

State of Nevada

# COORDINATED HUMAN SERVICES TRANSPORTATION PLAN

November 2011



Submitted to:



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# 1. INTRODUCTION

## PLAN PURPOSE

The Nevada Coordinated Human Services Transportation Plan (CHSP) focuses on the transportation needs of individuals with disabilities, older adults, and people with limited incomes throughout the State of Nevada, except in the urban areas of Clark County and Washoe County where individual plans have been developed. Las Vegas Valley's needs are documented in the Coordinated Public Transit – Human Services Transportation Plan (June 2008) prepared by the Regional Transportation Commission of Southern Nevada. The Coordinated Human Services Public Transit Plan FY 2009-2010 Update, prepared by the Regional Transportation Commission of Washoe County, documents needs and priorities for the Reno-Sparks urbanized area.

The Nevada Department of Transportation (NDOT) serves as the designated recipient of federal funds intended for transit in the non-urbanized areas of the state. NDOT in turn distributes these funds to local entities through a competitive grant process. The CHSP responds to both SAFETEA-LU and State of Nevada requirements for receiving federal funds. The first CHSP for the state of Nevada was prepared in 2008. This required update expands upon information generated from the 2008 effort and includes a robust, public outreach campaign.

Aside from fulfilling federal requirements, this plan provides a diverse range of stakeholders with a common interest in human services transportation, an opportunity to collaborate on a transit needs assessment and project development. Stakeholder participation is a key element of the plan. Guidance issued by the Federal Transit Administration (FTA) specifically requires a comprehensive public participation process. The CHSP is responsive to local stakeholder participation and provides a framework for potential future planning and coordination activities. Public participation methods are described in Chapter 3.

Coordinated Human Services Plan Frequently Asked Questions are provided in Appendix A.

## DOCUMENT ORGANIZATION

The CHSP is presented in the following six chapters with supplemental materials provided in the Appendices.

- **Chapter 1** provides an overview of the plan including federal requirements and plan objectives.
- **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** summarizes the public involvement process that was used to guide the development of the plan.
- **Chapter 4** provides an inventory of existing transportation services in Nevada obtained through a survey offered to transportation providers operating in the 15 smaller Nevada counties and non-urban areas of Clark County and Washoe County.
- **Chapter 5** provides an assessment of transportation service needs and gaps in service identified by the public, service providers, and other stakeholders.

- **Chapter 6** identifies potential strategies and priorities to address human service transportation needs in Nevada. This chapter includes coordinated actions to address efficient utilization of resources.

## **FEDERAL REQUIREMENTS**

In 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. SAFETEA-LU is the most recent surface transportation act authorizing federal spending on highway, transit, and transportation-related projects. Originally set to expire in 2009, SAFETEA-LU has been extended multiple times in anticipation of a new surface transportation act. Both the Intermodal Surface Transportation Efficiency Act (ISTEA) and Transportation Equity Act for the 21st Century (TEA-21) predate SAFETEA-LU.

Projects funded through three programs under 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 Coordinated Human Services Transportation Plan (CHSP) meets this federal requirement by focusing on the transportation needs of disadvantaged persons.

## 2. NEVADA DEMOGRAPHIC CHARACTERISTICS

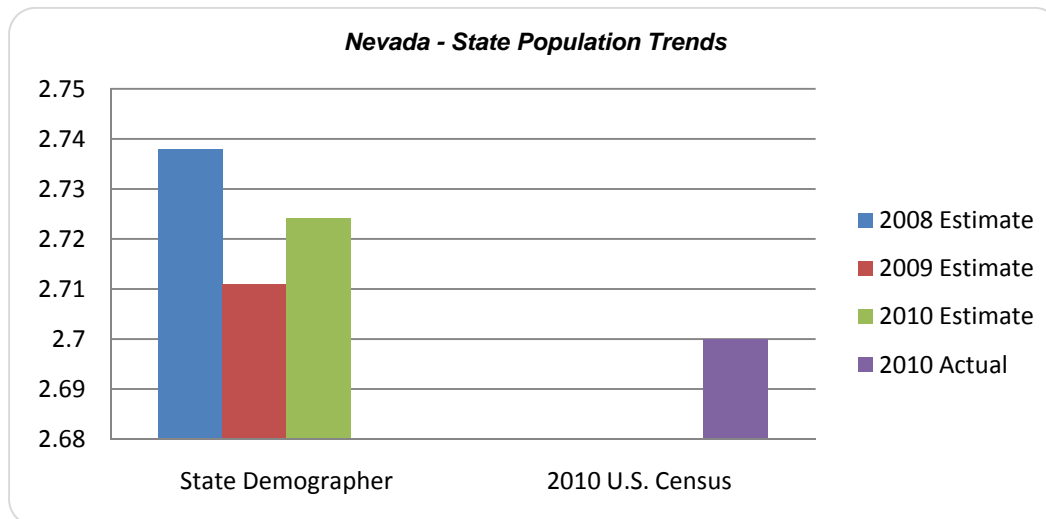
This chapter includes demographic statistics for 15 counties in Nevada that are part of the CHSP. Both the Washoe County Regional Transportation Commission and the Regional Transportation Commission of Southern Nevada (primarily Clark County) prepare a Coordinated Human Services Transportation Plan for their service areas; therefore, Clark County and Washoe County are not included in the tables presented in this chapter.

Demographic data was collected to document population characteristics throughout Nevada and identify target populations that may benefit from transit services. Specifically, the data includes 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. For example, a person that is over 65, disabled, and below the poverty level would appear once in each category.

The majority of the data presented in the CHSP is from the U.S. Census Bureau. Specifically, information collected from the 2010 Census is reported and augmented by the 2005-2009 American Community Survey Five-Year Estimates. Census data from 2000 is also referenced when more current data sets are not available. Information published by the State Demographer's Office is also presented where noted.

### POPULATION

The most recent State of Nevada population estimate determined by the U.S. Census Bureau (2010) is just over 2.7 million people, which reflects a 35% increase since the 2000 Census. The State Demographer's Office provides yearly certified population estimates for 2001 through 2009 for Nevada's counties. The following chart reflects state-wide population changes since the publication of the last CHSP compared to the 2010 U.S. Census measurement.



Population had been increasing at a rate of approximately 4% per year for the first seven years of the new millennium. Growth stalled between 2007 and 2008 and declined between 2008 and 2009, and has yet to return to pre-recession levels.

The estimated population and characteristics of the population in each county included in the plan are shown in Table 2.1. Carson City County has the largest population followed by Lyon and Elko Counties. Esmeralda and Eureka are the least populated counties.

**TABLE 2.1  
NEVADA COUNTIES DEMOGRAPHIC DATA**

County	Population (2010) <sup>1</sup>	Median Age <sup>2</sup>	Over Age 65 (2010) <sup>1</sup>	Disabled <sup>3</sup>	Median Household Income (2009) <sup>1</sup>	Below Poverty Level (2009) <sup>1</sup>
<b>Carson City</b>	55,274	40.0	16.5%	20.8%	\$52,548	14.1%
<b>Churchill</b>	24,877	36.7	15.2%	19.4%	\$52,055	10.0%
<b>Douglas</b>	46,997	46.6	20.2%	17.0%	\$60,578	9.4%
<b>Elko</b>	48,818	33.9	8.5%	16.3%	\$62,091	8.2%
<b>Esmeralda</b>	783	54.5	25.8%	26.9%	\$42,526	14.2%
<b>Eureka</b>	1,987	38.9	12.9%	22.2%	\$56,815	10.4%
<b>Humboldt</b>	16,528	36.7	10.2%	15.7%	\$57,309	11.5%
<b>Lander</b>	5,775	36.5	11.8%	20.9%	\$62,329	10.0%
<b>Lincoln</b>	5,345	32.3	18.1%	24.6%	\$44,387	13.6%
<b>Lyon</b>	51,980	39.3	15.8%	22.3%	\$51,151	10.2%
<b>Mineral</b>	4,772	55.0	22.5%	29.8%	\$36,017	18.3%
<b>Nye</b>	43,946	47.4	23.4%	28.3%	\$43,215	14.1%
<b>Pershing</b>	6,753	39.0	13.0%	20.4%	\$45,644	18.4%
<b>Storey</b>	4,010	45.4	18.4%	25.9%	\$54,246	9.1%
<b>White Pine</b>	10,030	41.9	14.9%	22.9%	\$48,063	13.3%

Sources: <sup>1</sup> U.S. Census Bureau, 2010 Census

<sup>2</sup> U.S. Census Bureau, 2005 – 2009 American Community Survey 5-Year Estimates

<sup>3</sup> U.S. Census Bureau, 2000 Census

In Table 2.2 below, historic (2000) Census data is compared to more recent data including the 2010 Census to identify trends that have occurred over time.

**TABLE 2.2  
HISTORIC DEMOGRAPHIC DATA COMPARISON**

County	Population Estimate		Median Age		Over Age 65		Below Poverty Level	
	2000 <sup>1</sup>	2010 <sup>2</sup>	2000 <sup>1</sup>	2009 <sup>3</sup>	2000 <sup>1</sup>	2010 <sup>2</sup>	2000 <sup>1</sup>	2010 <sup>2</sup>
<b>Carson City</b>	52,457	55,274	38.7	40.0	14.9%	16.5%	10.0%	14.1%
<b>Churchill</b>	23,982	24,877	34.7	36.7	11.9%	15.2%	8.7%	10.0%
<b>Douglas</b>	41,259	46,997	41.7	46.6	15.2%	20.2%	7.3%	9.4%
<b>Elko</b>	45,291	48,818	31.2	33.9	5.9%	8.5%	8.9%	8.2%
<b>Esmeralda</b>	971	783	45.1	54.5	17.2%	25.8%	15.3%	14.2%
<b>Eureka</b>	1,651	1,987	38.3	38.9	12.4%	12.9%	12.6%	10.4%
<b>Humboldt</b>	16,106	16,528	33.4	36.7	7.5%	10.2%	9.7%	11.5%
<b>Lander</b>	5,794	5,775	34.1	36.5	7.0%	11.8%	12.5%	10.0%
<b>Lincoln</b>	4,165	5,345	38.8	32.3	16.2%	18.1%	16.5%	13.6%
<b>Lyon</b>	34,501	51,980	38.2	39.3	13.7%	15.8%	10.4%	10.2%
<b>Mineral</b>	5,071	4,772	42.9	55.0	19.8%	22.5%	15.2%	18.3%
<b>Nye</b>	32,485	43,946	42.9	47.4	18.4%	23.4%	10.7%	14.1%
<b>Pershing</b>	6,693	6,753	34.4	39.0	7.8%	13.0%	11.4%	18.4%
<b>Storey</b>	3,399	4,010	44.5	45.4	13.1%	18.4%	5.8%	9.1%
<b>White Pine</b>	9,181	10,030	37.7	41.9	13.5%	14.9%	11.0%	13.3%

Sources: <sup>1</sup> U.S. Census Bureau, 2000 Census

<sup>2</sup> U.S. Census Bureau, 2010 Census

<sup>3</sup> U.S. Census Bureau, 2005 – 2009 American Community Survey 5-Year Estimates

Three of the 15 counties experienced a population decrease. The greatest percent decrease occurred in Esmeralda County followed by Mineral County. Lyon County's population increased the most, by approximately 50%, followed by Nye County and Lincoln County. The median age increased in all counties except for Lincoln County where the median age dropped by six years. In contrast, Mineral County added more than ten years to the median age. The percent of the total population over age 65 increased in all 15 counties. In terms of poverty level, nine counties experienced an increase in the percent population below the poverty level.



## AGE

The median age ranges from a low of 32.3 in Lincoln County to a high of 55 in Mineral County. Eleven out of 15 counties have a population over age 65 at or above the national average of 13.0%<sup>1</sup>. The three counties with the highest percentage of people over 65 are Esmeralda, Mineral, and Nye.

## INDIVIDUALS WITH DISABILITIES

Table 2.1 provides information regarding the percentage of individuals with disabilities from the 2000 Census. Disability data is not available from the 2005-2009 American Community Survey data set due to changes in the disability questions asked in 2008. The 2010 Census did not collect information regarding disability status. According to the 2000 Census, 15.1% of the civilian non-institutionalized population 5 years and over in the United States reported a disability. The disability rate increases to 15.7% when the data set is expanded to include people living in institutions and individuals in the armed forces. All 15 Nevada counties reported disability rates greater than the national rate. The three counties with the highest percentage of individuals with disabilities are Esmeralda, Mineral and Nye.

## INCOME

The national and state median household incomes are \$50,221 and \$53,310 respectively<sup>2</sup>. Nine of the 15 Nevada counties have a median income above the national average. The Census Bureau establishes income thresholds that vary by family size and composition to determine who is in poverty. Poverty thresholds do not vary geographically but are adjusted for inflation. The official 2010 poverty thresholds are available on the U.S. Census Bureau website. Two counties, Mineral and Pershing, have a population below the poverty level that is above the national average of 14.3%<sup>2</sup>.

Figure 2.1 in Appendix B provides the percent of qualifying elderly (i.e., 65 years and older) for Nevada counties based on the 2000 Census

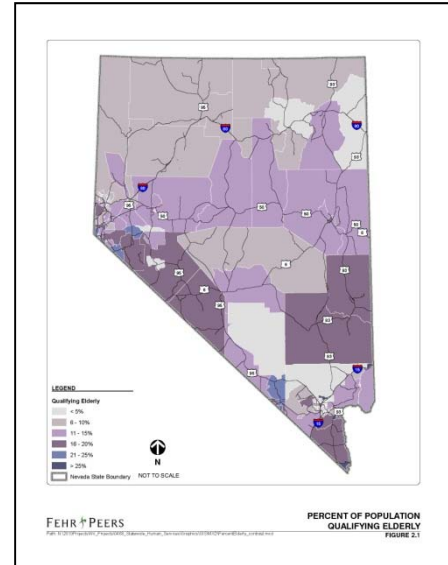
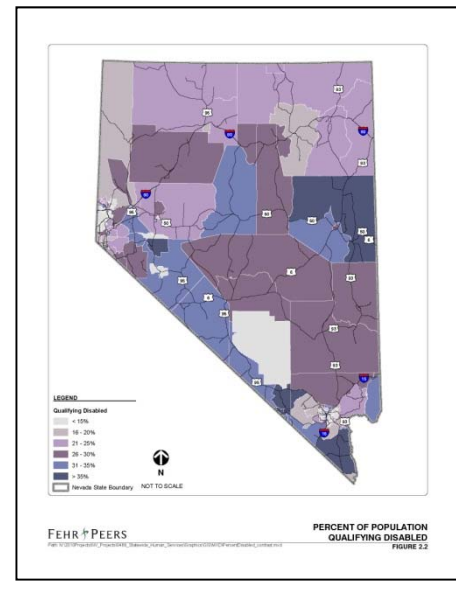


Figure 2.2 in Appendix B provides the percent of qualifying disabled for Nevada counties based on the 2000 Census.



<sup>1</sup> U.S.Census Bureau, Quick Facts, last revised October 13, 2011

<sup>2</sup> Ibid.

Figure 2.3 in Appendix B provides mean annual income ranges for Nevada counties based on the 2000 Census.

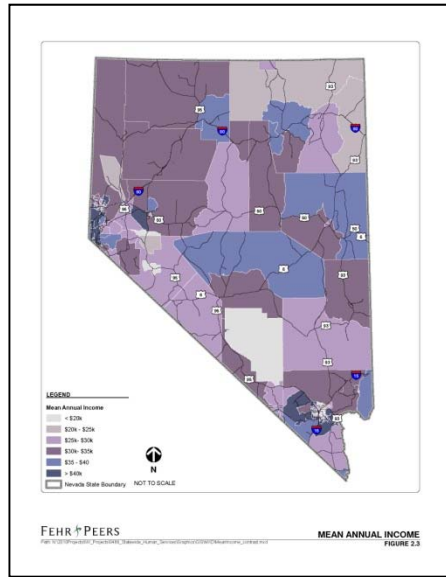
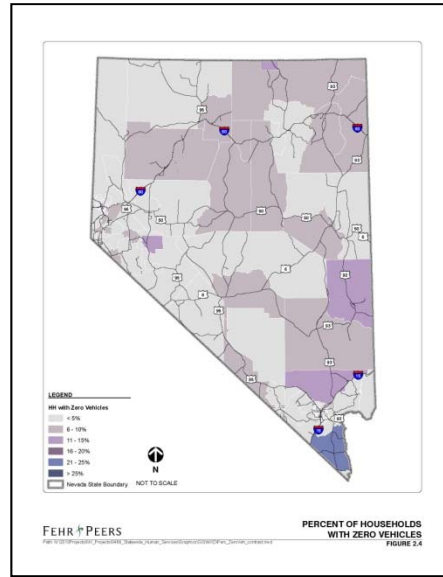


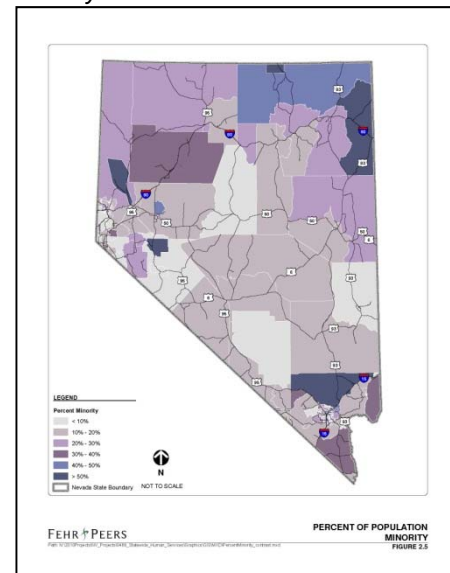
Figure 2.4 in Appendix B provides the percent of households without a vehicle for Nevada counties based on the 2000 Census.



## MINORITY POPULATION

For informational purposes, Figure 2.5 in Appendix B provides the percent of the Nevada population that is minority based on the 2000 Census.

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## TRAVEL MODE

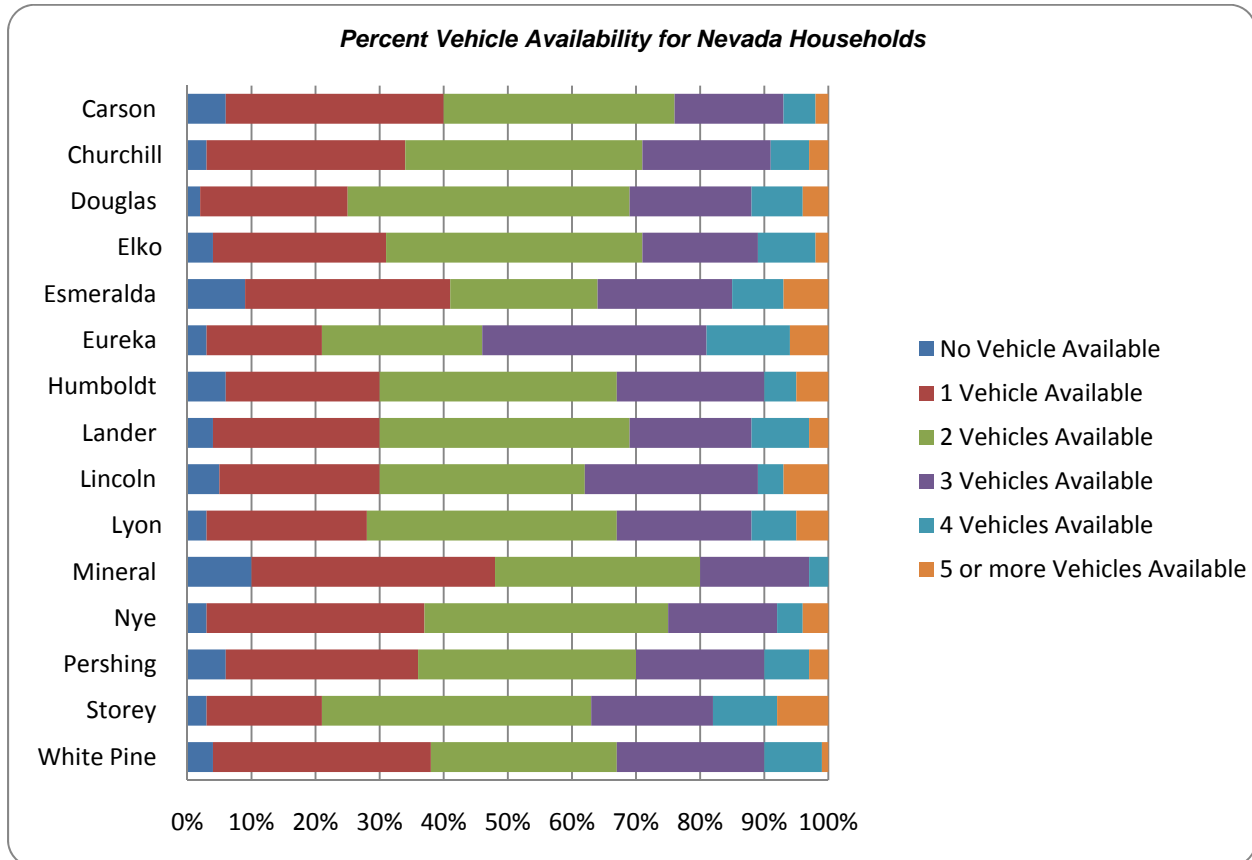
Journey to Work data from the American Community Survey is shown in Table 2.3. While many daily trips are taken to destinations other than the workplace, this data provides an indication of mode choice in each county. As in most areas of the U.S., the majority of the study population drives alone to work. Humboldt County has the highest percentage of travelers on public transit followed by Elko County. Note that the Journey to Work information is generalized and includes the transit service provided to seniors or other specific groups, and includes transit service provided to mine employees by the mines. Since Humboldt and Elko counties have limited public transit service that provide access to employment (i.e. Pleasant Senior Center, Silver Sage Senior Center, and Elko County) the public that answered the Journey to Work Census question likely included transit service provided to mine employees as “public transit”. Eureka County has the highest percentage of walkers. Carpooling is most prevalent in Humboldt, Nye, and Pershing Counties.

**TABLE 2.3**  
**JOURNEY TO WORK INFORMATION FOR NEVADA COUNTIES**

Location	Means of Transportation for Work Trips					
	Drive Alone	Carpool	Public Transit	Bicycle	Walk	Other
Carson City	79.8%	10.6%	0.3%	1.4%	3.3%	1.4%
Churchill	84.0%	8.5%	0.2%	0.4%	1.8%	1.0%
Clark	78.4%	11.6%	3.4%	0.4%	1.9%	1.0%
Douglas	76.3%	11.4%	0.4%	0.7%	1.8%	0.6%
Elko	67.6%	15.1%	9.6%	0.4%	5.2%	0.3%
Esmeralda	62.0%	13.0%	0.0%	0.0%	14.3%	0.0%
Eureka	61.4%	12.7%	1.8%	0.7%	18.3%	0.0%
Humboldt	62.7%	21.2%	10.0%	0.1%	2.9%	0.7%
Lander	65.8%	17.1%	3.3%	0.8%	3.8%	3.0%
Lincoln	75.4%	9.6%	0.6%	0.5%	7.4%	2.0%
Lyon	81.4%	9.6%	0.0%	1.2%	3.5%	0.8%
Mineral	88.4%	6.0%	0.0%	0.0%	3.9%	0.0%
Nye	70.3%	21.2%	0.8%	0.1%	1.9%	1.3%
Pershing	61.1%	18.3%	2.3%	0.0%	13.1%	0.0%
Storey	87.1%	9.8%	0.7%	0.0%	0.7%	0.0%
Washoe	76.7%	11.0%	3.2%	0.6%	2.8%	1.2%
White Pine	73.3%	18.0%	2.0%	0.0%	4.7%	1.1%

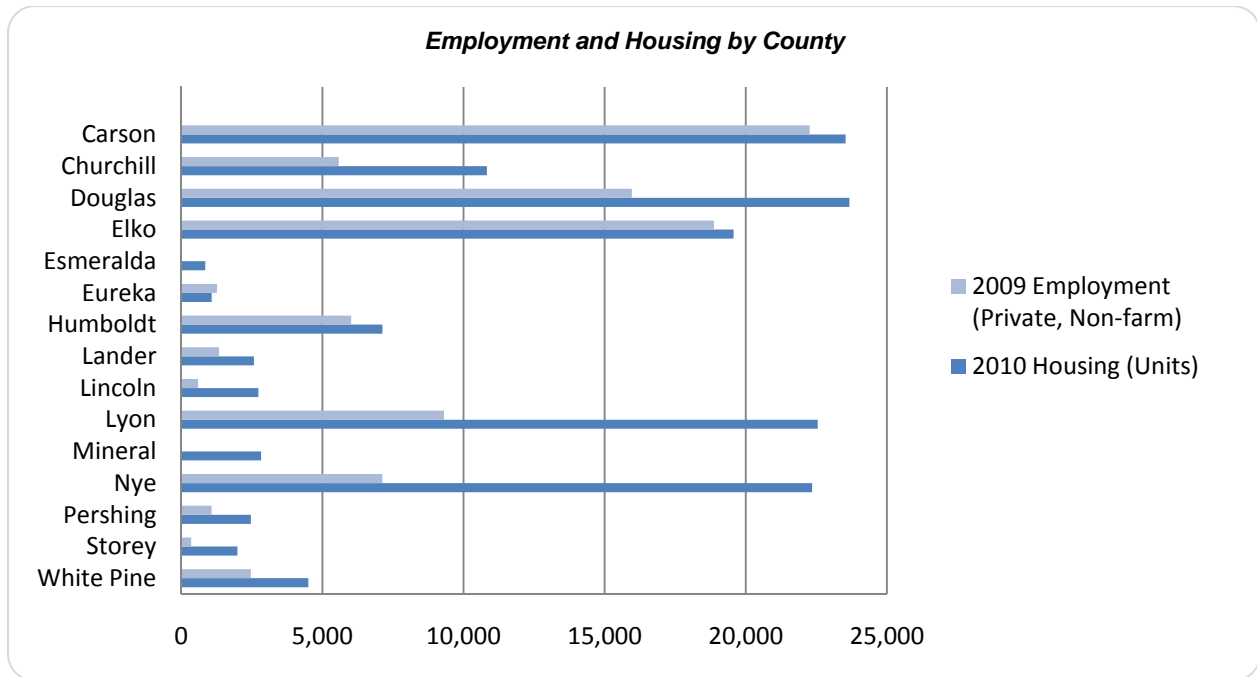
Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates

The 2005-2009 American Community Survey also provides insight into the number of households that do not have a personal vehicle. The following graphic displays the percentage of households that have no vehicles available, one vehicle available, etc. As shown, Mineral County and Esmeralda County have the highest percentage of households that do not have access to a vehicle at approximately 10%. Limited vehicle access can indicate a greater need for public transit options.



## COUNTY HOUSING AND EMPLOYMENT COMPARISON

Historical housing and employment data was reviewed for each county. The jobs-housing balance is one indicator of the potential demand for public transportation. The higher the disproportion between jobs and housing, the greater the likelihood those residents are traveling out of the area for work and may benefit from intercity transit services. Churchill, Douglas, Lyon, Mineral and Nye have the greatest disproportion of housing units to jobs.



### 3. PUBLIC PARTICIPATION

#### OVERVIEW

Public participation is a crucial and required aspect of the Nevada CHSP. This section provides an overview of the extensive public outreach process building on the initial efforts conducted for the original 2008 CHSP. Main highlights include:

- Marketing collateral (postcards, advertising, and media outreach)
- Public meetings held throughout rural Nevada in Winnemucca, Elko, Ely and Fallon
- Survey tool and website

The outreach effort excluded target populations within areas represented by Metropolitan Planning Organizations (i.e., Washoe County RTC and RTC of Southern Nevada), since they conduct and produce their own Coordinated Human Services Plans. In addition, outreach within the Lake Tahoe Basin was excluded from this effort because NDOT is currently conducting a separate Lake Tahoe Basin transit needs assessment. Each outreach element is described below.

#### POSTCARDS

Postcards were created to notify target groups of the CHSP and solicit input on public transportation in rural Nevada communities. The postcard informed the public of the project, advertised the project website, and provided key contact information. A total of 2,250 postcards were distributed to a random sampling of target populations, which included seniors, low-income households, and the general population. Distribution was evenly distributed to these three target groups. The remaining postcards were used for the public meetings and promotional purposes.



CHSP Postcard

#### WEBSITE

A website, *nevadachsp.com*, was created to provide information about the project including a project description, project goals, frequently asked questions (FAQ), and contact information. The website was also used to keep the public informed on the progress of the project, and provide interested parties with a medium to give feedback in the form of a public survey, which was linked to the website and described below. Support documents such as the *Washoe County Coordinated Human Services Transportation Plan* and the *RTC of Southern Nevada Coordinated Human Services Plan* were also provided.

A link to the website was also promoted on NDOT's main website homepage for two weeks indicating that NDOT was seeking feedback on public transportation.

## SURVEY

A survey was created to better understand public opinion of the current transit systems in rural Nevada. The survey was created using Survey Monkey, an online tool. A copy of the survey is provided in Appendix C.

Survey questions asked about current transit use, how existing transit service can be improved, and what kind of transit service rural Nevadans would like to see implemented in their communities. A few questions about the demographics of the survey taker were also included, in order to better understand transit needs by county. A paper survey, which contained the same content as Survey Monkey, was also made available.

The survey results were easily evaluated using the analysis tool provided by Survey Monkey. Hard copies of the survey were entered manually into Survey Monkey to gather all data under one analysis tool.

The screenshot shows a web-based survey interface. The title is 'NDOT Coordinated Human Services Plan'. The main heading is 'Transit Barriers, Needs, and Improvements'. Question 3 asks 'Would any of the following make you more likely to use transit or use transit more frequently?' with radio button options for 'More frequent service', 'More late night service', 'Weekend service', 'Better information about routes and services', and 'More early morning service'. Question 4 asks 'Which of these improvements to transit service is most important?' with a 5-point Likert scale (1 = not important, 5 = very important) for categories: 'Service to major city (Reno, Las Vegas, Salt Lake City)', 'Service between Counties', 'More frequent service', 'Late evening service', 'Earlier trips in the morning', 'Subway service', and 'Standby service'. Question 5 asks 'Would you ride the bus on weekends if service were available?' with 'Yes' and 'No' options. Question 6 asks 'How do you make weekend trips now?' with radio button options for 'Use your car', 'Borrow a car or get a ride from someone with a car', 'Walk', and 'Bike'.

Online Survey

## ADVERTISING

Advertisements for the public meetings were published in the official newspaper of record for the communities where the public meetings were held. Advertisements for the public meetings were strategically placed in the following papers:

- The Humboldt Sun
- Elko Daily Free Press
- The Ely Times
- Lahontan Valley News

In addition to the four newspaper notices, advertisements about the project and survey were released through the Nevada Classified Ad Network (NVCAN), an advertisement network of 22 daily and weekly newspapers throughout Nevada.



Battle Mountain Bugle Article

## PRESS RELEASES/FEATURED ARTICLES

Press releases to announce the public meetings and survey were issued to the Battle Mountain, Mesquite, Tonopah, and Pahrump newspapers. The Battle Mountain Bugle published an article on the CHSP entitled "Public comment sought on rural transit needs", which included a quote from NDOT Project Manager Michelle Gardner explaining that the importance of public involvement was to uncover any additional public transportation needs so that they can be addressed accordingly. The article encouraged readers to provide comments through the project website.

## PUBLIC MEETINGS

Four public meetings were held in rural Nevada to reach out to the public and garner opinions about the public transportation systems in their communities. Meetings were held in Winnemucca, Elko, Ely, and Fallon. The meetings in Winnemucca, Elko, and Fallon were held from 3:30 PM to 6:30 PM. Ely's public meeting was held from 1:30 PM to 4:30 PM. The meetings were arranged by Fehr & Peers and were facilitated by NDOT and Fehr & Peers staff.

The main goal of the public meetings was to provide Nevadans with an opportunity to get familiar with the project, gather their feedback on the current state of public transit in their communities, and gather input regarding how public transportation can be improved. The project staff provided the public with frequently asked questions (FAQ) flyers, hard copies of the survey, and project postcards. Large display boards describing the project and goals were also utilized.

Table 3.1 provides logistical details for each of the public meetings held as part of the outreach process.

**TABLE 3.1  
CHSP PUBLIC MEETINGS**

City	Date	Time	Location
<b>Winnemucca</b>	Monday, July 25	3:30-6:30 PM	County Courthouse 50 West 5th Street, Room 20
<b>Elko</b>	Tuesday, July 26	3:30-6:30 PM	County Offices 540 Court Street, Suite 102
<b>Ely</b>	Wednesday, July 27	1:30-4:30 PM	Great Basin College, Ely Branch Campus 2115 Bobcat Drive
<b>Fallon</b>	Thursday, July 28	3:30-6:30 PM	Fallon Convention Center 100 Campus Way

Source: Fehr & Peers, 2011



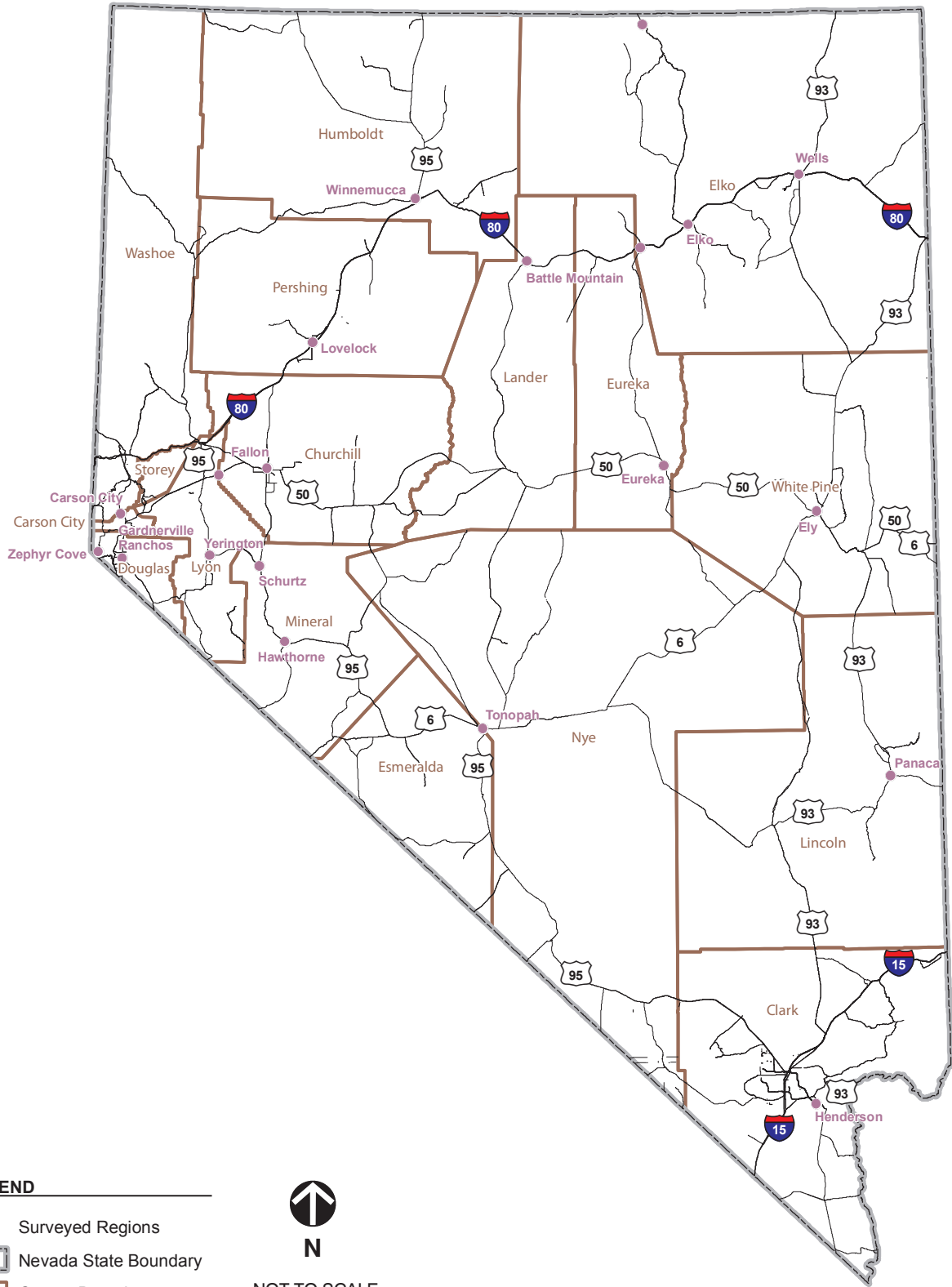
## 4. EXISTING TRANSPORTATION SERVICES

To understand existing transportation services in Nevada, a survey was sent to Nevada transportation providers in 2011. The survey was intended to be representative, and was 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 responding service providers represent 22 public, private, and tribal organizations that serve a variety of clients throughout rural Nevada. The service providers are based in 14 counties and include one rural Clark County agency providing service to non-urban areas. Surveyed locations are shown in Figure 4.1 and copies of the transit provider survey and responses are provided in Appendix D. The following transit providers participated in the survey.

- **Carson City County** - Nevada Rural Counties RSVP Program
- **Churchill County** – Churchill Area Regional Transportation (CART); Fallon Industries
- **Clark County** – St. Rose Dominican Health Foundation
- **Douglas County** – Douglas Area Rural Transit (DART); Tahoe Douglas Senior Center
- **Elko County** – Carlin Open Door Senior Citizen’s Center; Elko Band Council; Elko County; Silver Sage Senior Center
- **Eureka County** – Eureka County Senior Centers
- **Humboldt County** – Harmony Manor; Pleasant Senior Center
- **Lander County** – Lander County Senior Center
- **Lincoln County** – Lincoln County Transportation
- **Lyon County** – Lyon County Human Services, Older Americans of Lyon County
- **Mineral County** – Mineral County Care & Share Senior Services; Walker River Paiute Tribe Senior Center
- **Nye County** – Nye County Senior Nutrition
- **Pershing County** – Pershing County Senior Center
- **White Pines County** – Ely Bus

The survey inquired about the type of service offered, who typically uses the service and for what purpose, service area, type and capability of service vehicles, unmet service needs, and possible areas for increased coordination. A summary of the responses regarding services, equipment, operations, and funding are provided below. Unmet needs are documented in Chapter 5.

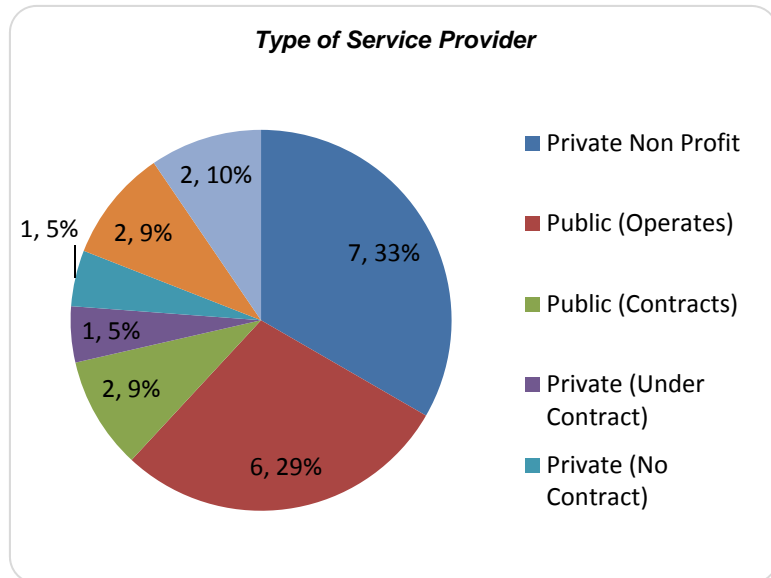


## SERVICE CHARACTERISTICS

Twenty-two service providers participated in the survey which included seven private non-profits and six public agencies that directly operate all transportation services. Two tribal government providers participated in the survey – Elko Band Council and Walker River Paiute Tribe Senior Center. The following public providers responded to the survey: Douglas Area Rural Transit (DART), Lincoln County Transportation, Lyon County Human Services, Mineral County Care and Share, Nye County Senior Nutrition, Pershing County Senior Center, Elko County, and White Pine County – Ely Bus.

Demand-response is the most common type of service provided, followed by reservation-based and deviated fixed route service. Only one agency, Harmony Manor, provides interstate travel.

Transportation for medical and shopping purposes are the most frequently requested followed by trips to the senior center or for recreational/social reasons. Many service providers limit service to the elderly population.



<b>Transportation Services Provided (Number of Agencies Responding to Category)</b>		
<b>Answer Options</b>	<b>Response Count</b>	<b>Response Percent</b>
Demand Response	15	71.5%
Intercity	5	23.8%
Reservations	8	38.1%
Fixed Route	3	14.3%
School Bus	0	0.0%
Interstate	1	4.8%
Vanpool	2	9.5%
Prescription	5	23.8%
Dial-a-Ride	5	23.8%
Deviated Fixed Route	8	38.1%
None	0	0.0%
Other	1	4.8%

**Most Requested Transportation Function  
(Number of Agencies Responding to Category)**

Answer Options	Response Count	Response Percent
Home Delivered Meals	9	45%
Shopping	19	95%
Social Services	10	50%
Senior Center	16	80%
Employment	6	30%
Recreation/Social	14	70%
Medical	20	100%
Education/Training	5	25%
Other	1	5%

**Service Restrictions  
(Number of Agencies Restricting Use to Specific Riders)**

Answer Options	Response Count	Response Percent
Elderly	9	42.9%
Disabled	5	23.8%
Clients	5	23.8%
Trip Purpose	3	14.3%
Advance Reservations	6	28.6%
None	5	23.8%
Other	2	19.0%

Transportation for medical and shopping purposes are the most frequently requested trip types.

## EQUIPMENT, OPERATIONS, AND FUNDING

The most commonly used vehicles are minivans, followed by 15-passenger vans and light-duty buses. Elko County is the only agency that reports using medium-duty buses. Fleet size ranges from two to ten vehicles. St. Rose Dominican Health Foundation in Clark County reports using 35 sedans operated by volunteers in addition to their minivan fleet. The majority of providers use an outside vendor to perform maintenance on fleet vehicles. Seven providers have their own repair shop.

<b>Fleet Vehicle Composition (Number of Agencies Using a Specific Vehicle Type)</b>		
<b>Answer Options</b>	<b>Response Count</b>	<b>Response Percent</b>
Sedans	2	9.1%
Station Wagons	0	0.0%
Minivans	12	54.4%
15-Passenger Vans	10	45.5%
Light-Duty Bus	5	22.7%
Medium-Duty Bus	1	4.5%
Small School Bus	1	4.5%
Large School Bus	0	0.0%
Other	9	40.9%

Respondents reported a variety of funding sources for their transportation services. The majority (17) of service providers indicated that State Division of Aging funds are used. Donations, farebox recovery, and County funding were also frequently reported.

<b>Capital and Operating Funding (Number of Agencies Responding to Category)</b>		
<b>Answer Options</b>	<b>Response Count</b>	<b>Response Percent</b>
5310 Capital	7	31.8%
5310 Operating	4	18.2%
5311 Operating	8	36.4%
5316 JAR	0	0.0%
5317 New Freedoms	1	4.5%
Other Federal	0	0.0%
NDOT Vehicle Purchase	9	40.9%
Division of Aging	17	77.3%
Other State	1	4.5%
County	13	59.1%
City	4	18.2%
Other Local	6	27.3%
Dedicated Taxes	1	4.5%
Donations	16	72.7%
Contracts	0	0.0%
Farebox	10	45.5%
Other	5	22.7%

Several of the service providers rely on funding from federal sources including the Elderly Individuals and Individuals with Disabilities Program (Section 5310) and the Nonurbanized Area Formula Grant Program (Section 5311). St. Rose Dominican Health is the only service provider to specifically list the New Freedom Program (Section 5317) as a funding source. The following is a summary of these Federal funding sources taken from the Federal Transit Administration website:

- 5310 Transportation for Elderly Persons and Persons with Disabilities:
  - Funding to assist nonprofit groups in meeting transportation needs of the elderly and persons with disabilities.
- 5311 Formula Grants of Other than Urbanized Areas: Funding to support public transportation in rural areas with a population of less than 50,000.
- 5311 (b) (3) Rural Transit Assistance Program: Training, technical assistance, research, and related support services in rural areas.
- 5317 New Freedom Program: Provides funding to overcome existing barriers facing Americans with disabilities seeking integration into the work force and society.

Currently, none of the providers are using the 5316 Job Access and Reverse Commute Program, which addresses transportation challenges faced by welfare recipients and low-income persons seeking to obtain and maintain employment.

## 5. TRANSPORTATION NEEDS AND BARRIERS

Both the public survey and the transit provider survey were used to gather data regarding unmet transit needs. This chapter summarizes key findings.

### STAKEHOLDER (PUBLIC) SURVEY – IDENTIFIED NEEDS AND GAPS IN SERVICE

The online survey was available to the public from July 15, 2011 to August 16, 2011. The survey consisted of 16 questions divided into three sections: Current Transit Use; Transit Barriers, Needs, and Improvements; and Demographics. Survey results are provided in this section with key findings highlighted on the right-hand side of the page. A copy of the survey and a summary of the responses is provided in Appendix C.

A total of 67 respondents started the survey, and a total of 56 completed the survey. Most respondents were Elko County residents followed by Nye and Douglas Counties. The following counties did not have any respondents: Esmeralda, Lander, Lincoln, Mineral, and White Pine. About 73% of respondents are age 50 or over. Approximately 73% of respondents have an annual household income of less than \$50,000 annually. Nearly 30% of respondents do not have access to a personal vehicle.

#### Current Transit Use

##### 1. Are you a current transit user? (Answer yes if you have used transit in the past year)

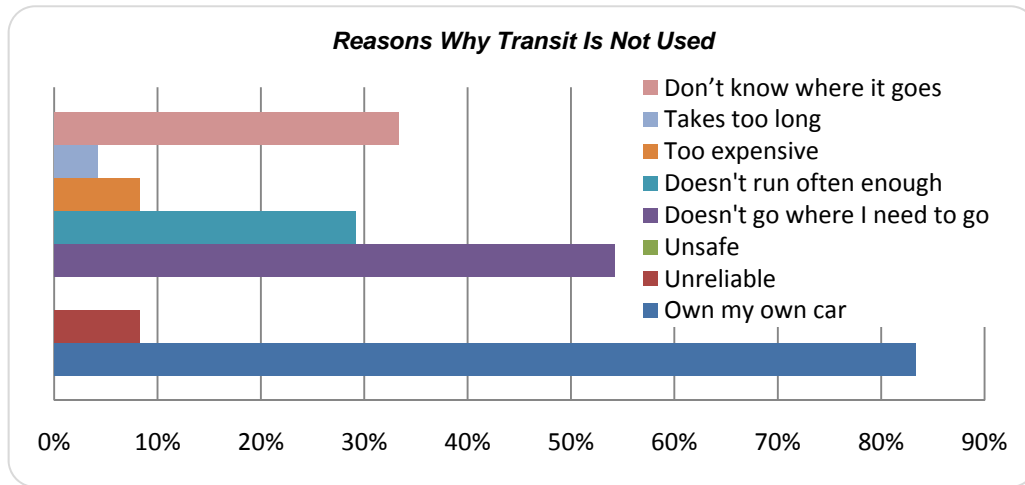
Answer Options	Response Count	Response Percent
Yes	50.7%	34
No	49.3%	33
	<i>answered question</i>	<b>67</b>
	<i>skipped question</i>	<b>0</b>

Half of the survey respondents are current transit users.

##### 2. If you are not a transit user, why not? (Check all that apply)

Answer Options	Response Count	Response Percent
Own my own car	83.3%	20
Unreliable	8.3%	2
Unsafe	0.0%	0
Doesn't go where I need to go	54.2%	13
Doesn't run often enough	29.2%	7
Too expensive	8.3%	2
Takes too long	4.2%	1
Don't know where it goes	33.3%	8
Other (please specify)		7
	<i>answered question</i>	<b>24</b>
	<i>skipped question</i>	<b>43</b>

The two most common reasons for not using transit are – “own my own car” and “doesn't go where I need to go”



**3. If you answered "Yes" to Question 1, which transit services have you used/do you use?**

Answer Options	Response Count	Response Percent
Elko Area Transit System	54.2%	13
Churchill Area Regional Transportation	4.2%	1
Jump Around Carson (JAC)	4.2%	1
RTC Ride	4.2%	1
Nye County	4.2%	1
RTC of Southern Nevada	4.2%	1
Silver Rider	4.2%	1
Bus – "Senior" Bus	20.8%	5
	<i>answered question</i>	<b>24</b>
	<i>skipped question</i>	<b>43</b>

Most respondents use transit at least three times a week.

**4. Approximately how often do you ride transit?**

Answer Options	Response Count	Response Percent
3 to 5 times per week	53.3%	16
6 to 10 times per week	20.0%	6
1 to 3 times a month	13.3%	4
2 to 10 times a year	13.3%	4
	<i>answered question</i>	<b>30</b>
	<i>skipped question</i>	<b>37</b>



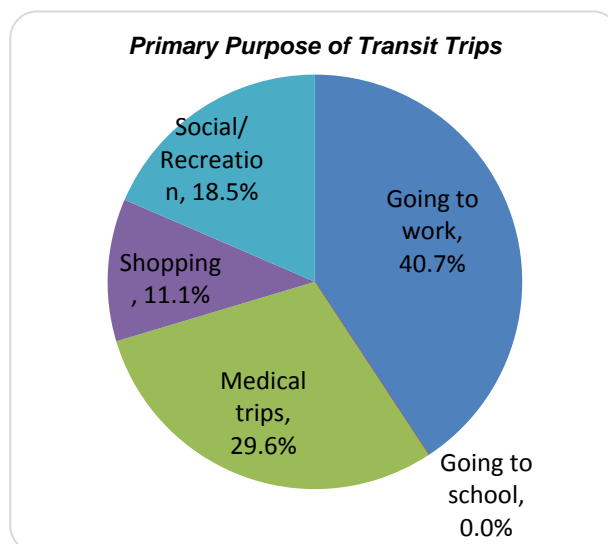
**5. When you use transit (any kind) what is the primary purpose of the trip?**

Answer Options	Response Count	Response Percent
Going to work	40.7%	11
Going to school	0.0%	0
Medical trips	29.6%	8
Shopping	11.1%	3
Social/recreation	18.5%	5
Other (please specify)		8
	<i>answered question</i>	<b>27</b>
	<i>skipped question</i>	<b>40</b>

Eight "Other" responses were entered as follows:

- Dialysis (2)
- Training
- Airport Transportation
- Launderette
- When vehicle is broken down
- Swim Therapy
- Social/Recreation

A follow-up question (Question 6) was asked to determine other transit trip purposes besides the primary trip type.



**6. Do you use transit for any other purpose? If yes check all that apply:**

Answer Options	Response Count	Response Percent
Going to work	15.0%	3
Going to school	0.0%	0
Medical trips	55.0%	11
Shopping	60.0%	12
Social/recreation	35.0%	7
Other (please specify)		4
	<i>answered question</i>	<b>20</b>
	<i>skipped question</i>	<b>47</b>

**Transit Barriers, Needs, and Improvements**

**7. Would any of the following make you more likely to use transit or use transit more frequently (Check all that apply)**

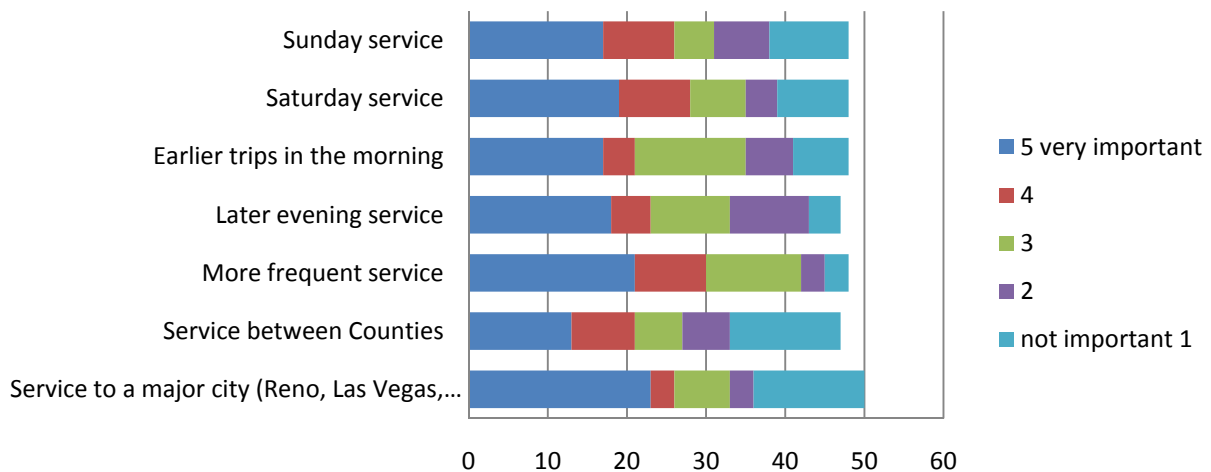
Answer Options	Response Count	Response Percent
More frequent service	53.5%	23
More late night service	25.6%	11
Weekend service	46.5%	20
Better information about routes and services	46.5%	20
More early morning service	34.9%	15
<i>answered question</i>		<b>43</b>
<i>skipped question</i>		<b>24</b>

More frequent service, weekend service, service to major cities and better information are suggested as the most important factors for increasing transit use.

**8. Which of these improvements to transit service is most important?**

<i>answered question</i>	<b>55</b>
<i>skipped question</i>	<b>12</b>

**Perceived Importance of Transit Improvements**



**9. Would you ride the bus on weekends if service were available?**

Answer Options	Response Count	Response Percent
Yes	76.4%	42
No	23.6%	13
<i>answered question</i>		<b>55</b>
<i>skipped question</i>		<b>12</b>

**10. How do you make weekend trips now? (Check all that apply)**

Answer Options	Response Count	Response Percent
Use own car	55.6%	30
Borrow a car or get a ride from someone with a car	18.5%	10
Walk	9.3%	5
Bike	1.9%	1
Put trips off until weekdays with (service) runs	33.3%	18
<i>answered question</i>		<b>54</b>
<i>skipped question</i>		<b>13</b>

Elko and Nye County respondents made up 63% of those that would use weekend service if made available.

**Additional Comments**

A total of 19 respondents left additional comments on the survey, and 11 respondents indicated a need for or lack of transit service in their community. Many of these respondents are residents of Pahrump, requesting service between Pahrump and the Las Vegas/Henderson area. The graph to the right shows the location of respondents who commented on a need for service in their area.

Some respondents expressed satisfaction with the current transit system in their area, and two respondents left suggestions of how transit could be improved. Two comments regarding access to transit and mobility options for disabled were reported.

Appendix E contains select cross-tabulated question results in order to understand issues by county.



## TRANSIT PROVIDER SURVEY – IDENTIFIED NEEDS AND GAPS IN SERVICE

The transit provider survey asked a series of open-ended questions to ascertain provider perspectives on unmet transit needs, constraints, recommendations to improve services, and coordination with other providers. Written comments are summarized below by County. Nearly all providers consistently stated that “financial” constraints are the most debilitating reason for not providing the most desired services. The two most common needs are for weekend service and out-of-area travel. The most desired service varied from door-to-door service for seniors and dial-a-ride to local and intercity bus service. Table 5.1 displays the unmet transit needs from the service providers perspective and Table 5.2 displays the most desired service by County.

**TABLE 5.1  
UNMET TRANSIT NEEDS – PROVIDER PERSPECTIVES**

Location (County)	Unmet Needs	Service Provider Recommendations to Resolve Unmet Needs
<b>Carson City</b>	Wheelchair lift; Additional volunteers	Additional funding
<b>Churchill</b>	Weekend service; Longer hours; Service area expansion; Connector service with other counties; Intercounty transportation	More federal and state funding; 50/50 match is a burden for counties
<b>Clark</b>	Wait list with 60+ people; Not enough resources to serve demand	Operating funding for driver salaries; Paratransit beyond 1.5 miles of fixed-route bus service
<b>Douglas</b>	Stable workforce is difficult given required match; Coordination with BlueGo and JAC to serve Lake Tahoe, Carson City, and Reno; Confusing transfers and trip planning utilizing multiple services	Additional funding for a driver to provide a fixed route from Gardnerville Ranchos to Minden and Main Street; Increased service from Gardnerville and Minden to shopping destinations; Bus stop improvements to clarify route connections
<b>Elko</b>	Daily transportation to Elko; Taxi-type service for local residents; Demand for service in the Spring Creek Area; Greyhound bus services to outside service area	Should be independent of services offered by Carlin Open Door; Additional operating revenue; Greyhound bus stop
<b>Eureka</b>	None identified	None
<b>Humboldt</b>	Limited service in Winnemucca	Bus service in main part of town to shopping and service areas
<b>Lander</b>	Taxi or transit service for weekend and non-senior activities	24-hour taxi service
<b>Lincoln</b>	None identified	None

**TABLE 5.1  
UNMET TRANSIT NEEDS – PROVIDER PERSPECTIVES**

Location (County)	Unmet Needs	Service Provider Recommendations to Resolve Unmet Needs
<b>Lyon</b>	Weekend or evening service; Five days a week for local and out of town trips	Partnering with neighboring communities (Jump Around Carson, CART, Fallon Industries); Hire additional driver and obtain another vehicle
<b>Mineral</b>	Regional transportation from Las Vegas to Reno on Highway 95	None
<b>Nye</b>	None identified	None
<b>Pershing</b>	Regular transportation outside this community	None
<b>White Pine</b>	Transportation out of the area for shopping and medical specialists	None

Source: 2011 Transit Provider Survey; Fehr & Peers, 2011

**TABLE 5.2  
MOST DESIRED SERVICE – PROVIDER PERSPECTIVES**

Location (County)	Type of Service
<b>Carson City</b>	Door-to-door escort service
<b>Churchill</b>	Dial-a-Ride; Lift assist; local bus; Transportation to Reno and Carson
<b>Clark</b>	On-demand service; Volunteer (personal) driver
<b>Douglas</b>	Dial-a-Ride for seniors; local bus; Intercity bus
<b>Elko</b>	Service to Elko for all citizens; Senior citizens medical and shopping; Affordable transportation to the City of Elko, Twin Falls, ID, and Salt Lake City, UT for non-seniors
<b>Eureka</b>	More trips to Elko
<b>Humboldt</b>	Local bus and intercity to Reno
<b>Lander</b>	Dial-a-Ride or local bus
<b>Lincoln</b>	Local bus rides; Trips to Las Vegas and Utah for medical appointments
<b>Lyon</b>	Dial-a-Ride
<b>Mineral</b>	No response
<b>Nye</b>	Out of town trips; Medical; Shopping; Social security office

**TABLE 5.2  
MOST DESIRED SERVICE – PROVIDER PERSPECTIVES**

Location (County)	Type of Service
Pershing	Local bus
White Pine	Dial-a-Ride

Source: 2011 Transit Provider Survey; Fehr & Peers, 2011

### TRANSIT PROVIDER SURVEY – COORDINATION

The survey contained three questions related to existing coordination between providers, and perspectives on opportunities for increased coordination. Respondents provided the following general perspectives and recommendations for increased coordination:

- More coordination is desired where overlapping services occur
- Fear of funding loss as an outcome of coordination
- Website for transportation agency coordination
- On-line ticketing and trip planning
- Focus on rural needs and inter-county travel
- Bi-annual meeting with NDOT staff
- Address scheduling constraints across service providers to enable trip chaining
- More difficult now since Aging and Disability Services Division no longer has an annual conference and the ACT Advisory Council disbanded

Three respondents provided the following location-specific recommendations:

- Nye County Senior Nutrition – Daily Las Vegas to Reno service
- Churchill Area Regional Transportation (CART) – Develop a tri-county system (Churchill, Mineral, Lyon) with connections to Pershing County and Carson City through Reno
- Douglas Area Rural Transit (DART) – Implementation of triangle route connecting residents to Ranchos, medical centers, shopping, and County offices

### PREVIOUS OUTREACH EFFORTS – UNITED WE RIDE WORKSHOP

NDOT hosted the United We Ride Workshop in April 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. At the conclusion of the workshop, 36 participants working in five different groups developed statements regarding a mission (identification of barriers other than funding),

actions, and goals. Needs, barriers, and recommendations identified at United We Ride were incorporated into the 2008 CHSP document. The following key recommendations are still relevant today:

- Develop transit websites to coordinate user-friendly data to get riders where they need to go. Encourage comments, questions, and needs.
- Mineral, Pershing, Lyon, Churchill, and Storey Counties all have a common need for connectivity. Provide a less complex and more efficient transit service with better connectivity within the five rural counties.
- Form interagency work groups to share ideas and potentially form interagency agreements. Educate working groups on projects and concepts that have worked well in other states and specifically in rural areas.
- Incorporate an information hot line (511) statewide and advertise services.
- Examine the rules and regulations for school buses (i.e. Can they be used?) to fill route gaps or for use as charters.
- Create the Triangle Van Pool for commuters between Kingsbury Grade, Lake Tahoe, and Douglas County.
- Provide a Ride Share Program.
- Design new maps showing connecting routes.
- Provide funding to cover cost of training for transit providers (e.g., CPR, First Aid).

#### **SUMMARY OF TRANSIT NEEDS (BY COUNTY)**

The following list of transit needs by County is based on the outreach process conducted as part of the project including cross-tabulation of select stakeholder survey questions to understand trends by County. See Appendix E for cross-tabulation charts.

**TABLE 5.3  
TRANSIT SERVICE NEEDS (BY COUNTY)**

<b>County</b>	<b>Type of Service</b>
<b>Carson City</b>	<ul style="list-style-type: none"> <li>• Wheelchair lift assist</li> <li>• Door-to-door escort service for seniors</li> </ul>
<b>Churchill</b>	<ul style="list-style-type: none"> <li>• Wheelchair lift assist</li> <li>• Weekend service</li> <li>• Dial-a-Ride</li> <li>• Service area expansion and intercity routing specifically to Reno and Carson City</li> </ul>
<b>Clark</b>	<ul style="list-style-type: none"> <li>• Additional resources to meet wait-list demand</li> <li>• Volunteer driver program</li> <li>• Extension of paratransit boundary beyond 1.5 miles of fixed-route</li> </ul>
<b>Douglas</b>	<ul style="list-style-type: none"> <li>• Dial-a-Ride for seniors</li> <li>• Simplified transit transfers and trip planning across providers</li> <li>• Additional intercity fixed routes</li> </ul>
<b>Elko</b>	<ul style="list-style-type: none"> <li>• Taxi-type service for local residents primarily to the City of Elko</li> <li>• Service expansion in Spring Creek area</li> <li>• Greyhound bus stop to service distant destinations</li> <li>• Improved reliability</li> <li>• Weekend and more frequent service</li> </ul>
<b>Eureka</b>	<ul style="list-style-type: none"> <li>• Traveler information</li> </ul>
<b>Humboldt</b>	<ul style="list-style-type: none"> <li>• Intercity transit, specifically to Elko</li> </ul>
<b>Lander</b>	<ul style="list-style-type: none"> <li>• Local bus service to shopping and key destinations</li> <li>• Intercity service, specifically to Reno</li> </ul>
<b>Lincoln</b>	<ul style="list-style-type: none"> <li>• Weekend service</li> <li>• Taxi-type service for non-senior activities</li> </ul>
<b>Lyon</b>	<ul style="list-style-type: none"> <li>• Intercity service expansion, specifically to Las Vegas and Utah</li> </ul>
<b>Mineral</b>	<ul style="list-style-type: none"> <li>• Weekend and evening service</li> <li>• Extended routing into adjacent counties</li> </ul>
<b>Nye</b>	<ul style="list-style-type: none"> <li>• Intercity service, specifically between Las Vegas and Reno</li> </ul>
<b>Pershing</b>	<ul style="list-style-type: none"> <li>• Weekend service</li> <li>• Intercity service to key destinations</li> <li>• Improved reliability</li> </ul>
<b>White Pine</b>	<ul style="list-style-type: none"> <li>• Intercity service to key destinations</li> </ul>

Source: Fehr & Peers, 2011



## 6. POTENTIAL STRATEGIES TO ADDRESS TRANSPORTATION SERVICE NEEDS

This chapter describes potential strategies to address the general transportation service needs identified during the public and provider outreach process. This set of strategies is broad and provides guidance at the statewide level. Table 6.1 describes the general service need and identifies potential strategies to meet that need.

**TABLE 6.1  
STATEWIDE STRATEGIES TO ADDRESS SERVICE NEEDS**

Service Need	Strategy
Increased funding	<ul style="list-style-type: none"> <li>Streamline grant approval procedures</li> <li>Aid in joint multi-provider purchase agreements to reduce costs</li> </ul>
Coordination of planning and services	<ul style="list-style-type: none"> <li>Undertake coordinated planning on a regional basis with area providers</li> <li>Facilitate regional working groups to leverage assets and promote intercity collaboration</li> <li>Offer an annual meeting with providers throughout Nevada and NDOT</li> <li>Maintain a central transit website and assist in the creation of provider websites where appropriate</li> <li>Develop a database of service providers</li> <li>Provide user-friendly transit maps showing route connectivity</li> <li>Pursue cross state line coordination where applicable</li> </ul>
Apply technology to improve service	<ul style="list-style-type: none"> <li>Support joint-use technological investment by multiple providers</li> <li>Expand the use of GPS and GIS technology</li> <li>Identify and distribute “best practice” technology information</li> <li>Explore the feasibility of using smart card media to improve fare and user data collection for larger transit systems</li> </ul>
Improve service provider capabilities	<ul style="list-style-type: none"> <li>Provide standardized driver training</li> <li>Provide administrator management and planning training</li> <li>Develop an informational database/library as a resource for service providers</li> </ul>
Increase intercity bus service	<ul style="list-style-type: none"> <li>Prioritize intercity bus service needs; focus on key routes to major destinations</li> <li>Explore and initiate service options in cooperation with service providers</li> <li>Review timetables to promote cross-provider transit connections</li> </ul>

Source: Fehr & Peers, 2011

The strategies identified in Table 6.1 are intended for action primarily by 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 6.1 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).

The outreach process identifies the need for the coordination of transportation planning and services. Due to the population distribution throughout the state, it appears that coordination of planning and services would best be carried out on a regional basis. For example, the Southern Nevada Transit Coalition has evolved in response to satisfying regional transportation needs. Survey respondents indicated interest in having regular coordination meetings (annual or bi-annual) to engage providers throughout Nevada.

NDOT provides an online list of transit providers which includes direct links to providers that maintain websites. NDOT maintains a 511 traveler information system; however, comprehensive transit information is not readily available for cross-provider transit trip planning.

**APPENDIX A:  
COORDINATED HUMAN SERVICES PLAN FREQUENTLY ASKED  
QUESTIONS**

## **Nevada Coordinated Human Services Transportation Plan Frequently Asked Questions**

A Coordinated Human Services Transportation Plan is required by the Federal Transit Administration (FTA). The plan evaluates, coordinates and prioritized public transportation, and helps identify how FTA funds will be spent in Nevada.

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### **Frequently Asked Questions**

#### **What is Human Services Transportation?**

Transportation services for persons with disabilities, older adults (60+), and individuals with lower incomes. This could include services provided by public transit agencies, municipalities, human service agencies and private providers such as taxi or medical companies.

#### **What areas of Nevada are included in this planning process?**

Areas not covered by the Regional Transportation Commission of Washoe County, Regional Transportation Commission of Southern Nevada, and the Carson City Regional Transportation Commission.

#### **Why do we need a Coordinated Human Services Transportation Plan?**

The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) was signed into law on August 10, 2005. This law establishes programs and funding for the Federal Transit Administration through federal fiscal year 2010 and requires the development of Locally-Coordinated Public Transit Human Services Transportation Plans. The plan will insure that NDOT continues to receive funding from FTA for programs listed below.

#### **What types of programs will the transportation plan include?**

SAFETEA-LU requires that three federal programs be included in the plan. These are the:


- Section 5310: Vehicle Grant program to serve Older Adults and People with Disabilities
- Section 5316: Job Access and Reverse Commute program (JARC)
- Section 5317: New Freedom Program

#### **How much funding is there?**

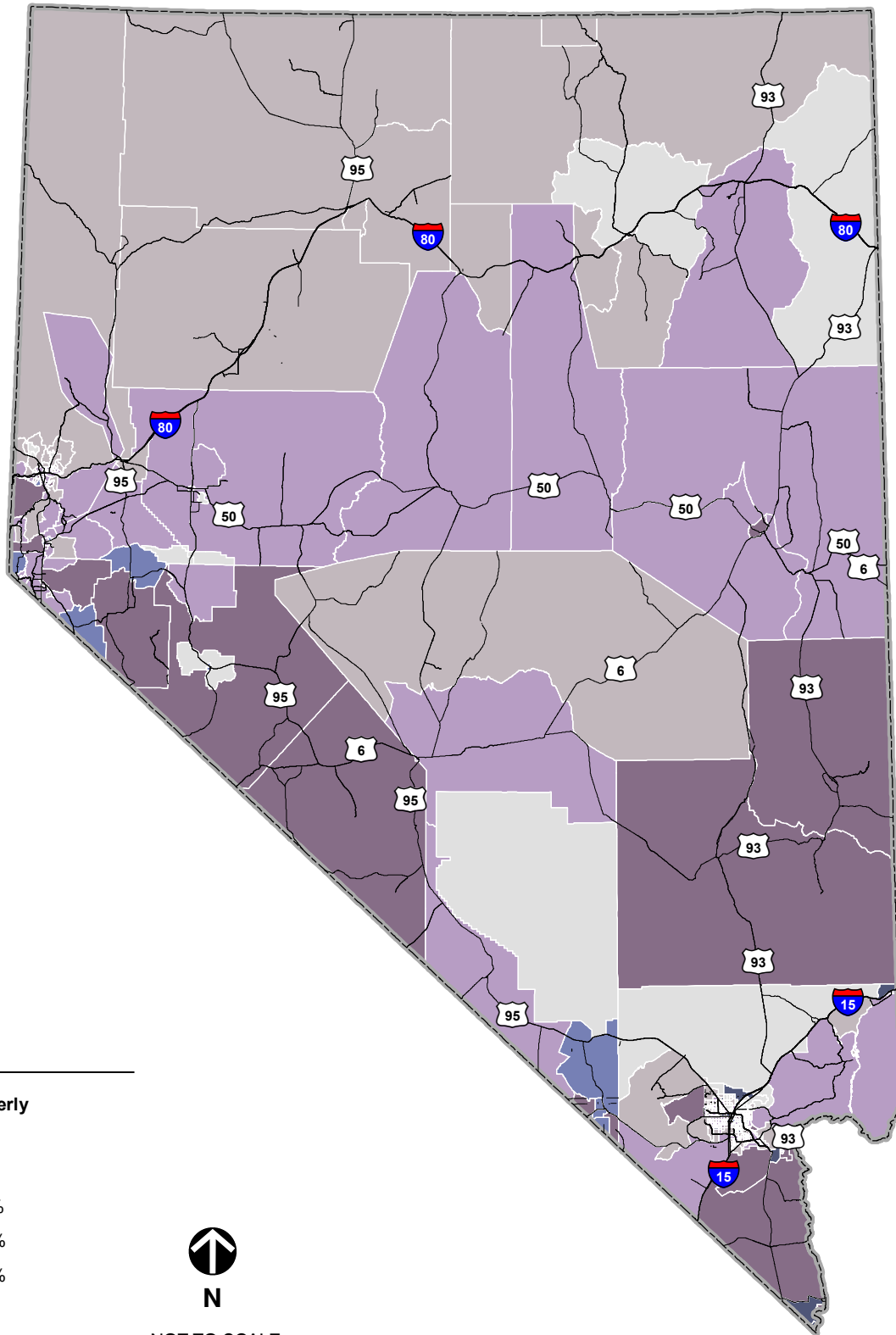
Nationally, there is \$56 million for Section 5310, \$70 million for Section 5316, and \$39 million for Section 5317 for Federal Fiscal Year (FFY) 2011.

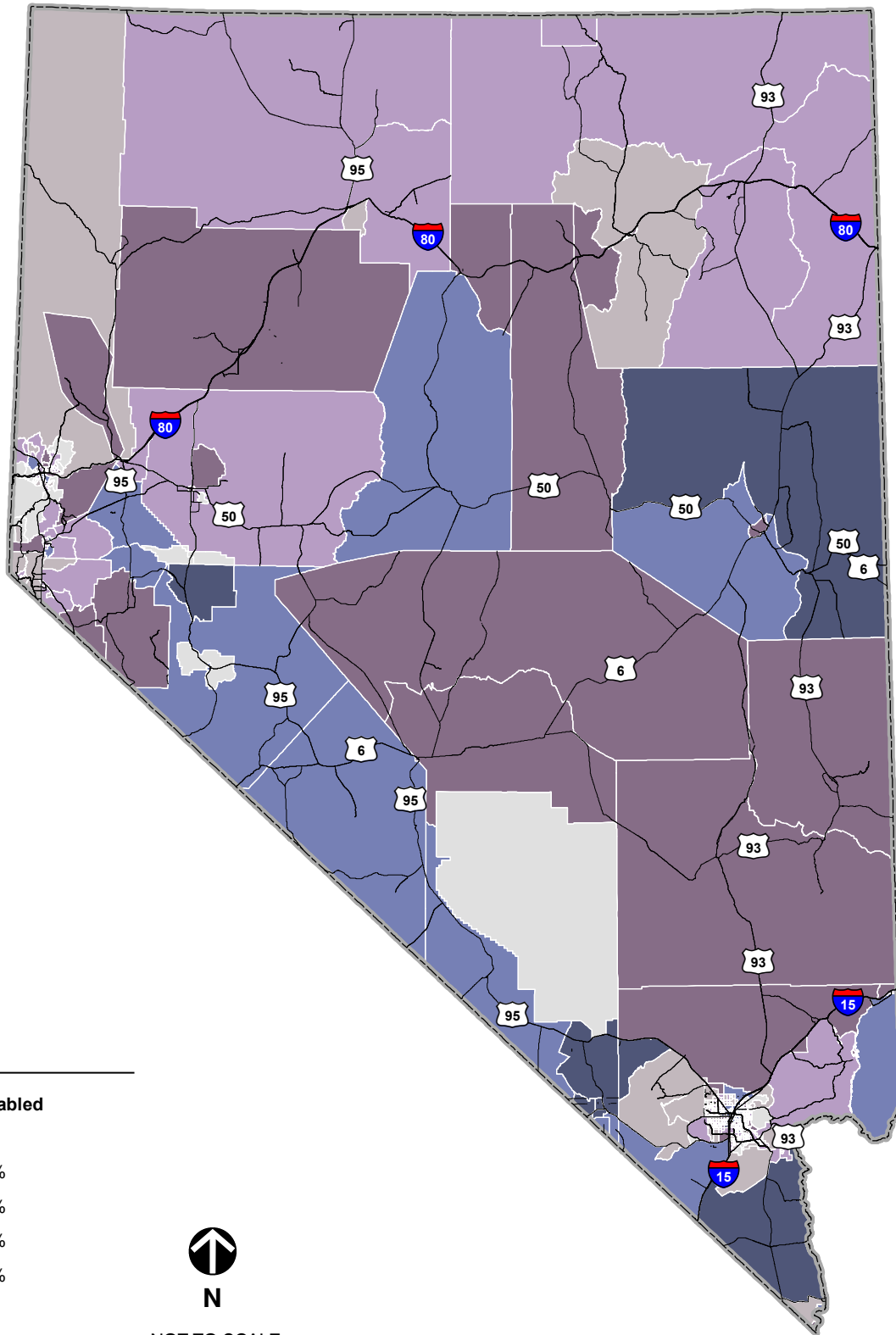
#### **What can the communities and the state do with these funds?**



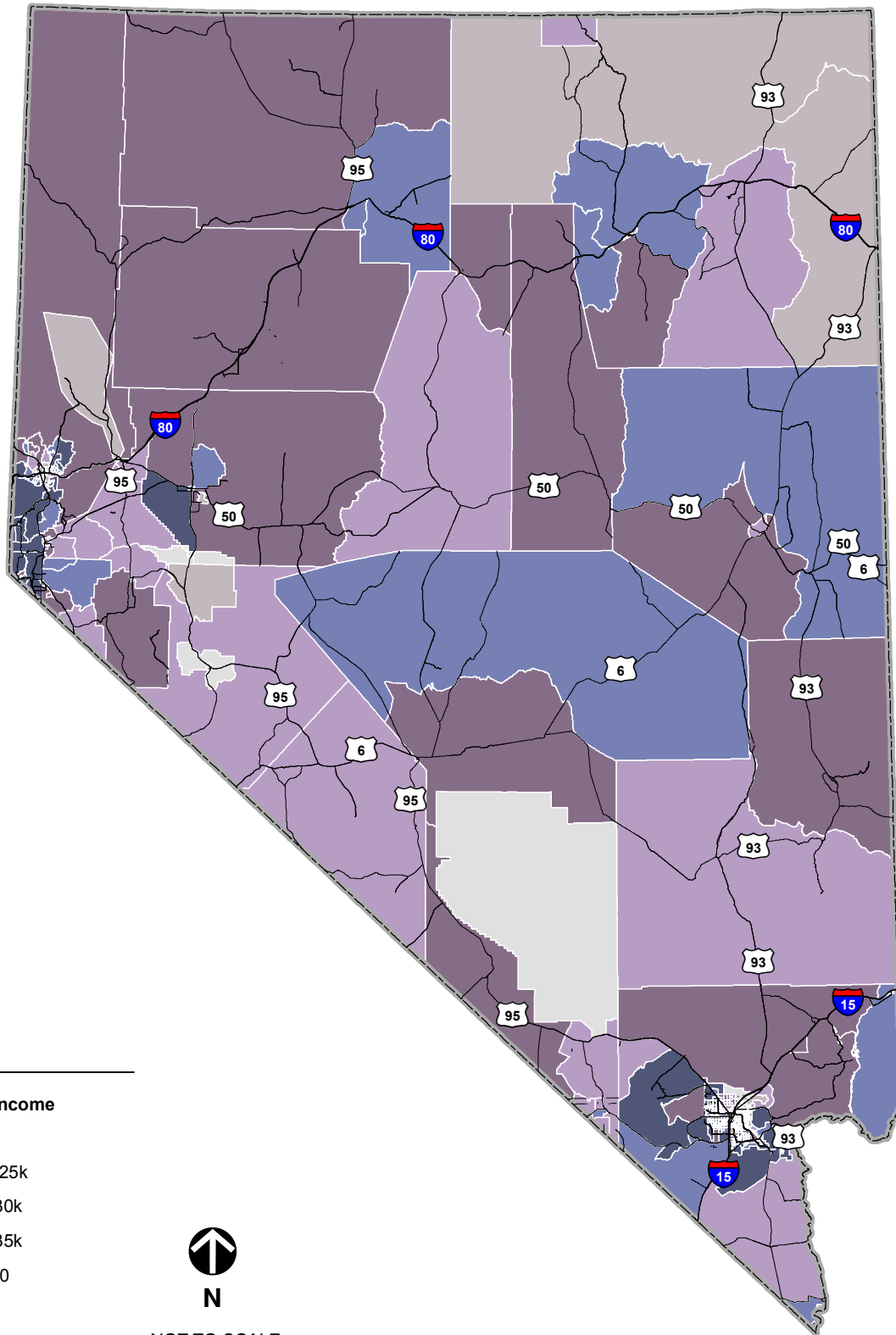
- 
- *Section 5310* provides vehicle grants to non-profit agencies or municipalities to provide transportation to seniors and people with disabilities.
  - *Section 5316 JARC* projects must improve access to employment and employment related activities for low-income workers.
  - *Section 5317 New Freedom* projects must assist individuals with disabilities with transportation. The projects must be for new public transportation services and public transportation alternatives beyond those required by the Americans with Disabilities Act (ADA.)

**APPENDIX B:  
DEMOGRAPHIC FIGURES**









**LEGEND**

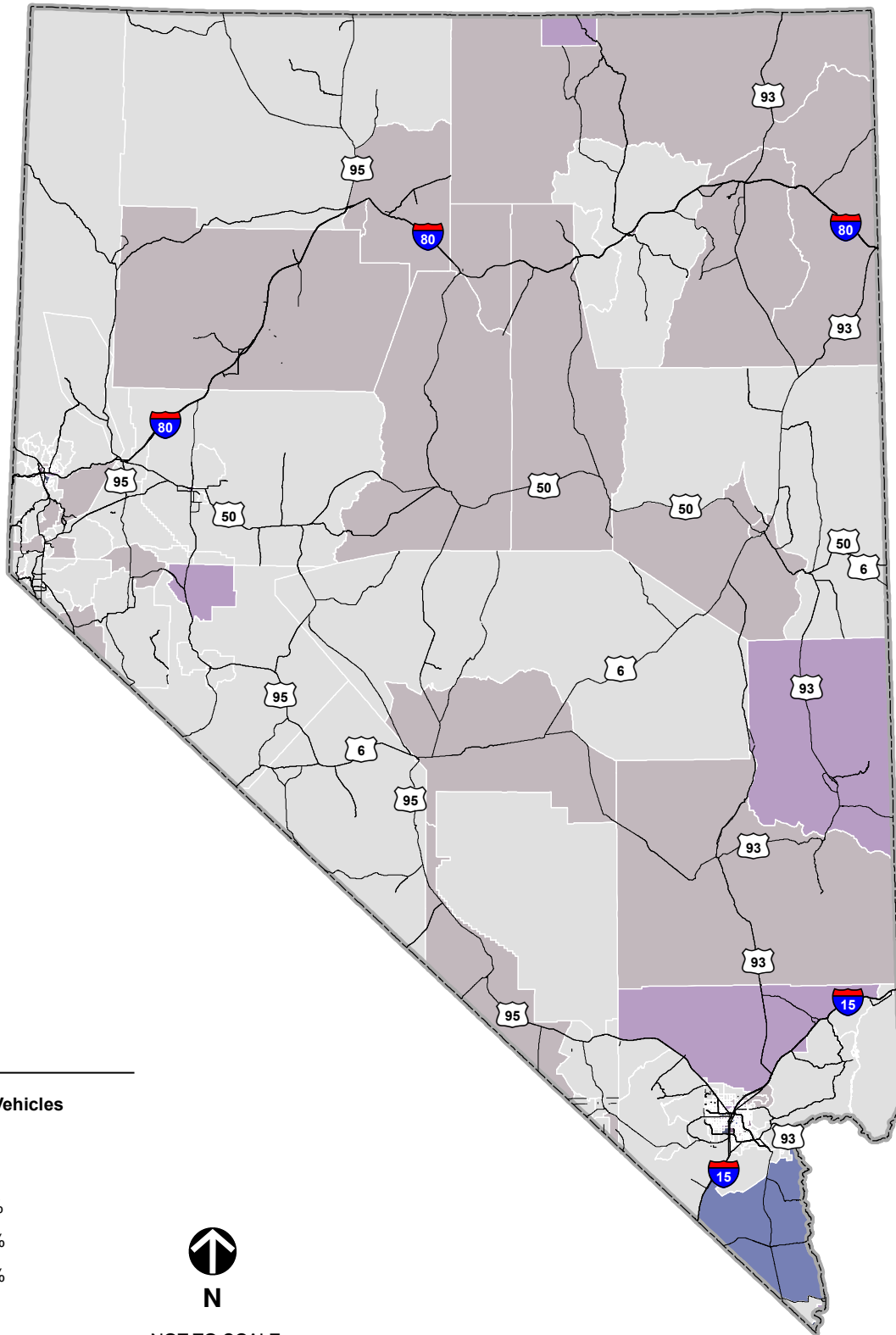
**Mean Annual Income**

- < \$20k
- \$20k - \$25k
- \$25k - \$30k
- \$30k - \$35k
- \$35 - \$40
- > \$40k



N

Nevada State Boundary    NOT TO SCALE



**LEGEND**

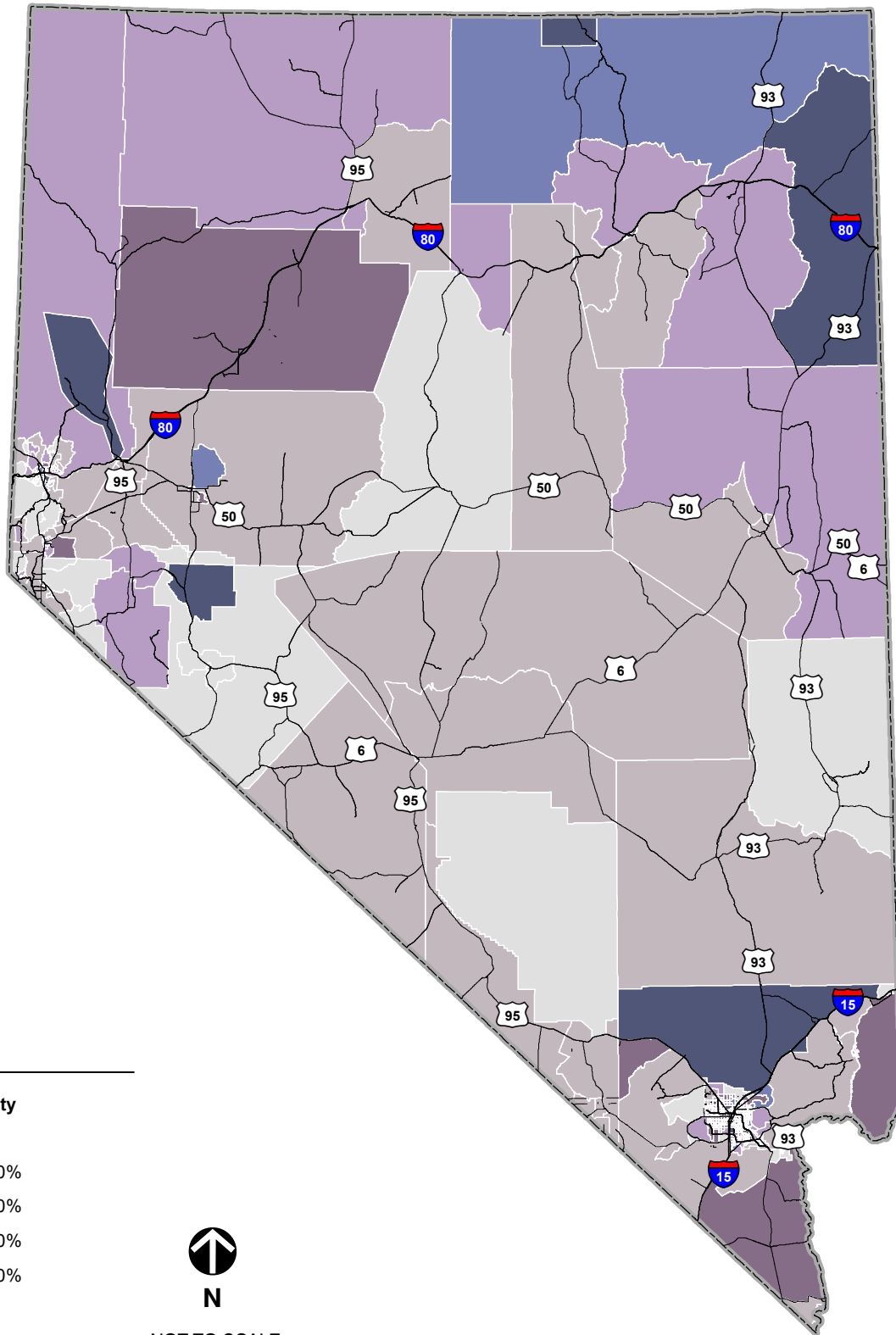
**HH with Zero Vehicles**

- < 5%
- 6 - 10%
- 11 - 15%
- 16 - 20%
- 21 - 25%
- > 25%



N

Nevada State Boundary    NOT TO SCALE



**LEGEND**

**Percent Minority**

- < 10%
- 10% - 20%
- 20% - 30%
- 30% - 40%
- 40% - 50%
- > 50%



N

Nevada State Boundary    NOT TO SCALE

**APPENDIX C:  
STAKEHOLDER (PUBLIC) SURVEY**

# Nevada Coordinated Human Services Transportation Plan Survey



## Current Transit Use

1. Are you a current transit user? (Answer yes if you have used transit in the past year)

Yes  No

2. If you are not a transit user, why not? (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Own my own car                | <input type="checkbox"/> Unreliable               | <input type="checkbox"/> Unsafe        |
| <input type="checkbox"/> Doesn't go where I need to go | <input type="checkbox"/> Doesn't run often enough | <input type="checkbox"/> Too expensive |
| <input type="checkbox"/> Takes too long                | <input type="checkbox"/> Don't know where it goes | Other (please specify)                 |

---

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\* If you answered "No" to question #1, skip the dashed box to question #7 \*

3. If you answered "Yes" to question #1, which transit services have you used/do you use?

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---

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4. Approximately how often do you ride transit? (Answer only one.)

I ride \_\_\_\_\_ times per / week

I ride \_\_\_\_\_ times per / month

I ride \_\_\_\_\_ times per / year

5. When you use transit (any kind) what is the primary purpose of the trip?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Going to work | <input type="checkbox"/> Going to school   | <input type="checkbox"/> Medical trips |
| <input type="checkbox"/> Shopping      | <input type="checkbox"/> Social/recreation | Other (please specify)                 |

---

---

---

6. Do you use transit for any other purpose? If yes check all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Going to work | <input type="checkbox"/> Going to school   | <input type="checkbox"/> Medical trips |
| <input type="checkbox"/> Shopping      | <input type="checkbox"/> Social/recreation | Other (please specify)                 |

---

---

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## Transit Barriers, Needs, and Improvements

7. Would any of the following make you more likely to use transit or use transit more frequently (Check all that apply)

- More frequent service
- More late night service
- Weekend service
- Better information about routes and services
- More early morning service

**8. Which of these improvements to transit service is most important? (Circle a number for each service enhancement: 1 = not important, 5 = very important)**

	Not important 1	2	3	4	5 Very important
Service to a major city (Reno, Las Vegas, Salt Lake City)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service between Counties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More frequent service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Later evening service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earlier trips in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Would you ride the bus on weekend if service were available?**

Yes  No

**10. How do you make weekend trips now? (Check all that apply)**

Use own car  Borrow a car or get a ride from someone with a car  Walk  Bike  Put trips off until weekdays with (service) runs

*Demographics*

**11. What County do you live in?**

Carson City  Churchill  Clark  Douglas  Elko  Esmeralda  Eureka  Humboldt  Lander  
 Lincoln  Lyon  Mineral  Nye  Pershing  Storey  Washoe  White Pine

**12. What is your age range?**

18 or under  19-29  30-39  40-49  50-59  60-69  70-79  80-89  90 or over

**13. How many people are in your household?**

1  2  3  4 or more

**14. What is your income range?**

\$10,000 or under  \$10,000-\$19,999  \$20,000-\$29,999  
 \$30,000-\$49,999  \$50,000-\$79,999  \$80,000 or above

**15. How many cars are available for your household's use?**

0  1  2  3 or more

**16. Additional Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**1. Are you a current transit user? (Answer yes if you have used transit in the past year)**

		Response Percent	Response Count
Yes		50.7%	34
No		49.3%	33
<b>answered question</b>			<b>67</b>
<b>skipped question</b>			<b>0</b>

**2. If you are not a transit user, why not? (Check all that apply)**

		Response Percent	Response Count
Own my own car		83.3%	20
Unreliable		8.3%	2
Unsafe		0.0%	0
Doesn't go where I need to go		54.2%	13
Doesn't run often enough		29.2%	7
Too expensive		8.3%	2
Takes too long		4.2%	1
Don't know where it goes		33.3%	8
Other (please specify)			7
<b>answered question</b>			<b>24</b>
<b>skipped question</b>			<b>43</b>

**3. If you answered "Yes" to the previous question, which transit services have you used/do you use?**

	Response Count
	24
<b>answered question</b>	<b>24</b>
<b>skipped question</b>	<b>43</b>

**4. Approximately how often do you ride transit? (Answer only one.)**

	Response Average	Response Total	Response Count
I ride ___ times per / <b>week:</b>	5.18	114	22
I ride ___ times per / <b>month:</b>	26.35	448	17
I ride ___ times per / <b>year:</b>	<b>496.06</b>	<b>7,937</b>	16
	<b>answered question</b>		<b>30</b>
	<b>skipped question</b>		<b>37</b>



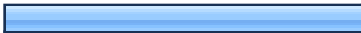




**5. When you use transit (any kind) what is the primary purpose of the trip?**

		Response Percent	Response Count
Going to work		40.7%	11
Going to school		0.0%	0
Medical trips		29.6%	8
Shopping		11.1%	3
Social/recreation		18.5%	5
	Other (please specify)		8
<b>answered question</b>			<b>27</b>
<b>skipped question</b>			<b>40</b>

**6. Do you use transit for any other purpose? If yes check all that apply:**

		Response Percent	Response Count
Going to work		15.0%	3
Going to school		0.0%	0
Medical trips		55.0%	11
<b>Shopping</b>		<b>60.0%</b>	<b>12</b>
Social/recreation		35.0%	7
	Other (please specify)		4
<b>answered question</b>			<b>20</b>
<b>skipped question</b>			<b>47</b>



**7. Would any of the following make you more likely to use transit or use transit more frequently (Check all that apply)**

		Response Percent	Response Count
More frequent service		53.5%	23
More late night service		25.6%	11
Weekend service		46.5%	20
Better information about routes and services		46.5%	20
More early morning service		34.9%	15
<b>answered question</b>			<b>43</b>
<b>skipped question</b>			<b>24</b>






**8. Which of these improvements to transit service is most important? (Circle a number for each service enhancement: 1 = not important, 5 = very important)**

	not important 1	2	3	4	5 very important	Response Count
Service to a major city (Reno, Las Vegas, Salt Lake City)	28.0% (14)	6.0% (3)	14.0% (7)	6.0% (3)	<b>46.0% (23)</b>	50
Service between Counties	<b>29.8% (14)</b>	12.8% (6)	12.8% (6)	17.0% (8)	27.7% (13)	47
More frequent service	6.3% (3)	6.3% (3)	25.0% (12)	18.8% (9)	<b>43.8% (21)</b>	48
Later evening service	8.5% (4)	21.3% (10)	21.3% (10)	10.6% (5)	<b>38.3% (18)</b>	47
Earlier trips in the morning	14.6% (7)	12.5% (6)	29.2% (14)	8.3% (4)	<b>35.4% (17)</b>	48
Saturday service	18.8% (9)	8.3% (4)	14.6% (7)	18.8% (9)	<b>39.6% (19)</b>	48
Sunday service	20.8% (10)	14.6% (7)	10.4% (5)	18.8% (9)	<b>35.4% (17)</b>	48
<b>answered question</b>						<b>55</b>
<b>skipped question</b>						<b>12</b>













### 9. Would you ride the bus on weekends if service were available?

		Response Percent	Response Count
Yes		76.4%	42
No		23.6%	13
		<b>answered question</b>	<b>55</b>
		<b>skipped question</b>	<b>12</b>

### 10. How do you make weekend trips now? (Check all that apply)

		Response Percent	Response Count
Use own car		55.6%	30
Borrow a car or get a ride from someone with a car		18.5%	10
Walk		9.3%	5
Bike		1.9%	1
Put trips off until weekdays with (service) runs		33.3%	18
		<b>answered question</b>	<b>54</b>
		<b>skipped question</b>	<b>13</b>

## 11. What County do you live in?

		Response Percent	Response Count
Carson City		1.8%	1
Churchill		5.4%	3
Clark		1.8%	1
Douglas		12.5%	7
<b>Elko</b>		<b>44.6%</b>	<b>25</b>
Esmeralda		0.0%	0
Eureka		1.8%	1
Humboldt		3.6%	2
Lander		0.0%	0
Lincoln		0.0%	0
Lyon		1.8%	1
Mineral		0.0%	0
Nye		19.6%	11
Pershing		3.6%	2
Storey		1.8%	1
Washoe		1.8%	1
White Pine		0.0%	0
<b>answered question</b>			<b>56</b>
<b>skipped question</b>			<b>11</b>

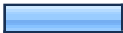





## 12. What is your age range?

		Response Percent	Response Count
18 or under		1.8%	1
19-29		8.9%	5
30-39		1.8%	1
40-49		14.3%	8
50-59		17.9%	10
<b>60-69</b>		<b>28.6%</b>	<b>16</b>
70-79		17.9%	10
80-89		7.1%	4
90 or over		1.8%	1
<b>answered question</b>			<b>56</b>
<b>skipped question</b>			<b>11</b>





## 13. How many people are in your household?

		Response Percent	Response Count
1		21.8%	12
2		<b>54.5%</b>	<b>30</b>
3		10.9%	6
4 or more		12.7%	7
<b>answered question</b>			<b>55</b>
<b>skipped question</b>			<b>12</b>

#### 14. What is your household income range?

		Response Percent	Response Count
\$10,000 or under		17.3%	9
\$10,000-\$19,999		21.2%	11
\$20,000-\$29,999		13.5%	7
\$30,000-\$49,999		21.2%	11
<b>\$50,000-\$79,999</b>		<b>23.1%</b>	<b>12</b>
\$80,000 or above		3.8%	2
<b>answered question</b>			<b>52</b>
<b>skipped question</b>			<b>15</b>

#### 15. How many cars are available for your household's use?

		Response Percent	Response Count
0		27.3%	15
1		27.3%	15
<b>2</b>		<b>32.7%</b>	<b>18</b>
3 or more		12.7%	7
<b>answered question</b>			<b>55</b>
<b>skipped question</b>			<b>12</b>

## 16. Additional Comments:

	Response Count
	20
answered question	20
skipped question	47

### Page 2, Q2. If you are not a transit user, why not? (Check all that apply)

1	not in Pahrump	Aug 8, 2011 3:04 PM
2	Don't know anything about it. I'm a senior at Topaz Lake, NV,.	Aug 3, 2011 11:31 AM
3	I live in Pahrump, we have nothing	Jul 30, 2011 7:17 PM
4	We don't have any!	Jul 30, 2011 12:50 PM
5	None between Fallon and Reno or Carson City	Jul 30, 2011 10:02 AM
6	What transit service?	Jul 29, 2011 4:55 PM
7	we dont have a public transit program in Humboldt County that I qualify for	Jul 26, 2011 11:26 AM

### Page 3, Q3. If you answered "Yes" to the previous question, which transit services have you used/do you use?

1	EATS Bus	Aug 8, 2011 2:16 PM
2	eats	Aug 4, 2011 2:31 PM
3	bus	Aug 4, 2011 1:20 PM
4	eats	Aug 3, 2011 9:17 PM
5	I AM A RIDER ON THE ELKO AREA TRANSIT.	Aug 3, 2011 3:14 PM
6	Eats	Aug 1, 2011 10:06 PM
7	ELKO COUNTY TRANSIT SERVICE	Aug 1, 2011 1:23 PM
8	Nevada Dot	Aug 1, 2011 8:28 AM
9	JAC	Aug 1, 2011 1:13 AM
10	RTC RIDE	Jul 31, 2011 11:15 PM

**Page 3, Q3. If you answered "Yes" to the previous question, which transit services have you used/do you use?**

11	coach america(neet bus)	Jul 31, 2011 9:56 AM
12	Nye County	Jul 30, 2011 5:00 PM
13	rtc vegas	Jul 29, 2011 4:45 PM
14	"Senior" Bus	Jul 29, 2011 3:57 PM
15	Churchill Area Regional Transportation (C.A.R.T.)	Jul 29, 2011 3:38 PM
16	neat bus in Elko/Spring Creek	Jul 29, 2011 1:54 PM
17	I ride the bus to and from work. And its great to have. I don't have to get rids from mom or dad. Its my way of getting to and fome work.	Jul 29, 2011 9:43 AM
18	Bus cab	Jul 28, 2011 8:56 PM
19	silver rider	Jul 28, 2011 2:00 PM
20	NEAT bus in Elko, Nv	Jul 28, 2011 12:43 PM
21	EATS service in Elko, NV	Jul 28, 2011 9:25 AM
22	EATS	Jul 27, 2011 11:07 AM
23	Eats	Jul 27, 2011 11:05 AM
24	elko bus	Jul 27, 2011 10:36 AM

**Page 3, Q4. Approximately how often do you ride transit? (Answer only one.)**

I ride ___ times per / <b>week</b>:</th>		
1	5	Aug 8, 2011 2:16 PM
2	8	Aug 4, 2011 9:12 PM
3	5	Aug 4, 2011 2:31 PM
5	3	Aug 3, 2011 9:17 PM
6	4	Aug 3, 2011 9:05 PM
7	5	Aug 3, 2011 3:14 PM
8	3	Aug 3, 2011 12:05 PM
9	6	Aug 1, 2011 10:06 PM
10	5	Aug 1, 2011 1:23 PM
11	3	Aug 1, 2011 8:28 AM



**Page 3, Q4. Approximately how often do you ride transit? (Answer only one.)**

12	5	Aug 1, 2011 1:13 AM
14	4	Jul 31, 2011 9:56 AM
15	3	Jul 30, 2011 5:00 PM
20	4	Jul 29, 2011 9:43 AM
22	6	Jul 28, 2011 8:18 PM
23	10	Jul 28, 2011 8:16 PM
24	5	Jul 28, 2011 2:00 PM
25	5	Jul 28, 2011 12:43 PM
27	10	Jul 27, 2011 6:08 PM
28	5	Jul 27, 2011 11:07 AM
29	4	Jul 27, 2011 11:05 AM
30	6	Jul 27, 2011 10:36 AM
I ride ___ times per / <b>month</b>:		
2	32	Aug 4, 2011 9:12 PM
3	150	Aug 4, 2011 2:31 PM
5	12	Aug 3, 2011 9:17 PM
6	16	Aug 3, 2011 9:05 PM
9	24	Aug 1, 2011 10:06 PM
13	2	Jul 31, 2011 11:15 PM
18	3	Jul 29, 2011 3:38 PM
19	2	Jul 29, 2011 1:54 PM
20	5	Jul 29, 2011 9:43 AM
21	1	Jul 28, 2011 8:56 PM
22	24	Jul 28, 2011 8:18 PM
23	40	Jul 28, 2011 8:16 PM
24	25	Jul 28, 2011 2:00 PM
27	40	Jul 27, 2011 6:08 PM
28	22	Jul 27, 2011 11:07 AM
29	16	Jul 27, 2011 11:05 AM

**Page 3, Q4. Approximately how often do you ride transit? (Answer only one.)**

30	34	Jul 27, 2011 10:36 AM
I ride ___ times per / <b>year</b>:		
2	344	Aug 4, 2011 9:12 PM
3	5000	Aug 4, 2011 2:31 PM
4	2	Aug 4, 2011 1:20 PM
5	144	Aug 3, 2011 9:17 PM
6	184	Aug 3, 2011 9:05 PM
9	282	Aug 1, 2011 10:06 PM
16	4	Jul 29, 2011 4:45 PM
17	3	Jul 29, 2011 3:57 PM
20	12	Jul 29, 2011 9:43 AM
22	288	Jul 28, 2011 8:18 PM
23	480	Jul 28, 2011 8:16 PM
26	10	Jul 28, 2011 9:25 AM
27	400	Jul 27, 2011 6:08 PM
28	220	Jul 27, 2011 11:07 AM
29	156	Jul 27, 2011 11:05 AM
30	408	Jul 27, 2011 10:36 AM

**Page 3, Q5. When you use transit (any kind) what is the primary purpose of the trip?**

1	Training	Jul 31, 2011 11:15 PM
2	airport transportation	Jul 29, 2011 4:45 PM
3	To Launderette	Jul 29, 2011 3:57 PM
4	Social/Recreation	Jul 29, 2011 3:38 PM
5	Dialysis	Jul 28, 2011 8:18 PM
6	When vehicle is broke down	Jul 28, 2011 9:25 AM
7	Dialysis	Jul 27, 2011 11:07 AM
8	swim therapy	Jul 27, 2011 10:36 AM

**Page 3, Q6. Do you use transit for any other purpose? If yes check all that apply:**

**Page 3, Q6. Do you use transit for any other purpose? If yes check all that apply:**

2	Does not operate on weekends	Jul 29, 2011 3:57 PM
3	Vacations	Jul 28, 2011 9:25 AM
4	social	Jul 27, 2011 10:36 AM

**Page 5, Q16. Additional Comments:**

1	This program should be discontinued! *Paper survey entered electronically by JPT*	Aug 15, 2011 9:21 AM
2	I live just across the county line from Humboldt county in Pershing, Winnemucca there is no service out here	Aug 12, 2011 9:43 AM
3	Pahrump is a retirement community, and bus service would be helpful for the retired people.	Aug 8, 2011 3:06 PM
4	It would be wonderful for there to be a bus service in Pahrump and also going into Las Vegas, Henderson, etc *Electronic survey transmitted from paper survey by JPT*	Aug 8, 2011 1:54 PM
5	Enjoys the service EATS provides with friendly staff and drivers !!!!!	Aug 4, 2011 2:33 PM
6	I HAVE A CAR BUT NEED A WHEEL CHAIR TO GET TO AND BACK FROM THE CAR.	Aug 1, 2011 1:27 PM
7	Transportation is a major community issue; underutilized resources and manh areas not covered by available public transportaton.	Jul 31, 2011 11:18 PM
8	I wish we had bus service from Pahrump to Las Vegas, we desperately need it!	Jul 30, 2011 7:18 PM
9	We badly need some kink of transit here. With no taxi, some people can not even get to the store.	Jul 30, 2011 12:52 PM
10	regular service perhaps one route going to Las Vegas in the morning and a return route from Las Vegas to Pahrump in the evening would be helpful to connect with RTC routes in Vegas. If the cost was reasonable, I would use it for shopping, Dr. appointments and Airport connections. There would be no need to go back and forth, just one trip in, in the morning and a return trip in the evening with about a 12 hour gap between. Let's say leave Pahrump at 6am and leave Las Vegas for the return trip to Pahrump at 6pm.	Jul 29, 2011 5:01 PM
11	Husband can't walk so I have to transport him and a wheelchair--becoming very difficult.	Jul 29, 2011 4:58 PM
12	e.g. Sr.'s [illegible] trip now (i.e. "Safe Haven") There is no transportation. **Entered paper survey electronically - JPT**	Jul 29, 2011 4:01 PM
13	Would love a train that went Fallon, Reno, & Carson & all communities in between. **Entered paper survey electronically - JPT**	Jul 29, 2011 3:56 PM
14	**Entered electronically from printed survey - JPT**	Jul 29, 2011 3:40 PM

**Page 5, Q16. Additional Comments:**

15	I depend on my son and his wife for most of my transportation due to the lack of service by the bus	Jul 29, 2011 1:56 PM
16	To bad none of the questions were about tax payer subsidies and how much it cost us the tax payers to offset the loses. Also the enviromental impact of running a bus around town with only 5 people average on board at any given time.	Jul 29, 2011 1:32 PM
17	I would like to see a readability study for a construction of a ropeway system to link Washoe Valley to Incline Village. Using 3S Gondola technology, a 9.7 mile 6-section gondola could link the ski resorts as part of a transportation link that could move 2,500 passengers each way across the mountains in about 40 minutes. With the completion of the I580 bypass next year, it will be possible to drive uninterrupted from downtown Reno or RITA to the portal, (perhaps at Davis Creek Park), take the lift to say the Ponderosa in Incline, pick up a BlueGO bus and link north to TART routes or south to Stateline And other BlueGO routes, worth a look!	Jul 28, 2011 9:14 PM
18	We live in Virginia City and this service is not practical for us; however I can see how it would be helpful in more populus areas.	Jul 28, 2011 12:04 PM
19	service is good. most drivers are polite and courteous	Jul 27, 2011 10:39 AM
20	There is no public bus service in Humboldt county. Only service is for elderly and disabled. They would like weekend service. Others would LOVE service to Reno for medical appointments etc.	Jul 26, 2011 11:46 AM

**APPENDIX D:  
TRANSIT PROVIDER SURVEY AND RESPONSES**

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

Agency name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Website: \_\_\_\_\_

Agency Contact Person:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

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 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"/> Deviated Fixed Route |
| <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 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) _____  |

Are there any restrictions to your riders 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): _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community \_\_\_\_\_

To adjacent communities \_\_\_\_\_

Outside of County \_\_\_\_\_

What are your service area boundaries?

Do any other providers serve in the same area?

- Yes
- No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

\_\_\_\_\_

## EQUIPMENT

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			
	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:			

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

\_\_\_\_\_ Senior                      \_\_\_\_\_ Student  
 \_\_\_\_\_ Disabled                      \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior			
Disabled			
Student			
Basic (Public)			
Group (each)			



## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

\_\_\_\_\_ Full Time Managers      \_\_\_\_\_ Part Time Managers  
\_\_\_\_\_ Full Time Drivers      \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support      \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one)      1      2      3  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \_\_\_\_\_      Supplies \_\_\_\_\_  
Utilities \_\_\_\_\_      Insurance \_\_\_\_\_

Operating

Salaries \_\_\_\_\_ Fuel and lubricants \_\_\_\_\_ Other \_\_\_\_\_  
Tires \_\_\_\_\_ Maintenance/Repair \_\_\_\_\_

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? \_\_\_\_\_

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe) \_\_\_\_\_

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

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

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

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

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

Do you coordinate your services with other transportation providers?

What opportunities do you have to increase your coordination efforts with other providers?

How do you inform the public about your services?

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

Agency name: **Nevada Rural Counties RSVP Program**

Address: **2621 Northgate Lane, Suite 6, Carson City, Nevada 89706**

Telephone: **775-687-4680**

Website: [www.nevadaruralrsvp.org](http://www.nevadaruralrsvp.org)

Agency Contact Person:

Name: **Mike Hughes**

Title: **Director of Marketing & Development** E-Mail: [branded@rsvp.carson-city.nv.us](mailto:branded@rsvp.carson-city.nv.us)

Telephone: **775-687-4680** FAX: **775-687-4494**

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 checked="" 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"/> Deviated Fixed Route |
| <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 type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____             |

Are there any restrictions to your riders 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): _____          |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community Medical/Dental/Vision appointments

To adjacent communities Medical/Dental/Vision appointments

Outside of County Medical/Dental/Vision appointments

What are your service area boundaries? Carson City; Reno; Fernley; Pahrump

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services: JAC Bus Service Carson City

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
X	X	X	X	X		

## EQUIPMENT

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	Four	2001-2010	None
	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:			

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor
  Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

400 Senior                      \_\_\_\_\_ Student  
80 Disabled                      \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category: **Free Service**

Type	Single	Daily	Monthly
Senior			
Disabled			
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

Please list below the number of personnel by job classification.

\_\_\_\_\_ Full Time Managers 2 Part Time Managers  
\_\_\_\_\_ Full Time Drivers 15 Part Time Drivers  
\_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) 1 2 3  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \$2,500 Supplies \$100  
Utilities \$600 Insurance \$835

Operating

Salaries N/A Fuel and lubricants \$1,132 Other \$1,482 (Insurance/Phones)  
Tires \$145 Maintenance/Repair \$313

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

## CAPITAL AND OPERATING FUNDING

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe) \_\_\_\_\_

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

**Wheelchair lift. Additional volunteers.**

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

**Additional funding to help with increased fuel and insurance costs.**

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

**Door-to-door escort service for seniors.**

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?

**No.**

Do you coordinate your services with other transportation providers?

**Yes.**

What opportunities do you have to increase your coordination efforts with other providers?

**None.**

How do you inform the public about your services?

**Weekly newspaper column (every Sunday). Volunteer Newsletter. Website.**

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Churchill Area Regional Transportation

Address: 310 East Court St., Fallon, Nevada, 89406

Telephone: 775-428-2988, Fax 775-423-0405

Website: www.thevcd.com/fallon/bus

Agency Contact Person:

Name: Ernie Maguire

Title: General Manager E-Mail: cart@phonewave.net

Telephone: 775-428-2988 FAX: 775-423-0405

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 checked="" type="checkbox"/> Intercity       | <input type="checkbox"/> Interstate  | <input checked="" type="checkbox"/> Dial-a-ride          |
| <input checked="" type="checkbox"/> Reservations    | <input type="checkbox"/> None        | <input checked="" type="checkbox"/> Deviated Fixed Route |
| <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 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 your riders 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: <u>Seniors, Disabled and Low income have Priority</u> _____) |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Medical](#), [Groceries](#), [Meals](#), [Shopping](#), [banking](#)

To adjacent communities: [Medical services not available in this community](#)

Outside of County: [Medical Services not available in this community](#)

What are your service area boundaries? [Accessible roads within Churchill County \(about a 14 mile radius of downtown Fallon\)](#), and [service to Reno once a week or as special needs are needed](#).

Do any other providers serve in the same area?

- Yes
- No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am-5:30pm	7am-5:30pm	7am-5:30pm	7am-5:30pm	7am-5:30pm	Special trips	no service

---

## EQUIPMENT

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	2wh/4pass	7	1
9	15 – passenger vans	2wh/12pass	1 to 10	9
	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			

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): In house

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

725 \_\_\_\_\_ Senior      75 \_\_\_\_\_ Student  
 455 \_\_\_\_\_ Disabled      425 \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior	Donation/suggested \$2.00	Donation tickets/suggested \$1.50	
Disabled	Donation/suggested \$2.00		
Student	\$3.00 one way	Ticket books/\$2.50 one way	
Basic (Public)	\$3.00 one way	Ticket books/\$2.50 one way	
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

2 \_\_\_\_\_ Full Time Managers    0 \_\_\_\_\_ Part Time Managers  
4 \_\_\_\_\_ Full Time Drivers    3 \_\_\_\_\_ Part Time Drivers  
1 \_\_\_\_\_ Full Time Support    1 \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one)    1    2    **3**  
 CPR certification  
 EMT  
 Other (Describe): **Defensive driving, substance abuse, bloodborne pathogens, first aid**

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries: **\$2915.00**

Supplies: **\$200.00**

Utilities: **\$400.00**

Insurance: **\$4575.00, veh insurance, bond, D&O**

Operating

Salaries: **\$16,000.00**    Fuel and lubricants: **\$2200.00**    Other: **\$1,200.00, office rent, equip.**

Tires: **\$200.00**

Maintenance/Repair: **\$1,375.00**

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311 (Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging (ILG Grant)  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
  - Contracts
  - Farebox
  - Other (Describe): [Ticket book Sales/and ticket books donation](#)
- 

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

[I answered yes to adequate funds, but more services are needed,\(i.e weekend service, longer service hours, expanding service area etc.\) but local funds to match Federal funds are very limited, so we are providing what we can afford](#)

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## TRANSPORTATION NEEDS IDENTIFICATION

---

What unmet transportation service needs exist (if any) in your area? [Weekend service, longer service hours, expansion of service area, Connector service with other counties.](#)

What specific recommendations would you offer for providing service to meet those unmet needs? [To make available more Federal and State Dollars to service providers with less matching dollars for the provider to provide. The 50/50 match is a burden on the counties to help the providers, public support is hard when the economy is at the current levels, resources are few a far between, and the folks who are hit hard are our clients.](#)

What types of service are most desired by your community? (ie., dial-a-ride, local bus, inter-city bus, etc.) [Dial-A Ride, Lift Assist, local bus, transportation to Reno-Carson](#)

What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) [Financial, Hard Cash Dollars](#)

Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? [When funds are available, more coordinated service, to many service providers are passing each other on the road, and at this point they are reluctant to partner with anyone else because of funding fears.](#)

Do you coordinate your services with other transportation providers? [Yes, The Fallon-Paiute Shoshone Tribe, Mineral County Care and Share.](#)

What opportunities do you have to increase your coordination efforts with other providers? [If funds become available I would like to see a Tri-County Transportation system with the three connecting counties, Churchill County, Mineral County, Lyon County, with a leg to Pershing \(Lovelock\), and routes to Carson City and through Reno, Starting small with service a few times a week a growing into daily](#)

How do you inform the public about your services? [PSA's, Local Newspapers, Senior Center Newsletter, CARTWHEELS NEWS monthly update in the local free ad paper, Monthly advisory committee meeting public is invited, Brochures stands at local business, logo's on buses, job connect offices, social services offices, Welfare offices.](#)

*Thank you for your time and input.*

What destinations are most important for citizens in your area? (Please describe)

Within your community work related transport

To adjacent communities Work related transport/ Reservation

Outside of County Lyon county transportation to JDT/ work stations

What are your service area boundaries? Churchill, Lyon County

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services: CART

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
x	x	x	x	x	X	



**EQUIPMENT**

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			
2	Minivans	26	(6), (4)	2
	15 – passenger vans			
4	Light-duty bus (16-24 passengers)	(10) (12)	1	All four
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other:			

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor
  Other (Describe): \_\_\_\_\_

**CLIENTS/PASSENGERS**

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

\_\_\_\_\_ Senior
 \_\_\_\_\_ Student  
1500 Disabled
 \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior			
Disabled	N/A		
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

Please list below the number of personnel by job classification.

<u>4</u> Full Time Managers	<u>1</u> Part Time Managers
<u>0</u> Full Time Drivers	<u>14</u> Part Time Drivers
<u>1</u> Full Time Support	<u>4</u> Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) 1 2 DC  
 CPR certification  
 EMT  
 Other (Describe) Defensive Driving, Passenger Assistance

## EXPENSES

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries 3,000

Utilities \_\_\_\_\_

Supplies \_\_\_\_\_

Insurance 1200

Operating

Salaries 2297 Fuel and lubricants 3750 Other \_\_\_\_\_

Tires \_\_\_\_\_ Maintenance/Repair 400

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

## CAPITAL AND OPERATING FUNDING

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311 (Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms - Operating)  
 Other Federal Funding (Describe): \_\_\_\_\_

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area? *Transport out of County.*

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

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

What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) *Constraints on public Transportation due to Budgets include operating hours and Scheduling restraints*

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

Do you coordinate your services with other transportation providers? *work closely with C.A.R.T. regarding our clients needs.*

What opportunities do you have to increase your coordination efforts with other providers?

*Because of tight scheduling on C.A.R.T.'s behalf, we have directly aided by transporting out-of-town clients*

How do you inform the public about your services?

*Our Services are strictly for the clients of Fallon/Fernley Industries.*

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

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Agency name: St. Rose Dominican Health Foundation/St. Rose Dominican Hospitals

Address: 3001 St. Rose Parkway Henderson, NV 89052

Telephone: 702-616-5750

Website: [www.supportstrose.org](http://www.supportstrose.org) and [www.strosehospitals.org](http://www.strosehospitals.org)

Agency Contact Person:

Name: Charles Guida

Title: Foundation President E-Mail: charles.guida@chw.edu

Telephone: 702-616-5750 FAX: 702-616-5751

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 type="checkbox"/> Dial-a-ride          |
| <input type="checkbox"/> Reservations               | <input type="checkbox"/> None        | <input type="checkbox"/> Deviated Fixed Route |
| <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 your riders receiving transportation services? (Check all that apply)

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

What destinations are most important for citizens in your area? (Please describe)

Within your community:

Medical offices, grocery stores, and pharmacies

To adjacent communities:

Medical offices and social service agencies in Las Vegas, NV

Outside of County:

The program does not transport outside of Clark County, NV

What are your service area boundaries?

Artie J. Cannon Helping Hands of Henderson serves the following zip codes within the municipal boundaries of Henderson, Nevada (89002, 89009, 89011, 89012, 89014, 89015, 89016, 89044, 89052, 89053, 89074, and 89077).

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services:

ITN (Independent Transportation Network), RTC Paratransit, Anthem Minute Man Foundation, and Humana Healthcare.

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30 am - 5:00 pm	7:30 am - 5:00 pm	7:30 am - 5:00 pm	7:30 am - 5:00 pm	7:30 am - 5:00 pm	As requested	Closed

## EQUIPMENT

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

Quantity	Type	Operating Capacity	Age In Years	Number Lift Equipped
35	Sedans	Volunteer	Varies	None
	Station Wagons			
4	Minivans	5	3<1 year 1-11 years	4
	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			

How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

230 \_\_\_\_\_ Senior                      0 \_\_\_\_\_ Student

500 \_\_\_\_\_ Disabled Senior                      0 \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior	As they determine		
Disabled			
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

Please list below the number of personnel by job classification.

1 Full Time Managers	0 Part Time Managers
2 Full Time Drivers	1 Part Time Drivers
2 Full Time Support	0 Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one)    1    2    3  
 CPR certification  
 EMT  
 Other (Describe) First Aid, Driving Class, ADA Equipment \_\_\_\_\_

## EXPENSES

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \$18,000.00 _____	Supplies \$75.00 _____
Utilities \$0 _____	Insurance \$0 _____

Operating

Fuel and lubricants \$1,600.00 _____	Other \$0 _____
Tires \$0 _____	Maintenance/Repair \$300.00 _____

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? [Not applicable](#)

## CAPITAL AND OPERATING FUNDING

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_



Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

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What unmet transportation service needs exist (if any) in your area?

We have a waiting list of three to four months with currently 64 people waiting.

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

More operating support for driver salaries and/or available Paratranist beyond 1.5 miles off fixed route bus service.

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

On demand service, volunteer (personal) driver

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?

Not at this time

Do you coordinate your services with other transportation providers?

Yes, the program is a part of the Helping Hands Coalition

What opportunities do you have to increase your coordination efforts with other providers?

Helping hands collation.

How do you inform the public about your services?

Flyers, events, website, social service agencies.

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

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Agency name: Douglas Rural Transit (DART)

Address: 2300 Meadow Lane, Gardnerville, NV 89410

Telephone: 775-783-6456 or 775-783-6455

Website: <http://www.douglascountynv.gov/sites/main/transportation.cfm>

Agency Contact Person:

Name: Travis K. Lee

Title: Senior Services & Public Transit Manager E-Mail: tlee@co.douglas.nv.us

Telephone: 775-783-6455

FAX: 775-783-6457

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 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 checked="" type="checkbox"/> Deviated Fixed Route |
| <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 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 your riders 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): _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

**Within your community:** Douglas County Senior Center, Shopping areas (Raleys, Smiths, Scolari's, Walmart, Costco, Target, Trader Joes, Best Buy) Medical transportation to Carson Valley Medical Center, Minden Urgent Care, Minden VA Clinic.

**Then employment transportation:** Starbucks plant, Walmart, Target, Costco, Education Western Nevada Community College, Sierra Crest Academy, Discovery Kids, Library, Museum.

**Entertainment:** Carson Valley Inn, Carson Valley Swim Center, Ironwood theaters, Bowling Alley.

**To adjacent communities:** Genoa, Ranchos, Ruenstroth, Johnson Lane, Indian Hills.

**Outside of County:** Carson City Medical Rides, Reno VA rides on call

What are your service area boundaries?

Northern Douglas County (Indian Hills, Johnson Lane, Genoa, Minden, Gardnerville, Ranchos, Ruenstroth)

Do any other providers serve in the same area?

- Yes  
 No

If yes: BlueGo does provide rides residents who are traveling from Stateline to the Ranchos. They also provide some additional stops which in the Ranchos. (on call basis only)

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:00am to 6:30pm	5:00am to 6:30pm	5:00am to 6:30pm	5:00am to 6:30pm	5:00am to 6:30pm	5:00am to 6:30pm	5:00am to 6:30pm

## EQUIPMENT

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			
7	15 – passenger vans	16-24	1-13 years	7
	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:			

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

810 \_\_\_\_\_ Senior                      43 \_\_\_\_\_ Student  
 203 \_\_\_\_\_ Disabled                      219 \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior	Donation \$1.00	Per ride	
Disabled	\$1.00	Per ride	
Student	\$1.00	Per ride	
Basic (Public)	\$2.00	Per ride	
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

Please list below the number of personnel by job classification.

1 \_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers  
4 \_\_\_\_\_ Full Time Drivers 1 \_\_\_\_\_ Part Time Drivers  
1 \_\_\_\_\_ Full Time Support 3 \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) 1 2 3  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries: 9500 \_\_\_\_\_ Supplies: 700 \_\_\_\_\_  
Utilities: 400 \_\_\_\_\_ Insurance: 1500 \_\_\_\_\_

Operating

Salaries: 16200 \_\_\_\_\_ Fuel and lubricants: 2000 \_\_\_\_\_ Other \_\_\_\_\_  
Tires \_\_\_\_\_ Maintenance/Repair: 950 \_\_\_\_\_

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? \_\_\_\_\_

## CAPITAL AND OPERATING FUNDING

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe) \_\_\_\_\_

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): [State grant from ADSD, 5307 funds from CAMPO area of service](#)

Are your capital funds adequate to meet your needs?

- Yes  No

Are your operating funds adequate to meet your needs?

- Yes  No

---

## TRANSPORTATION NEEDS IDENTIFICATION

---

What unmet transportation service needs exist (if any) in your area?

[Because of the required match it has been very difficult to provide a stable workforce to meet the growing senior population in Douglas County. We need better integration with BlueGo and JAC to provide a more seamless trip for passengers seeking to go to the Lake or Carson and Reno.](#)

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

[We recommend additional funding for a driver to provide a fixed to provide a fixed route that connects Gardnerville Ranchos to Minden and Main Street. Also the need to increase service from Gardnerville and Minden to Costco, Walmart located in Indian Hills and future Walmart currently projected to be built in Gardnerville. Lastly the need to provide bus stop improvements with in Minden and Gardnerville so residents and visitors can easily see the routes that connect Minden, Gardnerville, Stateline, and Carson City.](#)

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

Dial-A-Ride for Seniors, local bus, inter-city buses.

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?

Additional funding to create web pages for Nevada transportation where all transportation agencies are linked together. A rider would be greatly benefited if visiting our communities could pay for his tick online, schedule his ride and see clearly that going to Round Hill beach in Stateline, visiting Douglas County Valley attractions then visit the State Capital or Virginia City located in Carson City.

Currently it is way to complicated to figure out how to ride all those areas with out calling multiple dispatchers, reading flyers

Do you coordinate your services with other transportation providers?

We have transfer agreements in place with JAC and BlueGo

Yes

What opportunities do you have to increase your coordination efforts with other providers?

Implementation of Triangle route that will connect residents to Ranchos, Medical Centers, Shopping areas, County offices.

Will to explore more options to make it easier for resident to utilize transportation services without confusion.

How do you inform the public about your services?

Record-Courier, Public Meetings, 30 Day Notification

*Thank you for your time and input.*



## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Tahoe Douglas Senior Center

Address: 885 HWY 50 (P.O. Box 1771), Zephyr Cove, NV 89558-1771

Telephone: (775) 588-540

Website: NONE

Agency Contact Person:

Name: Allan Sutter

Title: Transportation Trustee E-Mail: priam555@gmail.com

Telephone: (775) 588-2395 FAX:

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 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"/> Deviated Fixed Route |
| <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 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) _____  |

Are there any restrictions to your riders 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 checked="" type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Medical](#)

To adjacent communities: [Medical & Social/Recreational](#)

Outside of County: [Medical & Social Recreational](#)

What are your service area boundaries?

[Tahoe Basin on the west, Gardnerville on the south, Reno on the north and Sparks on the west \[east\]](#)

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services:

[BLUE GO](#)

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

[SINCE RIDERSHIP IS BY RESERVATION ONLY, TDSC DOES NOT HAVE A SET SCHEDULE FOR OPERATIONS. HOWEVER, THE HOURS OF OPERATION ARE GENERALLY LIMITED TO BUSINESS HOURS.](#)

## EQUIPMENT

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			
	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	Other: Chevrolet Van	7	2	0
1	Ford minibus	11	3 ½	1

How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

96 \_\_\_\_\_ Senior \_\_\_\_\_ Student

6 \_\_\_\_\_ Disabled 2 \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior			
Disabled			
Student			
Basic (Public)			
Group (each)			

There is no pre-set charge to passengers. TDSC has established a schedule of suggested contributions based on passenger destination. However, since riders deposit contributions in a locked box that is opened monthly, we cannot determine who contributed what, if anything.

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

0 \_\_\_\_\_ Full Time Managers 0 \_\_\_\_\_ Part Time Managers  
0 \_\_\_\_\_ Full Time Drivers 0 \_\_\_\_\_ Part Time Drivers  
0 \_\_\_\_\_ Full Time Support 0 \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) 1 2 3 **C**  
 CPR certification  
 EMT  
 Other (Describe) **AARP Driver Safety Improvement Course** \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries: 0

Supplies: 0

Utilities: 0

Insurance: \$273

Operating

Salaries \_\_\_\_\_ 0 \_\_\_\_\_ Fuel and lubricants \_\_\_\_\_ 0 \_\_\_\_\_ Other \_\_\_\_\_ 0 \_\_\_\_\_

Tires 0 Maintenance/Repair \_\_\_\_\_ 0 \_\_\_\_\_

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

Unknown

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

Unknown

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

Intercity Bus

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?

No

Do you coordinate your services with other transportation providers?

No

What opportunities do you have to increase your coordination efforts with other providers?

N.A.

How do you inform the public about your services?

Bi-Monthly: Tahoe Douglas Senior Center Newsletter

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Carlin Open Door Senior Citizen's Center

Address: Box 123 or 320 Chestnut Street

Telephone: 775-754-6465

Website: seniorcenter@explorecarlinnv.com

Agency Contact Person:

Name: Darla Baldwin

Title: Director E-Mail: seniorcenter@explorecarlinnv.com

Telephone: 775-754-6465 FAX: 775-754-6468

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 type="checkbox"/> Dial-a-ride          |
| <input type="checkbox"/> Reservations               | <input type="checkbox"/> None        | <input type="checkbox"/> Deviated Fixed Route |
| <input type="checkbox"/> Other (Describe) _____     |                                      |   |

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) _____             |

Are there any restrictions to your riders 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): <u>Disabled non seniors – seating permitting.</u> _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Carlin Open Door Senior Citizen's Center](#) and grocery store

To adjacent communities: [Shopping, medical, and entertainment](#)

Outside of County: [Entertainment](#)

What are your service area boundaries?

[We serve within the city limits of Carlin, Nevada. We also offer a weekly trip to Elko, Nevada and Entertainment trips.](#)

Do any other providers serve in the same area?

- Yes
- No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am to 3	8am to 3	8am to 3	8am to 3	8am to 3		



## EQUIPMENT

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			
	15 – passenger vans			
	Light-duty bus (16-24 passengers)			
	Medium-duty bus (over 22 passengers)			
2	Small school bus (9-24 passengers)	12	Less than 1 year	2
	Large school bus (25-50 passengers)			
	Other:			

How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

140 Senior

Student

5 Disabled

Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior		.25 Cents/\$2 week	
Disabled		.25 Cents/\$2 week	
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

1 \_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers  
1 \_\_\_\_\_ Full Time Drivers 1 \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) 1 2 3 (regular license-CDL not required)  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \$2000 Supplies \$1000  
Utilities In kind Insurance In kind

Operating

Salaries \$800 Fuel and lubricants In Kind Other  
Tires Maintenance/Repair IN Kind

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): [Newmont mine legacy fund](#)

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

Funding must be managed carefully to meet needs. \_\_\_\_\_

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## TRANSPORTATION NEEDS IDENTIFICATION

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What unmet transportation service needs exist (if any) in your area?

[Daily transportation to Elko for citizens. Taxi type service for local residents](#)

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

[Should be independent of services offered by Carlin Open Door Senior Citizen's Center.](#)

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

[We need a service that takes people to Elko, Nevada for employment and or appointments. This is needed for the persons who are not seniors and may or may not be disabled.](#)

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

[No service available other than the Carlin Open Door Senior Citizen's Center van.](#)

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

Research needed in rural areas regarding transportation and support. The rural areas are sometimes overlooked when funding is needed.

Do you coordinate your services with other transportation providers?

None available at this time

What opportunities do you have to increase your coordination efforts with other providers?

How do you inform the public about your services?

Upon receiving the two new busses graphics including the phone number were immediately applied to the bus. A monthly newsletter is published and posted at local businesses. Word of mouth is our best asset. We participate in parades and in the local car show by decorating the bus and entering it.

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Elko Band Council

Address: 1745 Silver Eagle Drive

Telephone: (775) 738-8889

Website:

Agency Contact Person:

Name: Amelita Tayne

Title: Title VI Director E-Mail: amelita@frontiernet.net

Telephone: (775) 738-0425 FAX: (775) 753-5439

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

---

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"/> Deviated Fixed Route |
| <input type="checkbox"/> Other (Describe) _____     |                                      |   |

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) _____             |

Are there any restrictions to your riders 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): _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [To senior center for meals and activities](#)

To adjacent communities: [Other tribal communities - pow-wows, pinenut gathering](#)

Outside of County: [Other tribal communities - pow-wows, pinenut gathering](#)

What are your service area boundaries?

[Usual service provided on the Elko Indian Colony, including City of Elko, Elko County, Outside of Elko County are special trips for the elders to attend pow-wows, pinenut gatherings, funerals, etc.](#)

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services:

[Coach America \(NEAT Bus\), Elko Taxi](#)

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00am to 5:00pm	8:00am to 5:00pm	8:00am to 5:00pm	8:00am to 5:00pm	8:00am to 5:00pm		

## EQUIPMENT

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			
2	15 – passenger vans	Good	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:			

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): [Gallagher Ford Dealer](#)

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

207 \_\_\_\_\_ Senior                      1 \_\_\_\_\_ Student  
 27 \_\_\_\_\_ Disabled                      0 \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior			
Disabled			
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

1 \_\_\_\_\_ Full Time Managers 0 \_\_\_\_\_ Part Time Managers  
0 \_\_\_\_\_ Full Time Drivers 1 \_\_\_\_\_ Part Time Drivers  
0 \_\_\_\_\_ Full Time Support 1 \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) 1 2 3 **C**  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \_\_\_\_\_

Supplies \_\_\_\_\_

Utilities \_\_\_\_\_

Insurance: **\$100.00**

Operating

Salaries: **\$3000.00** Fuel and lubricants: **\$300.00** Other \_\_\_\_\_

Tires \_\_\_\_\_ Maintenance/Repair \_\_\_\_\_

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? \_\_\_\_\_

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): **None**

\*Application submitted for Div. of Aging funds on 3/3/11 for Transportation



Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

Unknown - there seems to be adequate transportation providers

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

None

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

Unknown

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

None

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

None

Do you coordinate your services with other transportation providers?

Yes

What opportunities do you have to increase your coordination efforts with other providers?

Anytime an elder needs a ride home after getting a ride to the doctor's office

How do you inform the public about your services?

Newsletter, word of mouth

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Elko County

Address: 540 Court Street, Elko Nevada 89801

Telephone: 775-753-7073

Website: www.elkocountynv.net

Agency Contact Person:

Name: Cash A. Minor

Title: Assistant County Manager/CFO E-Mail: cminor@elkocountynv.net

Telephone: 775-753-7073 FAX: 775-753-8535

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 checked="" 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 checked="" type="checkbox"/> Deviated Fixed Route |
| <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 type="checkbox"/> To social services               | <input type="checkbox"/> Recreation/social           | <input type="checkbox"/> Other (Describe) _____             |

Are there any restrictions to your riders 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 checked="" type="checkbox"/> Advance reservations (Medical) |
| <input type="checkbox"/> Other (Describe): _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Medical, Employment & Shopping](#)

To adjacent communities: [Same as above](#)

Outside of County: [None](#)

What are your service area boundaries?

[City of Elko and Spring Creek Area](#)

Do any other providers serve in the same area?

- Yes
- No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7AM TO 5PM	7AM TO 5PM	7AM TO 5PM	7AM TO 5PM	7AM TO 5PM		

---

## EQUIPMENT

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			
	15 – passenger vans			
	Light-duty bus (16-24 passengers)	9	2	9
	Medium-duty bus (over 22 passengers)	2	2	2
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other			

How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

\_\_\_\_\_ Senior

\_\_\_\_\_ Student

\_\_\_\_\_ Disabled

\_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior	Donation	Donation	Donation
Disabled	\$1 or \$2	-	\$35 or \$70
Student	\$1 or \$2	-	\$35 or \$70
Basic (Public)	\$1 or \$2	-	\$35 or \$70
Group (each)	-	-	-

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

\_\_\_\_\_ Full Time Managers      \_\_\_\_\_ Part Time Managers  
\_\_\_\_\_ Full Time Drivers      \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support      \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one)    1    2    3  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

All requirements are included in a contract with an outside vendor.

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \_\_\_\_\_      Supplies \_\_\_\_\_  
Utilities \_\_\_\_\_      Insurance \_\_\_\_\_

Operating

Salaries \_\_\_\_\_ Fuel and lubricants \_\_\_\_\_ Other \_\_\_\_\_  
Tires \_\_\_\_\_ Maintenance/Repair \_\_\_\_\_

Estimated at \$94,000 per month.

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? [Coach USA](#)

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases

- Funds received from Division for Aging
- Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe: Private Sector Donations
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

Additional demand for more service primarily in the Spring Creek Area.

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

Would require additional operating revenue

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

Senior Citizens, Medical and Shopping

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

Cost/Benefit of resources to provide additional services.

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

None

Do you coordinate your services with other transportation providers? No

What opportunities do you have to increase your coordination efforts with other providers?

None

How do you inform the public about your services?

Radio, newspaper and word of mouth

*Thank you for your time and input.*



## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

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Agency name: Silver Sage Senior Center

Address: 213 First Street, Wells, Nevada 89835

Telephone: 775-752-3280 or 775-752-2856

Website: www.nevadaadrc.com

Agency Contact Person:

Name: Janet Riddle

Title: Program Director E-Mail: wellsseniorcenter@wrecwireless.coop

Telephone: 775-752-3280 FAX: 775-752-2856

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) Government Non-profit

### 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 checked="" 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 checked="" type="checkbox"/> Deviated Fixed Route |
| <input type="checkbox"/> Other (Describe) _____     |                                      |  |

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 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 checked="" type="checkbox"/> Other (Describe) <u>Rides to pharmacies, Post Office, bank, department stores for clothing &amp; household items, bus depot, airport, and to places for nutrition services.</u> |

Are there any restrictions to your riders 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): <u>Elderly clients and non-elderly disabled are given priority. All other persons can participate if there are seats available.</u> |   |  |

What destinations are most important for citizens in your area? (Please describe) Rides to healthcare facilities, pharmacies, places of education & employment, Social Security Office, Health & Human Resources, Post Office, bank & other places for financial business, grocery, hardware & department stores, senior center, places of nutrition services, bus depot, airport and social activities.

Within your community Senior Center, medical center, Post Office, bank, grocery store, hardware store, social activities, and places of education and employment

To adjacent communities: Specialized medical care (optometrist, podiatrist, cardiologist, etc.), pharmacies, Health & Human Resources, Social Security Office, bus depot, airport, alternative shopping, banking, social activities and medical care

Outside of County \_\_\_\_\_

What are your service area boundaries? Within the City limits of Wells, Nevada and weekly trips to Elko, Nevada which is 50 miles west of Wells.

Do any other providers serve in the same area?

- Yes
- No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 a.m. to 3 p.m. in Wells	8 a.m. to 3 p.m. in Wells. 9 a.m. to 4 p.m. in Elko	8 a.m. to 3 p.m. in Wells	8 a.m. to 3 p.m. in Wells	8 a.m. to 3 p.m. in Wells	Occasional social activity	

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## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

\_\_\_\_\_ 1 \_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers  
\_\_\_\_\_ 1 \_\_\_\_\_ Full Time Drivers \_\_\_\_\_ 1 \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) Class C  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \$1,200.00 Supplies \$25.00  
Utilities \$185.00 Insurance \$100.00

Operating

Salaries \$1,500.00 Fuel and lubricants \$300.00 Other \_\_\_\_\_  
Tires \_\_\_\_\_ Maintenance/Repair \$230.00

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe) \_\_\_\_\_

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe: [In-Kind Insurance, Cell phones, Volunteer labor and administrative assistance](#)
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe) [Fund Raisers](#) \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

## TRANSPORTATION NEEDS IDENTIFICATION

---

What unmet transportation service needs exist (if any) in your area?

[Greyhound bus services to take clients outside of our service area.](#)

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

[Wells, Nevada is located at the crossroads of Interstate 80 and Highway 93. Greyhound bus service travels next to Wells on I-80 on a regular route. They should be able to stop and conveniently pick up passengers at any location just off the interstate.](#)

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

[Affordable transportation to Elko, Nevada, Twin Falls, Idaho or Salt Lake City, Utah for non seniors and families.](#)

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.](#)

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

Do you coordinate your services with other transportation providers?

What opportunities do you have to increase your coordination efforts with other providers?

How do you inform the public about your services?

Cable TV, local newspaper and fliers posted at our local Post Office, grocery store, senior center and the Montello, Nevada Post Office.

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Eureka County Senior Centers

Address: P.O. Box 278, 20 West Gold St., Eureka, NV 89316

Telephone: 775-237-5597

Website: www.co.eureka.nv.us

Agency Contact Person:

Name: Millie Oram

Title: Director E-Mail: morem.senctr@eurekanv.org

Telephone: 775-237-5597 FAX: 775-237-6024

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) Government

### SERVICES OFFERED

---

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

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Demand response        | <input type="checkbox"/> Fixed route | <input checked="" 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"/> Deviated Fixed Route   |
| <input type="checkbox"/> Other (Describe) _____ |                                      |   |

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 type="checkbox"/> Recreation/social           | <input type="checkbox"/> Other (Describe) _____             |

Are there any restrictions to your riders 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): <u>elderly, disabled and if room, non elderly</u> _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Store and clinic and senior center](#)

To adjacent communities: [Doctors and shopping](#)

Outside of County:

What are your service area boundaries?

[Just in Nevada, we have gone to Reno and Las Vegas](#)

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-2	8-2	8-2	8-2	8-2		



## EQUIPMENT

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

Quantity	Type	Operating Capacity	Age In Years	Number Lift Equipped
1	Sedans	4	2	
	Station Wagons			
4	Minivans	8, 8, 6, 9	2, 5	1
1	15 – passenger vans	17-18	11	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:			

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

\_\_\_\_\_ Senior                      \_\_\_\_\_ Student  
 \_\_\_\_\_ Disabled                      \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior	\$ .25 in town \$7.00 Elko \$15.00 Long Trips		
Disabled	Same		
Student			
Basic (Public)	Same		
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

2 \_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers  
3 \_\_\_\_\_ Full Time Drivers 4 \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) **1** 2 3  
 CPR certification  
 EMT  
 Other (Describe) CDL \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries: 2,000.00

Supplies \_\_\_\_\_

Utilities \_\_\_\_\_

Insurance \_\_\_\_\_

Operating

Salaries: 2,000.00 About Fuel and lubricants: 500.00 About Other \_\_\_\_\_

Tires \_\_\_\_\_ Maintenance/Repair: 30.00 About

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

None

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

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

Trips to Elko more

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

None

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

None

Do you coordinate your services with other transportation providers?

No

What opportunities do you have to increase your coordination efforts with other providers?

None

How do you inform the public about your services?

It is posted in the Menu and calendar that we mail out each month.

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Harmony Manor

Address: 118 E. Haskell St., Winnemucca, NV 89445

Telephone: 775-623-5222

Website:

Agency Contact Person:

Name: Polly Landa

Title: Activity Director E-Mail: landap@hghospital.ws

Telephone: 775-623-5222 FAX: 775-625-8518

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 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 checked="" type="checkbox"/> Interstate | <input type="checkbox"/> Dial-a-ride          |
| <input type="checkbox"/> Reservations           | <input type="checkbox"/> None                  | <input type="checkbox"/> Deviated Fixed Route |
| <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 type="checkbox"/> To social services               | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____             |

Are there any restrictions to your riders 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): <u>restricted to Residents + staff of Harmony Manor and/or HGH staff and/or patients.</u> |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Senior center, shopping, doctor appointments](#)

To adjacent communities: [recreational visits](#)

Outside of County: [Doctor appointments](#)

What are your service area boundaries? [Reno, Elko, Lovelock, Battle Mountain, Carson, Fallon](#)

Do any other providers serve in the same area?

- Yes
- No

If yes: [Senior Center \(Pleasant Center\)](#)

Names of other service providers including volunteer services: [RSVP](#)

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
X	X	X	X	X	X	

[Hours as needed – basic hours 8 am - 4:30 pm](#)

---

## EQUIPMENT

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			
	15 – passenger vans			
2	Light-duty bus (16-24 passengers)	X	10-15 5+	Yes Yes
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other:			

How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

\_\_\_\_\_ Senior

\_\_\_\_\_ Student

\_\_\_\_\_ Disabled

\_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category: **None charged**

Type	Single	Daily	Monthly
Senior			
Disabled			
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

\_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers  
2 \_\_\_\_\_ Full Time Drivers \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one)    1    2    3  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \_\_\_\_\_ Supplies \_\_\_\_\_  
Utilities \_\_\_\_\_ Insurance \_\_\_\_\_

Operating

Salaries \_\_\_\_\_ Fuel and lubricants \_\_\_\_\_ Other \_\_\_\_\_  
Tires \_\_\_\_\_ Maintenance/Repair \_\_\_\_\_

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply) No

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe) \_\_\_\_\_

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_



Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_  
\_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes  No

Are your operating funds adequate to meet your needs?

- Yes  No
- \_\_\_\_\_
- \_\_\_\_\_

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

None that I know of.

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

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

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

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

Do you coordinate your services with other transportation providers?

No

What opportunities do you have to increase your coordination efforts with other providers?

How do you inform the public about your services? [We don't. We are private.](#)

*Thank you for your time and input.*

[I hope I helped. Our van is in a different situation from public transit like a senior center. It is for our nursing home and hospital only.](#)

[Thanks,  
Polly Landa](#)

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Pleasant Senior Center – Senior Citizens of Humboldt County Inc.

Address: 1480 Lay St

Telephone: 775-623-6211

Website: N/A

Agency Contact Person:

Name: Patricia Tindall

Title: Director E-Mail: hcsc@winnemucca.net

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

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 type="checkbox"/> Dial-a-ride                     |
| <input type="checkbox"/> Reservations               | <input type="checkbox"/> None        | <input checked="" type="checkbox"/> Deviated Fixed Route |
| <input type="checkbox"/> Other (Describe) _____     |                                      |  |

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 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 your riders 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 checked="" type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____          |  |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Doctors appointments work and home](#)

To adjacent communities: [N/A](#)

Outside of County: [Doctors appointments](#)

What are your service area boundaries?

[8 miles outside city limits](#)

Do any other providers serve in the same area?

- Yes
- No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<a href="#">8-4</a>	<a href="#">8-4</a>	<a href="#">8-4</a>	<a href="#">8-4</a>	<a href="#">8-4</a>	<a href="#">--</a>	<a href="#">--</a>

## EQUIPMENT

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			
	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: 2x 15 passenger	15	2	1
	ADA approved busses	15	6	1

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor(s)
  Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

- \_\_\_\_\_ Senior
  \_\_\_\_\_ Student  
 \_\_\_\_\_ Disabled
  \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior	Donations only		
Disabled			
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

\_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers  
2 \_\_\_\_\_ Full Time Drivers \_\_\_\_\_ Part Time Drivers  
1 \_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one)    1    2    3  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \_\_\_\_\_ Supplies \_\_\_\_\_  
Utilities \_\_\_\_\_ Insurance \_\_\_\_\_

Operating

Salaries \_\_\_\_\_ Fuel and lubricants \_\_\_\_\_ Other \_\_\_\_\_  
Tires \_\_\_\_\_ Maintenance/Repair \_\_\_\_\_

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe) \_\_\_\_\_

State government

- Funds received from NDOT for vehicle purchases – *once – ARPA funding*  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

This is the only transport service in county – people must walk or take taxi – expensive and not reliable.

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

A bus service in main part of town to shopping and service areas.

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

Local bus and intercity to Reno for services/physicians etc.

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

Finance – can't operate for a profit people who need rides don't have money for a car.

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

Do you coordinate your services with other transportation providers?

None around to coordinate with

What opportunities do you have to increase your coordination efforts with other providers?

None

How do you inform the public about your services?

Service providers know about services and tell clients referrals.

*Thank you for your time and input.*



## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Lander County Senior Center

Address: 365 E. 4<sup>th</sup> Street Battle Mtn., NV 89820

Telephone: 775-635-5311

Website: lscp@bmnv.com

Agency Contact Person:

Name: Sandi Smith

Title: Director E-Mail: same

Telephone: same FAX: 775-635-3116

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): senior center

### 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 type="checkbox"/> Dial-a-ride          |
| <input type="checkbox"/> Reservations               | <input type="checkbox"/> None        | <input type="checkbox"/> Deviated Fixed Route |
| <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 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) _____             |

Are there any restrictions to your riders 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): _____          |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community  x

To adjacent communities

Outside of County

What are your service area boundaries?

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:30-3:00	10:30-3:00	10:30-3:00	10:30-3:00	10:30-3:00		

## EQUIPMENT

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	1	10	
1	15 – passenger vans	1	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			
1	SUV	1	1	

How is your vehicle maintenance performed?

Own Shop

Outside Vendor

Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

290 \_\_\_\_\_ Senior \_\_\_\_\_ Student

\_\_\_\_\_ Disabled \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior	.50		
Disabled			
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

1 \_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers  
\_\_\_\_\_ Full Time Drivers 2 \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: 1  
 CPR certification  
 EMT  
 Other (Describe) DEFENSIVE DRIVING & ADA COURSES

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries: \$3000.00

Utilities \_\_\_\_\_

Supplies

Insurance: POOL PACK

Operating

Salaries \$3,500.00 \_\_\_\_\_ Fuel and lubricants: \$250.00 \_\_\_\_\_ Other \_\_\_\_\_

Tires \_\_\_\_\_ Maintenance/Repair: \$200.00 \_\_\_\_\_

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? \_\_\_\_\_

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): Ad Valorem Taxes \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area? [Taxi or transit services for week end and non senior activities](#)

What specific recommendations would you offer for providing service to meet those unmet needs? [A 24 hour taxi service](#)

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

What do you see as the most pressing constraints, if any, to the provision of the desired services? (i.e., financial, institutional, operational) [all of the above and not county run.](#)

Are there any recommendations that you would offer that would improve transportation services and/or coordination by service providers in the state? [no](#)

Do you coordinate your services with other transportation providers? [There are no other providers in Lander County](#)

What opportunities do you have to increase your coordination efforts with other providers? [none](#)

How do you inform the public about your services? [advertisement](#)

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Lincoln County Transportation

Address: P.O. Box 508 Panaca, NV 89042

Telephone: (775) 728-4477

Website:

Agency Contact Person:

Name: Toni Pinkham

Title: Director E-Mail: Seniornuts@yahoo.com

Telephone: (775) 728-4477 FAX: (775) 728-4297

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 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"/> Deviated Fixed Route |
| <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 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 your riders 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): _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Transportation to and from doctor appointments and shopping](#)

To adjacent communities: [Shopping and social/recreational](#)

Outside of County: [Doctor appointments and shopping](#)

What are your service area boundaries?

[We transport to Las Vegas from Lincoln County. We transport to and from St. George, UT and also Ely, NV](#)

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<a href="#">Special appointment only</a>	<a href="#">6am-6pm Las Vegas Only</a>	<a href="#">9am-3pm Within the county</a>	<a href="#">9am-3pm Within the county</a>	<a href="#">7am-5pm For trips to Utah</a>	<a href="#">n/a</a>	<a href="#">n/a</a>



## EQUIPMENT

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			
1	15 – passenger vans			Yes
2	Light-duty bus (16-24 passengers)		1 & 6	Yes
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other:			

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor
  Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

105 \_\_\_\_\_ Senior                      0 \_\_\_\_\_ Student  
 5 \_\_\_\_\_ Disabled                      8 \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior			
Disabled			
Student			
Basic (Public)			
Group (each)			

Las Vegas RT \$25.00, OW \$15.00

Local Trips \$5.00

Utah Trips \$\$20.00

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

1 \_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers  
1 \_\_\_\_\_ Full Time Drivers 1 \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) 1 2 3  
 CPR certification  
 EMT  
 Other (Describe) [Class A](#) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries: [\\$1966.00](#)

Supplies: [\\$50.00](#)

Utilities: [\\$280.00](#)

Insurance:

Operating

Salaries: [\\$1600.00](#) Fuel and lubricants: [\\$1050.00](#) Other \_\_\_\_\_

Tires \_\_\_\_\_ Maintenance/Repair: [\\$2400.00](#)

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? [N/A](#)

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

None at this point in time

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

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

Local bus rides, Rides to Las Vegas and Utah for doctor appointments

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

None

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

Do you coordinate your services with other transportation providers?

Our riders are encouraged to use local transportation services whenever they can. We make sure that the riders with doctor appointments are dropped off and picked up at their destinations.

What opportunities do you have to increase your coordination efforts with other providers?

None

How do you inform the public about your services?

We have a local advertisement in the newspaper every week and also we have flyers available at several locations around the county.

*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, 1075 Pyramid Street, Silver Springs, NV 89429

Telephone: 775-577-5009

Website: www.lyon-county.org

Agency Contact Person:

Name: Sara Brower

Title: Senior Services Division Manager Email: sbrower@lyon-county.org

Telephone: 775-577-5009 ext. 15 Fax: 775-577-5093

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 checked="" 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"/> Deviated Fixed Route |
| <input type="checkbox"/> Other (Describe) _____     |   |  |

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 type="checkbox"/> Recreation/social           | <input type="checkbox"/> Other (Describe) _____             |

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

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Restricted to elderly | <input checked="" 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? (Please describe)

Within your community – The destinations most important within the community are the senior centers and personal errands, such as grocery shopping, banking, prescription pick-up and drop-off, and the post office.

To adjacent communities – Medical appointments

Outside of County – Medical appointments

What are your service area boundaries?

Lyon County

Do any other providers serve in the same area?

- Yes
- No

If yes:

Names of other service providers including volunteer services:

Retired Senior Volunteer program (limited); Senior Home Companion (limited); VA; Fallon Industries (transportation to and from work)

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Medical Trans. 8:00 – 4:30	8:00 – 4:30	8:00 – 4:30	8:00 – 4:30	8:00 – 4:30		
Fernley Sr. Ctr. 12:00 – 4:00	9:30 – 1:30	9:30 – 1:30	9:30 – 1:30	9:30 – 1:30		
Dayton Sr. Ctr. 8:30 – 2:30	8:30 – 2:30	8:30 – 2:30	8:30 – 2:30	7:00 – 1:00		
Silver Springs Sr. Ctr. 9:30 – 1:30	1:30 – 6:00	1:30 – 6:00	1:30 – 6:00	7:30 – 11:30		



## EQUIPMENT

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			
	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)			
3	Other – High Top Passenger Vans	12 passenger w/ 2 Wheelchairs	2001 2010 (2)	3
1	Other – Passenger Van	10 passenger	2004	1

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): Off-Site Lyon County Vehicle Maintenance shop

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

1,330 avg./mo. Senior \_\_\_\_\_ Student  
 6 avg./mo. \_\_\_ Disabled \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior	\$.50 Donation per one-way in-town trip / \$5.00 Donation per one-way out-of-town trip		
Disabled	Same as above		
Student			



Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

3 \_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers

1 \_\_\_\_\_ Full Time Drivers 3 \_\_\_\_\_ Part Time Drivers

1 Director/1 Div. Mgr. Full Time Support

1 Acctg. Tech/1 Admin. Clerk/1 Mgmt. Assist. Part Time Support

What licenses and/or training is required for drivers?

Drivers license class: (circle one) 1 2 3

CPR certification

EMT

Other (Describe) 1st Aid Certification, Elder Abuse Training, Blood Borne Pathogen Training, Defensive Driving, ADA Passenger, Customer Service

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \$2,478.00

Supplies \$130.00

Utilities \$518.00

Insurance \$120.00

Operating

Salaries \$5,909.00

Fuel and lubricants Other \$2085.00

Tires \$100.00

Maintenance/Repair \$100.00

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

5310 (Capital)

5313 (3<sup>rd</sup> Party Operating)

5311(Operating)

5316 (Job Access Reverse commute - Operating)

5317 (New Freedoms – Operating)

Other Federal Funding (Describe)

State government

Funds received from NDOT for vehicle purchases

Funds received from Division for Aging

Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

Fernley Taxi Company recently closed their doors. Currently, there are no transportation services available in Lyon County on weekends or after normal business hours.

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

Partnering with neighboring communities who have transportation services in place, such as Jump Around Carson (JAC) in Carson City, C.A.R.T. in Fallon, or Fallon/Fernley Industries Transportation services.

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

For these rural communities, dial-a-ride would be the most efficient and cost effective transportation service. A local bus system would probably not have the number of daily riders

needed in order to keep the service running. A dial-a-ride system would allow vehicles to run only when required through public request.

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

Financial, institutional, and operational – It is very difficult for rural areas to support public transportation services.

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

In order to effectively network, it would benefit transportation service providers to attend a bi-annual meeting along with NDOT staff. This could take the place of the ACT Advisory but not as formal.

Do you coordinate your services with other transportation providers?

Yes, with R.S.V.P. and Reno Home Companion Program. Ernie Maguire, C.A.R.T. Director, provides Lyon County Human Services Defensive Driving Training and ADA Passenger Training. Ernie also provides minimal van maintenance for the lifts when asked.

What opportunities do you have to increase your coordination efforts with other providers?

Since Aging and Disability Services Division no longer has their Annual Conference and the ACT Advisory Council disbanded, it is more difficult to coordinate efforts with other providers due to lack of communication between providers.

How do you inform the public about your services?

The public is informed of transportation services through word-of-mouth, Senior Services Newsletter, flyers, and lettering on the vans stating the names of the senior centers, Lyon County Human Services, contact phone numbers, and services offered.

*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: 117 Tilson Way, Yerington, NV 89447

Telephone: (775) 463-6550

Website: oalc@mvqn.net

Agency Contact Person:

Name: Jeanne Howard

Title: Operating Manager E-Mail: oalc@mvqn.net

Telephone: (775) 463-6550 FAX: (775) 463-3030

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 checked="" type="checkbox"/> Van pool     |
| <input checked="" type="checkbox"/> Charter bus                      | <input type="checkbox"/> School bus  | <input checked="" 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        | <input type="checkbox"/> Deviated Fixed Route    |
| <input checked="" type="checkbox"/> Other (Describe) <u>Shopping</u> |                                      |  |

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 checked="" type="checkbox"/> Other (Describe) <u>Eye &amp; dental</u> |

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

- |  |   |   |
|--|---|---|
| <input checked="" 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 checked="" type="checkbox"/> Other (Describe): <u>60+</u> |   |   |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [social & Shopping, Meals on Wheels](#)

To adjacent communities: [Medical and Dental Appointments](#)

Outside of County: [Shopping, Medical, & Dental Appointments](#)

What are your service area boundaries?

[Reno, Carson City, Fernley, Fallon, Minden & Gardnerville](#)

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services: [RSVP](#)

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
X	X	X	X	X		

[Local 5 days a week. tues & thurs out of town](#)

## EQUIPMENT

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			
2	Minivans	4/11	8/11	
1	15 – passenger vans	15	16	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)			
2	Other: (Meals on Wheels)	1	6/8	

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): County \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

X \_\_\_\_\_ Senior
 \_\_\_\_\_ Student  
 \_\_\_\_\_ Disabled
 \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior			250
Disabled			
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

\_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers  
1 \_\_\_\_\_ Full Time Drivers 4 \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) 1 2 3  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries: \$6,800

Supplies \_\_\_\_\_

Utilities \_\_\_\_\_

Insurance \_\_\_\_?\_\_\_\_

Operating

Salaries: \$12,870 \_\_\_\_\_ Fuel and lubricants \_\_\_\_\_ Other \_\_\_\_\_

Tires \_\_\_\_\_ Maintenance/Repair \_\_\_\_\_

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_



Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

Five days a week for local & out of town trips

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

Hire another full time driver and obtain another vehicle

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

We have none. Not even taxi's

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?

More availability for out of town needs.

Do you coordinate your services with other transportation providers?

No

What opportunities do you have to increase your coordination efforts with other providers?

NONE

How do you inform the public about your services?

Local Paper

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Mineral County Care & Share Senior Services

Address: P.O. Box 1058, Hawthorne, NV 89415

Telephone: (775) 945-5519

Website: None

Agency Contact Person:

Name: James

Title: Director E-Mail: careandshare@sbcglobal.net

Telephone: (775) 945-5519 FAX: (775) 945-3977

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 checked="" type="checkbox"/> Dial-a-ride          |
| <input type="checkbox"/> Reservations               | <input type="checkbox"/> None                   | <input checked="" type="checkbox"/> Deviated Fixed Route |
| <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 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) _____             |

Are there any restrictions to your riders 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): _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Shopping](#), [Senior Center](#), [Back](#)

To adjacent communities: [\(Fallon\) Wal Mart](#), [Shopping](#)

Outside of County: [Reno](#), [medical](#), [VA](#), [Social Security](#)

What are your service area boundaries?

[Mineral County](#)

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<a href="#">0900</a> <a href="#">1500</a>	<a href="#">0900</a> <a href="#">1500</a>	<a href="#">0900</a> <a href="#">1500</a>	<a href="#">0900</a> <a href="#">1500</a>	<a href="#">0900</a> <a href="#">1500</a>		

## EQUIPMENT

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			
2	Minivans	6	5	1
4	15 – passenger vans		4 to 7	4
	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:			

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

\_\_\_\_\_ Senior                      \_\_\_\_\_ Student  
 \_\_\_\_\_ Disabled                      \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior			
Disabled			
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

1 \_\_\_\_\_ Full Time Managers \_\_\_\_\_ Part Time Managers  
2 \_\_\_\_\_ Full Time Drivers 2 \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) 1 2 **3**  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries: \$8,595.50                      Supplies: \$100.00  
Utilities: \$2,500.00                      Insurance: \$150.00

Operating

Salaries \_\_\_\_\_ Fuel and lubricants: \$1,100.00    Other: \$50.00  
Tires \_\_\_\_\_ Maintenance/Repair: \$200.00

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe) \_\_\_\_\_

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

[Regional Transportation from Las Vegas to Reno on Hwy 95](#)

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

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

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

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

Do you coordinate your services with other transportation providers?

Yes, Churchill County, Nye (Tonopah) County

What opportunities do you have to increase your coordination efforts with other providers?

How do you inform the public about your services?

Local newspapers

*Thank you for your time and input.*



## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Walker River Paiute Tribe Senior Center

Address: Po Box 220 Schurz, NV 89427

Telephone: 775-773-2224

Website:

Agency Contact Person:

Name: Tracy Smith

Title: Director E-Mail: seniordirector@wrpt.us

Telephone: 775-773-2224 FAX: 775-773-2585

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 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"/> Deviated Fixed Route |
| <input type="checkbox"/> Other (Describe) _____  |                                      |   |

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) _____             |

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

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

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Senior Center, Clinic, Post Office, Funerals](#)

To adjacent communities: [Shopping, health apt, funerals, sr. activities](#)

Outside of County: [Shopping, health apt, funerals, sr. activities](#)

What are your service area boundaries?

[Walker River Paiute Reservation, Schurz, NV](#)

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<a href="#">7am-2pm</a>	<a href="#">7am-2pm</a>	<a href="#">7am-2pm</a>	<a href="#">7am-2pm</a>	<a href="#">6am-1pm</a>		

## EQUIPMENT

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			
2	Minivans		Both 12 yrs	0
	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	Other: passenger bus (6-7 passengers)		1 yr	1

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor
  Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

12 \_\_\_\_\_ Senior
 \_\_\_\_\_ Student  
 \_\_\_\_\_ Disabled
 \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior	0	0	0
Disabled			
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

_____ Full Time Managers	1	_____ Part Time Managers
_____ Full Time Drivers	1	_____ Part Time Drivers
_____ Full Time Support	1	_____ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) **1** 2 3
- CPR certification
- EMT
- Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries	1110	Supplies	110
Utilities	150	Insurance	Indirect expense

Operating

Salaries	510	Fuel and lubricants	200	Other	_____
Tire	100	Maintenance/Repair	150		

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)
- 5310 (3<sup>rd</sup> Party Operating)
- 5311(Operating)
- 5316 (Job Access Reverse commute - Operating)
- 5317 (New Freedoms – Operating)
- Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases
- Funds received from Division for Aging
- Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

NONE

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

N/A

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

NONE

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

Financial, Fuel

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

Do you coordinate your services with other transportation providers?

YES

What opportunities do you have to increase your coordination efforts with other providers?

How do you inform the public about your services?

Newsletters

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Nye County Senior Nutrition

Address: PO Box 392 Tonopah, NV 89049

Telephone: 775-482-7300

Website: nyecounty.net

Agency Contact Person:

Name: Shirley Trummell

Title: Director E-Mail: strummell@co.nye.nv.us

Telephone: 775-751-7094 FAX:

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 type="checkbox"/> Dial-a-ride          |
| <input checked="" type="checkbox"/> Reservations    | <input type="checkbox"/> None        | <input type="checkbox"/> Deviated Fixed Route |
| <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 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) _____             |

Are there any restrictions to your riders 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 checked="" type="checkbox"/> Trip Purpose | <input checked="" type="checkbox"/> Advance reservations |
| <input type="checkbox"/> Other (Describe): _____ |  |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Senior Center, grocery store, Bank, clinic hospital.](#)

To adjacent communities: [Medical Appointment](#)

Outside of County: [Medical Appointment](#)

What are your service area boundaries? [Reno/Carson – Las Vegas](#)

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9-2	9-2	9-2	9-2	9-2		

Long Distance Medical m/Thursday as needed



## EQUIPMENT

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

Quantity	Type	Operating Capacity	Age In Years	Number Lift Equipped
0	Sedans			
0	Station Wagons			
	Minivans	8	2003-2010	2
	15 – passenger vans			
0	Light-duty bus (16-24 passengers)			
0	Medium-duty bus (over 22 passengers)			
0	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
	Other: 9-13 cutaway	8	2001-2004	8

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

\_\_\_\_\_ Senior                      No X                      \_\_\_\_\_ Student  
 \_\_\_\_\_ Disabled                      \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior			
Disabled			
Student			
Basic (Public)			
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

0 Full Time Managers                    0 \_\_\_ Part Time Managers  
0 Full Time Drivers                      12 \_\_\_ Part Time Drivers  
1 Full Time Support                      0 \_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one)    1    2    3 Regular
- CPR certification
- EMT
- Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries \_\_\_ \$2500

Supplies \_\_\_\_\_

Utilities \_\_\_\_\_

Insurance \_\_\_\_\_

Operating

Salaries \$1000 Fuel and lubricants \_\_\_\_\_ Other \_\_\_\_\_

Tires / \_\_\_ Maintenance/Repair: \$1500-\$2000

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)
- 5310 (3<sup>rd</sup> Party Operating)
- 5311(Operating) – applying for
- 5316 (Job Access Reverse commute - Operating)
- 5317 (New Freedoms – Operating)
- Other Federal Funding (Describe) \_\_\_\_\_

State government

- Funds received from NDOT for vehicle purchases
- Funds received from Division for Aging
- Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe: [None](#)
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

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

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

[Out of town trips. For medical, shopping visit to social security office.](#)

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

[Financial – need help to pay for fuel.](#)

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

Offer a Las Vegas to Reno daily SVC

Do you coordinate your services with other transportation providers?

No none available

What opportunities do you have to increase your coordination efforts with other providers?

None available

How do you inform the public about your services?

Newspaper, Flyers, word of mouth

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: Pershing Co. Senior Center

Address: 630 Western Ave., Lovelock, NV 89419

Telephone: (775) 273-2291

Website: pershingcounty.net

Agency Contact Person:

Name: Barbara J. Tobin

Title: Director E-Mail: pershing seniors@sbcglobal.net

Telephone: (775) 273-2291 FAX: (775) 273-5023

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 checked="" type="checkbox"/> Prescription |
| <input checked="" type="checkbox"/> Intercity       | <input type="checkbox"/> Interstate  | <input type="checkbox"/> Dial-a-ride             |
| <input type="checkbox"/> Reservations               | <input type="checkbox"/> None        | <input type="checkbox"/> Deviated Fixed Route    |
| <input type="checkbox"/> Other (Describe) _____     |                                      |  |

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) _____             |

Are there any restrictions to your riders 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): _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Nutrition and medical](#)

To adjacent communities:

Outside of County: [Medical and shopping](#)

What are your service area boundaries? [Pershing County pick up and trips to Reno, Winnemucca, and Fallon](#)

Do any other providers serve in the same area?

- Yes
- No

If yes:

Names of other service providers including volunteer services:

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:30am to 2:00pm	10:30am to 2:00pm	10:30am to 2:00pm	10:30am to 2:00pm	10:30am to 2:00pm		

## EQUIPMENT

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	5	6	1
2	15 – passenger vans	9 13	12 8	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:			

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): \_\_\_\_\_

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

\_\_\_\_\_ Senior                      \_\_\_\_\_ Student  
 \_\_\_\_\_ Disabled                      \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior			
Disabled		\$2.00	
Student		\$2.00	
Basic (Public)		\$2.00	
Group (each)		\$2.00	

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

\_\_\_\_\_ Full Time Managers **1** \_\_\_\_\_ Part Time Managers  
\_\_\_\_\_ Full Time Drivers **3** \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support **1** \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one)    1    2    3  
 CPR certification  
 EMT  
 Other (Describe) \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

Administrative

Salaries: **\$600.00**

Supplies: **\$100.00**

Utilities: **\$200.00**

Insurance:

Operating

Salaries: **\$100.00** Fuel and lubricants: **\$500.00** Other:

Tires: **\$500.00** Maintenance/Repair: **\$300.00**

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

## CAPITAL AND OPERATING FUNDING

---

Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_



Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe:
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs?

- Yes
- No

Are your operating funds adequate to meet your needs?

- Yes
- No

---

**TRANSPORTATION NEEDS IDENTIFICATION**

---

What unmet transportation service needs exist (if any) in your area?

[There is no regular transportation outside this community.](#)

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

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

[Local bus](#)

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?

No

Do you coordinate your services with other transportation providers?

No

What opportunities do you have to increase your coordination efforts with other providers?

None, no other providers in this area

How do you inform the public about your services?

Brochures newsletter schedules in local newspaper.

*Thank you for your time and input.*

## NEVADA TRANSPORTATION SERVICES AND NEEDS SURVEY TRANSPORTATION PROVIDER

### GENERAL INFORMATION

---

Agency name: White Pine County - Ely Bus

Address: 995 Campton St. Suite #2 Ely, NV 89301

Telephone: (775) 289-3271

Website: whitepinecounty.net

Agency Contact Person:

Name: Bunny Hill

Title: Director E-Mail: wpsocserv1@sbcglobal.net

Telephone: (775) 289-3271 FAX: (775) 289-2405

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 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"/> Deviated Fixed Route   |
| <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 checked="" type="checkbox"/> To education/training   |
| <input type="checkbox"/> To social services               | <input checked="" type="checkbox"/> Recreation/social | <input type="checkbox"/> Other (Describe) _____             |

Are there any restrictions to your riders 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): _____ |   |  |

What destinations are most important for citizens in your area? (Please describe)

Within your community: [Shopping, Medical, Senior services, work, school.](#)

To adjacent communities: [Same as above](#)

Outside of County: [N/A](#)

What are your service area boundaries? [Ely, McGill & Ruth and the areas between.](#)

Do any other providers serve in the same area?

- Yes  
 No

If yes:

Names of other service providers including volunteer services: [N/A](#)

What days and hours do you operate your transportation service?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<a href="#">7:30am to 5:00pm</a>	<a href="#">7:30am to 5:00pm</a>	<a href="#">7:30am to 5:00pm</a>	<a href="#">7:30am to 5:00pm</a>	<a href="#">7:30am to 5:00pm</a>	<a href="#">None</a>	<a href="#">None</a>

## EQUIPMENT

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			
	15 – passenger vans			
1	Light-duty bus (16-24 passengers)	16	4	Yes
	Medium-duty bus (over 22 passengers)			
	Small school bus (9-24 passengers)			
	Large school bus (25-50 passengers)			
2	Other: Small bus	8	1	Yes

How is your vehicle maintenance performed?

- Own Shop
  Outside Vendor  
 Other (Describe): County Road Department

## CLIENTS/PASSENGERS

Please indicate the average monthly number of passenger trips by rider type. (One person one way equals one trip) We can give you ridership numbers by month if you want to eliminate this question. I would leave the next question in though.

219 \_\_\_\_\_ Senior                      \_\_\_\_\_ Student  
 129 \_\_\_\_\_ Disabled                      556 \_\_\_\_\_ Basic (This should be public.)

Please indicate fare prices or other reimbursement by trip category:

Type	Single	Daily	Monthly
Senior	\$0.50	\$1.00	0
Disabled	\$0.50	\$1.00	0
Student			
Basic (Public)	\$1.00	\$2.00 over 5 miles but less than 15 miles	
Group (each)			

## TRANSPORTATION SYSTEM ORGANIZATIONAL STRUCTURE

---

Please list below the number of personnel by job classification.

1 \_\_\_\_\_ Full Time Managers 1 \_\_\_\_\_ Part Time Managers  
2 \_\_\_\_\_ Full Time Drivers \_\_\_\_\_ Part Time Drivers  
\_\_\_\_\_ Full Time Support \_\_\_\_\_ Part Time Support

What licenses and/or training is required for drivers?

- Drivers license class: (circle one) 1 2 3 CDL C w/passenger endorsement  
 CPR certification  
 EMT  
 Other (Describe) Emergency training including CPR & passenger assistance & defensive driving & Elder abuse. \_\_\_\_\_

## EXPENSES

---

What are your approximate monthly expenses for your transportation services?

*\*We are a "New" provider and do not yet have these figures*

Administrative

Salaries \_\_\_\_\_ Supplies \_\_\_\_\_  
Utilities \_\_\_\_\_ Insurance \_\_\_\_\_

Operating

Salaries \_\_\_\_\_ Fuel and lubricants \_\_\_\_\_ Other \_\_\_\_\_  
Tires \_\_\_\_\_ Maintenance/Repair \_\_\_\_\_

Does your organization purchase transportation from other providers? If yes, from whom do you purchase the service? N/A

## CAPITAL AND OPERATING FUNDING

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Do you receive capital and operating funds for your transportation system? (Check all that apply)

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

- 5310 (Capital)  
 5310 (3<sup>rd</sup> Party Operating)  
 5311(Operating)  
 5316 (Job Access Reverse commute - Operating)  
 5317 (New Freedoms – Operating)  
 Other Federal Funding (Describe)

State government

- Funds received from NDOT for vehicle purchases  
 Funds received from Division for Aging  
 Other state funds (Describe): \_\_\_\_\_

Local sources

- Funds received from County
- Funds received from City
- Other local funds (i.e. in-kind, etc.) Please describe: [Fuel & Maintenance on vehicles](#)
- Dedicated taxes (Describe)

Do you receive additional revenue? From where?

- Donations
- Contracts
- Farebox
- Other (Describe): \_\_\_\_\_

Are your capital funds adequate to meet your needs? – [Unknown at this time](#)

- Yes
- No

Are your operating funds adequate to meet your needs? – [Unknown at this time](#)

- Yes
- No

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## TRANSPORTATION NEEDS IDENTIFICATION

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What unmet transportation service needs exist (if any) in your area?

[Transportation out of area for shopping and medical specialists.](#)

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

[No recommendations at this time. Do not have enough experience with service at this time.](#)

What types of service are most desired by your community? (i.e., 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)

[Financial](#)

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

*Not enough experience yet to make any recommendation.*

Do you coordinate your services with other transportation providers?

*Not at this time.*

What opportunities do you have to increase your coordination efforts with other providers?

*Unknown at this time.*

How do you inform the public about your services?

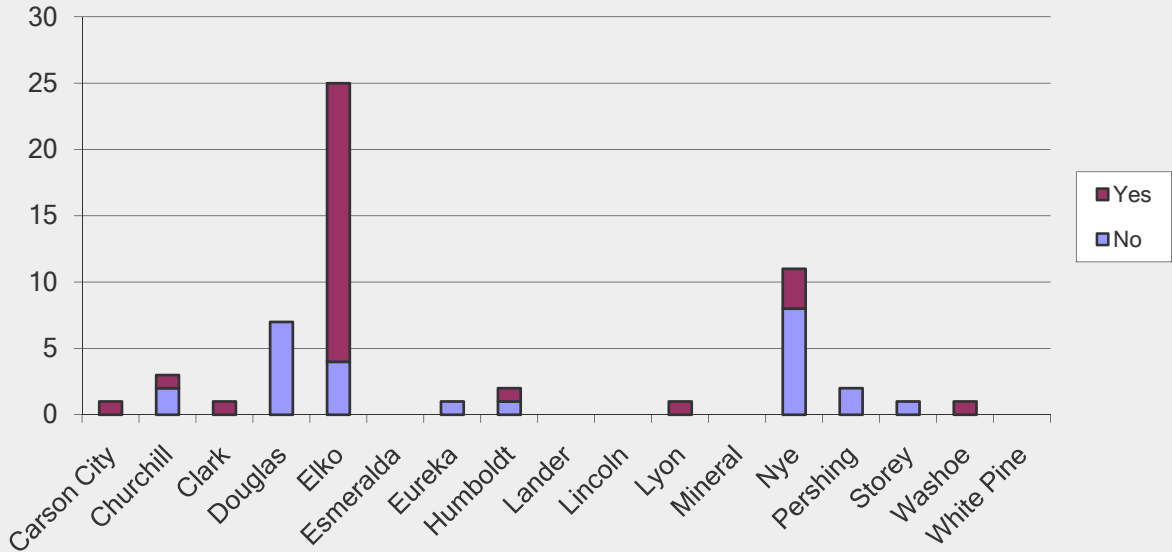
*Radio, Newspaper, flyers, pamphlets.*

*Thank you for your time and input.*

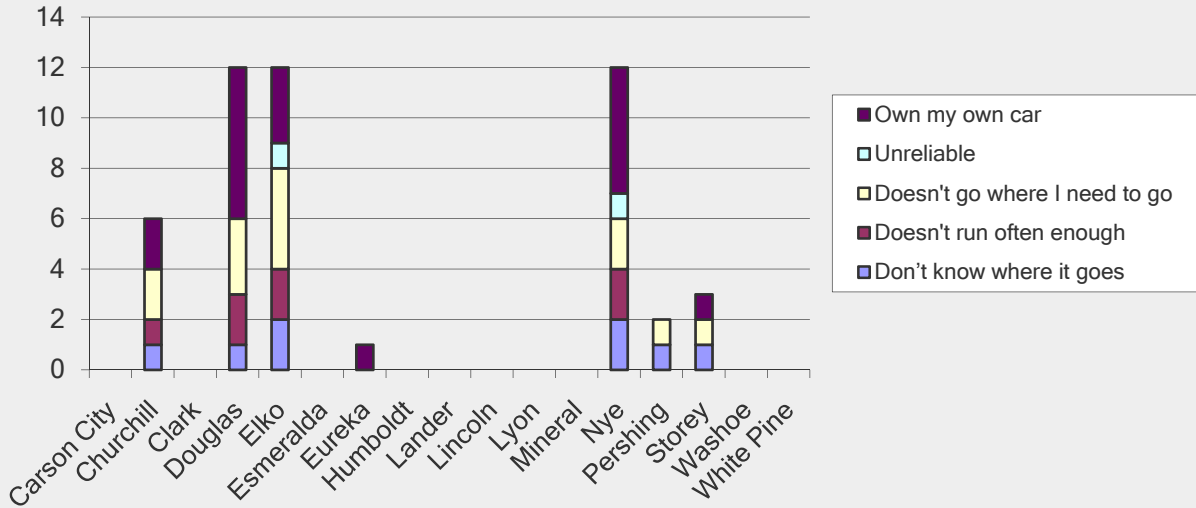


**APPENDIX E:  
SELECT CROSS-TABULATED  
STAKEHOLDER SURVEY RESPONSES**

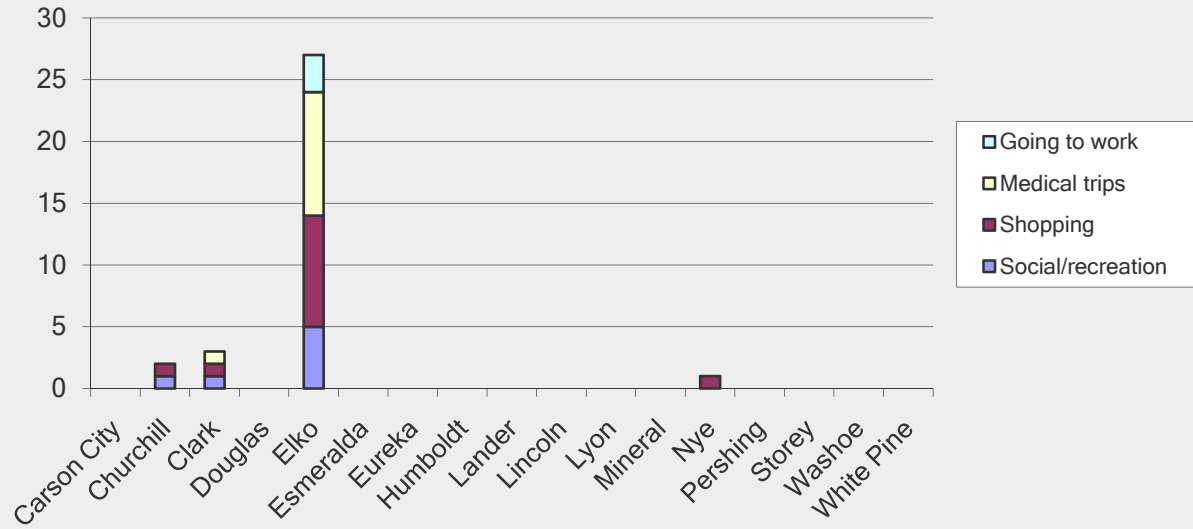
Crosstab Question 1: Are you a Current Transit User? (By County)



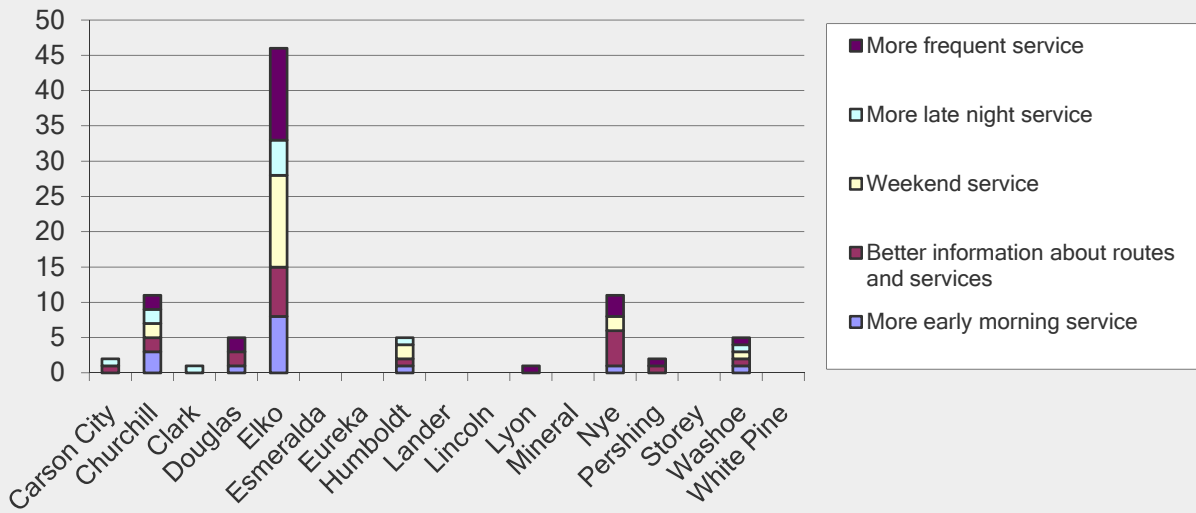
Crosstab Question 2: Why do you not use transit? (By County); Responses limited to top five.



Crosstab Question 6: Transit Use for Other Purpose (By County)



Crosstab Question 7: Strategies for more frequent transit use (By County)



Crosstab Question 9: Would you ride the bus on weekends? (By County)

