State government **NDOT** \$174,000

Local sources_ \$18,120 Div. Aging Service, Douglas county room tax and general fund

9. Are there restrictions and/or limitations on how your funding can be used? 5310 – vehicles only
DAS – elderly transportation only

10. What does your organization charge for providing transportation service? \$2 all day general, \$1 suggested donation for seniors, disabled, student, social service, free to children under 11 years old.

11. What is the cost of providing that service? Approx. \$17 per ride

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? Yes, punch pass - \$40 for 22 rides.

13. What percentage of service is provided to:

Seniors 35% Youth 20% Disabled 10% Low Income 35%

Is there a tribal outreach program in your area?

Yes. Washoe Tribe in town. Provide service to two reservations: Markleeville (Alpine County route) and Dreslerville (Gardnerville). Provide service for head start and medical center.

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? DART cannot deviate **more than 1 mile from route** – **beyond that might** be needed at times as well as service on the weekends and **evenings**. Trips to Reno **more often**
2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input checked="" type="checkbox"/> Other (Describe): Tensions between Carson City and Douglas County has affected coordination and service.	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?

Temporal – **weekends**, late evenings. Location – we are a **large** area with population spread **out**, which makes in **difficult to** serve everyone.
4. What specific recommendations would you offer for providing service to meet those unmet needs?

Better communication between agencies and providers. Direct connection to JAC (Jump Around Carson). **All Northern Nevada Rural Transportation connected**. **More money**, more vehicles.
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) expanded dial-a-ride and local bus service
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? **Transfer points** at Wal-Mart and Costco for service to California or Yerington area. **CAMPO will be** providing some shelters in a few locations.
7. What **technology** would assist in meeting customer's travel needs? We have **dispatch** software with **record keeping** and our route is online. Can't think of anything else needed.
8. Is emergency medical transportation service adequate in the area? Yes
9. What connections would expedite travel for long distances? Reno to Vegas Route.
10. What public/private arrangements could increase travel options? Wal-Mart employee shuttle, more **private** business to contribute to dial-a-ride.
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) Financial
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the stat

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency Name: Fallon Industries

Address: PO Box 1641, Fallon, NV 89407 (physical: 1520 South Maine Street)

Telephone: (775)423-4760

FAX: (775)423-5801

Website: _____

Agency Contact Person:

Name: Leslie Spracklin

Title: Executive Director/CEO E-Mail: carc@cccomm.net

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Demand response | <input checked="" type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

What transportation functions are most requested? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Home delivered meals | <input type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input checked="" type="checkbox"/> To employment | <input checked="" type="checkbox"/> To education/training |
| <input checked="" type="checkbox"/> To social services | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input checked="" type="checkbox"/> Other (Describe): Special Needs only _____ | | |

What destinations are most important for citizens in your area?

Within your community **work, day programs (life skills)**

To adjacent communities **Fernley, Silver Springs**

What do you consider your highest priority for transportation services? **Day-to-day needs, second = medical**

How do you define your geographic service area? **Fallon, Fernley, Silver Springs**

What days and hours do you operate your transportation service? **M-F, 8am and 3-4pm (one hour in the morning, one in the afternoon)**

EQUIPMENT/FUNDING

Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Operating Capacity	Age In Years	Number Lift Equipped
	Sedans (trying to get one)			
	Station Wagons			
2	Minivans 6 passenger			
2	14 – passenger vans One to/from Silver Springs One to/from Fernley	14 ppl	5 3	2
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? **No, but we are a provider for Logisticare - reimbursements**

How is your vehicle maintenance performed?

- Own Shop Outside Vendor
 Other (Describe): _____

What are your approximate annual expenses for your transportation services? **\$37,000**

What is the source of your transportation system funding? (Check all that apply)

- Federal government / funds received from the Federal Transit Administration (FTA)
- Section 5310 Section 5313
 Section 5311 Section 5316
 Other federal funds (Describe): _____

State government **NDOT with a 10% match**

Local sources _____

Are there restrictions and/or limitations on how your funding can be used? **Only vehicles, must provide 10% match**

What does your organization charge for providing transportation service? **Nothing**

What is the cost of providing that service? _____

TRANSPORTATION NEEDS IDENTIFICATION

How would you describe unmet transportation service needs (if any) in your area?

Lyon County has let us down – they don't do anything to coordinate or help with transit. Churchill county has been very helpful

What specific recommendations would you offer for providing service to meet those unmet needs?

Health and human services should provide service for children, adults, and seniors. Seniors get priority, so the service should be expand program to include children and adults.

What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.)

Dial-a-ride

What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational)

Political, operational, financial. Who is responsible for services? Coordination lacking. One county provides service, but others don't. Churchill county is willing to provide service, but if other counties don't reciprocate, they can't provide service to these other counties.

Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state?

Coordination between counties and cities.

Wal-mart shuttles

Medical needs rides between Hawthorne and Fallon

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Lyon County Human Services _____

Address: P.O. Box 1141, Silver Springs, NV 89429 _____

Telephone: 775-577-5009 _____ FAX: 775-5577-5093 _____

Website: www.lyon-county.org _____

Agency Contact Person:

Name: Edrie LaVoie or Sara Brower _____

Title: Director/Program Manager _____ E-Mail: elavoie@lyon-county.org;

sbrower@lyon-county.org

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- Demand response
- Charter bus
- Intercity
- Reservations
- Other (Describe) _____
- Fixed route
- School bus
- Interstate
- None
- Van pool
- Prescription
- Dial-a-ride

2. What transportation functions are most requested? (Check all that apply)

- Home delivered meals
- To shopping (grocery)
- To social services
- To senior center
- To employment
- Recreation/social
- To medical appointments
- To education/training
- Other (Describe) _____

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- Restricted to elderly
- None
- Other (Describe): Elderly/Disabled _____
- Restricted to disabled
- Trip Purpose
- Restricted to clients
- Advance reservations

4. What destinations are most important for citizens in your area?

Within community: Senior Centers, medical appointments, Grocery Stores

To adjacent communities: Medical appointments

5. What do you consider your highest priority for transportation services?

To provide door-to-door transportation services to senior citizens age 60 and over.

6. How do you define your geographic service area?

All communities **within** Lyon County covering a combined average of approximately 315 miles per day.

7. What days and hours do you operate your transportation service?

Monday through Friday 8:00 am – 4:00 pm/Medical Transportation

Monday through Friday 9:00 am – 2:00 pm/Dayton and Fernley Senior Centers

Monday through Friday 1:00 pm – 6:00 pm/Silver Springs Senior Center

8. Are there areas of service duplication?

There are no longer areas of service duplication for transportation services within Lyon County. PRIDE Transportation is no longer operating, and RSVP is mainly providing transportation for Dialysis patients only.

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
	Minivans			
3	14 – passenger vans	5 – 7 yrs.	3	2 in each van
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
1	Other 10 – passenger van	4 yrs.	1	2

2. How many drivers work for your organization?

Full time 1 Part time 3 volunteer

3. Describe your driver training program (classroom/behind the wheel hours)
What courses are required?

All drivers are required to take the following classes:

CPR; First Aid; Defensive Driving; Blood Borne Pathogens; ADAPTS Part A & Part B; Customer Service; Elder Abuse. These trainings were historically offered through Waters & Fraser free of charge. Waters & Fraser's grant through NDOT was discontinued, and have been unable able to find these trainings that will fit into the Senior Services Training budget.

4. What is the safety record? (# accidents/100,000 miles): 1 accident/100,000 miles

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? No

6. How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): Lyon County Vehicle Maintenance _____

7. What are your approximate annual expenses for your transportation services? _\$150,000/yr. _____

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): Division for Aging Services _____

State government _____

Local sources: Lyon County; In-Kind Donations _____

9. Are there restrictions and/or limitations on how your funding can be used? Yes _____

10. What does your organization charge for providing transportation service? Donation only _____

11. What does this service cost your organization (estimated cost per rider)?
Approximately \$10.00/rider

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? No

13. What percentage of service is provided to:

Seniors_98%____ Youth_____ Disabled_2%____ Low Income_____?

14. Is there a tribal outreach program in your area? No

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Lack of public transportation for seniors, low-income families and their children, shortage of funding to provide public transportation, **lack** of specialized transportation
2. What are areas for increased coordination?

<input checked="" type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input checked="" type="checkbox"/> Training
<input checked="" type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Funding	<input checked="" type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): Communication between funding agencies _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)? Accessibility and lack of transportation services within Lyon County.
4. What specific recommendations would you offer for providing service to meet those unmet needs? Better coordination between partners to increase accessible transportation services for Lyon County.
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) Dial-a-ride and local transportation in each Lyon County community to include door-to-door service.
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? Yes
7. What technology would assist in meeting customer's travel needs? N/A
8. Is emergency medical transportation service adequate in the area? Yes, through volunteer and paid fire departments.
9. What connections would expedite travel for long distances? N/A
10. What public/private arrangements could increase travel options? N/A
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) Financial constraints and lack of transportation services in the rural areas.
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? More communication and coordination **with** agencies providing transportation services.

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency Name: Northern Nevada Transit Coalition (NNTC)

Address: PO Box 1291, Elko, NV 89803 (1401 Ruby Vista Dr. 89801)

Telephone: (775)738-7662, c: (775)340-0054 FAX: (775)777-9102

Website: <http://www.elkoresourcesforchildren.org/transitcoalition.htm>

Agency Contact Person:

Name: Chuck Ricker (Note: he does a lot of coordination – offers service to other areas, counties, states. Contact him for more info. and/or suggestions).

Title: Executive Director E-Mail: nenrtc@elko.nv.com

Which of the following best describes your organization? (Check only one)

- Private non-profit 51C3
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Demand response | <input checked="" type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Home delivered meals | <input type="checkbox"/> To senior center | <input type="checkbox"/> To medical appointments |
| <input type="checkbox"/> To shopping (grocery) | <input checked="" type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input type="checkbox"/> To social services | <input type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Restricted to elderly | <input checked="" type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input checked="" type="checkbox"/> None fixed route | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input checked="" type="checkbox"/> Other (Describe): | | |

Note: Demand Response restricted to elderly and disabled. Fixed route is open to anyone

4. What destinations are most important for citizens in your area?

Within your community Employment

To adjacent communities _____

5. What do you consider your highest priority for transportation services? Non-emergency medical

6. How do you define your geographic service area? United States

7. What days and hours do you operate your transportation service?

Fixed route – 7 days/week, 24 hours/day.

Demand Response – Mon-Fri 6am - 5pm

8. Are there areas of service duplication?

No – Senior Centers do their own thing. We have an MOU to run medical services

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
	Minivans			
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
15	Cutaway buses – 12-25 passengers	All – 7 or less	14	

2. How many drivers work for your organization? 0 – contract out services

Full time _____ Part time _____ volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours)

What courses are required?

4. What is the safety record? (# accidents/100,000 miles)

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? Yes – Coach America

6. How is your vehicle maintenance performed?

- Own Shop Outside Vendor
 Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? \$2.9 Mil.

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

- Section 5310 (Capitol – Elderly/people with disabilities)
 Section 5311
 Section 5313
 Section 5316 (Job Access Reverse Commute – JARC)
 Section 5317 (New Freedom/Beyond ADA)
 Other federal funds (Describe): 5309

State government: NDOT, Medicaid, welfare, Division for Aging Services

Local sources: Private donations, City, County

9. Are there restrictions and/or limitations on how your funding can be used? Yes

10. What does your organization charge for providing transportation service?

Some fare free zones, others: \$1 fixed route, demand response \$1 - \$5 dep on location (~ \$.10/mi), \$50/hour to agencies. Disabled pay same fare, seniors suggested donation 50%,

11. What is the cost of providing that service? _____

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? Yes

13. What percentage of service is provided to:

Seniors _____ Youth _____ Disabled _____ Low Income _____? Approx 30%
Seniors/Disabled

Is there a tribal outreach program in your area? Yes – tribal representative on the board of directors.
We disseminate information on transportation

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area?

2. What are areas for increased coordination?

<input checked="" type="checkbox"/> Purchasing	<input checked="" type="checkbox"/> Reporting
<input checked="" type="checkbox"/> Drivers	<input checked="" type="checkbox"/> Training
<input checked="" type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Funding	<input checked="" type="checkbox"/> Ride Sharing
<input checked="" type="checkbox"/> Other (Describe): More coordination at the state and federal level. For example, "United We Ride" tries to coordinate different providers for the same needs. There is a VA bus once a week, but only Vets can ride it. It would be nice if on weeks when the bus does not fill up, if others could ride.	

3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?
None

4. What specific recommendations would you offer for providing service to meet those unmet needs?
NA

5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) Saturday and Sunday demand response service (to church, etc.)

6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? No

7. What technology would assist in meeting customer's travel needs? Expand into GPS for existing computerized dispatch

8. Is emergency medical transportation service adequate in the area? NO! Medicaid privatized service – Logisticare which does not work well. They get allocated \$X/year and what they don't spend they keep. So, it encourages them to not use the service often.

9. What connections would expedite travel for long distances? More service to Ely – maybe twice/moth service to Salt Lake City and make it known. Service to Las Vegas.

10. What public/private arrangements could increase travel options? Continue to work with mines to help match funds. Work with other providers.

11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) financial – finding matching funds

12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? Push on United We Ride at the Federal and State Levels. Get more service providers involved. We have quarterly meetings in Carson City, but attendance is low – small Senior centers can't make it.

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Older Americans of Lyon County
Address: P117 Tilson Lane, Yerington, NV 89447
Telephone: (775)463-6550 FAX: (775)463-1796
Website:

Agency Contact Person:
Name: Wanda Espinoza
Title: Director E-Mail: oalc@wildblue.net

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input checked="" type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input checked="" type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input checked="" type="checkbox"/> To social services | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

Note: seniors have priority , but if we are going out of town without a full load, anyone is welcome to ride.

4. What destinations are most important for citizens in your area?

Within your community Medical Appointments

To adjacent communities Medical Appointments

5. What do you consider your highest priority for transportation services? Medical Appointments

6. How do you define your geographic service area? 5 mile radius from senior center and service to Reno, Carson City, Gardnerville, Fallon. Rural

7. What days and hours do you operate your transportation service? M-F 7am – 3pm (mostly in the morning) and necessity/emergency

8. Are there areas of service duplication? RFVP van (retired senior volunteer program), VA once a week

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
2	Minivans	2000, 2003	0	0
1	14 – passenger mini bus	1999	1	2
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
2	Meals on wheels trucks	2000, 2004	0	0

2. How many drivers work for your organization?

Full time _____ Part time 2 (1 meal delivery, 1 transportation) volunteer 3

3. Describe your driver training program (classroom/behind the wheel hours) NDOT program

What courses are required?

4. What is the safety record? (# accidents/100,000 miles) 0

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? No

6. How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): County _____

7. What are your approximate annual expenses for your transportation services? DNK

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): Division for Aging Services \$9,300 – Div 3

State government _____

Local sources county Funding, private donations

9. Are there restrictions and/or limitations on how your funding can be used? Fed – Transportation only

10. What does your organization charge for providing transportation service? Suggested donation: \$1 in town, \$2 outlying areas, out of town depends on number of people

11. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? No

12. What percentage of service is provided to:

Seniors 100% Youth _____ Disabled _____ Low Income _____?

13. Is there a tribal outreach program in your area? If requested, we provide service to the tribe

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? No weekend or after hours service, except **voluntary** service
2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input checked="" type="checkbox"/> Ride Sharing (to Hawthorne)
<input type="checkbox"/> Other (Describe): _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)? **Weekends**, after hours (afternoon/evening)
4. What specific recommendations would you offer for providing service to meet those unmet needs? Weekend, afternoon service – we could provide if additional funding were available.
5. What **types** of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) **Fun trips**, out of town for shopping, etc.
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? Not really – shelters if
7. What technology would assist in meeting customer's travel needs? None
8. Is emergency medical transportation service adequate in the area? Yes – care flight, ambulance, paid and volunteer fire dept.
9. What connections would expedite travel for long distances? Connect to a bus between Hawthorn and Fernley
10. What public/private arrangements could increase travel options? Taxi service
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) Funding
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? More funding.

Notes: NDOT has been excellent.

Long bus rides are difficult for seniors (going to Reno, Las Vegas, etc.)

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Pershing County Senior Center

Address: PO Box 838, Lovelock, NV 89419 (630 Western Ave.)

Telephone: (775)273-2291

FAX: (775)273-5023

Website: www.pershingcounty.net

Agency Contact Person:

Name: Lauri Cerini-Jones

Title: Director

E-Mail: Pershingseniors@sbcglobal.net

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input checked="" type="checkbox"/> To social services | <input type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

4. What destinations are most important for citizens in your area?

Within your community Senior Center, medical, grocery

To adjacent communities medical and shopping

5. What do you consider your highest priority for transportation services? Meals, medical, grocery

6. How do you define your geographic service area? Rural

7. What days and hours do you operate your transportation service? Mon – Friday 10:30 –2:00

8. Are there areas of service duplication? Not sure

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
1	Minivans		1	1
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization?

Full time _____ Part time 4 volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours)

Safety, CPR, policy and procedure manual

What courses are required? County safety

4. What is the safety record? (# accidents/100,000 miles) zero accidents under my direction involving riders

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? NO

6. How is your vehicle maintenance performed?

- Own Shop Outside Vendor
 Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? \$15,000 - \$22,000

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA) not sure

- Section 5310 (Capitol – Elderly/people with disabilities)
 Section 5311
 Section 5313
 Section 5316 (Job Access Reverse Commute – JARC)
 Section 5317 (New Freedom/Beyond ADA)
 Other federal funds (Describe): _____

State government Division for Aging Services

Local sources Pershing County (PILT) funds

9. Are there restrictions and/or limitations on how your funding can be used? Yes

10. What does your organization charge for providing transportation service? Seniors suggested donation \$0.50 – \$10.00. Under 60, \$2.00 - \$15.00. See attached

11. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? NO

12. What percentage of service is provided to:

Seniors 95% Youth _____ Disabled 1% Low Income 1% ?

13. Is there a tribal outreach program in your area? Not sure

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? N/A
2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input checked="" type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input checked="" type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?
Funding and time
4. What specific recommendations would you offer for providing service to meet those unmet needs?
More out of area trips for medical purposes
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) local daily rides
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? Not sure
7. What technology would assist in meeting customer's travel needs? Not sure
8. Is emergency medical transportation service adequate in the area? yes
9. What connections would expedite travel for long distances? Not sure
10. What public/private arrangements could increase travel options? More funding = more trips
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) Financial – drivers will to drive out of area
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state?

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Storey County Senior Citizens/Virginia City Senior Center

Address: PO Box 786, Virginia City, NV 89440 (Carson St. & D St.)

Telephone: (775)847-0957

FAX: (775)847-1008

Website: _____

Agency Contact Person:

Name: April (in job one month)

Title: Enloe Director

E-Mail: jaenloe@sbcglobal.net

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input type="checkbox"/> To medical appointments |
| <input type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input type="checkbox"/> To social services | <input type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

Note: approx. 25-50 meals/day

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Restricted to elderly | <input checked="" type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

4. What destinations are most important for citizens in your area?

Within your community _____

To adjacent communities Carson City, Dayton

5. What do you consider your highest priority for transportation services?

6. How do you define your geographic service area? Virginia City, Silver City, Gold Hill

7. What days and hours do you operate your transportation service? Mon-Fri 10:30 AM – 12:30 PM

8. Are there areas of service duplication?

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
1	Sedans	old		
	Station Wagons			
1	Minivans	6	1	
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization?

Full time _____ Part time 3 volunteer _____ (note: 3 Enloe Drivers, other employees of Senior Center also drive

3. Describe your driver training program (classroom/behind the wheel hours) No established program

What courses are required?

4. What is the safety record? (# accidents/100,000 miles)

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? No

6. How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? unknown

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): _____

State government Division for Aging Services, funds for homebound meal delivery

Local sources County funding

9. Are there restrictions and/or limitations on how your funding can be used? Yes

10. What does your organization charge for providing transportation service? Nothing

11. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? NA

12. What percentage of service is provided to:

Seniors/Disabled 100% Youth _____ Low Income _____?

13. Is there a tribal outreach program in your area?

No

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Seniors have many needs – shopping, medical appointments, etc. Many seniors do not own cars and do not drive.
2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)? Connectivity – to Dayton, Reno, etc.
4. What specific recommendations would you offer for providing service to meet those unmet needs?
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) inter-city bus
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? NA
7. What technology would assist in meeting customer's travel needs? No specific recommendation
8. Is emergency medical transportation service adequate in the area? Yes
9. What connections would expedite travel for long distances? Connections to Reno and Carson City for medical, shopping, etc.
10. What public/private arrangements could increase travel options? Needed, but no specific recommendations
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational)
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? The state needs to figure this out

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Tahoe Transportation District (TRPA)

Address: PO Box 5310, Stateline, NV 89449-5310 (128 Market Street)

Telephone: (775)588-4547 x256 FAX: (775)588-4527

Website: <http://www.trpa.org/>

Agency Contact Person:

Name: Nick Haven (survey completed by Karen Fink, kfink@trpa.org)

Title: Transportation Programs Manager E-Mail: nhaven@trpa.org

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) Note: Tahoe Transportation District staffed by TRPA, although separate agency. TTD contracts out.

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- Demand response
- Charter bus
- Intercity
- Reservations
- Other (Describe) TTD does not currently operate services: owns rolling stock and contracts out service
- Fixed route
- School bus
- Interstate
- None
- Van pool
- Prescription
- Dial-a-ride

2. What transportation functions are most requested? (Check all that apply)

- Home delivered meals
- To shopping (grocery)
- To social services
- To senior center
- To employment
- Recreation/social
- To medical appointments
- To education/training
- Other (Describe) _____

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- Restricted to elderly
- None
- Other (Describe): _____
- Restricted to disabled
- Trip Purpose
- Restricted to clients
- Advance reservations

4. What destinations are most important for citizens in your area?

Within your community: Work – Stateline, South Lake Tahoe, Ski Resorts, shopping

To adjacent communities: Carson City, Reno, and Sacramento

5. What do you consider your highest priority for transportation services? Increasing the frequency of service

6. How do you define your geographic service area? Tahoe Basin

7. What days and hours do you operate your transportation service?

Kingsbury Express is the only service we operate – Daily, year round, 6:00-9:00am, 3:30 – 7:30pm

8. Are there areas of service duplication?

South Lake Tahoe is served by Heavenly Shuttles, Casino Shuttles, and BlueGo. Approx 1/2 of in-town routes are duplicated. Note: Local shuttles pick up everyone, but Heavenly only picks up skiers (personal observation, may not be policy)

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory: see attached

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
	Minivans			
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization? 0

Full time _____ Part time _____ volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours)

NA

What courses are required?

4. What is the safety record? (# accidents/100,000 miles)

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? We own the rolling stock. Others use our busses under an operation agreement. Operators cover insurance, etc.

6. How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? \$365,000 for the Kingsbury Express service

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): _____

State government _____

Local sources Private funding for the Kingsbury Express

9. Are there restrictions and/or limitations on how your funding can be used? Private fundings is to be used for Kingsbury Express service only

10. What does your organization charge for providing transportation service? \$5 round trip

11. What is the cost of providing that service? _____

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? No

13. What percentage of service is provided to: don't know – it's a new service

Seniors _____ Youth _____ Disabled _____ Low Income _____ ?

14. Is there a tribal outreach program in your area? We work with the Washoe Tribe in planning transportation

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Streamlining ticket process (currently cash only). Increased frequency and service to outlying areas.
2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input checked="" type="checkbox"/> Other (Describe): T icket sales. BluGo Coordinated Transit Management System could be improved.	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?
Nighttime service, no service to Meyer on fixed route
4. What specific recommendations would you offer for providing service to meet those unmet needs?
See #1 on tickets. Increase revenue to increase service through local sources such as tax, parking charges, etc.
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.)
Intra-regional – South Lake Tahoe to Incline Village, Tahoe City, etc. South Lake Tahoe to **S**acramento and Carson City.
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing?
Shelters, integrated phone and web information sharing between areas (whole basin in one place)
7. What technology would assist in meeting customer's travel needs? See above
8. Is emergency medical transportation service adequate in the area? Yes
9. What connections would expedite travel for long distances? Stateline to Incline Village would close the gap to get all the way around the Lake. Service to Carson and Sacramento (airport, etc).
10. What public/private arrangements could increase travel options? Airport shuttle from Sacramento to Stateline
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational)
Financial, distribution of residents - planning not conducive to transit
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state?

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Southern Nevada Transit Coalition (SNTC)

Address: 650 Hardy Way, Suite 104

Telephone: (702)-298-4435 FAX: (702)346-3798

Website: www.sntc.net

Agency Contact Person:

Name: Debbie Dauenhauer, (702)298-4435, cell: (702)299-5468

Title: Executive Director E-Mail: silverrider@mesquiteweb.com

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Demand response | <input checked="" type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input checked="" type="checkbox"/> Intercity | <input checked="" type="checkbox"/> Interstate | <input checked="" type="checkbox"/> Dial-a-ride |
| <input checked="" type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input checked="" type="checkbox"/> Other (Describe) Para-transit | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input checked="" type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input type="checkbox"/> To social services | <input type="checkbox"/> Recreation/social | <input checked="" type="checkbox"/> Other (Describe) special needs |

kids, welfare office

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

Note: only some services are restricted to elderly

4. What destinations are most important for citizens in your area?

Within your community: Employment

To adjacent communities: medical – Las Vegas

5. What do you consider your highest priority for transportation services? reliability

6. How do you define your geographic service area? Non-urban Clark County; adjacent Utah and Arizona areas

7. What days and hours do you operate your transportation service? Laughlin 24/7
Mesquite: 18 hours 6 days/week

8. Are there areas of service duplication? NO

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory: ~ 35 vehicles

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
	Minivans			
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization? 37 employees; 22-25 drivers

Full time_____ Part time_____ volunteer_____

3. Describe your driver training program (classroom/behind the wheel hours) 2 full time trainers, do more than required

What courses are required? Elder abuse, CPR, ADAPT, Defensive Driving, Blood borne & air borne

4. What is the safety record? (# accidents/100,000 miles) 2 since 2002

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? NO

6. How is your vehicle maintenance performed?

Own Shop

Outside Vendor City of Mesquite

Other (Describe):

7. What are your approximate annual expenses for your transportation services? \$2,198,000

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): RTAP

State government _____

Local sources _____

9. Are there restrictions and/or limitations on how your funding can be used? _____

10. What does your organization charge for providing transportation service? Varies:
\$2 – Mesquite, \$1.50 Laughlin

11. What does this service cost your organization (estimated cost per rider)? \$3.50

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? Monthly passes

13. What percentage of service is provided to: see ridership reports

Seniors _____ Youth _____ Disabled _____ Low Income _____?

14. Is there a tribal outreach program in your area?

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Would like to provide service in Pahrump and more service in Indian Springs (more funding needed for fuel), Moapa Valley (increase from 8 times/month D/R), Mesquite (F/R additional route needed), Laughlin (F/R – 3rd route needed), Searchlight, CA-NV-AR, Palm Gardens (D/R increase from 10times/month). More senior riders (900 riders/month)
 2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input checked="" type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	
- Note:** currently coordinates with many organization. Coordinate with Bullhead Transportation (Tri City comm.)
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?
 4. What specific recommendations would you offer for providing service to meet those unmet needs?
See #1
 5. What types of service are most desired by your community? (i.e., dial-a-ride, local bus, inter-city bus, etc.) Depends on the community
 6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? Mesquite – shelters; marketing
 7. What technology would assist in meeting customer's travel needs? Radios in buses (cell phones used now)
 8. Is emergency medical transportation service adequate in the area? YES
 9. What connections would expedite travel for long distances? Need Greyhound bus back in the area
 10. What public/private arrangements could increase travel options? Low income homes in Arizona need service. Indian tribe to south of Laughlin
 11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) Financial (Bullhead City), institutional (Indian tribe)
 12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? Need cross state line coordination/service/funding

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency Name: Silver Sage Community Center

Address: PO Box 136, Wells, NV 89835 (257 1st Street)

Telephone: (775)752-3280

FAX: (775)752-3419

Website: <http://www.elkoresourcesforchildren.org/transitcoalition.htm>

Agency Contact Person:

Name: Janet Riddle

Title: Director

E-Mail: wellsseniorcenter@wrecwireless.coop

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---|
| <input checked="" type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input checked="" type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input checked="" type="checkbox"/> To social services | <input type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input checked="" type="checkbox"/> Other (Describe): Priority to Seniors, others may ride if there is room _____ | | |

4. What destinations are most important for citizens in your area?

Within your community to the Senior Center (nutrition)

To adjacent communities Elko for medical appointments

5. What do you consider your highest priority for transportation services? Seniors – medical and nutrition

6. How do you define your geographic service area? Wells city limits (rural), Elko every other week.

7. What days and hours do you operate your transportation service? Local bus M-F 10am – 3pm
 Extensions for special events or medical needs
 Elko – once every other week

8. Are there areas of service duplication? No

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
1	Minivans – 7 pass - AWD	2002		
1	14 – passenger vans	1996	1	
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
1	club van for food	1989		
1	10 passenger bus	2007	1	2

2. How many drivers work for your organization?

Full time 1 Part time 1 volunteer 1 (note: full time ~ 30 hrs/week)

3. Describe your driver training program (classroom/behind the wheel hours)

NDOT training course

What courses are required?

4. What is the safety record? (# accidents/100,000 miles) One accident (not at fault, no injuries)

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? No

6. How is your vehicle maintenance performed?

- Own Shop routine Outside Vendor service
 Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? \$40,000

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

- Section 5310 (Capitol – Elderly/people with disabilities)
 Section 5311
 Section 5313
 Section 5316 (Job Access Reverse Commute – JARC)
 Section 5317 (New Freedom/Beyond ADA)
 Other federal funds (Describe): United Way

State government Division for Aging

Local sources Elko County tax, fundraising, donations

9. Are there restrictions and/or limitations on how your funding can be used? Must be used exactly as requested (eg. Equipment only, driver salary only....)

10. What does your organization charge for providing transportation service? Suggested donation Elko \$4, in town \$2/week, \$0.50 in Wells

11. What is the cost of providing that service? _____

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? No

13. What percentage of service is provided to:

Seniors 99% Youth _____ Disabled _____ Low Income _____?

14. Is there a tribal outreach program in your area?

We provide service to the colony to the north.

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? none

2. What are areas for increased coordination? none

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	

3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?
Weekend service

4. What specific recommendations would you offer for providing service to meet those unmet needs?
Provide occasional weekend service

5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.)
dial-a-ride (sort of have already, but could expand)

6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? No

7. What technology would assist in meeting customer's travel needs? No

8. Is emergency medical transportation service adequate in the area? Yes – very good volunteer ambulance

9. What connections would expedite travel for long distances? Greyhound no longer services Wells. If we could connect to them, that would help.

10. What public/private arrangements could increase travel options? Partner with Greyhound

11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) Funding

12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? No

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Pyramid Lake Paiutes – Numaga Project Senior Center

Address: PO Box 256, Nixon, NV 89424

Telephone: (775)574-1064

FAX: (775)574-1008

Website: _____

Agency Contact Person:

Name: Della Johns (775)874-1000; Vinton (Vinny) Hawley (775)574-1064

Title: Tribal Administration

E-Mail: djohn@plpt.nsn.us

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) Tribal Government

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) | | |

Note: Clients call the senior center. About 35 people/day served

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input type="checkbox"/> To social services | <input type="checkbox"/> Recreation/social | <input checked="" type="checkbox"/> Other (Describe) to post office |

Note: Congregate meals served at the senior center

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Restricted to elderly | <input checked="" type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

4. What destinations are most important for citizens in your area?

Within your community: Senior Center, Post Office, Clinic

To adjacent communities: Fernley, Reno

5. What do you consider your highest priority for transportation services? Noon meals at the senior center

6. How do you define your geographic service area? 3 communities served: Sutcliffe, Nixon, Wadsworth

7. What days and hours do you operate your transportation service? Mon-Fri 7:30 AM – 2:00 PM

8. Are there areas of service duplication? NO

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
1	Minivans	5+	NO	
2	15 – passenger vans	5+	Yes	1
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization?

Full time _____ Part time 3 (kitchen aides) volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours)

What courses are required? Defensive Driving, lift operation, CPR

4. What is the safety record? (# accidents/100,000 miles) None

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? NO

6. How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? \$5,000

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): Older Americans, Title 6

State government NDOT

Local sources Washoe County RTC

9. Are there restrictions and/or limitations on how your funding can be used? Yes

10. What does your organization charge for providing transportation service? NO

11. What does this service cost your organization (estimated cost per rider)? Don't know

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? NO

13. What percentage of service is provided to:

Seniors 98% Youth _____ Disabled 2% Low Income 100%?

14. Is there a tribal outreach program in your area?

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Isolation of small communities relative to Reno/Fernley – work, appointments
2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input checked="" type="checkbox"/> Drivers	<input checked="" type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)? Distance – accessibility. Must go off reservation for shopping, etc.
4. What specific recommendations would you offer for providing service to meet those unmet needs? Include tribe in planning
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) vans
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? Shelters, stop locations
7. What technology would assist in meeting customer's travel needs? Software for scheduling
8. Is emergency medical transportation service adequate in the area? NO
9. What connections would expedite travel for long distances? Don't know
10. What public/private arrangements could increase travel options? Feeder bus to main-line service
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) lack of planning, financial
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? Involve tribe in planning

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency Name: Ormsby Arc

Address: PO Box 491, Carson City, NV 89702

Telephone: (775)882-8520

FAX: (775)882-7202

Website: <http://www.ormsbyarc.org/>

Agency Contact Person:

Name: Mary Winkler

Title:

E-Mail: Mary@Ormsbyarc.org

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---|
| <input checked="" type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input checked="" type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

What transportation functions are most requested? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Home delivered meals | <input type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input checked="" type="checkbox"/> To social services | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input checked="" type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

What destinations are most important for citizens in your area?

Within your community: **Grocery stores, general stores**

To adjacent communities: **Reno for medical**

What do you consider your highest priority for transportation services? **Medical services**

How do you define your geographic service area? **Carson City to Reno to Gardnerville**

What days and hours do you operate your transportation service?

7 days/week 7am – 8pm (depending on need)

Plus on-call 24 hours for emergencies

EQUIPMENT/FUNDING

Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Operating Capacity	Age In Years	Number Lift Equipped
	Sedans			
	Station Wagons			
1	Minivans (NDOT)	7 ppl	2 years	1 ramp
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other – staff use personal vehicles and are provided a mileage reimbursement			

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? **Yes, Jump Around Carson (JAC)**

How is your vehicle maintenance performed?

Own Shop Outside Vendor

Other (Describe): _____

What are your approximate annual expenses for your transportation services? **DNK, would have to look up.**

What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310

Section 5313

Section 5311 Section 5316
 Other federal funds (Describe): _____

State government **Rural Regional Center - \$900/month**

Local sources _____

Are there restrictions and/or limitations on how your funding can be used? **Yes – transportation for special needs only**

What does your organization charge for providing transportation service? **Nothing**

What is the cost of providing that service? _____

TRANSPORTATION NEEDS IDENTIFICATION

How would you describe unmet transportation service needs (if any) in your area?

JAC not developed for hours and areas needed. Paratransit needed – regular routes don't reach rural areas.

What specific recommendations would you offer for providing service to meet those unmet needs?

Expand areas of service; expand Para transit vehicles and service.

What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.)

Local bus service

What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational)

Financial

Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state?

Continued expansion of services

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency Name: Nye County Nutrition & Esmeralda Senior Nutrition

Address: PO Box 392, Tonopah, NV

Telephone: (775)482-7300

FAX: (775)482-7322

Website: _____

Agency Contact Person:

Name: Anne McGaw

Title: Account Clerk/Transportation Organizer

E-Mail: amcgaw@nyecounty.net

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Demand response | <input checked="" type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input checked="" type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input checked="" type="checkbox"/> Reservations | <input type="checkbox"/> None | |

Other (Describe) Notes: Tonopah fixed route, also serves Beatty, Armigosa, Smoke Valley, Fish Lake Valley, other outlying areas **tw**ice a week

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input checked="" type="checkbox"/> To social services | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Restricted to elderly 60+ | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |

Other (Describe): Reservations required for long distance (Reno, Fallon, Pahrump, Las Vegas). Note: if space is available, general public allowed to ride

4. What destinations are most important for citizens in your area?

Within your community Medical (clinic), social, groceries

To adjacent communities Medical – Reno, Las Vegas

5. What do you consider your highest priority for transportation services? Medical, get seniors out of the house - independence

6. How do you define your geographic service area? Tonopah, Beatty, Armigosa, Smoke Valley, Fish Lake Valley

7. What days and hours do you operate your transportation service? Tonopah, Beatty – M-F 8am -2pm
Medical – 4am – 7pm – long distance, flexible

8. Are there areas of service duplication? No

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
6	Sedans	5 (avg)		
2	Jeep	5 (avg)		
7	Minivans	5 (avg)	4 w/ramps	1 each
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
7	Cut-away E450 buses, (9-16 pass)	5 (avg)	7	5 have 2, 2 have 1

2. How many drivers work for your organization?

Full time _____ Part time 10 volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours) Waters and Fraser, used to use NDOT, no longer available.

What courses are required?

4. What is the safety record? (# accidents/100,000 miles) - 2 minor, not at fault, 1 major, in 8 years

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? No

6. How is your vehicle maintenance performed?
 Own Shop Outside Vendor
 Other (Describe): Nye County Equipment Services

7. What are your approximate annual expenses for your transportation services? DNK

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): _____

State government Vehicles – NDOT (may be FTA funds, not sure), Division for Aging Services

Local sources County match for state grants (5-10%)

9. Are there restrictions and/or limitations on how your funding can be used? Div for Aging (NDOT) vehicles only

10. What does your organization charge for providing transportation service? Suggested donation (seniors) \$0.50 - \$1.00 in town, \$9 – 20 each way, depending on distance. Non-seniors must pay fee

11. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? No

12. What percentage of service is provided to:

Seniors 80% Youth _____ Disabled _____ Low Income _____?

13. Is there a tribal outreach program in your area? Not that I'm aware of

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Disabled non-seniors are not a priority, services are not always available. Transients can't get out of town to Reno or Vegas
2. What are areas for increased coordination?

<input checked="" type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input checked="" type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input checked="" type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Funding	<input checked="" type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)? Service time, also, see #1
4. What specific recommendations would you offer for providing service to meet those unmet needs? Tonopah service extended later in the day and/or on weekends
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.)dial-a-ride, local bus
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? Covered parking for buses to protect from the elements (extreme weather in Tonopah)
7. What technology would assist in meeting customer's travel needs? Maintenance program to track maintenance, gas, etc. – on a website – results show which routes cost most, etc. Dispatch, trip tracking
8. Is emergency medical transportation service adequate in the area? No
9. What connections would expedite travel for long distances? Connection in Fallon to get to Reno, rides to bus station in Reno or Las Vegas, airport shuttle
10. What public/private arrangements could increase travel options? Current taxi service is not always reliable. An affordable, reliable taxi service would be good.
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) Financial and operational. We have vehicles and maintenance. Increased operating budget would help. Hours must be long to provide service to other areas.
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? Not really
- 13.

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Lander County Senior Citizens Center

Address: 365 East 4th Street, Battle Mountain, NV 89820

Telephone: (775)635-5311

FAX: (775)635-3116

Website: _____

Agency Contact Person:

Name: Heidi Nicholas

Title: Program Director E-Mail: lcsp@bmnv.com

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input checked="" type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input type="checkbox"/> To social services | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input checked="" type="checkbox"/> Other (Describe): Can transport non-elderly at a higher price to rider | | |

4. What destinations are most important for citizens in your area?

Within your community Senior Center, Grocery, medical
To adjacent communities WalMart, grocery, medical

5. What do you consider your highest priority for transportation services? Medical

6. How do you define your geographic service area? Within town boundaries

7. What days and hours do you operate your transportation service? Mon – Fri, 10am – 2pm
Out of town service hours vary

8. Are there areas of service duplication? NO

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
1	Minivans	9	0	0
1	15 – passenger vans	10	1	1
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization?

Full time _____ Part time _____ 1 _____ volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours)
Have classes with RT services in Elko, NV

What courses are required? Basic driving safety/passenger safety

4. What is the safety record? (# accidents/100,000 miles) 1/100,000 mi

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? NO

6. How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? \$32,000

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): _____

State government Title 373

Local sources County subsidized

9. Are there restrictions and/or limitations on how your funding can be used? Yes

10. What does your organization charge for providing transportation service? \$0.50 donation, \$5 out of town

11. What is the cost of providing that service? unknown

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? NO

13. What percentage of service is provided to:

Seniors 99% Youth _____ Disabled 1% Low Income _____?

Is there a tribal outreach program in your area? unknown

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Need more transportation out of town and for medical

2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	

3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?
Connectivity and affordability

4. What specific recommendations would you offer for providing service to meet those unmet needs?
none

5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) unknown

6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? NO

7. What technology would assist in meeting customer's travel needs? unknown

8. Is emergency medical transportation service adequate in the area? Local area buses instead of Greyhound to Elko/

9. What connections would expedite travel for long distances? unknown

10. What public/private arrangements could increase travel options? financial

11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational)

12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state?

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Seniors of Humboldt County

Address: 1480 Lay Street, Winnemucca, NV 89445

Telephone: (775)623-6290, 623-6211

FAX: (775)623-6290

Website: _____

Agency Contact Person:

Name: Dee Larios

Title: Director

E-Mail: hcsc@winnemucca.net

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input checked="" type="checkbox"/> Dial-a-ride |
| <input checked="" type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input checked="" type="checkbox"/> To employment | <input checked="" type="checkbox"/> To education/training |
| <input checked="" type="checkbox"/> To social services | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

Note: Meal delivery is a separate program

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Restricted to elderly | <input checked="" type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

4. What destinations are most important for citizens in your area?

Within your community Doctors, grocery

To adjacent communities _____

5. What do you consider your highest priority for transportation services? Medical

6. How do you define your geographic service area? 5 mi area of Winnemucca (rural)

7. What days and hours do you operate your transportation service? M – F 8am – 4pm

8. Are there areas of service duplication? No

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
	Minivans			
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
4	12 passenger bus	9,7	4	
2	19 passenger bus	5,0	2	

2. How many drivers work for your organization? Plus one dispatcher/driver if needed

Full time ___ 2 ___ Part time _____ volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours) Used to use NDOT (Jerry Waters) class and behind the wheel.

What courses are required? ADAPT – defensive driving , first aid, CPR, elder abuse

4. What is the safety record? (# accidents/100,000 miles) 2 minor accidents in 120,000 miles

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? No

6. How is your vehicle maintenance performed?

- Own Shop Outside Vendor
 Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? \$150,000

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

- Section 5310 (Capitol – Elderly/people with disabilities)
 Section 5311
 Section 5313
 Section 5316 (Job Access Reverse Commute – JARC)
 Section 5317 (New Freedom/Beyond ADA)
 Other federal funds (Describe): _____

State government Independent Living

Local sources _____

9. Are there restrictions and/or limitations on how your funding can be used? Transportation Only

10. What does your organization charge for providing transportation service? \$0.50 suggested donation

11. What is the cost of providing that service? \$10/rider

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? Yes, tickets

13. What percentage of service is provided to:

Seniors 25% Youth _____ Disabled 75% Low Income _____?

Is there a tribal outreach program in your area?

Not that I'm aware of

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Restricted to city limits (5 mi outside). No money or manpower to extend. **However**, it seems to work OK for now.
2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input checked="" type="checkbox"/> Drivers	<input checked="" type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input checked="" type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?
8am – 4pm only
4. What specific recommendations would you offer for providing service to meet those unmet needs?
Extend hours beyond 8-4
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) Local bus, dial-a-ride
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? No - we provide door-to-door service. Public outreach is already great.
7. What technology would assist in meeting customer's travel needs? none
8. Is emergency medical transportation service adequate in the area? Yes
9. What connections would expedite travel for long distances? Connect to a service to Reno. We do go to Amtrak, but the hours don't necessarily match
10. What public/private arrangements could increase travel options? Transportation for hours we don't serve
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) Financial
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? NDOT training program offered again.

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: High Sierra Industries

Address: 555 Reactor Way, Reno NV 89502

Telephone: (775) 829-7400

FAX: (775)857-5130

Cell: (775)690-6832

Website: _____

Agency Contact Person:

Name: Steve McGarvey x114

Title: Facility Manager and Manufacturing Engineer E-Mail: steve.mcgarvey@hsireno.com

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- Demand response
- Charter bus
- Intercity
- Reservations
- Other (Describe) _____
- Fixed route
- School bus
- Interstate
- None
- Van pool
- Prescription
- Dial-a-ride

Note: Some clients use RTC buses to get to work

2. What transportation functions are most requested? (Check all that apply)

- Home delivered meals
- To shopping (grocery)
- To social services
- To senior center
- To employment
- Recreation/social
- To medical appointments
- To education/training
- Other (Describe) _____

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- Restricted to elderly
- None
- Other (Describe): _____
- Restricted to disabled
- Trip Purpose
- Restricted to clients
- Advance reservations

Note: 40-50 people served in supportive living environments

4. What destinations are most important for citizens in your area?

Within your community **medical**, shopping, work **at High** Sierra Industries

To adjacent communities **NA**

5. What do you consider your highest priority for transportation services?

6. How do you define your geographic service area? Reno/Sparks area

7. What days and hours do you operate your transportation service? Mon-Friday

8. Are there areas of service duplication?

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
~ 35	Station Wagons (employee owned)			
3	Minivans (see notes on original form for information on location and use)	1, 2, 3	2	
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization?

Full time _____ Part time ~25 volunteer _____

Note: employees drive their own cars and transport clients

3. Describe your driver training program (classroom/behind the wheel hours)

Ernie Maguire from CART is doing training

What courses are required? Defensive Driving, Pathogens, First Aid, CPR, ADAPT

4. What is the safety record? (# accidents/100,000 miles)

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? No

6. How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? \$22,000

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities) **NDOT bought van**

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): _____

State government Yes, cannot recall program

Local sources _____

9. Are there restrictions and/or limitations on how your funding can be used? Yes

10. What does your organization charge for providing transportation service? None

11. What does this service cost your organization (estimated cost per rider)?

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares?

13. What percentage of service is provided to:

Seniors _____ Youth _____ Disabled 100% Low Income 100%?

14. Is there a tribal outreach program in your area?

NA

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Started service in October 2007 – No perspective eon needs other than training
2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input checked="" type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input checked="" type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)? No
4. What specific recommendations would you offer for providing service to meet those unmet needs? Training needs to be more readily available
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) Dial-a-ride
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? Shelters needed
7. What technology would assist in meeting customer's travel needs? Can't think of any
8. Is emergency medical transportation service adequate in the area? NA
9. What connections would expedite travel for long distances? NA
10. What public/private arrangements could increase travel options? No
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) RTC increase in fares was a burden to clients
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? No

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency Name: Eureka Senior Center

Address: PO Box 278, Eureka, NV 89316

Telephone: (775)237-5597

FAX: (775)237-6024

Website: www.co.eureka.nv.us/county/senior.htm

Agency Contact Person:

Name: Millie Oram

Title: Director

E-Mail: morem@senctr@eurekanv.org

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input checked="" type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input checked="" type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Home delivered meals | <input type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input type="checkbox"/> To social services | <input type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Restricted to elderly | <input checked="" type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

Note: If there is room and a trip is planned, others may ride

4. What destinations are most important for citizens in your area?

Within your community Senior Center (nutrition)

To adjacent communities Elko – medical and grocery shopping

5. What do you consider your highest priority for transportation services? Providing seniors rides to shopping and medical appointments

6. How do you define your geographic service area? South end of Eureka County, Eureka and Diamond Valley

7. What days and hours do you operate your transportation service? Mon-Fri 8am – 2:30 pm
Elko – 1st Wed or Thursday of the month

8. Are there areas of service duplication? No

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
1	Minivans	2003		
2	15 – passenger vans	1995 - 2000	1	2
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization?

Full time ___ 1 ___ Part time ___ 2 ___ volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours) Used to use the NDOT training program which is not offered anymore. Trying to find a new one

What courses are required?

4. What is the safety record? (# accidents/100,000 miles) 0

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? No

6. How is your vehicle maintenance performed?
 Own Shop Outside Vendor
 Other (Describe): County mechanics

7. What are your approximate annual expenses for your transportation services? Approx \$45,000
(don't know – estimated based on Div for Aging money and match with County funds)

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): _____

State government_ Division for Aging 0700010LX08

Local sources_ County

9. Are there restrictions and/or limitations on how your funding can be used? Yes – transportation for seniors only

10. What does your organization charge for providing transportation service? \$.25 in town, \$5 Elko round trip, Seniors Suggested donation

11. What is the cost of providing that service?

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? No

13. What percentage of service is provided to: (estimated)

Seniors 90% Youth _____ Disabled__ 10%___ Low Income _____?

Is there a tribal outreach program in your area? No

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Mostly met, a second trip to Elko, especially around the holidays would serve a need
2. What are areas for increased coordination? None

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)? None
4. What specific recommendations would you offer for providing service to meet those unmet needs? None
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) Elko Trip
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? No
7. What technology would assist in meeting customer's travel needs? None
8. Is emergency medical transportation service adequate in the area? Yes
9. What connections would expedite travel for long distances? None
10. What public/private arrangements could increase travel options? None
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) None
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? None

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Ely Shoshone Tribe

Address: 16 Shoshone Circle

Telephone: (775) 289-3013

FAX: (775) 289-3156

Website: _____

Agency Contact Person:

Name: Michael Dalton

Title: Planner

E-Mail: Dalton.est@sbcglobal.net

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) Tribal Government

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input checked="" type="checkbox"/> Other (Describe) Transportation to/from preschool and limited transportation of the elderly | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Home delivered meals | <input type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input type="checkbox"/> To education/training |
| <input type="checkbox"/> To social services | <input type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input checked="" type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

4. What destinations are most important for citizens in your area?

Within your community _____

To adjacent communities Elko, Las Vegas, Reno

5. What do you consider your highest priority for transportation services? Elders - Medical

6. How do you define your geographic service area? Ely

7. What days and hours do you operate your transportation service? 8:00 am – noon, Mon-Fri

8. Are there areas of service duplication?

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
10	Sedans	5-10	0	
	Station Wagons			
	Minivans			
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

Note: 10 vehicles ~15 children transported daily

2. How many drivers work for your organization?

Full time _____ Part time _____ volunteer ~50

3. Describe your driver training program (classroom/behind the wheel hours)

NONE

What courses are required?

4. What is the safety record? (# accidents/100,000 miles)

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? NO

6. How is your vehicle maintenance performed?

Own Shop Outside Vendor

Other (Describe): _____

7. What are your approximate annual expenses for your transportation services? unknown

8. What is the source of your transportation system funding? (Check all that apply) unsure

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): _____

State government _____

Local sources _____

9. Are there restrictions and/or limitations on how your funding can be used? _____

10. What does your organization charge for providing transportation service? NO

11. What does this service cost your organization (estimated cost per rider)? unknown

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? NO

13. What percentage of service is provided to:

Seniors 10% Youth 90% Disabled _____ Low Income _____?

14. Is there a tribal outreach program in your area?

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Lack of transportation out of town
2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)? Location (medical)
4. What specific recommendations would you offer for providing service to meet those unmet needs? none
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) Inter-city bus
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? no
7. What technology would assist in meeting customer's travel needs? Not sure
8. Is emergency medical transportation service adequate in the area? yes
9. What connections would expedite travel for long distances? Inter-city bus
10. What public/private arrangements could increase travel options? Use of grant opportunities
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) financial
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? NO

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency Name: Carlin Open Door Senior Center

Address: PO Box 123, Carlin, NV 89822 (320 Chestnut Street)

Telephone: (775)754-6465

FAX: (775)754-6912

Website: _____

Agency Contact Person:

Name: Darla Hoadly

Title: Executive Director

E-Mail: seniorcenter@explorecarlinnv.com

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) – **Non profit (501c3) run by grant funds. Building and employees funded by the City**

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Demand response | <input type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input checked="" type="checkbox"/> Dial-a-ride |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) _____ | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input checked="" type="checkbox"/> To shopping (grocery) | <input type="checkbox"/> To employment | <input checked="" type="checkbox"/> To education/training |
| <input checked="" type="checkbox"/> To social services | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____ |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Restricted to elderly | <input checked="" type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ | | |

4. What destinations are most important for citizens in your area?

Within your community Senior center for meals, then services such as post office, bank, etc.

To adjacent communities Elko for medical and shopping

5. What do you consider your highest priority for transportation services?

Providing service to senior center for lunch (nutrition)

6. How do you define your geographic service area?

Rural – primarily within the Carlin City limits or by request. Once per week to Elko

7. What days and hours do you operate your transportation service?

Monday through Friday 8am to 5pm, by request/appointment

8. Are there areas of service duplication? No

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
1	Station Wagons – old, but low mileage	15 years		
	Minivans			
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
1	“mini bus” (12 passenger)	7 years	1	1

2. How many drivers work for your organization?

Full time _____ Part time 1 (6 hours/day) volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours)

NDOT driver training

What courses are required?

4. What is the safety record? (# accidents/100,000 miles) **clean record / 0**
5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? **No**
6. How is your vehicle maintenance performed?
 Own Shop Outside Vendor
 Other (Describe): **Public works department, when possible, Otherwise vendor in Elko**
7. What are your approximate annual expenses for your transportation services? **\$21,000**
8. What is the source of your transportation system funding? (Check all that apply)
- Federal government / funds received from the Federal Transit Administration (FTA)
 Section 5310 (Capitol – Elderly/people with disabilities)
 Section 5311
 Section 5313
 Section 5316 (Job Access Reverse Commute – JARC)
 Section 5317 (New Freedom/Beyond ADA)
 Other federal funds (Describe): **Division for Ageing, Independent Living Grant** _____
- State government **Division for Ageing, Independent Living Grant**
- Local sources **Senior Tax Initiative (Elko County), United Way, Matching funds (City)**
9. Are there restrictions and/or limitations on how your funding can be used? **Elderly and Disabled**
10. What does your organization charge for providing transportation service? **Suggested Donation Local: \$0.25/day or \$1.00/week, Elko: \$3 r/t**
13. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? **No**
14. What percentage of service is provided to:
 Seniors _____ Youth _____ Disabled _____ Low Income _____? **100% senior/disabled**
15. Is there a tribal outreach program in your area? **Not really. Shoshone tribe in Elko, services are available to them, but only on scheduled trips, no one from the tribe has used us.**

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? **Only one bus available. If it breaks down, there is no backup. No other transportation provider in the area – nothing available to people under 60 years old. Not even a taxi, etc.**
2. What are areas for increased coordination? **No – closest town/services 20 miles away (Elko)**

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	
3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?
None, except the possibility of the one bus breaking down.
4. What specific recommendations would you offer for providing service to meet those unmet needs?
Providing a backup bus
5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.)
Service to Salt Lake City for medical treatment. Service for people under 60 years old.
6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? **No**
7. What technology would assist in meeting customer's travel needs? **None**
8. Is emergency medical transportation service adequate in the area? **Yes, excellent volunteer fire/ambulance**
9. What connections would expedite travel for long distances? **Regular shuttle to Elko to greyhound, shopping, jobs, etc.**
10. What public/private arrangements could increase travel options? **Shuttle or taxi (affordable)**
11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) **Financial**
12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? **Single point of contact for the entire state. More training**

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Jump Around Carson (JAC)
Address: 3505 Butti Way, Carson City, NV 89701
Telephone: 775 841-7433 FAX: 775 887-2112
Website: www.rideJAC.com

Agency Contact Person:

Name: Keith Pearson

Title: Transportation Planning Technician E-Mail: kpearson@ci.carson-city.nv.us

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain)

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Demand response | <input checked="" type="checkbox"/> Fixed route | <input type="checkbox"/> Van pool |
| <input type="checkbox"/> Charter bus | <input type="checkbox"/> School bus | <input type="checkbox"/> Prescription |
| <input type="checkbox"/> Intercity | <input type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride |
| <input checked="" type="checkbox"/> Reservations | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (Describe) | | |

2. What transportation functions are most requested? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Home delivered meals | <input checked="" type="checkbox"/> To senior center | <input checked="" type="checkbox"/> To medical appointments |
| <input type="checkbox"/> To shopping (grocery) | <input checked="" type="checkbox"/> To employment | <input checked="" type="checkbox"/> To education/training |
| <input type="checkbox"/> To social services | <input type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) |

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Restricted to elderly | <input type="checkbox"/> Restricted to disabled | <input type="checkbox"/> Restricted to clients |
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Trip Purpose | <input type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): | | |

4. What destinations are most important for citizens in your area?

Within your community: Shopping, Senior Center, Medical appointments, Employment, Education

To adjacent communities: Medical appointments, Employment

5. What do you consider your highest priority for transportation services? Medical and Employment

6. How do you define your geographic service area? Fixed route service to portions of Carson City and Para transit service for entire City of Carson City

7. What days and hours do you operate your transportation service? Mon-Fri 6:30 am- 6:30 pm Saturdays 8:30 am 4:30 pm

8. Are there areas of service duplication? No

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
	Station Wagons			
	Minivans		1	2
	15 – passenger vans		0	0
	Light-duty bus (16-24 passengers)		4	8
	Medium-duty bus (over 22 passengers)		6	12
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization?

Full time 9 Part time 6 volunteer 0

3. Describe your driver training program (classroom/behind the wheel hours) 40 hrs classroom and 40 hrs behind the wheel

What courses are required? Wheel chair securement, CPR, First Aide, Customer service and Driver Safety

4. What is the safety record? (# accidents/100,000 miles) 0 preventable accidents/200,000 miles

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? Yes, RTC Washoe

6. How is your vehicle maintenance performed?
x Own Shop Outside Vendor

7. What are your approximate annual expenses for your transportation services? 10/1/06 – 9/30/07
\$975,000

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

X Other federal funds (Describe): 5307 & 5309

State government None

Local sources Carson City General Fund

9. Are there restrictions and/or limitations on how your funding can be used? Yes

10. What does your organization charge for providing transportation service? \$2 para-transit, \$1 adult, \$0.50 disabled, senior, and youth per trip

11. What is the cost of providing that service? 10/1/06 – 9/30/07 \$975,000

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? Yes, Passes

13. What percentage of service is provided to:

Seniors 30% Youth 7% Disabled 27% Low Income 52% (\$19,999 or below per household)

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? A fixed route to un-served areas of city and longer service hours

2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
X Eligibility	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	

3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)? Longer hours and more areas need to be served by fixed route

4. What specific recommendations would you offer for providing service to meet those unmet needs? To seek an increase in service

5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) More locations and later hours in the evening

6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? Yes, passenger amenities like shelters, benches, and bike racks

7. What technology would assist in meeting customer's travel needs? Automated stop announcements

8. Is emergency medical transportation service adequate in the area? Yes

9. What connections would expedite travel for long distances? New intercity service to the east, south, west and more to the north

10. What public/private arrangements could increase travel options? Improved coordination with non-profits

11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) Financial, no state funding

12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? More funding.

Thank you for your time and input.

NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY

TRANSPORTATION PROVIDER

GENERAL INFORMATION

Agency name: Pahrump Senior Center

Address: 1370 W. Basin Ave., Pahrump, NV 89060

Telephone: (775)727-5008

FAX:

Website: _____

Agency Contact Person:

Name: Don Macintosh

Title: Transportation Supervisor

E-Mail:

Which of the following best describes your organization? (Check only one)

- Private non-profit
- Public agency (directly operates all transportation service)
- Public agency (contracts for transportation service)
- Private carrier under contract to public agency
- Private carrier not under contract to a public agency
- Other (Explain) _____

SERVICES OFFERED

1. What transportation services are offered by your agency? (Check all that apply)

- Demand response
- Charter bus
- Intercity
- Reservations
- Other (Describe) _____
- Fixed route
- School bus
- Interstate
- None
- Van pool
- Prescription
- Dial-a-ride

2. What transportation functions are most requested? (Check all that apply)

- Home delivered meals
- To shopping (grocery)
- To social services
- To senior center
- To employment
- Recreation/social
- To medical appointments
- To education/training
- Other (Describe) _____

3. Are there any restrictions to receiving transportation services? (Check all that apply)

- Restricted to elderly
- None
- Other (Describe): _____
- Restricted to disabled
- Trip Purpose
- Restricted to clients
- Advance reservations

4. What destinations are most important for citizens in your area?

Within your community **medical, shopping**

To adjacent communities Las Vegas

5. What do you consider your highest priority for transportation services? **medical**

6. How do you define your geographic service area? **rural**

7. What days and hours do you operate your transportation service? **Mon-Fri, 7am - 3pm**

8. Are there areas of service duplication? **NO**

EQUIPMENT/OPERATIONS/FUNDING

1. Please list the quantity and type of service vehicles in your inventory:

Quantity	Type	Age in Years	Number Lift Equipped	Number of Securement Areas?
	Sedans			
1	Station Wagons	7		
1	Minivans	4		
3	15 – passenger vans	6 mo.	3	
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

2. How many drivers work for your organization?

Full time 4 Part time 1 volunteer _____

3. Describe your driver training program (classroom/behind the wheel hours) **NDOT: D.D.**

What courses are required?

4. What is the safety record? (**# accidents/100,000 miles**) **2**

5. Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? NO

6. How is your vehicle maintenance performed?
 Own Shop Outside Vendor
 Other (Describe): Nye County Maintenance

7. What are your approximate annual expenses for your transportation services? _____

8. What is the source of your transportation system funding? (Check all that apply)

Federal government / funds received from the Federal Transit Administration (FTA)

Section 5310 (Capitol – Elderly/people with disabilities)

Section 5311

Section 5313

Section 5316 (Job Access Reverse Commute – JARC)

Section 5317 (New Freedom/Beyond ADA)

Other federal funds (Describe): _____

State government _____

Local sources _____

9. Are there restrictions and/or limitations on how your funding can be used? _____

10. What does your organization charge for providing transportation service? _____

11. What does this service cost your organization (estimated cost per rider)? _____

12. Are transit passes, tickets, tokens, or vouchers used in the payment of fares? NO

13. What percentage of service is provided to:

Seniors 100% Youth _____ Disabled _____ Low Income _____?

14. Is there a tribal outreach program in your area? NO

TRANSPORTATION NEEDS IDENTIFICATION

1. How would you describe unmet transportation service needs (if any) in your area? Terrible

2. What are areas for increased coordination?

<input type="checkbox"/> Purchasing	<input type="checkbox"/> Reporting
<input type="checkbox"/> Drivers	<input type="checkbox"/> Training
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Funding	<input type="checkbox"/> Ride Sharing
<input type="checkbox"/> Other (Describe): _____	

3. What are the service gaps (temporal(time), connectivity (location), accessibility, affordability)?

4. What specific recommendations would you offer for providing service to meet those unmet needs?

5. What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) Local bus, inter-city bus

6. Is there a need for transportation amenities such as shelters, transfer points, marketing, information sharing? yes

7. What technology would assist in meeting customer's travel needs?

8. Is emergency medical transportation service adequate in the area? NO

9. What connections would expedite travel for long distances?

10. What public/private arrangements could increase travel options?

11. What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) Financial

12. Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state?

Thank you for your time and input.

**APPENDIX C:
APRIL 2006 UNITED WE RIDE WORKSHOP**

April 2006 United We Ride Workshop

Listing of Workshop Group Participants

Blue Group consists of the following participants:

Churchill County CART– Ernie Maguire
310 East Court Street
Fallon, NV 89406
Phone: (775) 428-2988 email: cart@phonewave.net

Mineral County Care & Share – Carolyn Gillis
P.O. Box 1058
Hawthorne, NV 89415
Phone: (775) 945-5519 email: careandshare@sbcglobal.net

Pershing County Sr. Center – Lauri Cerini-Jones
P.O. Box 838
Lovelock, NV 89419
Phone: (775) 273-2291 email: pershingseiors@sbcglobal.net

Storey County Sr. Citizens – Katherine Douglas
P.O. Box 786
Virginia City, NV 89440
Phone: (775) 847-0957 email: alwoodleyk@earthlink.net

Lyon County Human Services/Sr. Services – Edrie LaVoie
P.O. Box 1141
Silver Springs, NV 89429-1141
Phone: (775) 577-5009 email: elavoie@lyon-county.org

Fallon Paiute Shoshone Tribe/Tribal Health Center – Patrick Mineard
P.O. Box 1980
Fallon, NV 89406
Phone: (775) 423-3634 email: billing@fpst.org

Older Americans of Lyon County – Wanda Espinoza
117 Tilson Lane
Yerington, NV 89447
Phone: (775) 463-6550 email: oaic@earthlink.net

Fallon Industries -Leslie Spracklin
P.O. Box 1641
Fallon, NV 89407
Phone: (775) 423-5801 email: carc@cccomm.net

Green Group consists of the following participants:

Jim Mallery, NDOT Intermodal Planning
1263 South Stewart Street
Carson City, NV 89712
Phone: (775) 888-7464 e-mail: jmallery@dot.state.nv.us

Marc Reynolds, TRPA
PO Box 5310
Stateline, NV 89449
Phone: (775) 588-4547 Ext. 302 email: mreynolds@trpa.org

Jennifer Hannum, TRPA
PO Box 5310
Stateline, NV 89449
Phone: (775) 588-4547 email: jhannum@trpa.org

Warren Bottino, DART
PO Box 218
Minden, NV 89423
Phone: (775) 783-6455 e-mail: wbottino@co.douglas.nv.us

Marvin Aultman, DART
PO Box 218
Minden, NV 89423
Phone: (775) 783-6455 e-mail: maultman@co.douglas.nv.us

Jeff Foltz, BLUEGO
PO Box 218
Minden, NV 89423
Phone: (775) 783-6455 e-mail: jfoltz@co.douglas.nv.us

Pamela Lockett, RSVP
PO Box 1708
Carson City, NV 89702
Phone: (775) 687-4680 e-mail: branded@rsvp.carson-city.nv.us

Mike Dulude, Carson City
3505 Butti Way
Carson City, NV 89701
Phone: (775) 887-2345 e-mail: mdulude@ci.carson-city.nv.us

Pink Group consisted of the following participants:

Chuck and Jana Ricker
Northern Nevada Transit Coalition
Box 1291
Elko, NV 89803
(775) 738-7662 email: nenrtc@elko-nv.com

Adell Panning, Director
Fannie Komp Senior Center
Eureka County
P.O. Box 211072
Crescent Valley, NV 89821
(775) 468-0466 email: cvsenior@eurekanv.org

Gelford Jim
Battle Mountain Band Health Services
37 Mt View Drive #C
Battle Mountain, NV 89820
(775) 635-8200 Ext. 110 email: gelfordjim@hotmail.com

Gregory Holley
Battle Mountain Band Health Services
37 Mt View Drive #C
Battle Mountain, NV 89820
(775) 635-8200 Ext. 110

Red/Purple Group consist of the following participants:

Marietta Bobba, Washoe County Senior Center
1155 E. 9th Street
Reno, NV 89512-2896
Phone: (775) 328-2575 email: mbobba@mail.co.washoe.nv.us

Lea Rogers, RTC of Washoe
PO Box 30002
Reno, NV 89520
Phone: (775) 348-0480 email: lrogers@rtcwashoe.com

Jim Fraser, Waters & Fraser
1500 Austin Highway
Fallon, NV 89406
Phone: (775) 423-5701 email: jmfraser@charter.net

Gerry Waters, Water & Fraser
1500 Austin Highway
Fallon, NV 89406
Phone: (775) 423-5701 email: gtwaters@charter.net

Tammy Munro, SNTC
650 Hardy Way
Mesquite, NV 89027
Phone: (702) 348-7490 email: silverrider@mesquiteweb.com

Anita Gant, Senior Center of Boulder City
1001 Arizona Street
Boulder City, NV 89005
Phone: (702) 293-3320 email: bcscdirector@cox.net

Susan Joseph, RTC of Southern Nevada
600 South Grand Central Pkwy Suite 350
Las Vegas, NV 89106
Phone: (702) 676-1820 email: josephs@rtcnev.com

Paula King/Jim Wolfe, Nye Co. Senior Nutrition Program
PO Box 1869
Tonopah, NV 89049
Phone: (775) 482-7300 email: pkacuna@hotmail.com

State Group consists of the following participants:

Shirley Chantrill, Division of Aging Services
850 Elm Street
Elko, NV 89803
Phone: (775) 738-1966 email: schantrill@aging.nv.gov

Michael Shafer, DOE
1749 Moody Street
Carson City, NV 89706
Phone: (775) 687-9109 email: mshafer@doe.nv.us.gov

Delgadina Gonzalez, Nevada Urban Indians, Inc.
5301 Longley Lane Suite #178 Bldg E
Reno, NV 89511
Phone: (775) 788-7600 email: dgonzalez@nevadaurbanindians.org

Lynn Rodriguez, Nevada Urban Indians, Inc.
5301 Longley Lane Ste.178
Reno, NV 89511
Phone: (775) 788-7600 email: lrodriguez@nevadaurbanindians.org

Greg Tanner, DHCFP (Medicaid)
Phone (775) 684-3708 email: gtanner@dhcfp.state.nv.us

Charlie Cerocke, NDOT Intermodal Planning Division
1263 S. Stewart Street
Carson City, NV 89712
Phone (775) 888-7352 email: ccerocke@dot.state.nv.us

Bill Boster – DETR, Vocational Rehabilitation
1325 Corporate Boulevard
Reno, NV 89502
Phone (775) 688-1480 email: weboster@nvdestr.org

**“UNITED WE RIDE”
WORKSHOP AGENDA
CAESARS HOTEL/CASINO
LAKE TAHOE, NEVADA
APRIL 26-28, 2006**

4/26 *5:00 – 7:00* Registration

6:30 – 8:00 Dinner

4/27 *7:30 – 8:30* Registration

7:30 – 9:00 Breakfast

9:00 OPENING REMARKS
Kent Cooper, Assistant Director, Planning

INTRODUCTION TO UNITED WE RIDE & EXPECTATIONS;
OPPORTUNITIES FOR COORDINATION
Dave Cyra, United We Ride Ambassador for FTA Regions IX & X

10:15 Break

10:40 VIDEO TRANSPORTATION COORDINATION: MAKING IT WORK
FOR YOU

11:15 SMALL GROUP ASSIGNMENTS:
State and Community Groups

12:00 Lunch
Leslie Rogers, FTA Administrator San Francisco Region (Invited)

1:30 COORDINATION; STATE AND COMMUNITY ASSESSMENTS
Dave Cyra and Facilitators discuss with their groups the six core elements of
the assessment.

Making Things Happen by Leadership and Partnership
Taking Stock of Needs and Moving Forward
Putting Customers First
Adapting Funding for Greater Mobility
Technology Moves Coordination to the Next Level
Moving People Efficiently

2:30 Break

2:55 STATE AND COMMUNITY ASSESSMENTS CONTINUED

5:30 ADJOURN (DINNER ON YOUR OWN)

4/28 7:30 – 9:00 Breakfast

9:00 WELCOME - Jeff Fontaine, Director

EXPECTATIONS, REFLECTIONS ON WORKSHOP
Kent Cooper, Assistant Director

FRAMEWORK FOR ACTION
SMALL GROUP REPORTS, ASSIGNMENTS PRIORITIZED AND
DESIGNATE AGENCY RESPONSIBILITY FOR ACTIONS
Dave Cyra, Ambassador

10:15 Break

10:40 SMALL GROUP ASSIGNMENTS
BUILDING AN ACTION PLAN AND CHARTERING
A WORKGROUP
Dave Cyra, Ambassador

12:00 Lunch

1:30 GENERAL ASSEMBLY
SMALL GROUPS REPORT THEIR RESULTS

2:55 FINAL RECEPTION – WORKSHOP COMPLETED

*Meals with the exception of Thursday night will be provided to all invited workshop participants.

NEVADA FACILITATOR MEETING AGENDA APRIL 26-PM

HANDOUTS: Two texts; Facilitator's Guide (FG)
Framework for Action (F)
United We Ride Workshop Agenda

- I.) **THE ROLE OF THE FACILITATOR (FG pp 3-12)**
 - A. Process Planning
 - a. Roster of participants
 - b. Existing group or ad hoc planning group
 - c. Who will lead?
 - B. Assessing (FG, pp17-19) Strong & weak points.
Framework for Action (F, pp8-23)
 - Five sections with 26 key questions
 - Overall self-assessment (F, p24)
 - C. Prioritizing (FG, pp19-22) Which projects get done first?
 - a. First, narrow the number of items under consideration.
 - b. Second, focus the discussion on what needs to be done with the remaining items?
 - D. Action Planning (FG, pp23-25) Moving from priorities to action
 - a. Building an action plan- What? Who? When?
 - b. Chartering a workgroup- mission, objectives, statement of work, background, authority, membership, communication protocol

II.) **THE ROLE OF THE SCRIBE (NOTE TAKER)**

- A. Document discussion on flip-charts and/or laptop.
- B. Assist facilitator in meeting progress.
- C. All documentation must be done well for it serves as the basis for the development for the State Coordination Plan.

III.) **COMMENTS AND QUESTIONS**

IV.) **ADJOURN**

FRAMEWORK FOR ACTION FACILITATOR AND SCRIBE COMMUNITY ASSESSMENT

FACILITATOR RESPONSIBILITIES:

- 1.) Encourage participation and keep the group on task.
- 2.) Answer all 26 questions in the Framework Guide.
- 3.) Work with the scribe to ensure accurate recording.
- 4.) Serve as the key contact person for later explanations regarding group input into the State Plan.

SCRIBE RESPONSIBILITIES:

- 1.) Record names and contact information for members of the group.
- 2.) Print neatly and legibly.
- 3.) Number and date all flip chart sheets.
- 4.) Work with the facilitator to ensure accurate recorded information.

DAY ONE AGENDA COMMUNITY ASSESSMENT

- | | |
|------|---|
| 1:30 | Section 1- Making Things Happen by Working Together
Answer questions (1-5) + Evaluation
Circle progress rating |
| 2:30 | Break |
| 2:55 | Section 2- Taking Stock of Community Needs and Moving Forward
Answer questions (6-15) + Evaluation
Circle progress rating |
| 4:10 | Section 3- Putting Customers First
Answer questions (16-20) + Evaluation
Circle progress rating |
| 4:50 | Section 4- Adapting Funding for Greater Mobility
Answer questions (21-22) + Evaluation
Circle progress rating |
| 5:10 | Section 5- Moving People Efficiently
Answer questions (23-26) + Evaluation
Circle progress rating |
| 5:30 | Adjourn |

DAY TWO AGENDA COMMUNITY ASSESSMENT

- 9:30 Group Leaders Report From All the Groups
Approximately 5 minutes per group
- 10:15 Break
- 10:40 Developing Priorities
Select projects that are the most important and give a time frame for completion, for example consider short range 1-3 years and long range 4-10 years. Concentrate on short range projects that are achievable.
- 11:00 Building an Action Plan
Goal
Timeline
Resources
Who has the responsibilities?
What is the communication strategy?
- 11:30 Chartering a Workgroup
Mission
Objectives (SMACC)
Statement of work
Decision making authority
Membership
Communication protocol
- 12:00 Lunch
- 1:30 Small Group Leaders Report Their Results
Each group will have about ten minutes to describe their commitment.
- 2:45 Where do We Go From Here?
- 2:55 Adjourn

4. Identification of Transportation Service Needs, Gaps, and Transportation Improvement Ideas

4.1 April 2006 United We Ride Workshop

On February 24, 2004 President George W. Bush signed an Executive Order on Human Services Transportation Coordination to improve human services coordination for individuals with disabilities, older adults, and people with lower incomes. The Executive Order established the Interagency Transportation Coordinating Council on Access and Mobility (CCAM) representing 11 Federal departments. Accordingly, the CCAM launched United We Ride, a national initiative to implement the requirements of the Executive Order.

The Nevada Department of Transportation (NDOT) hosted the United We Ride workshop at Caesars Lake Tahoe April 26-28, 2006. The purpose of the workshop was to bring together state and local transportation providers with Department of Transportation, Department of Labor, and Department of Education representatives to discuss improved mobility, employment opportunities, and access to community services for persons who are transportation disadvantaged in Nevada.

The facilitator of the workshop was Mr. Dave Cyra of Community Transportation Association of America. He provided the agenda and format for the day and one half working sessions. At the conclusion of the workshop, participants working in five different groups developed statements regarding mission (identification of barriers other than funding), actions, and goals.

Mission (identification of barriers other than funding) Statements - The workshop participants (of the five different groups) developed the following mission statements:

- Want to take their own personal transit assessment to their group meeting to identify their common thread and weaknesses.
- Work on areas that need improvement overall.
- Plan to educate governmental entities and improve public awareness.
- Want to attend more ACT (State Advisory Committee for Transit) meetings and keep current with past/present/future issues.
- Develop transit websites to coordinate user-friendly data to get riders where they need to go. Encourage comments, questions and needs. Ernie Maguire of Churchill County CART has a website coordinator's name to assist with this need.
- Develop a time line for improvements. Establish a Regional Working Group Coordination Committee (RWGCC)
- Identify who will be the leaders
- Needs analyst for a Database system
- Design a website
- Incorporate a information hot line (511) statewide
- Produce consultants for dependable data collection
- Establish coordination/collaboration between state agencies.
- Establish coordination between federal and state agencies.

- Standardize regulations. For example: driver training and drug testing requirements and funding restrictions.
- Initial notification from NDOT, counties, etc, letterhead (open invitation format) to form our stakeholder list
- Funding for the planning process (travel, etc) to decrease the boundary of limited funds for small stakeholder to ensure their participation
- Leadership council – made up of government, non profit and others (equal representation)
- Establish missions and goals of the UWR group
- Identify potential stakeholders and their funding sources for transit services such as: TANIF, WFIB, JARC, 5310/5311, New Freedom (5317), VA, DAS/ILG transportation recipients
- Construct the coordination plan and Designate recipients of funds
- The Statewide Interagency Council will provide leadership and direction in the provision of transport services statewide. By working together this group will work with needs and resources to assure a seamless transfer service with quality control.
- Obtain a committed lead agency; the Nevada Interagency Transportation Coordination Council (NITCC).
- Solicitation of interest for a work group.
- Form an interagency work group.
- Solicit executive support and seek and obtain direction from the Governor.
- Determine feasibility.
- Provide a forum for discussing issues and initiating change.
- Report to the Legislature and recommend legislative changes.
- Promote the coordination of special needs transportation.
- Seek and obtain state coordination.
- Provide oversight and direction to the states coordination agenda.

Action Statements – The workshop participants (of the five different groups) developed the following action statements:

- Mineral, Pershing, Lyon, Churchill and Storey Counties all have a common need for connectivity.
- They formed an informal “coalition” to meet monthly and have informational and progressive meetings.
- The first meeting will be held after the ACT meeting on May 17, 2006.
- The second meeting will be held in Fallon to visit and observe Ernie Maguire’s facility.
- Leslie Spracklin of Fallon Industries will be the BLUE GROUP’S coordinator.
- All are willing to offer support at the other BLUE GROUP county/public meetings to educate and provide public awareness to their communities.

- Ernie Maguire of Churchill County CART will share grant program information as well as provide samples of applications and ILG/Division of Aging information.
 - Nevada Department of Transportation (NDOT) to grasp the Lead position for the RWGCC and guide the planning process.
 - This group will include the MPO's TMA, School District Leaders, VA Group, Greyhound, Amtrak, TRPA, Mobility Managers and NDOT.
 - Consultants to do a study on schools. Examine the rules and regulations for the school buses (can they be used) acquire them into the routes with gaps to bond the bus lines or use them as charters.
 - Create the Triangle Van Pool for commuters on the Kingsbury Grade, Tahoe, and Douglas County. Ride Share Program
 - Design the 511 Information number to be automated with a representative from a brokerage firm linked with the website, map lines, and information for the bus
 - Once the Information Hot line 511 is established, place the number on bus line maps, website, news ads, and on the side of the bus for public notice exposure.
 - Map study
 - Design new maps (Transit Connectivity Map) connecting routes
 - Start at state level with NDOT being lead agency for the following:
 - Request and assist Feds to look at disparities within regulations to reduce costs, which pass along to taxpayers.
 - Getting state agencies and representatives of other entities to the table (attending workshops, meetings, etc.)
 - Coordinate State agencies in resolving regulation differences and fiscal issues.
 - Form inter-local agreements (RTC of Washoe has offered some templates for this purpose)
-
- Create a list of projects that are boundary related and distribute ideas, issues and solutions to stakeholders of the projects (county, state, cities)
-
- Information gathering of what we can or cannot do
 - Inform/educate working group of projects in other states/areas of the country
 - Develop solution to Rural to Urban transit problems
 - Inventory of vehicle sources from the coordination efforts of the planning group:
 - Develop a plan to increase the productivity of vehicles
-
- Include NDOT, subrecipients, DAS/ILG grantees, develop a list of stakeholders and identify gaps in service (school, SC, VA, etc)
 - Propose legislation for Bill Draft Requests (BDR'S).
 - Communicate the need and benefits coordination to all agencies involved in transport..
 - Work with the Olmstead Act in providing transport services.
 - Explore funding programs and/or opportunities for formal planning endeavors.

- Develop and conduct a statewide needs assessment.
- Develop and conduct a statewide coordination feasibility study.
- Develop an inventory of resources.
- Develop and conduct a statewide coordination plan – combine all local plans.
- Develop a statewide public participation process.
- Develop and conduct a data process – IT (Info Tools) survey to search for compatibility of different programs.

Goal Statements – The workshop participants (of the five different groups) developed the following goal statements:

- Re-evaluate assessments to see what progress or accomplishments were achieved with the group.
- Provide a less complex and more efficient transit service with better connectivity within the 5 rural counties. The intent isn't to alienate others but to provide connectivity if possible with them also.
- Eventually make CART the main transit system hub that offers and satisfies clients from as many areas as possible.
- To provide a written report for the "United We Ride" State Plan to improve transit connectivity by September 30, 2006.
- Elucidate the results, priorities, and continue the developed plan connecting transportation brokers creating transit hubs throughout the state securing the most cost-effective transportation for human service. Compliment the existing public transportation service for persons that depend on public transportation and private transit that make their journeys successfully.
- Provide funding to cover cost of training for transit providers, i.e., CPR, First Aid.
- Identify individual(s) to provide timely training in rural areas.
- Identify or provide a state position at NDOT Elko District office to oversee multi-modal issues.
- To improve and/or provide the following:
 - Interagency Communications
 - Technology Sharing
 - Standardization of Forms/Criteria
 - A central point of information
 - Corridor connectivity relative to US50, I-80, US95 and US93
 - Public outreach/Education
 - Funding diagram
 - Same day priority service
 - Volunteer rules
 - Seek executive endorsement.
- Obtain an inventory of "needs and resources."

- Review institutional barriers, policies, procedures and rules, etc.
- Review human service programs and determine transport implications.

Examples: Olmstead Act, rehabilitation education, FTA and ADA.

- Identify cost redundancies.
- Explore the feasibility of a central database and eligibility criteria and/or program.
Example: Conduct an inventory of information technology existing in local agencies such as the Department of Information Technology (DOIT).
- Develop a communication strategy for the dissemination of the NITCC result.
- Obtain coordination of operational support facilities.
- Provide oversight and direction to saving the needs of transit populations.
- Invent customer feedback system to ensure satisfaction.

Example: Telephone hotline, the Internet, an ombudsman, etc.

- To improve overall community transportation systems by:
 - Making things happen by working together
 - Taking stock of community needs and moving forward
 - Putting customers first
 - Adapting funding for greater mobility, and
 - Moving people safely and efficiently.

4.2 January 2008 Survey of Transportation Providers

UNITED WE RIDE
BLUE GROUP REPORT

Blue Group consists of the following participants:

Churchill County CART– Ernie Maguire
310 East Court Street
Fallon, NV 89406
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Mineral County Care & Share – Carolyn Gillis
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Pershing County Sr. Center – Lauri Cerini-Jones
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Lovelock, NV 89419
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Storey County Sr. Citizens – Katherine Douglas
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Phone: (775) 847-0957 email: alwoodleyk@earthlink.net

Lyon County Human Services/Sr. Services – Edrie LaVoie
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Phone: (775) 577-5009 email: elavoie@lyon-county.org

Fallon Paiute Shoshone Tribe/Tribal Health Center – Patrick Mineard
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Fallon, NV 89406
Phone: (775) 423-3634 email: billing@fpst.org

Older Americans of Lyon County – Wanda Espinoza
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Yerington, NV 89447
Phone: (775) 463-6550 email: oalc@earthlink.net

Fallon Industries -Leslie Spracklin
P.O. Box 1641
Fallon, NV 89407
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Blue Group Participants unable to attend:

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Agai-Dicutta Seniors
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Schurz, NV 89427

Darrell Holloway
Yerington Paiute Tribal Elders
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Yerington, NV 89447

Genia Williams
Walker River Paiute Tribe
P.O. Box 220
Schurz, NV 89427

Dee Larios
Seniors of Humboldt County
1480 Lay Street
Winnemucca, NV 89445

**A FRAMEWORK FOR ACTION
BUILDING THE FULLY COORDINATED TRANSPORTATION SYSTEM
A SELF-ASSESSMENT TOOL FOR COMMUNITIES**

1. Have leaders and organizations defined the need for change and articulated a new vision for the delivery of coordinated transportation services?
 - Needs to Begin**
 - Needs Significant Action
 - Needs Action
 - Done Well

2. Is a governing framework in place that brings together providers, agencies, and consumers? Are there clear guidelines that all embrace?
 - Needs to Begin
 - Needs Significant Action**
 - Needs Action
 - Done Well

3. Does the governing framework cover the entire community and maintain strong relationships with neighboring communities and state agencies?
 - Needs to Begin**
 - Needs Significant Action
 - Needs Action
 - Done Well

4. Is there sustained support for coordinated transportation planning among elected officials, agency administrators, and other community leaders?
 - Needs to Begin**
 - Needs Significant Action
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 - Done Well

5. Is there positive momentum? Is there growing interest and commitment to coordinating human service transportation trips and maximizing resources?
 - Needs to Begin**
 - Needs Significant Action
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 - Done Well

6. Is there an inventory of community transportation resources and programs that fund transportation services?
 - Needs to Begin**
 - Needs Significant Action
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 - Done Well

7. Is there a process for identifying duplication of services, underused assets, and service gaps?
- Needs to Begin**
 - Needs Significant Action
 - Needs Action
 - Done Well
8. Are the specific transportation needs of various target populations well documented?
- Needs to Begin**
 - Needs Significant Action
 - Needs Action
 - Done Well
9. Has the use of technology in the transportation system been assessed to determine whether investment in transportation technology may improve services and/or reduce costs?
- Needs to Begin**
 - Needs Significant Action
 - Needs Action
 - Done Well
10. Are transportation line items included in the annual budgets for all human service programs that provide transportation services?
- Needs to Begin
 - Needs Significant Action**
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11. Have transportation users and other stakeholders participated in the community transportation assessment process?
- Needs to Begin
 - Needs Significant Action
 - Needs Action**
 - Done Well
12. Is there a strategic plan with a clear mission and goals? Are the assessment results used to develop a set of realistic actions that improve coordination?
- Needs to Begin**
 - Needs Significant Action**
 - Needs Action
 - Done Well
13. Is clear data systematically gathered on core performance issues such as cost per delivered trip, ridership, and on-time performance? Is the data systematically analyzed to determine how costs can be lowered and performance improved?
- Needs to Begin**
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14. Is the plan for human services transportation coordination linked to and supported by other state and local plans such as the Regional Transportation Plan or State Transportation Improvement Plan?
- Needs to Begin
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15. Is data being collected on the benefits of coordination? Are the results communicated strategically?
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16. Does the transportation system have an array of user-friendly and accessible information sources?
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18. Is there a seamless payment system that supports user-friendly services and promotes customer choice of the most cost-effective service?
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26. Have facilities been located to promote safe, seamless, and cost-effective transportation services?
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Mission: To Identify Barriers (other than funding)

Want to take their own personal transit assessment to their group meeting to identify their common thread and weaknesses.

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Develop transit websites to coordinate user-friendly data to get riders where they need to go. Encourage comments, questions and needs. Ernie has a website coordinator 's name to assist with this need.

Develop a time line for improvements.

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To provide a written report for the "United We Ride" State Plan to improve transit connectivity by September 30, 2006.

UNITED WE RIDE
GREEN GROUP REPORT

Green Group consists of the following participants:

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1263 South Stewart Street
Carson City, NV 89712
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Mike Dulude, Carson City
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Mary Winkler
Ormsby ARC
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Carson City, NV 89702

Cindy Thorn
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Carson City, NV 89701

Ted Bozovich
Tahoe Douglas Senior Center
P.O. Box 10122
Zephyr Cover, NV 89448

Lawrence Astor
Washoe Tribe Elders Program
919 Hwy 395 South
Gardnerville, NV 89410

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- Identify who will be the leaders
- Needs analyst for a Database system
- Design a website
- Incorporate a information hot line (511) statewide
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Map study

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Goal:

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UNITED WE RIDE
PINK GROUP REPORT

Pink Group consisted of the following participants:

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A FRAMEWORK FOR ACTION
BUILDING THE FULLY COORDINATED TRANSPORTATION SYSTEM
A SELF-ASSESSMENT TOOL FOR COMMUNITIES

1. Have leaders and organizations defined the need for change and articulated a new vision for the delivery of coordinated transportation services?
 - Needs to Begin
 - Needs Significant Action**
 - Needs Action
 - Done Well

2. Is a governing framework in place that brings together providers, agencies, and consumers? Are there clear guidelines that all embrace?
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 - Needs Significant Action
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3. Does the governing framework cover the entire community and maintain strong relationships with neighboring communities and state agencies?
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4. Is there sustained support for coordinated transportation planning among elected officials, agency administrators, and other community leaders?
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5. Is there positive momentum? Is there growing interest and commitment to coordinating human service transportation trips and maximizing resources?
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6. Is there an inventory of community transportation resources and programs that fund transportation services?
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7. Is there a process for identifying duplication of services, underused assets, and service gaps?
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9. Has the use of technology in the transportation system been assessed to determine whether investment in transportation technology may improve services and/or reduce costs?
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10. Are transportation line items included in the annual budgets for all human service programs that provide transportation services?
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11. Have transportation users and other stakeholders participated in the community transportation assessment process?
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12. Is there a strategic plan with a clear mission and goals? Are the assessment results used to develop a set of realistic actions that improve coordination?
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13. Is clear data systematically gathered on core performance issues such as cost per delivered trip, ridership, and on-time performance? Is the data systematically analyzed to determine how costs can be lowered and performance improved?
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14. Is the plan for human services transportation coordination linked to and supported by other state and local plans such as the Regional Transportation Plan or State Transportation Improvement Plan?
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15. Is data being collected on the benefits of coordination? Are the results communicated strategically?
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16. Does the transportation system have an array of user-friendly and accessible information sources?
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17. Are travel training and consumer education programs available on an ongoing basis?
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Mission: To Identify Barriers and Eliminate Them

Establish coordination/collaboration between state agencies.

Establish coordination between federal and state agencies.

Standardize regulations. For example: driver training and drug testing requirements and funding restrictions.

Action

Start at state level with NDOT being lead agency for the following:

- Request and assist Feds to look at disparities within regulations to reduce costs, which pass along to taxpayers.
- Getting state agencies and representatives of other entities to the table (attending workshops, meetings, etc.)
- Coordinate State agencies in resolving regulation differences and fiscal issues.

GOAL:

Provide funding to cover cost of training for transit providers, i.e., CPR, First Aid.

Identify individual(s) to provide timely training in rural areas.

Identify or provide a state position at NDOT Elko District office to oversee multi-modal issues.

UNITED WE RIDE
RED/PURPLE GROUP REPORT

Red/Purple Group consist of the following participants:

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Mission: To Identify Barriers (other than funding)

- Initial notification from NDOT, counties, etc, letterhead (open invitation format) to form our stakeholder list
- Funding for the planning process (travel, etc) to decrease the boundary of limited funds for small stakeholder to ensure their participation
- Leadership council – made up of government, non profit and others (equal representation)
- Establish missions and goals of the UWR group

Identify potential stakeholders and their funding sources for transit services such as:

TANIF, WFIB, JARC, 5310/5311, New Freedom (5317), VA, DAS/ILG transportation recipients

- Construct the coordination plan and Designate recipients of funds

Action – To develop the Capability to coordinate and go beyond set boundaries:

- Form inter-local agreements (RTC of Washoe has offered some templates for this purpose)
- Create a list of projects that are boundary related and distribute ideas, issues and solutions to stakeholders of the projects (county, state, cities)
- Information gathering of what we can or cannot do
- Inform/educate working group of projects in other states/areas of the country
- Develop solution to Rural to Urban transit problems
- Inventory of vehicle sources from the coordination efforts of the planning group:
- Develop a plan to increase the productivity of vehicles
- Include NDOT, subrecipients, DAS/ILG grantees, develop a list of stakeholders and identify gaps in service (school, SC, VA, etc)

Goal – To improve and/or provide the following:

- Interagency Communications
- Technology Sharing
- Standardization of Forms/Criteria
- A central point of information
- Corridor connectivity relative to US50, I-80, US95 and US93
- Public outreach/Education
- Funding diagram
- Same day priority service
- Volunteer rules

UNITED WE RIDE
STATE GROUP REPORT

State Group consists of the following participants:

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Mission: To Identify Barriers (other than funding)

The Statewide Interagency Council will provide leadership and direction in the provision of transport services statewide. By working together this group will work with needs and resources to assure a seamless transfer service with quality control.

Obtain a committed lead agency; the Nevada Interagency Transportation Coordination Council (NITCC).

Solicitation of interest for a work group.

Form an interagency work group.

Solicit executive support and seek and obtain direction from the Governor.

Determine feasibility.

Provide a forum for discussing issues and initiating change.

Report to the Legislature and recommend legislative changes.

Promote the coordination of special needs transportation.

Seek and obtain state coordination.

Provide oversight and direction to the states coordination agenda.

Action:

Propose legislation for Bill Draft Requests (BDR'S).

Communicate the need and benefits coordination to all agencies involved in transport..

Work with the Olmstead Act in providing transport services.

Explore funding programs and/or opportunities for formal planning endeavors.

Develop and conduct a statewide needs assessment.

Develop and conduct a statewide coordination feasibility study.

Develop an inventory of resources.

Develop and conduct a statewide coordination plan – combine all local plans.

Develop a statewide public participation process.

Develop and conduct a data process – IT (Info Tools) survey to search for compatibility of different programs.

Goal:

Seek executive endorsement.

Obtain an inventory of "needs and resources."

Review institutional barriers, policies, procedures and rules, etc.

Review human service programs and determine transport implications.

Examples: Olmstead Act, rehabilitation education, FTA and ADA.

Identify cost redundancies.

Explore the feasibility of a central database and eligibility criteria and/or program.

Example: Conduct an inventory of information technology existing in local agencies such as the Department of Information Technology (DOIT).

Develop a communication strategy for the dissemination of the NITCC result.

Obtain coordination of operational support facilities.

Provide oversight and direction to saving the needs of transit populations.

Invent customer feedback system to ensure satisfaction.

Example: Telephone hotline, the Internet, an ombudsman, etc.

To improve overall community transportation systems by:

- Making things happen by working together
- Taking stock of community needs and moving forward
- Putting customers first
- Adapting funding for greater mobility, and
- Moving people safely and efficiently.