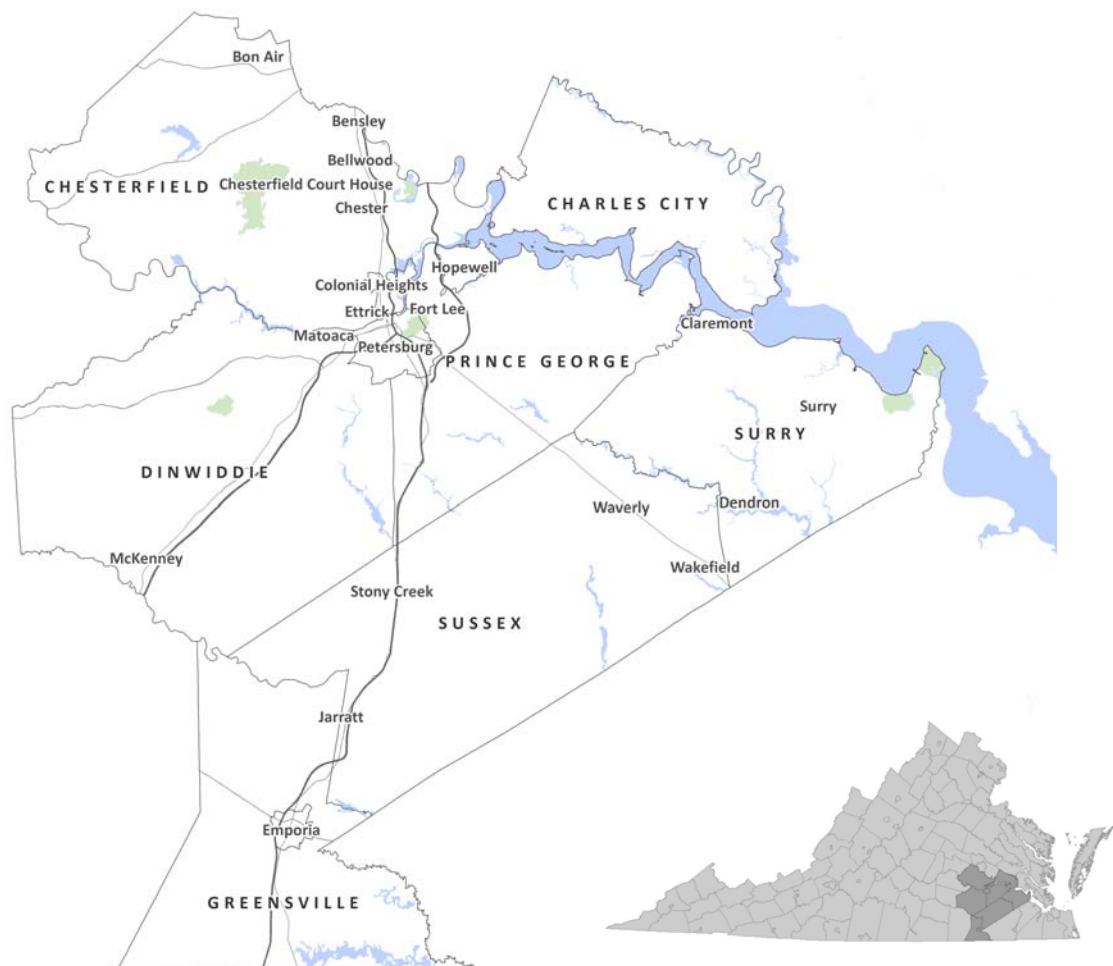


Crater (PDC 19) Coordinated Human Service Mobility Plan

GYdHYa VYf 2013

Counties: Charles City, Chesterfield, Dinwiddie, Greensville, Prince George, Surry, and Sussex

Cities: Colonial Heights, Emporia, Hopewell, and Petersburg



prepared for **Virginia Department of Rail and Public Transportation**

prepared by **KFH Group, Inc.** *under subcontract to* **Cambridge Systematics, Inc.**



**Crater Planning District Commission (PDC19)
Coordinated Human Service Mobility Plan
September 2013**

Table of Contents

Introduction.....	1
Background.....	4
Outreach Efforts	7
Demographic Analysis.....	9
Assessment of Available Transportation Services and Resources	18
Assessment of Unmet Transportation Needs and Gaps	22
Identified Strategies	24
Priorities for Implementation and Potential Projects	25
Coordinated Human Service Mobility Projects	32
Appendix A – FTA Guidance on Coordinated Planning Requirements.....	33
Appendix B – Federal Programs Available for Use in Coordinated Transportation Arrangements.....	44
Appendix C – Population Statistics	65
Appendix D – Demographics of Potentially Transit Dependent Persons	73

List of Figures

Figure 1.	Geography of Crater Planning District (PDC19)	3
Figure 2.	Population Density	11
Figure 3.	Persons Age 65 and Older Per Census Block Group.....	12
Figure 4.	Persons With Disabilities Per Census Block Group	13
Figure 5.	Persons Below Poverty Per Census Block Group.....	14
Figure 6.	Autoless Households Per Census Block Group	15
Figure 7.	Transit Need by Ranked Density of Transit Dependent Persons	16
Figure 8.	Transit Need by Ranked Percentage of Transit Dependent Persons	17

Introduction

On July 6, 2012, President Obama signed into law *Moving Ahead for Progress in the 21st Century* (MAP-21) that went into effect on October 1, 2012. The program changes in this legislation included the repeal of the Federal Transit Administration's (FTA) Section 5316 (Job Access and Reverse Commute – JARC Program) and Section 5317 (New Freedom Program) and the establishment of an enhanced Section 5310 that serves as a single formula program to support the mobility of seniors and individuals with disabilities.

This legislation continued the coordinated transportation planning requirements established in previous law. Specifically, the current Federal legislation notes that the projects selected for funding through the Section 5310 Program must be “included in a locally developed, coordinated public transit-human services transportation plan” and this plan must be “developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other members of the public.”

In 2008, the Virginia Department of Rail and Public Transportation (DRPT) worked with rural and small urban areas around the Commonwealth to develop Coordinated Human Service Mobility (CHSM) Plans that met the coordinated transportation planning requirements, and DRPT supported the development of such plans in large urban areas. The CHSM Plans are organized geographically around 21 Planning District Commissions (PDC's) throughout the Commonwealth. The PDC's have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional basis.

With the enactment of the MAP-21 legislation, DRPT began a process of consultation with local stakeholders to update the CHSM Plans for their respective regions. This process included extensive discussion of MAP-21 changes to human service transportation funding and careful review and updating of local and regional transportation needs and issues.

Through a series of initial regional meetings held from September through November 2012, and series of a follow up meetings conducted in June and July 2013 to review plan revisions and gather additional input, Virginia's CHSM planning effort provided a structure and process intended to:

- Provide a forum to gain consensus on the transportation priorities in the region and facilitate input from seniors, individuals with disabilities, representatives of

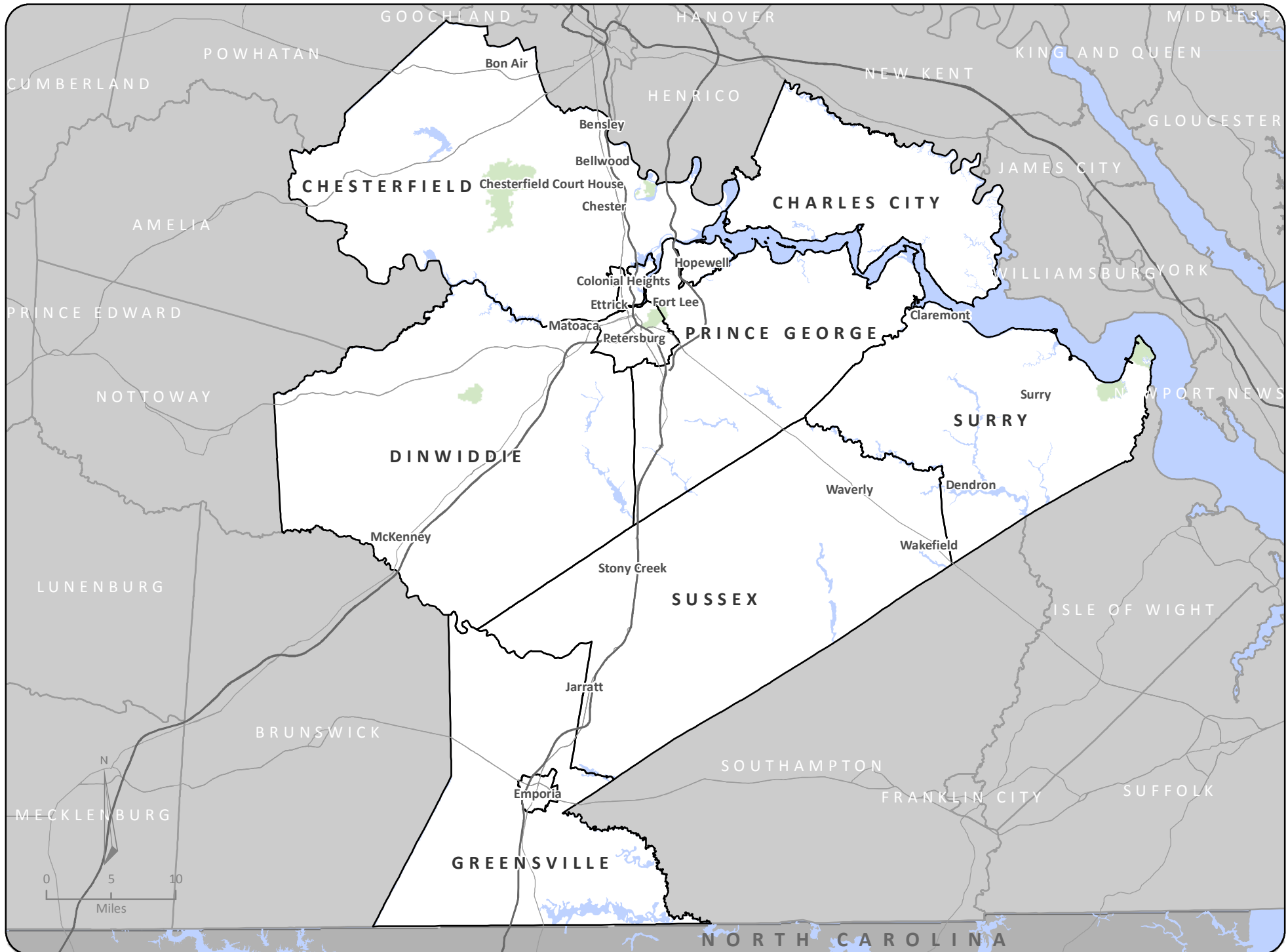
public, private, and non-profit transportation and human services providers, and others.

- Take into account previous transportation planning efforts,
- Foster local partnerships and provide an opportunity for the development of new ones,
- As appropriate, identify examples of projects and programs initiated since issuance of 2008 plans which demonstrate human service transportation enhancements and coordination efforts, i.e. mobility management efforts and new services,
- Continue an ongoing structure to support coordination efforts or help establish new coordination structures,
- Serve as a tool for educating local decision makers, elected officials, and other stakeholders on unmet transportation needs in the region.

The planning process also drove the development of updated CHSM Plans meeting the Federal coordinated transportation planning requirements and facilitating access to critical FTA monies.

This CHSM Plan is for the Crater Planning District Commission (PDC19). As shown in Figure 1, PDC 19 is located in the southeast corner of the Commonwealth and includes Charles City, Chesterfield, Dinwiddie, Greenville, Prince George, Surry, and Sussex Counties and the cities of Colonial Heights, Emporia, Hopewell, and Petersburg. Although much of PDC 19 is rural in nature, it also has sizeable urban areas concentrated in Chesterfield County and in Colonial Heights and Petersburg.

Figure 1: Base Map for Crater PDC 19



Background/Requirements

This section provides background information on the coordinated transportation planning process based on previous FTA guidance and draft Section 5310 FTA guidance released in July 2013. It should be noted that final FTA guidance on the revised Section 5310 Program had not been released prior to issuance of this Plan.

Coordinated Plan Elements

Currently effective FTA guidance defines a coordinated public transit human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements:

- An assessment of available services that identifies current providers (public, private, and non-profit); and,
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes.
- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and,
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

Note: FTA's proposed Section 5310 circular, published in July 2013, modifies coordinated plan elements. Modifications include removing specific reference to people with low incomes and using the term "seniors" in place of the term "older adults." See Appendix A for further details.

Section 5310 Program (Enhanced Mobility for Seniors and Individuals with Disabilities Program)

As noted in the Introduction, the MAP-21 legislation established a modified FTA Section 5310 Program that consolidates the previous New Freedom and Elderly and Disabled Programs. The purpose of the Section 5310 Program is to enhance mobility for seniors and persons with disabilities by providing funds for programs to serve the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services. Section 5310 Program recipients must continue to certify that projects selected are included in a locally developed, coordinated public transit-human services transportation plan. The plan must undergo a development and approval process that includes seniors and people with disabilities, transportation providers, among others,

and is coordinated to the maximum extent possible with transportation services assisted by other federal departments and agencies.

Funding

Funds through the Section 5310 Program are apportioned for urbanized and rural areas based on the number of seniors and individuals with disabilities, with 60 percent of the funds apportioned to designated recipients in urbanized areas with populations larger than 200,000, 20 percent to states for use in urbanized areas of fewer than 200,000 persons, and 20 percent to states for use in rural areas. The federal share for capital projects is 80 percent, and for operating grants is 50 percent. (Note: designated recipients in large urban areas can include the state. By mutual agreement, DRPT will serve as the designated recipient for Hampton Roads, Richmond/Petersburg, and Roanoke).

The local share for Section 5310 Program projects can be derived from other federal non-DOT transportation sources. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF). More information on these programs is available in Appendix B, and on the United We Ride Website at <http://www.unitedweride.gov>. United We Ride is the Federal initiative to improve the coordination of human services transportation.

Eligible Subrecipients

Under the MAP-21 legislation eligible subrecipients for the Section 5310 Program include states or local government authorities, private non-profit organizations, or operators of public transportation services that receive a grant indirectly through a recipient.

Eligible Activities

MAP-21 also modified eligible activities under the Section 5310 Program:

- At least 55% of program funds must be used on capital projects that are:
 - Public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.
- The remaining 45% may be used for purposes including:
 - Public transportation projects that exceed ADA requirements,

- Public transportation projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit,
- Alternatives to public transportation that assist seniors and individuals with disabilities.

Outreach Efforts and Plan Development

Currently available FTA guidance notes that States and communities may approach the development of a coordinated transportation plan in different ways. Potential approaches suggested by FTA include community planning sessions, focus groups, and surveys.

DRPT took a broad approach with the initial CHSM planning efforts to help ensure the participation of key stakeholders at the local level. This included the development of an extensive mailing list, a series of local workshops, and numerous opportunities for input and comments on unmet transportation needs and potential strategies and projects to improve mobility in the region. Overall, eight broad categories of agencies were included in initial outreach activities:

- **Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs).** These boards provide or arrange for mental health, mental retardation, and substance abuse services within each locality.
- **Employment Support Organizations (ESOs).** These organizations provide employment services for persons with disabilities within localities around the State.
- **Area Agencies on Aging (AAAs).** These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels.
- **Public Transit Providers.** These include publicly or privately-owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service.
- **Disability Services Boards.** These boards provide information and referrals to local governments regarding the Americans with Disabilities Act (ADA), and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities.
- **Centers for Independent Living (CIL).** These organizations serve as educational/resource centers for persons with disabilities.

- **Brain Injury Programs.** These programs serve as clubhouses and day programs for persons with brain injuries.
- **Other appropriate associations and organizations.** These include Alzheimer's Chapters, AARP, and the VA Association of Community Services Boards (VACSB).

This initial CHSM planning and outreach process resulted in twenty-one CHSM Plans, finalized in June 2008.

With the enactment of MAP-21 in mid-2012, DRPT began working with stakeholders in each PDC, including participants in initial plan development meetings, to update the existing CHSM plans. Throughout the fall of 2012, DRPT hosted fourteen local planning sessions with diverse groups of stakeholders in communities across the Commonwealth, with the goal of gathering up-to-date data and information, including perspectives from local seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other transportation providers and organizations and agencies.

In the fall meetings, participants reviewed the issues and strategies included in the original CHSM Plans, and discussed how transportation needs, gaps, and services have changed in their communities over the last five years. Participants identified current services and resources, shared best practices, and prioritized strategies and potential projects going forward.

In the spring and summer of 2013 DRPT conducted 12 follow-up meetings to gather additional input and finalize the draft updated plans. In correspondence and communications announcing the fall and spring stakeholder meetings (a total of 26 meetings were held), and in post meeting follow up activities, DRPT emphasized the importance of soliciting and incorporating perspectives from local seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other transportation providers, and encouraged all recipients to broadly disseminate meeting notices and encourage community participation.

Participant comments and recommendations were extensively discussed during the regional meetings, and consensus was developed regarding specific additions and amendments to each plan. Incorporating such feedback into each plan was a crucial component in updating and improving the plans and the willingness of stakeholders to participate in this process and share their perspectives is sincerely appreciated.

Demographic Analysis

The following section provides an extensive overview of the demographic composition of PDC 19. It examines population density as well as data on potentially transit dependent populations, including older adults, individuals with disabilities, those living below the federal poverty level, and autoless households. It also presents two indices based on the density and percentage of transit dependent persons.

The analysis in this section draws on recent data from American Community Survey five-year estimates (2005 - 2009) and the 2010 Decennial Census. The underlying data, at the block group level, are included in Appendices C and D. For each potentially transit dependent population, block groups are classified relative to the PDC as a whole, using a five-tiered scale of very low to very high. Mapped and summarized below, the results of the analysis highlight those geographic areas of the PDC with the greatest transportation need.

Population Density

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. While fixed-route transit is more practical and successful in areas with 2,000 or more persons per square mile, specialized transportation services are typically a better fit for rural areas with less population density. As shown in Figure 2, much of PDC 19 has a population density of less than 100 persons per square mile. High density areas are concentrated in the northern portion of the PDC, including northeastern Chesterfield County, Colonial Heights, Petersburg, and Hopewell.

Older Adults, Persons with Disabilities, and Low-Income Individuals

Older adults (65 and above), persons with disabilities (16 and above), and low-income individuals (living below the federal poverty level) must be identified and accounted for when considering transit need. Figures 3, 4, and 5 display the relative concentrations of these populations in the PDC. The scale of “very low” to “very high” is based on the average for the PDC. A block group classified as “very low” can still have a significant number of potentially transit dependent persons; “very low” only means below the PDC average. At the other end of the spectrum, “very high” means greater than twice the PDC average.

Figure 3 displays the relative number of older adults. With the exceptions of Emporia, Sussex County, Surry County, and Charles City County, block groups classified as very high are located throughout the PDC. As shown in Figure 4, the block groups classified as having a very high number of individuals with disabilities are primarily clustered near the center of the PDC, along with block groups in Greenville

County. In Figure 5, areas with the highest relative number of low-income persons are located around Petersburg, Hopewell, and Emporia, with additional block groups along the northeastern edge of Chesterfield County.

Number/Percentage of Vulnerable Persons or Households	Score Based on Potential Transit Dependence
<= the PDC average	1 (Very Low)
> average and <= 1.33 times average	2 (Low)
> 1.33 times average and <= 1.67 times average	3 (Moderate)
> 1.67 times average and <= 2times average	4 (High)
> 2 times the PDC average	5 (Very High)

Autoless Households

Households without at least one personal vehicle are more likely to depend on the mobility offered by public transit and human service organizations than those households with access to a car. Figure 6 displays the relative number of autoless households. Similar to the distribution of low-income individuals, block groups with a classification of very high are located near the center of the PDC in Dinwiddie County, Petersburg, Colonial Heights, and Hopewell, along the northeastern edge of Chesterfield County, and in the area surrounding Emporia.

Transit Dependence Indices

For each block group in the PDC, the socioeconomic characteristics described above were combined into aggregate measures of transportation need: the Transit Dependence Index (TDI) and the Transit Dependence Index Percentage (TDIP). Both measures are based on the prevalence of the vulnerable populations in the PDC (older adults, youth, individuals with disabilities, low-income persons, and autoless households). However, the TDI accounts for population density and the TDIP does not. By removing the persons per square mile factor, the TDIP measures degree rather than amount of vulnerability. Both the TDI and the TDIP follow the same “very low” to “very high” classification scale as the maps described above.

Figures 7 and 8 display the overall TDI and TDIP rankings for the PDC. As shown in Figure 7, the block groups that have a TDI classification of very high are located in the population centers of Petersburg, Colonial Heights, Hopewell, and northeastern Chesterfield County. Figure 8 displays the TDIP. Areas of need are more dispersed throughout the PDC compared to the TDI, including block groups in Petersburg and Emporia.

Figure 2: 2010 Population Density for Crater PDC 19

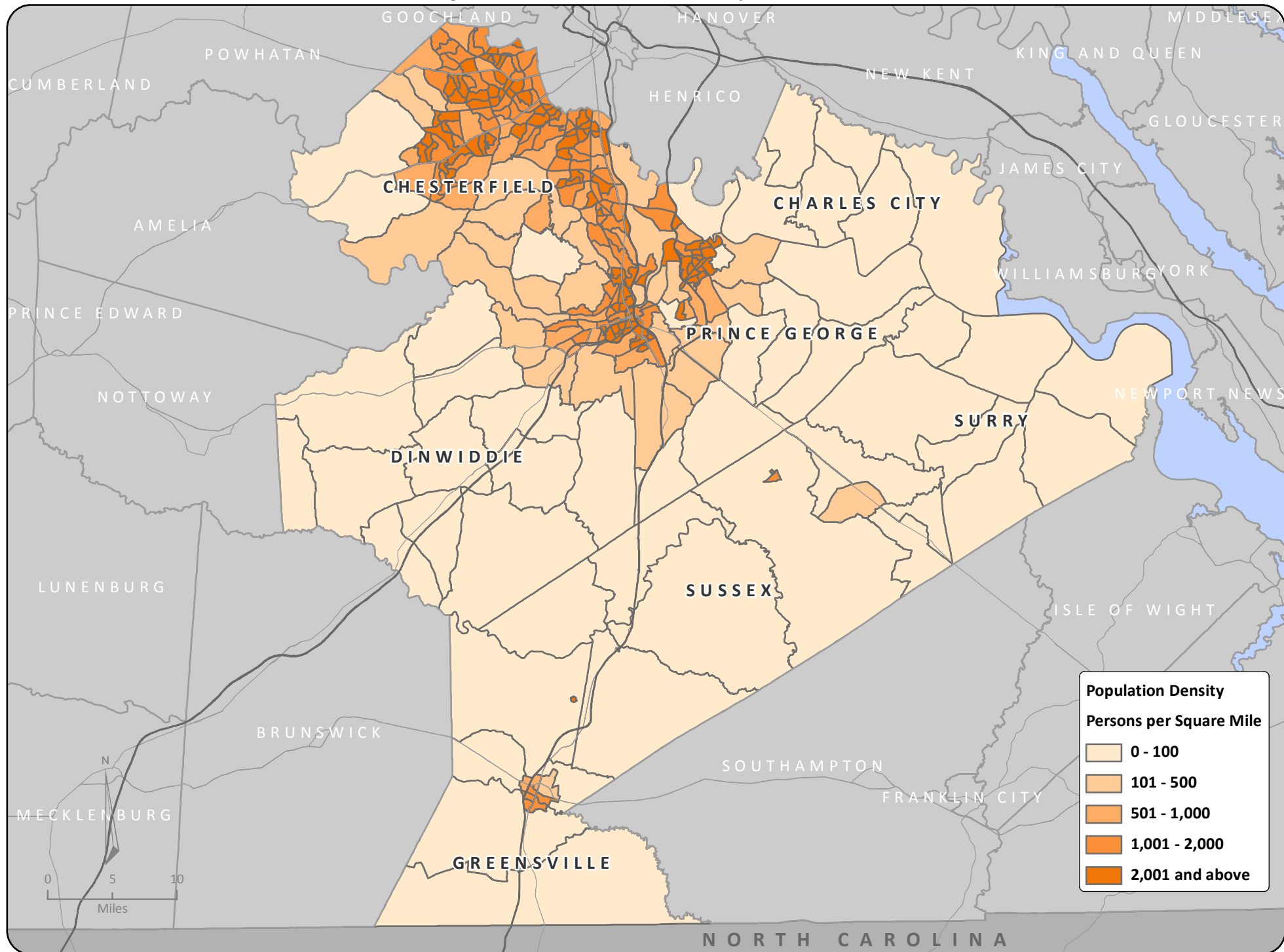


Figure 3: Relative Number of Senior Adults (65+) for Crater PDC 19

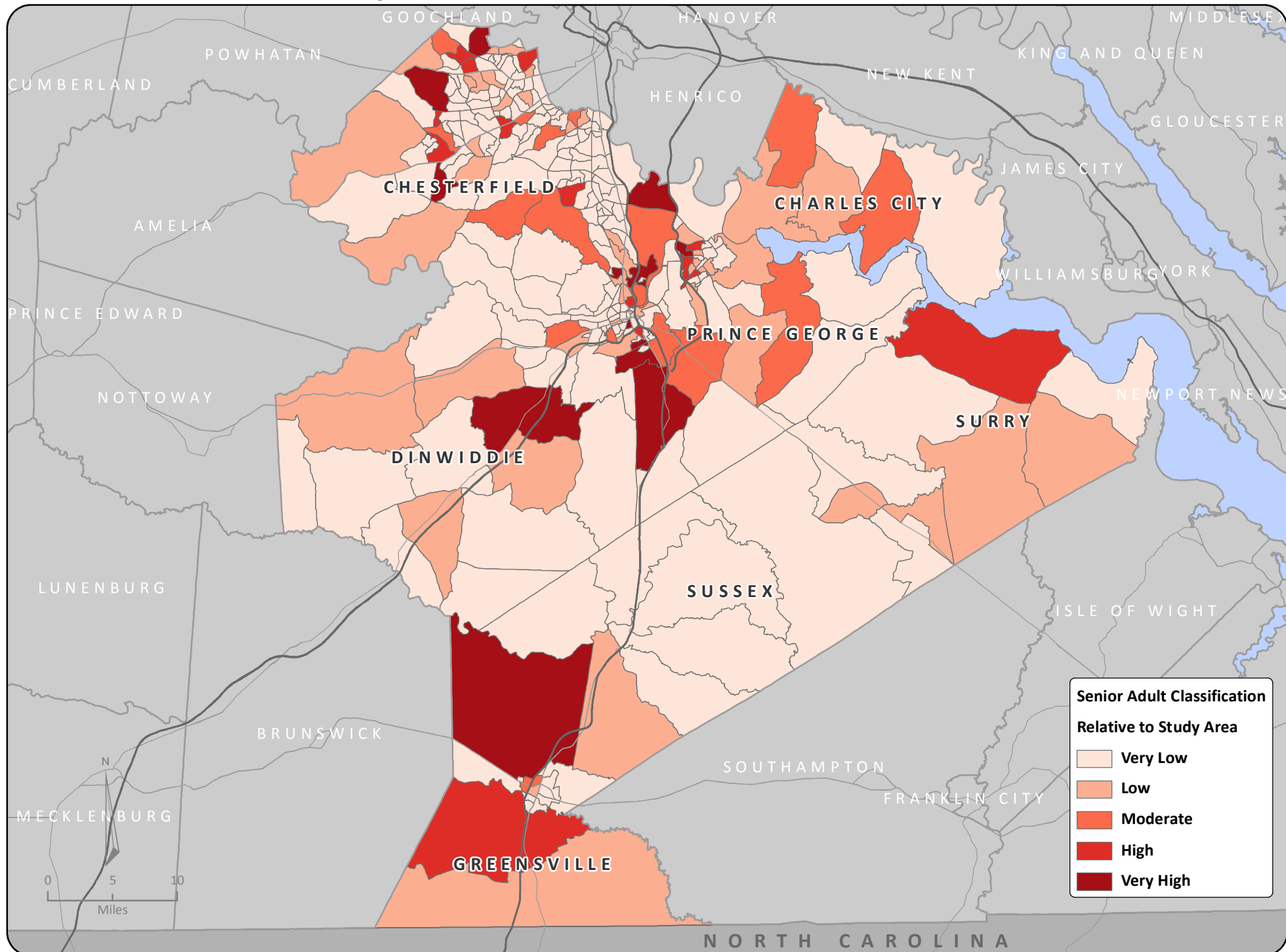


Figure 4: Relative Number of Disabled Persons for Crater PDC 19

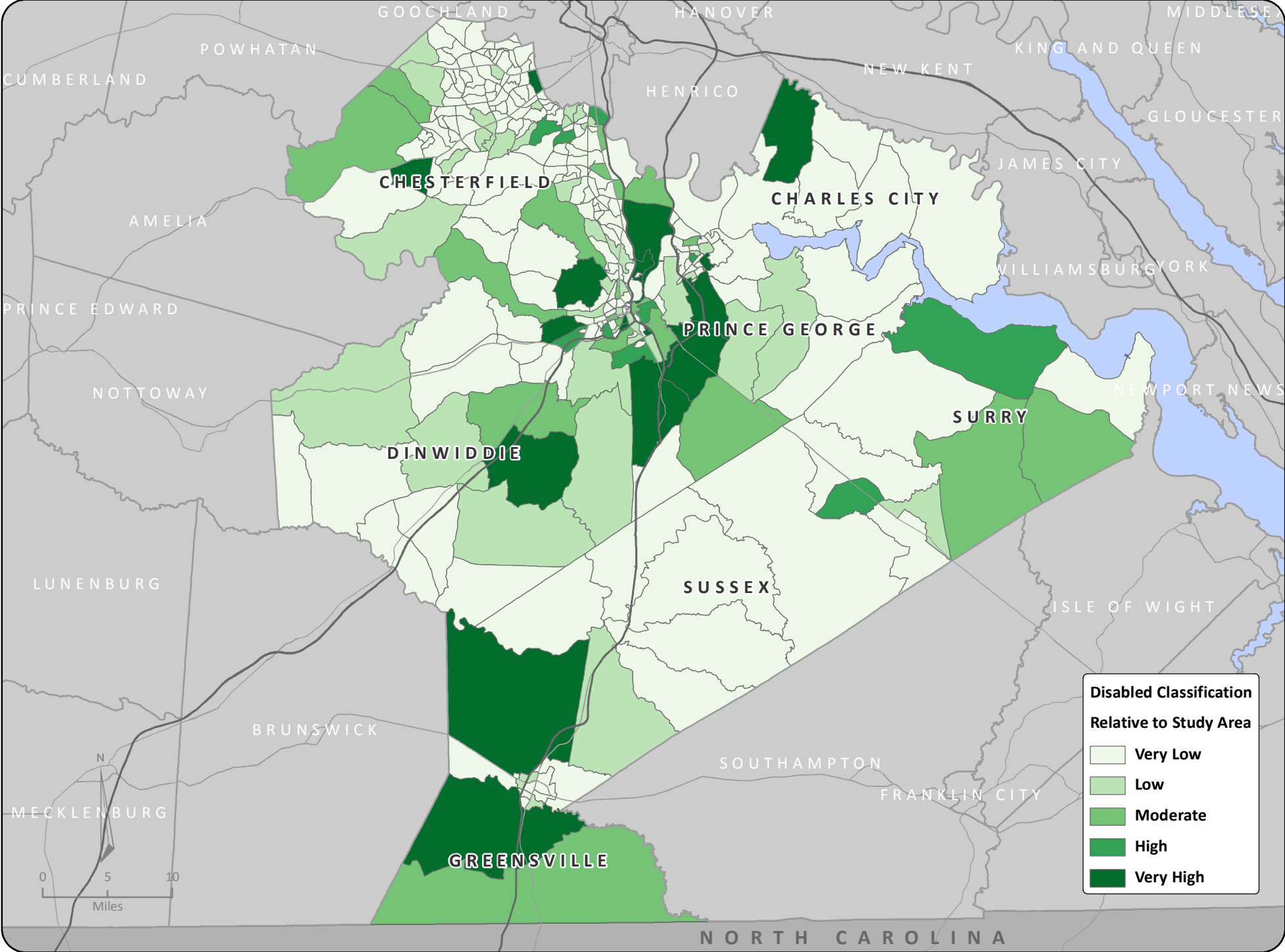


Figure 5: Relative Number of Below Poverty Residents for Crater PDC 19

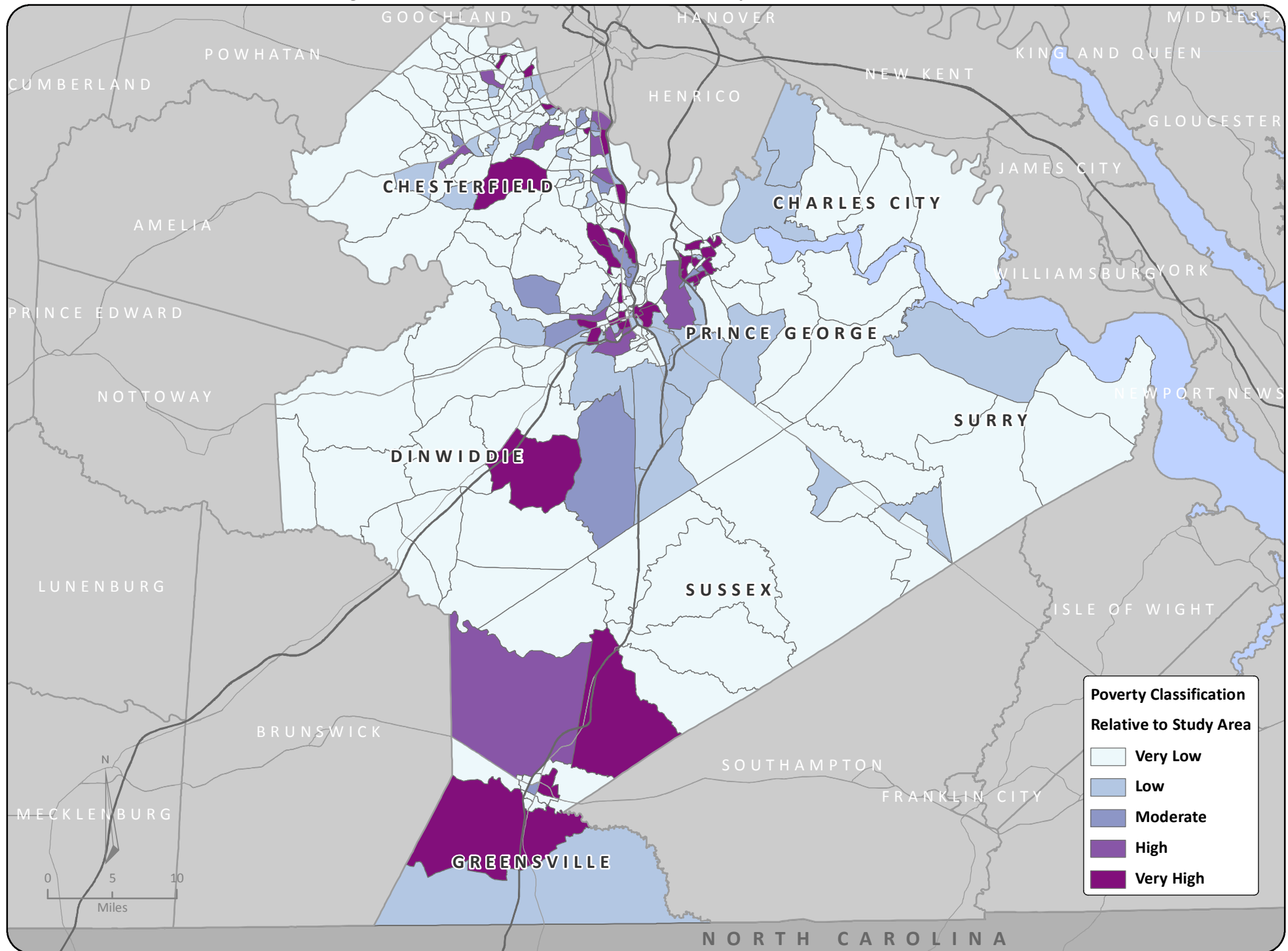


Figure 6: Relative Number of Autoless Households for Crater PDC 19

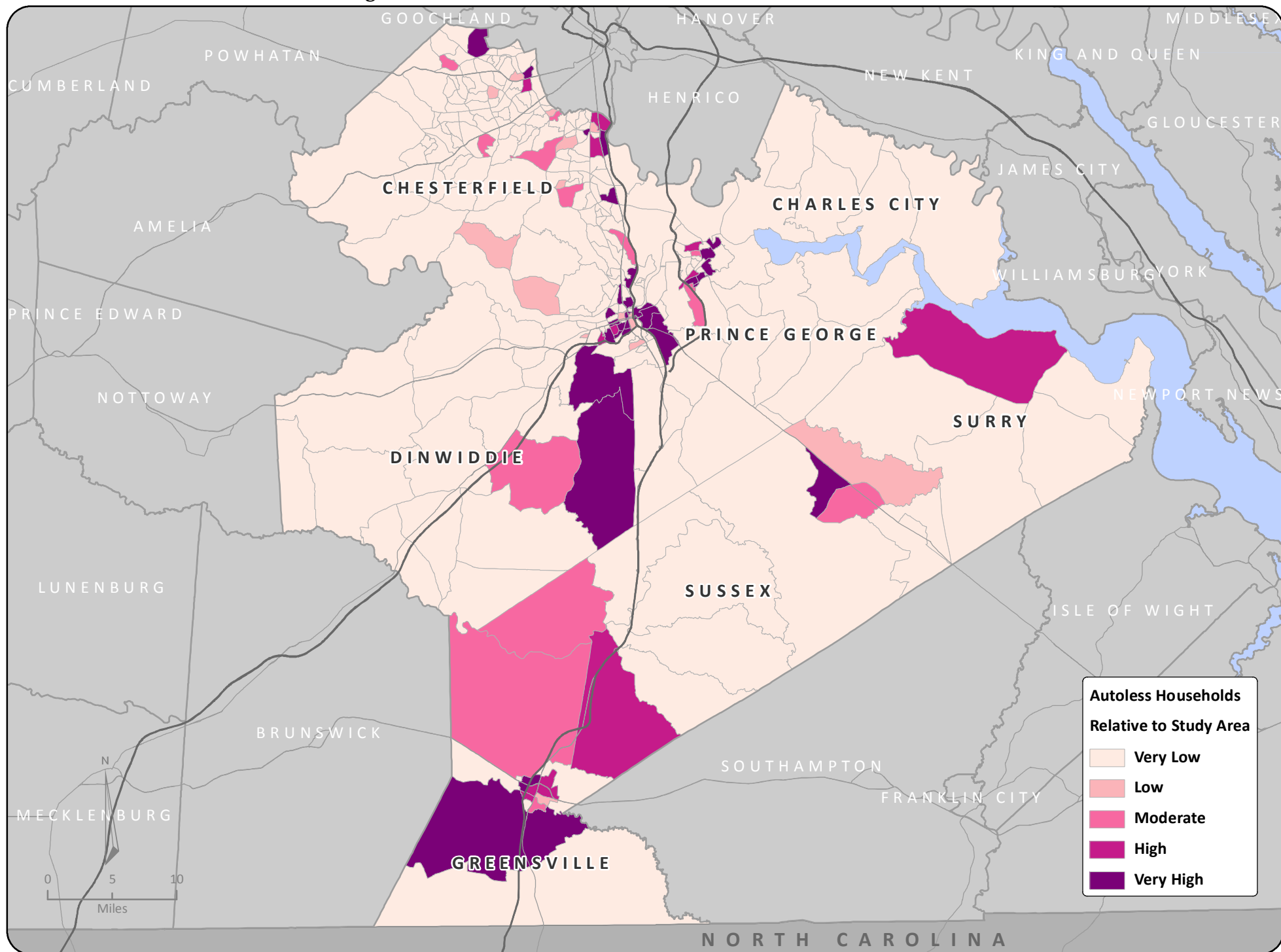


Figure 7: Transit Dependence Index for Crater PDC 19

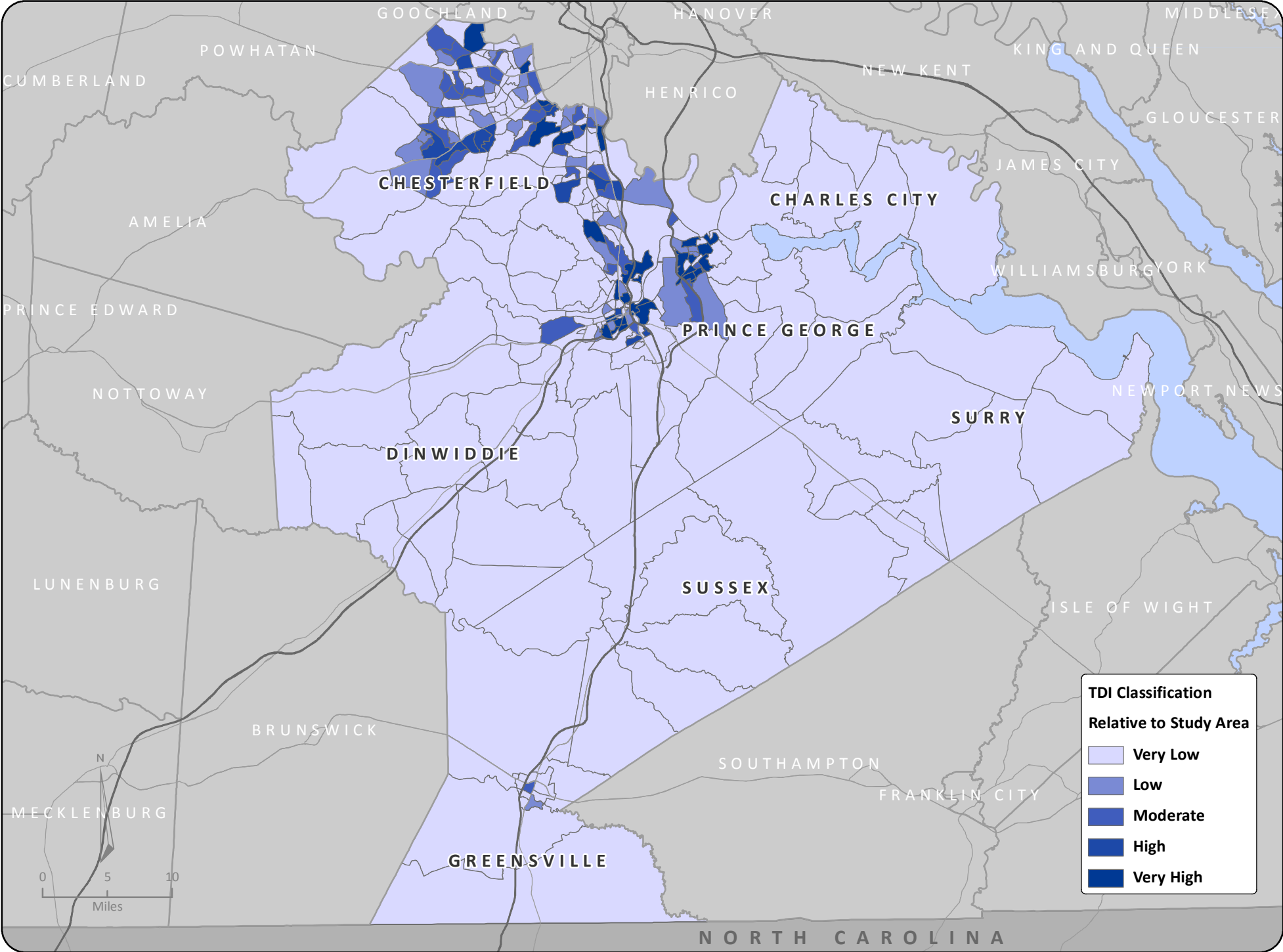
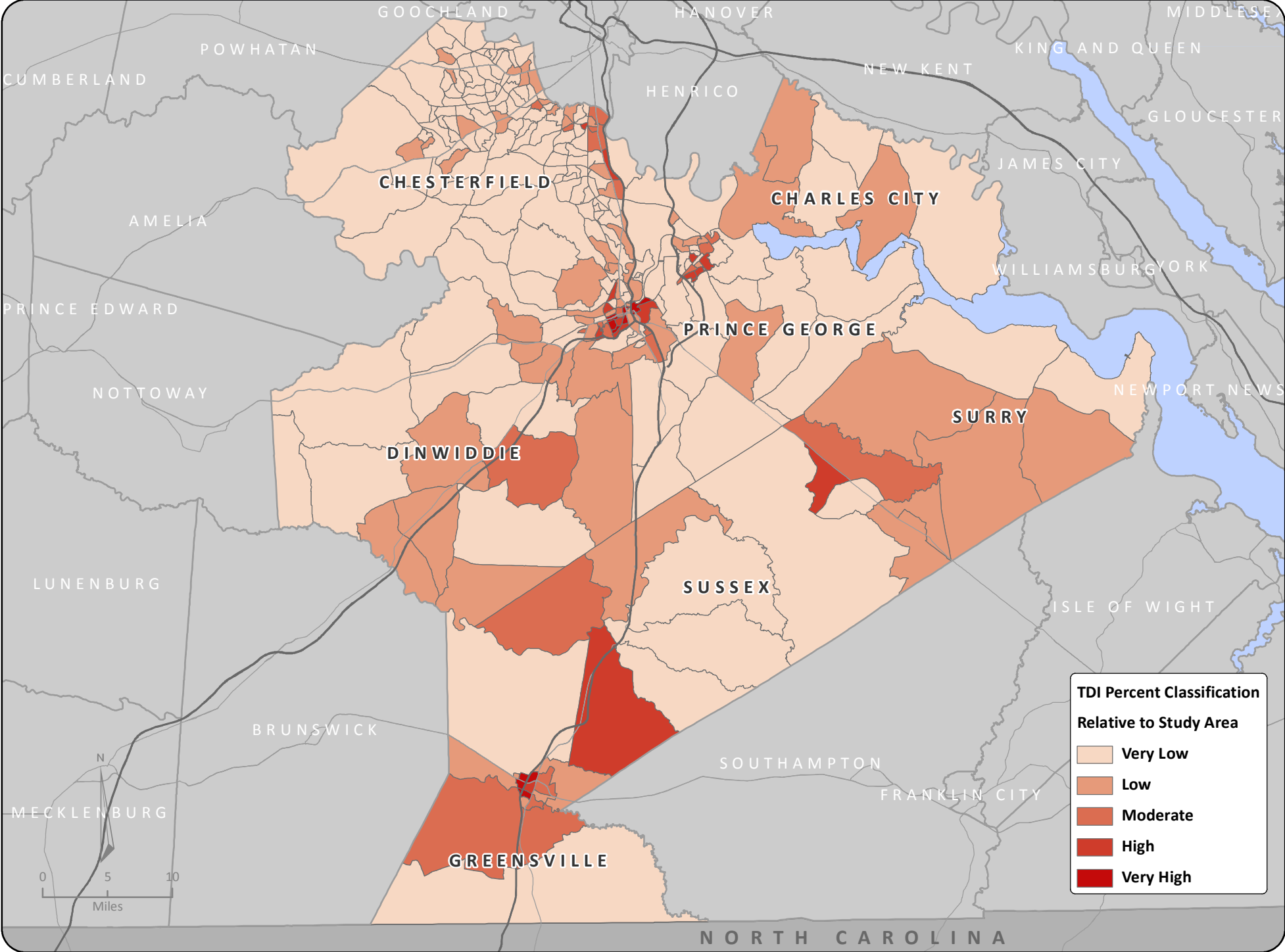


Figure 8: Transit Dependence Index Percentage for Crater PDC 19



Assessment of Available Transportation Services and Resources

In planning for the development of future strategies to address service gaps, it is important to first perform an assessment of the transportation services available in PDC 19. This process included collection of basic descriptive and operational data for the various programs during the initial workshop. It was achieved through a facilitated session where participants were guided through a catalog of questions.

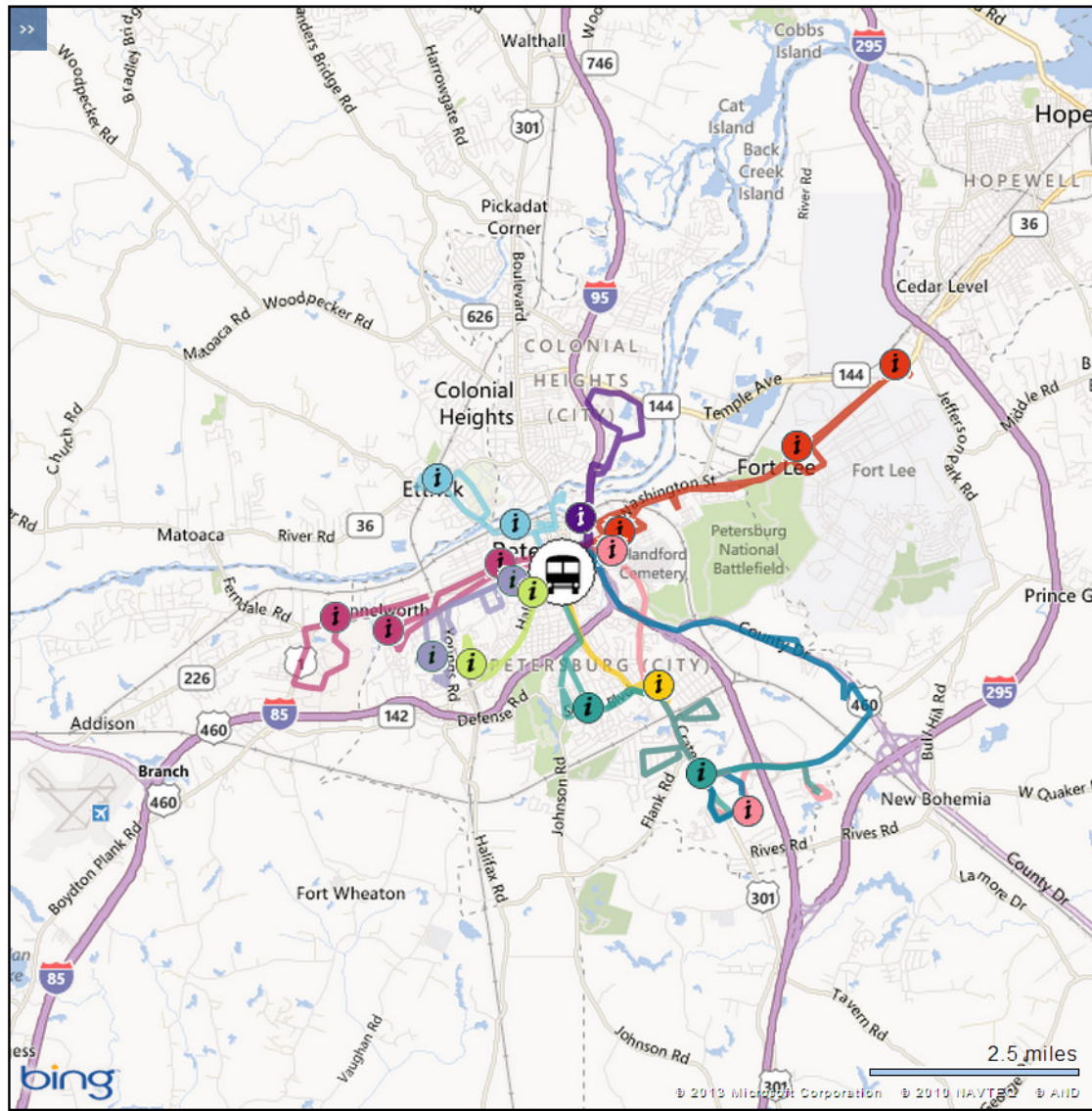
The table below highlights the identified public transit, human service transportation, and private transportation providers in the region:

Available Transportation Services and Resources

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Adult Activity Services	Clients with developmental disabilities and physical handicaps; Medicaid reimbursement trips through Logisticare	15 vehicles (2 accessible)	Monday – Friday 7:00AM to 5:00PM, fixed route.		Greensville, Sussex, Surry and the City of Emporia	Yes	Phone: (434) 634-2124 Website: www.greensvillecountyva.gov
American Cancer Society	Individuals needing transportation to healthcare or cancer related appointments		Monday – Friday, volunteer based. Must schedule ride at least 48 business hours before appointment. Fare free, donations accepted		Statewide	No	Phone: (866) 949-1518

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Blackstone Area Bus System (BABS) –	General Public	9 vehicles	Deviated fixed route service. \$.50 one way fare. Lines include the Crewe-Burkeville Express (Monday, Tuesday, and Thursday), the BABS Line (town of Blackstone, Monday – Saturday), the Dinwiddie Express (Blackstone to Petersburg, Monday – Friday), and the Brunswick Express (Blackstone to Lawrenceville and Alberta, Monday – Thursday).	28,616 in FY2010	Nottoway, Dinwiddie, and Brunswick Counties	No	Phone: (434) 292-3025 Website: www.blackstonebus.com
Crater District Area Agency on Aging (CDAAA)	General public, elderly, individuals with disabilities, Medicaid recipients, etc.	22 vehicles (5 vans)	Demand response, volunteer- based transportation to medical appointments, nutrition sites, and recreational activities. Monday-Friday, 8:00AM to 4:30PM. Must schedule rides 48 hours in advance.	Less than 2,000 trips per month	PDC 19	Yes	Phone: (804) 732-7020 Website: www.cdaaa.org/
LogistiCare (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible for Medicaid recipients and some Medicare		Reservations 24/7 by call center	60,000 trips per week statewide	Statewide	Yes	Phone: (434) 973-3310 Website: www.logisticare.com
Petersburg Area Transit (PAT)	General public		Monday – Thursday 5:45AM to 7:00PM, Friday 5:45AM to 8:00PM, and Saturday 6:45AM to 8:00PM. Fixed route and demand response service.	584,045 in FY 2010	Cities of Petersburg, Colonial Heights, and Hopewell		Phone: (804) 733-2450 Website: www.petersburg-va.org/transit/

Other than the Blackstone Area Bus service into Dinwiddie County, Petersburg Area Transit (PAT) is the only provider serving the general public in the PDC. The PAT system map is included below.



<http://www.petersburg-va.org/transit/index.asp>

Private Transportation Providers

In addition, the following private transportation providers were identified:

- A Rainbow Taxi Co., Prince George, VA
- AAA Taxicab Co., Petersburg, VA
- Boulevard Cab Co., Petersburg, VA

- Chester Taxi, Chester, VA
- Community Cab, Emporia, VA
- Greyhound Lines (intercity service with stops in Petersburg and Emporia)
- Halifax Cabs, Emporia, VA
- Marshall Cab LLC, Hopewell, VA
- Metro Cab Co., Petersburg, VA
- One Way Taxi Inc., Emporia, VA
- Rainbow Taxi, Colonial Heights, VA
- Southside Taxi Cab, Emporia, VA
- True Blue, Hopewell, VA
- Unique Cab, Petersburg, VA

Park & Ride Lots

As listed at <http://www.virginiadot.org/travel/parkride/home.asp>, the following Virginia Department of Transportation Park & Ride lots are located within the PDC:

- Jamestown-Scotland Ferry (Surry County)
Route 31 and Pleasant Point Road (637)
Parking spaces: 20
- Surry Municipal Center (Town of Surry)
School Street and Bank Street
Parking spaces: 140
- Stony Creek (Sussex County)
Gee Farm Road and Route 40
Parking spaces: 46
- Commonwealth 20 (Chesterfield County)
Hull Street (360) and Commonwealth Centre Parkway (754)
Parking spaces: 250

Assessment of Unmet Transportation Needs and Gaps

While an analysis of demographic data is important for understanding the overall mobility needs in PDC 19, it is vital to gain the insight of local stakeholders who are acutely aware of the transportation challenges faced by residents. Participants from the initial CHSM planning process provided input on specific unmet needs in the region. This information was gained by focusing on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, people with lower incomes) and specific need characteristics (trip purpose, time, place/destination, information/ outreach, travel training/orientation, or others). The vast majority of needs identified were described as “cross-cutting” – a need of all three population groups.

In the fall of 2012 and the summer of 2013 DRPT convened meetings of local stakeholders to review and discuss the original list of unmet needs and gaps in transportation services. The following list provides an update of unmet needs based on the group’s comments.

Trip Purpose

- For older adults, need for transportation to medical appointments, shopping, church, synagogue, and social events.
- Growing need for transportation to dialysis clinics (especially non-Medicaid customers).
- Transport on weekends for caregivers.
- Work-related trips for persons with lower incomes and those with disabilities.

Time

- Elderly patients going to dialysis cannot sit for long periods.
- For persons with lower incomes, transportation needs are more variable (e.g. to accommodate various work shifts).
- Need additional weekend and evening services (e.g. for night shifts).

Place/Destination

- For older adults, trips to various shopping destinations.
- For people with lower incomes, there is a need to get into town for work; many people live outside the town/transit service area.
- Need to get to industrial parks throughout the region for work opportunities.

- For persons with disabilities, transport to work, especially for those who live outside the $\frac{3}{4}$ mile transit service area.

Information/Outreach

- Need for caseworkers to help educate and inform customers regarding the transportation services available to them.
- Need for greater marketing of existing services.
- Need to educate local and state level decision-makers regarding funding issues.
- Need for a mobility manager; system should be user-friendly with one phone number to call about transportation options.
- One-stop shopping for transportation information in an accessible format (e.g. Aging/Disability Resource Centers).

Travel Training/Orientation

- Training for individuals and groups to ride public transportation.

Other

- Need affordable door-through-door service (limited accessible vehicles).
- Funding for a variety of vehicles, especially accessible vehicles.
- Difficulty in obtaining local match, especially in rural counties.
- Need connectivity between transit systems and expanded regional service.
- Need for volunteer driver programs.
- Need to fill gaps when customers don't qualify for programs or live outside the $\frac{3}{4}$ mile transit service area.

Identified Strategies

Coupled with the need to identify unmet needs and gaps in transportation services is the need to identify corresponding strategies to help improve mobility in the region. Based on the assessment of demographics and the unmet transportation needs obtained from key local stakeholders, a variety of strategies were generated through the original CHSM planning process. These strategies were reassessed by stakeholders during the fall 2012 and summer 2013 CHSM meetings and updated accordingly.

As noted in the previous version of this CHSM Plan, these strategies are intended to broadly describe how needs and gaps could be addressed. Specific project proposals would require identification of agency sponsors, specific expenditures, etc., and therefore provide more details through the funding application process.

1. Continue to support and maintain capital needs of coordinated human service/public transportation providers.
2. Expand availability of demand-response and specialized transportation services to provide additional trips for older adults, people with disabilities, veterans, and people with lower incomes.
3. Build coordination and connectivity among existing public transportation and human service transportation providers.
4. Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.
5. Implement new public transportation services or operate existing public transit services on more frequent basis.
6. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
7. Provide flexible transportation options and more specialized or one-to one services through expanded use of volunteers.
8. Provide targeted shuttle services to access employment opportunities.
9. Expand access to taxi services and other private transportation operators.
10. Bring new funding partners to public transit/human service transportation.

Priorities for Implementation and Potential Projects

Through the initial CHSM planning process, the region identified priorities for implementation based on determined strategies. These priorities were updated to reflect the revised list of strategies provided in the previous section. In addition, they account for changes to the funding programs that resulted from the MAP-21 legislation.

Similar to the previous version of this CHSM Plan, the strategies in this section detail the multiple unmet transportation needs or issues that they address. The strategies also include potential projects, though it should be noted that the listing is not comprehensive and other projects that meet the strategy would also be considered.

Strategy: Continue to Support and Maintain Capital Needs of Coordinated Human Service/Public Transportation Providers
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To implement strategies to expand mobility options for older adults, people with disabilities, veterans, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. Appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles will help ensure the region can maintain and build upon its current public transit and human service transportation. Emphasis should be on supporting transportation providers that are coordinating services to the maximum extent possible to ensure the most efficient use of resources in the region.

Unmet Need/Issue Strategy Will Address:

- Transportation to medical appointments, shopping, church, synagogue, and social events.
- Growing need for transportation to dialysis clinics, especially non-Medicaid customers.
- Work-related trips for persons with lower incomes and people with disabilities.
- Funding for a variety of vehicles, especially accessible vehicles.

Potential Projects:

- Capital expenses to support the provision of transportation services to meet the special needs of older adults, people with disabilities, veterans, and people with lower incomes.
- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Expand Availability of Demand-Response Service and Specialized Transportation Services to Provide Additional Trips for Older Adults, People with Disabilities, Veterans, and People with Lower Incomes

The expansion of current demand-response and specialized transportation services is a logical strategy for improving mobility for older adults, people with disabilities, veterans, and people with lower incomes. This strategy would meet multiple unmet needs and issues while taking advantage of existing organizational structures. Operating costs -- driver salaries, fuel, vehicle maintenance, etc. -- would be the primary expense for expanding services, though additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Transportation to medical appointments, shopping, church, synagogue, and social events.
- Need additional weekend and evening services (e.g. for night shifts).
- For persons with lower incomes, transportation needs are more variable (e.g. to accommodate various work shifts).
- Need to fill gaps when customers don't qualify for programs or live outside the $\frac{3}{4}$ mile transit service area.

Potential Projects:

- Expand current demand-response systems to serve trips outside ADA service area.
- Expand current demand-response systems to serve work locations, medical facilities, shopping centers, and other community locations.
- Expand hours and days of current demand response systems to meet additional service needs.

Strategy: Build Coordination and Connectivity Among Public Transportation and Human Service Transportation Providers

Once the services that are available are quantified, there may be opportunities to improve connections between providers and expand access both within and outside the region. A mobility management strategy can be employed that provides the support and resources to explore these possibilities and put into action the necessary follow-up activities.

Unmet Needs/Issues Strategy Will Address:

- Funding for a variety of vehicles, especially accessible vehicles.
- Need connectivity between transit systems and expanded regional service.
- Difficulty in obtaining local match, especially in rural counties.
- Need for a mobility manager; system should be user-friendly with one phone number to call about transportation options.
- One-stop shopping for transportation information in an accessible format (e.g. Aging/Disability Resource Centers).

Potential Projects:

- Mobility manager to facilitate cooperation between transportation providers and address barriers that hinder coordination efforts, including: helping establish inter-agency agreements for connecting services or sharing rides; exploring opportunities for combining various federal funding sources or accessing new sources; exploring technologies that simplify access to information on services; and coordinating driver training.

Strategy: Expand Outreach and Information on Available Transportation Options in Each Area of the Region, Including Establishment of a Central Point of Access

A greater emphasis can be placed not just on the coordination of actual services, but also on outreach and information sharing to ensure people with limited mobility are aware of the transportation services available to them. This strategy also presents an opportunity for a mobility manager project that includes the promotion of available transportation services.

Unmet Needs/Issues Strategy Will Address:

- Need for caseworkers to help educate and inform customers regarding the transportation services available to them.

- Need for greater marketing of existing services.
- Need for a mobility manager; system should be user-friendly with one phone number to call about transportation options.
- One-stop shopping for transportation information in an accessible format (e.g. Aging/Disability Resource Centers).

Potential Projects:

- Mobility manager to facilitate access to transportation services and serve as information clearinghouse on available public transit and human services transportation in region.
- Implement new or expand outreach programs that provide customers and human service agency staff with information on available transportation services.
- Procure technology to establish an information clearinghouse.

<p>Strategy: Implement New Public Transportation Services or Operate Existing Public Transit Services on a More Frequent Basis</p>

The service hours for public transit in PDC 19 are limited. New or expanded services in the evenings and on weekends should be considered to expand mobility options in the region, especially to work locations. In addition, services that allow access to key destinations outside the region were identified by workshop participants as an important need.

Unmet Needs/Issues Strategy Will Address:

- Need additional weekend and evening services (e.g. for night shifts).
- For persons with lower incomes, transportation needs are more variable (e.g. to accommodate various work shifts).
- Need to fill gaps when customers don't qualify for programs or live outside the $\frac{3}{4}$ mile transit service area.

Potential Projects:

- Expand public transit services to unserved or underserved areas.
- Increase frequency of public transit services as possible.
- Convert demand-response services to fixed schedule or fixed-route services as possible.

Strategy: Establish or Expand Programs that Train Customers, Human Service Agency Staff, Medical Facility Personnel, and Others in the Use and Availability of Transportation Services.

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure people helping others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Unmet Needs/Issues Strategy Will Address:

- Training for individuals and groups to ride public transportation.
- Need for caseworkers to help educate and inform customers regarding the transportation services available to them.

Potential Projects:

- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Provide Flexible Transportation Options and More Specialized or One-To-One Services through Expanded Use of Volunteers

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, veterans, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, and the rural nature of the region is often not conducive for shared ride services. Therefore, the use of volunteers may offer transportation options that are difficult to provide through public transit and human service agency transportation. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

Unmet Needs/Issues Strategy Will Address:

- Need for affordable door-through-door services.
- Need for volunteer driver programs.

Potential Projects:

- Implement new or expanded volunteer driver programs to meet specific geographic or trip purpose needs in region.
- Implement new or expanded volunteer driver programs to provide same day transportation.

Strategy: Provide Targeted Shuttle Services to Access Employment Opportunities

Limited transportation services to employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

Unmet Needs/Issues Strategy Will Address:

- For persons with lower incomes, transportation needs are more variable (e.g. to accommodate various work shifts).
- For people with lower incomes, there is a need to get into town for work; many people live outside the town/transit service area.
- Need to get to industrial parks throughout the region for work opportunities.

Potential Projects:

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.

Strategy: Expand Access to Taxi and Other Private Transportation Operators

While taxi services and private transportation providers in the region are limited, for evenings and weekends and for same-day transportation needs, these services may be the best options for area residents; albeit one that is more costly to use. Subsidizing user costs, possibly through a voucher program, can expand access to taxis and other private transportation services. This approach has been employed successfully in other rural

areas of the country, particularly as a means to provide people with disabilities with more flexible transportation services.

Unmet Needs/Issues Strategy Will Address:

- For persons with lower incomes, transportation needs are more variable (e.g. to accommodate various work shifts).
- Work-related trips for persons with lower incomes and those with disabilities.
- For older adults, need for transportation to medical appointments, shopping, church, synagogue, and social events.

Potential Projects:

- Implement voucher programs to subsidize rides for taxi trips or trips provided by private operators.
- Purchase vehicles to support new accessible taxi, ride sharing, and/or vanpooling programs.

Strategy: Bring New Funding Partners to Public Transit/Human Service Transportation
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The demand for public transit-human service transportation is growing daily. One of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets, and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses.

Unmet Needs/Issues Strategy Will Address:

- Need to educate local and state level decision-makers regarding funding issues.
- Difficulty in obtaining local match, especially in rural counties.
- Work-related trips for persons with lower incomes and those with disabilities.

Potential Projects:

- Employer funding support programs, either directly for services and/or for local share.
- Employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Partnerships with private industry, i.e. retailers and medical centers.

Coordinated Human Service Mobility Projects

Over the past five years, PDC 19 has embraced the opportunities and funding support outlined in the 2008 CHSM Plan. Projects recently funded through DRPT sources are listed below, with a short description for insight on best practices.

- **Petersburg Area Transit (PAT) – Hopewell Circulator Route: FY2011-On Going**

Prior to 2011, PAT had very limited service to the Hopewell area. The Hopewell Circulator Route extends bus service into the City of Hopewell, connecting to the existing Blandford/Fort Lee/Hopewell Route at the Crossings Shopping Center. The Circulator Route operates Monday through Saturday on hourly headways. The City of Petersburg was authorized to receive \$454,000 in funding from the FTA and DRPT: one vehicle and farebox (\$80,336), signs and passenger shelters (\$25,323), and a remaining balance for operations (\$348,341). PAT's other service areas include the City of Hopewell and small portions of Chesterfield, Dinwiddie, and Prince George Counties.

Appendix A – FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the [U.S. DOT/FTA - Proposed Circular: Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions - FTA C 9070.1 G](#) – posted by FTA on 7/9/13. (Note: At the time of CHSM plan publication, the Proposed Circular had not been finalized. The following proposed language represents the most current FTA guidance available, as of the CHSM plan publication date).

COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by MAP-21, requires that projects selected for funding under the Section 5310, program be “included in a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers and other members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310 program. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5310.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.
 - a. Overview. A locally developed, coordinated public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, seniors, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient, and the MPO, where applicable. The agency leading the planning

process is decided locally and does not have to be the State or designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be developed through a process that includes participation by seniors, individuals with disabilities, representatives of public and private and non-profit transportation and human services transportation providers, and other members of the public. While the plan is only required in communities seeking funding under the Section 5310 program, a coordinated plan should incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

- b. Required Elements. Projects selected for funding shall be included in a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:
 - (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
 - (2) An assessment of transportation needs for individuals with disabilities and seniors. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service;
 - (3) Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery; and
 - (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.
- c. Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning process may be different from the State or the agency that will serve as the designated recipient for the Section 5310 program. Further, FTA recognizes that many

communities have conducted assessments of transportation needs and resources regarding individuals with disabilities and seniors. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans, and action items. As new Federal requirements must be met, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under four other FTA programs – the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), Formula Grants for Rural Areas (Section 5311), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration:
 - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation, or

coordination, with the applicable metropolitan or statewide planning process.

- (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at www.unitedweride.gov, helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.
- (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the Internet, literacy levels, and limited English proficiency.
- (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, Geographic Information Systems (GIS) mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed and approved through a process that included

participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of “participation.” Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g. private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 program must be “included in a locally developed, coordinated public transit-human services transportation plan” that was “developed through a process that included

participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers and participation by other members of the public.” The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities and seniors. Therefore, individuals, groups, and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including ADA paratransit providers and agencies administering the projects funded under FTA urbanized and rural programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers, including volunteer programs;
- (e) Past or current organizations funded under the Section 5310, JARC, and/or the New Freedom programs; and
- (f) Human service agencies funding, operating, and/or providing access to transportation services.

(2) Passengers and advocates:

- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities and seniors);
- (b) Protection and advocacy organizations;
- (c) Representatives from independent living centers; and
- (d) Advocacy organizations working on behalf of targeted populations.

(3) Human service partners:

- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services, Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
 - (b) Non-profit human service provider organizations that serve the targeted populations;
 - (c) Job training and placement agencies;
 - (d) Housing agencies;
 - (e) Health care facilities; and
 - (f) Mental health agencies.
- (4) Other:
- (a) Security and emergency management agencies;
 - (b) Tribes and tribal representatives;
 - (c) Economic development organizations;
 - (d) Faith-based and community-based organizations;
 - (e) Representatives of the business community (e.g., employers);
 - (f) Appropriate local or State officials and elected officials;
 - (g) School districts; and
 - (h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the project selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the common grant rule (49 CFR part 18).

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local

level. FTA expects that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the State's State Management Plan (SMP) and the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve coordinated plans. The recipient's grant application (see Appendix A) will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan may either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding must be incorporated into both the TIP and STIP in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for rural areas under 50,000 in population. In some areas, where the coordinated plan or project selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing, and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

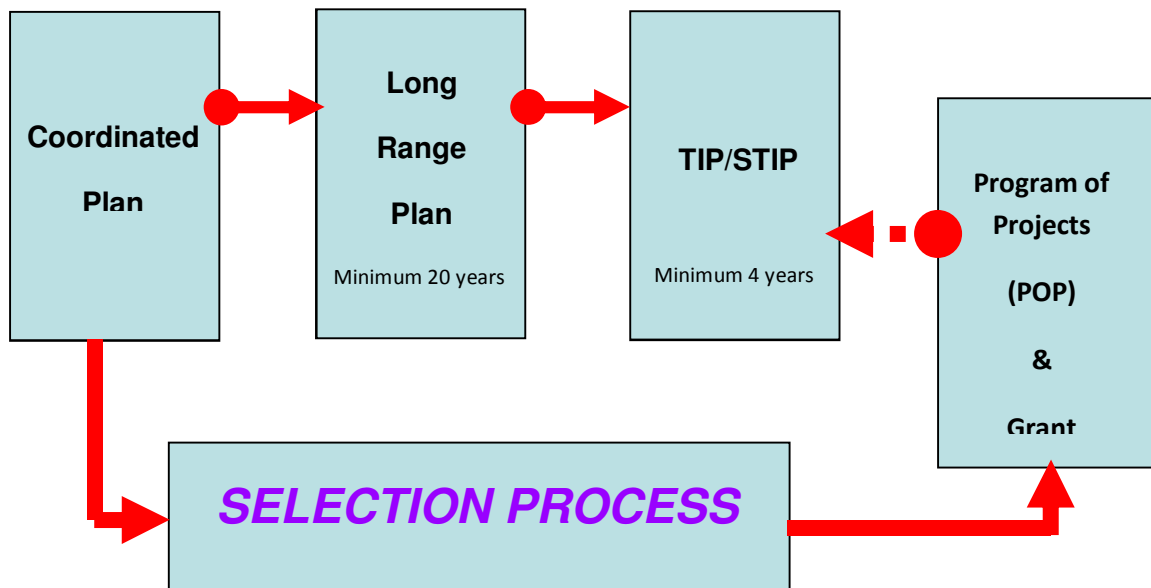
- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. Title 49 U.S.C. 5303(i)(6) and 5304(f)(3), as amended by MAP-21, require MPOs and States to engage interested parties in preparing transportation plans, TIPs, and STIPs. “Interested parties” include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the coordinated planning process with metropolitan and statewide planning in order to minimize

additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for MTPs (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Rural Area Formula Grant Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(b)(5), as amended by MAP-21, requires that, “Each recipient of a grant shall ensure that the proposed POP provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of DOT to determine that a State’s Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

The schematic below illustrates the relationship between the coordinated plan and the metropolitan and statewide planning processes.



Appendix B - Federal Programs Available for Use in Coordinated Transportation Arrangements

FEDERAL PROGRAMS AVAILABLE FOR USE IN COORDINATED TRANSPORTATION ARRANGEMENTS

In its 2003 report, the Government Accountability Office (GAO) identified 62 federal programs as having the greatest extent or potential for being used in partnership with Federal Transit Administration programs for serving “transportation disadvantaged” populations. In 2011, GAO revisited this question, and identified 80 such programs in that year’s report and testimony to Congress. On the following pages is a table summarizing salient information about these programs as of FY 2010, plus a dozen others, including the following elements:

- Agency and program name, and web site for additional program information
- Outlays of federal funds in FY 2010, as reported by the Office of Management and Budget, and the amount of federal funds spent specifically on transportation in FY 2009, if known, as reported by GAO.
- Indications as to primary target populations (key: “D” = individuals with disabilities, “E” = elderly persons, “L” = low-income persons or households, “V” = veterans, “Y” = children or youth)
- Indication as to whether the program has a planning mechanism at either a state or metropolitan level
- Indication as to whether the program’s funds can be used for mobility management activities as defined at 49 USC 5302(3)(K)
- Indication as to whether the program’s funds can be used to support call centers or one-call services
- Indication as to whether the program’s funds can be used to purchase transit fares, vouchers, or similar media
- Indication as to whether the program’s funds can be used to help purchase vans, buses or other vehicles

In reviewing and updating this table, these points emerge:

- The GAO 2003 methodology may not be perfect (for instance, it excludes a few agencies and programs, such as Indian Health Service, Indian Reservation Roads and other FHWA programs, that have documented histories of coordinated transit-human services partnerships), but has become a widely referenced basis of discussion.
- Most of the programs identified in 2003 by GAO are still in place (four have dropped, the United We Ride initiative identified two programs that have been added, and the 2011 GAO study identified 18 additional programs which have been added to this inventory).
- Aside from FTA programs, all others are restricted in the populations to be served, such as: persons at poverty or in low-income households (9 programs), youth and children (9

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES
APPENDIX, PAGE 2**

programs), clientele of specific public health programs (7 programs), persons with disabilities (6 programs), veterans (4 programs), elderly individuals (3 programs), Native Americans (3 programs), and adult job-seekers (3 programs).

- Most of these programs are administered by states, with varying degrees of decision-making at local level. Some programs have planning structures that could, in theory, mesh with DOT statewide transportation planning (18 programs, not including DOT programs), and only 3 non-DOT programs have planning structures that could theoretically mesh with DOT metropolitan planning processes and DOT coordinated human services transportation plans.
- Mobility management activities are at least theoretically allowable under 40 of these programs.
- The establishment and provision of “one-call” coordinated service delivery is allowable under 34 of these programs.
- Transit passes, vouchers, or other forms of fare payment are allowed uses of 35 of these programs’ federal funds.
- Vehicles or other transit-related capital assets can be purchased with 18 of these programs’ federal funds.

<i>Agency & Program</i>	<i>FY2010 Funding (& transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
U.S. DEPARTMENT OF AGRICULTURE								
<i>Food and Nutrition Service</i>								
SNAP Employment and Training Program (formerly Food Stamp Employment and Training Program) http://www.fns.usda.gov/snap/rules/Memo/Support/employment-training.htm State nutrition agencies may receive grants from USDA to provide employment and training services for participants in their Supplemental Nutrition Assistance Program (formerly known as “Food Stamps”). Transportation services connected with participants’ job search, job training and job retention can be eligible uses of these funds, at a state’s discretion.	\$344m	L	States	N	N	N	N	N
Hunger-Free Communities http://www.fns.usda.gov/outreach/grants/hfc_grants.htm The Hunger-Free Communities grants are a one-time opportunity for funds aimed at helping communities increase food access by promoting coordination and partnerships between public, private and non-profit partners.	\$5m	L	Local entities	N	N	Y	Y	Y
<i>USDA Rural Development</i>								
Community Facilities Loans and Grants http://www.rurdev.usda.gov/HCF_CF.html Community Facilities Programs provide loans and grants and loan guarantees for water and environmental projects, as well as community	\$490m (in lending authority)	Other	Local entities	N	N	N	N	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 3

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
facilities projects. Community facilities projects develop essential community facilities for public use in rural areas and may include hospitals, fire protection, safety, as well as many other community-based initiatives, including rural transit facilities.								
DEPARTMENT OF EDUCATION								
<i>Office of Elementary and Secondary Education</i>								
21st Century Community Learning Centers http://www2.ed.gov/programs/21stcclc/index.html This program supports the creation of community learning centers that provide academic enrichment opportunities during non-school hours for children, particularly students who attend high-poverty and low-performing schools. The program helps students meet state and local student standards in core academic subjects, such as reading and math; offers students a broad array of enrichment activities that can complement their regular academic programs, including transportation services related to these activities; and offers literacy and other educational services to the families of participating children.	\$1.2b	Y	States	N	N	N	N	N
<i>Office of Innovation and Improvement</i>								
Voluntary Public School Choice http://www2.ed.gov/programs/choice/index.html This program supports efforts to establish or expand intradistrict, interdistrict, and open enrollment public school choice programs to provide parents, particularly parents whose children attend low-performing public schools, with expanded education options. Programs and projects assisted are required to use a portion of the grant funds to provide the students selected to participate in the program with transportation services, or the cost of transportation, to and from the public elementary schools and secondary schools, including charter schools, which the students choose to attend under the program. The nature of how funds may be spent on transportation services will hinge, in large part, on each state's unique requirements concerning school bus transportation.	\$26m	Y	States, local entities	N	N	N	N	N
<i>Office of Special Education and Rehabilitative Services</i>								
Special Education State Grants (Assistance for Education of All Children with Disabilities) Special Education Pre-School Grants Special Education Grants for Infants and Families http://www2.ed.gov/about/offices/list/osep/osep/programs.html The Office of Special Education Programs (OSEP) supports a comprehensive array of	\$11.5b	Y	States	State	N	N	N	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 4

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
programs and projects authorized by the <i>Individuals with Disabilities Education Act (IDEA)</i> that improve results for infants, toddlers, children and youth with disabilities. Transportation is a critical element to these programs' success, but the nature of how these funds may be spent on transportation services will hinge, in large part, on each state's unique requirements concerning school bus transportation.								
Centers for Independent Living Independent Living State Grants http://www.rsa.ed.gov/programs.cfm?pc=CIL&sub=purpose Independent Living Services for Older Individuals Who Are Blind http://www2.ed.gov/programs/rsailob/index.html Supported Employment Services for Individuals with Most Significant Disabilities http://www.rsa.ed.gov/programs.cfm?pc=SE&sub=purpose Through a combination of formula-based grants to states' independent living councils, grants to individual centers for independent living, grants to states to provide independent living for older persons who are blind, and grants to help support employment opportunities for individuals with significant disabilities, persons with disabilities receive training, counseling, advocacy and supportive services that enable them to be more fully integrated into the mainstream of American society.	\$255m	D	States	N	Y	Y	Y	Y
Vocational Rehabilitation Grants http://www.rsa.ed.gov/programs.cfm?pc=BASIC-VR&sub=purpose Vocational rehabilitation grants are distributed to state rehabilitation agencies on a formula basis to provide a full range of rehabilitative services. Funds may be used for transportation to these services.	\$3.1b Trans- port: \$79.4m	D	States	State	Y	N	Y	N
Vocational Rehabilitation Projects for American Indians with Disabilities http://www2.ed.gov/programs/vramerind/index.html The purpose of this program is to assist tribal governments to develop or to increase their capacity to provide a program of vocational rehabilitation services, in a culturally relevant manner, to American Indians with disabilities residing on or near federal or state reservations. Funds may be used for transportation to these services.	\$43m	D	Tribes	N	Y	N	Y	N
DEPARTMENT OF HEALTH AND HUMAN SERVICES								
<i>Administration for Children and Families</i>								
Social Services Block Grant http://www.acf.hhs.gov/programs/ocs/ssbg/index.html Also known as Title XX, this program provides formula funds to state welfare agencies for the provision of social services, often including	\$1.7b	L	States	State	Y	Y	Y	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 5

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
transportation, that help individuals reduce welfare dependency, achieve economic self-sufficiency, or forestall unnecessary use of institutional care. Many states rely of this program to fill programmatic gaps that cannot be addressed through TANF (see below).								
Child Care and Development Fund http://www.acf.hhs.gov/programs/ccbf/ The CCDF program is authorized by the Child Care and Development Block Grant Act and Section 418 of the Social Security Act and assists low-income families in obtaining child care so that they can work or attend training and/or education activities. The program also improves the quality of child care and promotes coordination among early childhood development and afterschool programs.	\$2.1b	Y	States	State	Y	N	Y	N
Head Start http://www.acf.hhs.gov/programs/ohs/ Head Start is a program of comprehensive services for economically disadvantaged preschool children. Funds are distributed to tribes and local public and nonprofit agencies to provide child development and education services, as well as supportive services such as transportation. Head Start funds are used to provide transportation services, acquire vehicles and provide technical assistance to local Head Start centers.	\$7.2b	Y	Local entities	N	Y	N	Y	Y
Refugee and Entrant Assistance Programs http://www.acf.hhs.gov/programs/orr/ This is a family of programs that distribute funds on reimbursement, formula and discretionary bases for cash medical assistance and social services to refugees. A leading program goal is to help refugees quickly achieve economic self-sufficiency. Transportation is supported when provided as a component of these services.	\$563m	other	States	N	Y	Y	Y	N
Developmental Disabilities Basic Support and Advocacy Grants (State Councils on Developmental Disabilities and Protection and Advocacy Grants) http://www.acf.hhs.gov/programs/add/addprogram.html Developmental Disabilities Projects of National Significance http://www.acf.hhs.gov/programs/add/pns/pns.html The Administration on Developmental Disabilities (ADD) provides formula-based grants to state agencies serving the developmentally disabled, and also awards discretionary grants for demonstrations and special projects that address the unique needs of persons with developmental disabilities. Among the activities supported through these various grants are employment-, training- and housing-related services. Transportation often figures into ADD-funded projects and services.	\$130m	D	States	State	Y	Y	N	N
Temporary Assistance to Needy Families http://www.acf.hhs.gov/programs/ofa/tanf/index.html	\$16.5b Trans-	L	States	State	Y	N	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 6

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
States receive these formula grants, known as TANF, to provide cash assistance, work opportunities, and necessary support services for needy families with children. States may choose to spend some of their TANF funds on transportation and related services needed by program beneficiaries.	port: \$355.3m							
Community Services Block Grant http://www.acf.hhs.gov/programs/ocs/csbq/index.html Under this family of programs, states and tribes receive funding to provide a broad range of services for low-income persons. Most of the funds in this set of programs are awarded as formula-based grants to states, which pass them on to local community action programs. An important component of these community services programs is the Job Opportunities for Low-income Individuals (JOLI) program, through which the federal Office of Community Services awards discretionary grants to local non-profits who are creating employment and business opportunities for welfare recipients and other low-income individuals. Transportation services are commonly provided in both the block grant and JOLI programs.	\$700m	L	States	N	Y	Y	Y	Y
Transitional Living Program for Older Homeless Youth http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/tlpfactsheet.htm The Transitional Living Program provides competitive grants to support projects that provide long-term residential services to homeless youth ages 16-21. The services offered are designed to help young people who are homeless make a successful transition to self-sufficient living. Transitional living programs are required to provide youth with stable, safe living accommodations, and services – sometimes including transportation – that help them develop the skills necessary to become independent.	\$39m	Y	Local entities	N	N	N	Y	N
Native American Programs http://transition.acf.hhs.gov/programs/ana/programs The Administration for Native Americans promotes social and economic self-sufficiency in communities through its Social and Economic Development Services (SEDS) grants. These competitive financial assistance grants support locally determined projects designed to reduce or eliminate community problems and achieve community goals, which can include strategies for addressing transportation and mobility goals.	\$22m	Other	Tribes	N	Y	Y	Y	Y
Native Employment Works (Tribal Work Grants) http://www.acf.hhs.gov/programs/ofa/programs/new The purpose of the Native Employment Works (NEW) program is to make work activities available to Native Americans. Allowable activities include educational activities, training	\$8m	L	Tribes	N	N	N	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 7

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and job readiness activities, employment activities, and supportive and job retention services such as transportation; child care; items such as uniforms, clothing, tools, and eyeglasses that are needed for employment or training; medical services; counseling, et al.								
Chafee Foster Care Independence Program http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm The John H. Chafee Foster Care Independence Program offers assistance to help current and former foster care youths achieve self-sufficiency. Grants are offered to States and Tribes who submit a plan to assist youth in a wide variety of areas designed to support a successful transition to adulthood. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care. The program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption, and young adults ages 18-21 who have "aged out" of the foster care system.	\$140m	Y	States Tribes	State Tribal	Y	N	Y	N
Administration on Aging								
Supportive Services and Senior Centers http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/supportive_services/index.aspx Through this program, authorized under Title III-B of the Older Americans Act, funds are awarded by formula to state units on aging for the purpose of providing supportive services to older persons, including the operation of multi-purpose senior centers. In turn, states award funds to area agencies on aging, most of whom use a portion of their funding allocations to help meet the transportation needs of older persons.	\$368m Trans- port: \$72.3m	E	States	State Metro	Y	Y	Y	Y
Services for Native American Elders (Program for American Indian, Alaskan Native and Native Hawaiian Elders) http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Native_Americans/index.aspx Authorized by Title VI of the Older Americans Act, this program supports nutrition, information and referral, multi-purpose senior centers and other supportive services for American Indian Alaskan Natives and Native Hawaiian elders. Transportation is among the supportive services provided through this program. Federally recognized tribes, Alaska native corporations and Native Hawaiian organizations are the only eligible grant recipients.	\$28m	E	Tribes	N	Y	Y	Y	Y
Centers for Disease Control and Prevention								
Communities Putting Prevention to Work http://www.cdc.gov/communitiesputtingpreventionontowork/	\$5m	Other	Local entities	N	Y	N	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 8

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First established under the American Recovery and Reinvestment Act, and then continued under the Affordable Care Act, Communities Putting Prevention to Work (CPPW) is a locally driven initiative supporting 50 communities to tackle obesity and tobacco use. Through CPPW, these communities are implementing environmental changes to make healthy living easier, such as improving means for safe active transportation for pedestrians, bicyclists and transit users; ensuring provision of healthy food and beverage options in schools; limiting exposure to secondhand smoke; and increasing available tobacco cessation resources.								
Centers for Medicare and Medicaid Services								
Medicaid http://www.cms.gov/home/medicaid.asp Medicaid is a state-federal partnership that ensures medical assistance to qualified low-income persons and persons with disabilities. States are mandated to provide certain categories of health care, and some choose to expand these benefits as appropriate for their beneficiary population. There is a federal mandate for states to arrange the provision of transportation when necessary for accessing health care, but each state may set their own guidelines, payment mechanisms, and participation guidelines for these transportation services. Over the past dozen years, federal legislation has expanded the scope of mandated Medicaid coverage: the 1999 Ticket to Work and Work Incentives Improvement Act required a Medicaid safety net of continued health coverage and related services for qualified persons with disabilities who are entering the workforce. The 2010 Affordable Care Act requires states to extend Medicaid eligibility to all persons at or below 133 percent of the federal poverty line.	\$286.2b Trans- port: \$704.0m	L	States	State	Y	Y	Y	N
Children's Health Insurance Program (State Children's Health Insurance Program) http://www.cms.gov/home/chip.asp States receive formula-based funds under this program to initiate and expand child health assistance for uninsured, low-income children. States may accomplish this goal either by providing health insurance benefits to eligible children, or by expanding the coverage of their Medicaid program (see above) to include these children under those benefits. In either case, state may choose to include transportation as a covered benefit.	\$10.7b Trans- port: \$4.5m	Y	States	State	Y	Y	Y	N
Health Resources and Services Administration								
Health Centers Program (Community Health Centers) http://bphc.hrsa.gov/ Federal funds are allocated to community-based health centers in medically underserved	\$2.1b Trans- port: \$24.3m	L	Local entities	N	N	N	N	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 9

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areas, migrant and seasonal farmworker communities, public housing sites, and at locations provide medical care to homeless persons. Funds may be used to provide transportation services as necessary for the delivery of primary health care services. A few community health centers provide transportation services directly, and some others contract with other providers to meet their transportation needs.								
State Health Access Program (Healthy Communities Access Program) http://www.hrsa.gov/statehealthaccess/index.html This program of competitive grants builds on existing models of health care service integration to help health care providers develop integrated, community-wide health systems that serve the uninsured and underinsured. Grants are designed to increase access to health care by eliminating fragmented service delivery, improving efficiencies among safety net providers, and by encouraging greater private sector investment. To the extent that participating networks choose to include transportation services as part of their funded health care "safety net," such services can be supported with these funds.	\$75.0m	L	States	N	N	Y	N	N
HIV Care ("Ryan White") Formula Grants http://hab.hrsa.gov/ Authorized under the Ryan White AIDS CARE Act, these comprise a set of programs that help communities provide emergency assistance, comprehensive HIV/AIDS care, early intervention, dental services, education and outreach, training, and pediatric services to children with HIV/AIDS. Some of these funds are awarded on a formula basis to state public health agencies, others are awarded directly to health agencies in communities disproportionately affected by HIV/AIDS, and some funds are available for competitive, discretionary grants. In many communities, health agencies use a small portion of these funds to contract for, or reimburse, necessary transportation services.	\$2.3b	Other	States	State	Y	Y	N	Y
Maternal and Child Health Block Grant (Maternal and Child Services Grants) http://mchb.hrsa.gov/programs/default.htm Most of these funds are distributed to states as formula-based block grants to help provide health services to mothers, infants and children. There are particular emphases on caring for children with special health care needs and children in low-income families. Some of these funds are reserved to help support competitive grants for special projects of regional or national significance. Both formula and discretionary grants' funds may be used to support transportation that is part of these grants' services.	\$661m	Other	States	N	N	Y	N	N
Rural Health Program Grants	\$107m	Other	States	N	Y	Y	N	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 10

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(Rural Health Care, Rural Health Network, and Small Health Care Provider Grants). http://www.hrsa.gov/ruralhealth/grants/index.html Through this initiative, state offices of rural health receive funds for discretionary grants to rural hospitals that then form integrated networks to address community health needs, such as the formation of rural health maintenance organizations, co-located health and social services, telemedicine, or transportation services as needed for rural residents' health care. A portion of these programs' funds are reserved for federally awarded demonstration grants to expand or enhance the availability of health services in rural areas.	Trans- port: \$187K							
Healthy Start Initiative http://mchb.hrsa.gov/healthystart/phase1report/ This initiative supports a community-oriented approach to reducing infant mortality. A total of 94 Healthy Start communities have been designated to demonstrate this program. There are no funds for replication or for additional sites. Transportation services that help link pregnant women and new mothers to necessary health care and related services are provided in some of the initiative's locations.	\$105m	Y	Local entities	N	N	N	Y	Y
Indian Health Service								
Urban Indian Health Program http://www.ihs.gov/nonmedicalprograms/urban/UIHP.asp The Indian Health Service addresses the health care needs of urban American Indian and Alaska Native populations by funding 34 urban Indian health organizations operating at 41 sites located in cities throughout the United States. These health organizations engage in a variety of activities, ranging from the provision of outreach and referral services to the delivery of comprehensive ambulatory health care. Services currently include medical services, dental services, community services, alcohol and drug abuse prevention, education and treatment, AIDS and sexually transmitted disease education and prevention services, mental health services, nutrition education and counseling services, pharmacy services, health education, optometry services, social services (including transportation), and home health care.	\$43m Trans- port: \$27K	Other	Local entities	N	N	N	Y	N
Community Health Representatives http://www.ihs.gov/NonMedicalPrograms/chr/ The Indian Health Service typically does not provide direct transportation services. Instead, it relies on its network of Community Health Representatives (CHRs) to provide not only health outreach and health promotion services, but also to provide transportation as needed for American Indians and Alaska Natives to access the medical services at IHS facilities.	n/a	Other	IHS- em- ployed CHRs	N	N	N	N	N

APPENDIX, PAGE 11

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 12

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
Office of Community Planning and Development								
Community Development Block Grant http://www.hud.gov/offices/cpd/communitydevelopment/programs/ The Community Development Block Grant (CDBG) program supports a wide variety of community and economic development activities, with priorities determined at the local level. Some communities have used CDBG funds to assist in the construction of transportation facilities or for operating expenses and vehicle acquisition for community transportation services. Most CDBG funds are distributed on a formula basis to entitled cities, states and urban counties, but some funds are retained for national community development initiatives.	\$3.9b Trans- port: \$4m	L	States, local entities	State Metro	Y	Y	Y	Y
Emergency Solutions Grants (formerly Emergency Shelter Grants) http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless/programs/esg The purpose of the Emergency Solutions Grant (ESG) program is to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG funds are available for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through the Homeless Management Information System. Transportation costs related to emergency shelter services are eligible under this program.	\$250m	Other	States, local entities	N	N	N	Y	N
Housing Opportunities for Persons with AIDS http://www.hud.gov/offices/cpd/aidshousing/index.cfm The Housing Opportunities for Persons with AIDS (HOPWA) program provides grants for housing and supportive services for low-income persons with HIV/AIDS and their families. Grants may be used to provide transportation services to assist clients in accessing health care and other services. Most of this program's funding is awarded on a formula basis to state and city governments, who then may contract with local providers of transportation and other services.	\$314m Trans- port: \$2.6m	Other	States, local entities	State Metro	Y	Y	Y	N
Supportive Housing and Related Programs for the Homeless http://www.hud.gov/offices/cpd/homeless/programs/shp/ Through programs authorized by the McKinney-Vento Act, HUD helps local governments and private nonprofits provide housing and supportive services to homeless persons. Transportation is among the services many of these local housing providers seek to furnish for their residents. Most McKinney Act	\$1.7b Trans- port: \$43.0m	Other	States, local entities	N	Y	Y	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 13

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
funds are awarded by formula to states and localities, but some are available for competitive grants from HUD's headquarters offices. Another aspect of the McKinney-Vento Act is that it requires federally owned facilities or property that no longer is needed for federal purposes to be considered first for use to serve the needs of the homeless before being considered for sale or transfer to non-federal entities.								
Office of Public and Indian Housing								
HOPE VI (Revitalization of Severely Distressed Public Housing) http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm These grants allow public housing authorities to improve the living environments for residents of severely distressed public housing through demolition, revitalization or replacement of housing units. This program's funds also may be used to promote sustainable community development and supportive services, including transportation. HOPE VI funds may be used as matching funds for Federal Transit Administration programs.	\$120m	L	Local entities	N	Y	Y	Y	Y
Moving to Work http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/mtw Moving to Work (MTW) is a demonstration program for public housing authorities (PHAs) that provides them the opportunity to design and test innovative, locally-designed strategies that use Federal dollars more efficiently, help residents find employment and become self-sufficient, and increase housing choices for low-income families. MTW gives PHAs exemptions from many existing public housing and voucher rules and more flexibility with how they use their Federal funds, including some opportunities to include transportation services as appropriate to local priorities.	\$3.8b	L	Local entities	N	Y	N	Y	N
Resident Opportunities and Self Sufficiency Service Coordinators (ROSS) http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/ross/about The purpose of the ROSS Service Coordinator program is to provide funding to hire and maintain Service Coordinators who will assess the needs of residents of conventional Public Housing or Indian housing and coordinate available resources in the community to meet those needs. This program works to promote the development of local strategies to coordinate the use of assistance under the Public Housing program with public and private resources, for supportive services and resident empowerment activities. These services should enable participating families to increase earned	\$66m	L	Local entities	N	Y	N	N	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 14

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
income, reduce or eliminate the need for welfare assistance, make progress toward achieving economic independence and housing self-sufficiency, or, in the case of elderly or disabled residents, help improve living conditions and enable residents to age-in-place.								
Choice Neighborhoods http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/cn Choice Neighborhoods grants transform distressed neighborhoods and public and assisted projects into viable and sustainable mixed-income neighborhoods by linking housing improvements with appropriate services, schools, public assets, transportation, and access to jobs.	\$122m	L	Local entities	N	N	N	N	N
Office of Housing								
Supportive Housing for the Elderly http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202 Also known as Section 202, this program helps expand the supply of affordable housing with supportive services for the elderly. It provides very low-income elderly with options that allow them to live independently but in an environment that provides support activities such as cleaning, cooking, transportation, etc.	\$411m	E	Local entities	N	Y	N	Y	N
Supportive Housing for Persons with Disabilities http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/disab811 Through the Section 811 Supportive Housing for Persons with Disabilities program, HUD provides funding to develop and subsidize rental housing with the availability of supportive services, including transportation, for very low-income adults with disabilities.	\$115m	D	Local entities	N	Y	N	Y	N
Congregate Housing Services Program http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/chsp Although HUD has made no new grants under this program since 1995, it continues to provide technical assistance to assist previous recipients in their efforts to provide meals and other supportive services needed by frail elderly residents and residents with disabilities in federally subsidized housing.	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Office of Sustainable Housing and Communities								
Sustainable Communities Initiative http://portal.hud.gov/hudportal/HUD?src=/program_offices/sustainable_housing_communities/ The objective of the Sustainable Communities Initiative is to stimulate more integrated and sophisticated regional planning and outcomes that guide state, metropolitan and local investments in land use, transportation and house, as well as challenging localities to undertake zoning and land use reforms. This	\$102m	Other	States, local entities	Y	Y	Y	N	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 15

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
initiative has undertaken national competitive challenge grants, competitive regional planning grants, and competitive capacity building grants.								
DEPARTMENT OF INTERIOR								
<i>Bureau of Indian Affairs</i>								
Tribal Human Services http://www.bia.gov/WhoWeAre/BIA/OIS/HumanServices/index.htm The Bureau of Indian Affairs' Division of Human Services provides direct funding to individuals and activities related to social services, welfare assistance, Indian child welfare and tribes' human services program administration.	\$118m	Other	Tribes, Individ- uals	N	Y	Y	Y	N
Tribal Community, Economic & Workforce Development http://www.bia.gov/WhoWeAre/AS-IA/IEED/DWD/index.htm The Bureau of Indian Affairs' Division of Workforce Development manages a wide variety of job placement and training activities to promote job training and employment opportunities. These include coordination of federal employment and training resources for tribes, providing training for economic development opportunities towards job creation, and administering other tribal job training programs.	\$42m	Other	Tribes	N	Y	Y	Y	N
<i>Bureau of Indian Education</i>								
Indian Schools Student Transportation Assistance for Indian Children with Severe Disabilities Administrative Cost Grants for Indian Schools Indian Education Assistance to Schools http://www.bie.edu/Schools/PrimarySecondary/index.htm The Bureau of Indian Education oversees a total of 183 elementary and secondary schools, located on 64 reservations in 23 states. Of these, 59 are BIE-operated and 124 are Tribally-operated under BIE contracts or grants. The Bureau also funds or operates off-reservation boarding schools and peripheral dormitories near reservations for students attending public schools. BIE provides for school bus transportation of children to and from its schools. Furthermore, BIE provides for the educational needs of Indian children with disabilities, including their necessary transportation, in compliance with the Individuals with Disabilities Education Act.	\$147m Trans- port: \$50.5m	Y	Tribes	N	N	N	N	Y
Family and Child Education http://www.bie.edu/Programs/FACE/index.htm Known by its acronym as FACE, this program was initiated in 1990, and currently has programs in 44 Bureau of Indian Education (BIE) funded schools. It was designed as a family literacy program, and has become an	\$11m	Y	Tribes	N	N	N	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 16

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
integrated model for an early childhood/parental involvement program for American Indian families in BIE-funded schools. The goals of the FACE program are: to support parents/primary caregivers in their role as their child's first and most influential teacher; to increase family literacy; to strengthen family-school-community connections; to promote the early identification and services to children with special needs; to increase parent participation in their child's learning; to support and celebrate the unique cultural and linguistic diversity of each American Indian community served by the program; and to promote lifelong learning. Transportation in support of these goals may be provided.								
DEPARTMENT OF LABOR								
<i>Employment and Training Administration</i>								
Trade Adjustment Assistance Training Grants http://www.doleta.gov/tradeact/ The Trade Adjustment Assistance (TAA) program is a federal program that provides a path for employment growth and opportunity through aid to US workers who have lost their jobs as a result of foreign trade. The TAA program seeks to provide these workers with opportunities to obtain the skills, resources and support they need to become reemployed.	\$685m	Other	States	N	Y	N	Y	N
Welfare to Work Grants for Tribes <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Welfare to Work for States and Local Governments <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Work Incentive Grants <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Workforce Investment Act Adult & Dislocated Worker Programs http://www.doleta.gov/programs/general_info.cfm Workforce Investment Act Youth Activities http://www.doleta.gov/youth_services/ Native American Employment and Training http://www.doleta.gov/dinap/ National Farmworker Jobs Program (Migrant and Seasonal Farmworker Program) http://www.doleta.gov/MSFW/html/NFJP.cfm The Workforce Investment Act (WIA) authorizes funding to state, tribal and local workforce development agencies for a variety of employment and training services for youths, adults, dislocated workers, migrant and seasonal farmworkers and their families, and Native Americans. These funds may be used to help provide transportation to training programs for program participants.	\$3.5b	Other	States	State Metro	Y	Y	Y	N
Youthbuild http://www.doleta.gov/youth_services/youthbuild.cfm	\$116m	Y	Local entities	N	N	N	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 17

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
Youthbuild is an alternative education program that assists youth who are often significantly behind in basic skills with obtaining the education and employment skills necessary to achieve economic self-sufficiency, while also providing these disadvantaged youth with opportunities for meaningful work, fostering a commitment to community development among youth in low-income communities, and expanding the supply of permanent affordable housing by utilizing the energies and talents of disadvantaged youth.								
Youth Opportunity Grants <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Senior Community Service Employment Program http://www.doleta.gov/seniors/ This program, authorized at Title V of the Older Americans Act, provides formula grants to states, and grants to national nonprofit organizations, for subsidized employment and related services for low-income elders. Transportation is among the services provided through this program.	\$820m	E	States	N	Y	Y	Y	N
Employment Standards Administration								
Black Lung Benefits Program http://www.dol.gov/owcp/dcmwc/regs/compliance/bltable.htm Coal industry workers who have been disabled from pneumoconiosis, or "Black Lung Disease," and the widow(er)s and surviving dependents of these workers, receive monthly cash payments and other benefits from the Black Lung Disability Trust Fund. In addition to the cash payments, which carry no restriction on their use, persons disabled due to pneumoconiosis are reimbursed for their travel to and from necessary medical care; these reimbursements can be for payments to transportation providers.	\$596m	Other	Eligible individuals	N	Y	N	Y	N
Office of Job Corps								
Job Corps http://www.jobcorps.gov/home.aspx Job Corps is an alternative education and training program that helps young people from low-income households earn a high school diploma or GED, and find and keep a good job.	\$1.7b	Y		N	N	N	Y	N
Veterans' Employment and Training Service								
Veterans Workforce Investment Program (Veterans' Employment Program) http://www.dol.gov/vets/programs/vwip/main.htm Homeless Veterans Reintegration Project http://www.dol.gov/vets/grants/hvrp.htm The Labor Department's Veterans' Employment and Training Service addresses the specific needs of veterans, including veterans with disabilities, as they transition from military service to non-military employment. Working	\$43m	V	State	State	Y	Y	Y	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 18

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
through state and local workforce agencies, veterans groups, and One-Stop Career Centers, a variety of job search, training, transitional assistance and necessary supportive services, occasionally including transportation, are provided to veterans, with particular emphasis paid to addressing the needs of veterans with disabilities and homeless veterans.								
DEPARTMENT OF TRANSPORTATION								
<i>Federal Transit Administration</i>								
Over-the-Road Bus Accessibility Grants http://www.fta.dot.gov/funding/grants/grants_financing_11856.html This is a program of grants to help private operators of over-the-road buses finance a portion of their costs in complying with unique aspects of the Americans with Disabilities Act that pertain to these vehicles and their operations. NOTE: This program discontinued as of FY 2013, per MAP-21.	\$6m	Other	Private bus companies	N	N	N	N	N
Transit Capital Assistance for Elderly Persons and Persons with Disabilities http://www.fta.dot.gov/funding/grants/grants_financing_3556.html Known by its authorizing legislation as Section 5310, this program provides formula funding to state for the purpose of assisting private nonprofit groups and certain public bodies in meeting the transportation needs of elders and persons with disabilities. With a limited number of exceptions, funds may be used only for capital expenses or purchase-of-service agreements. States receive these funds on a formula basis. NOTE: This program revised significantly in FY 2013, per MAP-21.	\$176m	E. D	States	State	Y	Y	N	Y
Job Access and Reverse Commute Program http://www.fta.dot.gov/funding/grants/grants_financing_3550.html The Job Access and Reverse Commute program (JARC) promotes transportation services in urban and rural areas that assist welfare recipients and low-income individuals in accessing employment opportunities. Funding is distributed by formula to urbanized areas over 200,000 population, and to states for projects in rural areas and in urbanized areas of less than 200,000 population. NOTE: This program discontinued as of FY 2013, per MAP-21.	\$163m	L	States, local entities	State Metro	Y	Y	N	Y
Federal Transit Formula Grants – Nonurbanized (“rural”) Areas http://www.fta.dot.gov/funding/grants/grants_financing_3555.html Commonly known by its authorizing legislation as Section 5311, this is a program of formula funding to states for the purpose of supporting public transportation in areas with populations of less than 50,000. Funds may be used to support administrative, capital or operating	\$633m	Other	States	State	Y	Y	Y	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 19

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
costs of local transportation providers. States are to spend 15 percent of their funding allocations on rural intercity bus needs, unless their governor certifies these needs already are adequately met. States may distribute funding to public, private non-profit, or tribal organizations.								
Federal Transit Formula Grants – Urbanized Areas http://www.fta.dot.gov/funding/grants/grants_financing_3561.html Commonly known by its authorizing legislation as Section 5307, this program provides formula-based funding for transit projects in urbanized areas with populations greater than 50,000. In areas with populations greater than 200,000, funds are apportioned directly to designated recipients in the urbanized area, and may be used almost solely for capital expenses, although both preventive maintenance and mobility management activities are considered eligible capital expenses (these urbanized areas also may spend up to 10 percent of their Section 5307 allocations on the costs of their ADA complementary paratransit operations, and are required to spend 1 percent of their allocations on safety and security, and 1 percent on transit enhancements). In urbanized areas with populations between 50,000 and 200,000, Section 5307 funds may be used either for capital or operating costs, and typically are allocated to states for distribution among the smaller urbanized areas within the state.	\$4.9b	Other	States, local entities	State Metro	Y	Y	Y	Y
New Freedom Program http://www.fta.dot.gov/funding/grants/grants_financing_3549.html The New Freedom formula grant program aims to reduce barriers to transportation services and expand the transportation mobility options available to persons with disabilities act beyond the requirements of the Americans with Disabilities Act of 1990 (ADA). Funds are available to provide both capital and operating assistance to projects that provide accessible transportation services beyond the accessible transportation requirements of the ADA. Projects must be derived from a locally developed, coordinated public transit-human services transportation plan. NOTE: This program discontinued as of FY 2013, per MAP-21.	\$90m	D	States, local entities	State Metro	Y	Y	Y	Y
Federal Transit Capital Investment Grants http://www.fta.dot.gov/funding/grants/grants_financing_3557.html Commonly known by its authorizing legislation as Section 5309, this is a program of capital assistance grants for (a) new rail and other fixed-guideway transit systems, (b) modernization of existing rail and other fixed-guideway systems, and (c) buses and bus facilities. NOTE: This program revised significantly in FY 2013, per MAP-21.	\$3.3b	Other	States, local entities	State Metro	N	N	N	Y

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 20

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
Federal Highway Administration								
Indian Reservation Roads http://fh.fhwa.dot.gov/programs/irr/ The Indian Reservation Roads Program addresses transportation needs of tribes by providing funds for planning, designing, construction and maintenance activities. These funds may be used for the capital and operating costs of tribal transit programs, as based on plans that assess the condition and relative need of all transportation infrastructure on Indian reservations.	\$450m	Other	Tribes	Tribal	N	N	N	Y
DEPARTMENT OF VETERANS AFFAIRS								
Veterans Health Administration								
Veterans Medical Care Benefits http://www.va.gov/health/MedicalCenters.asp Veterans are eligible for a wide range of hospital-based and outpatient medical services. The Dept of Veterans Affairs (VA) will reimburse eligible veterans for some transportation to covered medical care. In addition, many VA Medical Centers work with volunteer networks to provide transportation for veterans seeking health care, and there occasionally are opportunities for transportation providers to contract directly with VA Medical Centers to provide some services. A growing number of VA Medical Centers have transportation mobility managers, and those VA Medical Centers participating in VA's Veterans Transportation Service provide transportation services above and beyond volunteer networks and individual reimbursements. VA also has specific funding opportunities for organizations serving homeless veterans.	\$36.1b Trans- port: \$314.8m	V	Individ- uals	N	N	N	Y	N
Homeless Providers Grant and Per Diem Program http://www.va.gov/homeless/gpd.asp This is a program of annual discretionary grants to community agencies that provide services to homeless veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping veterans achieve residential stability, increase their occupational skills and income, and obtain greater self-determination.	\$122m Trans- port: \$283K	V	Local entities	N	N	N	N	Y
Veterans Benefits Administration								
Automobiles and Adaptive Equipment http://www.vba.va.gov/VBA/benefits/factsheets/index.asp The Dept of Veterans Affairs (VA) will pay for the acquisition of an accessible personal vehicle, or for the adaptation of a personal vehicle, to accommodate a veteran or service member with certain disabilities that resulted from an injury or disease incurred or aggravated during active military service.	\$75m	V	Individ- uals	N	N	N	N	N

**NATIONAL RESOURCE CENTER FOR HUMAN SERVICE TRANSPORTATION COORDINATION
INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

APPENDIX, PAGE 21

<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE								
National Senior Service Corps http://www.seniorcorps.gov Senior Corps connects volunteers age 55+ with community service opportunities where they are needed most, and provides limited stipends and transportation reimbursements when needed for successful program participation. The three components of the Senior Corps are the Foster Grandparent Program, the Senior Companion Program, and RSVP (the Retired Senior Volunteer Program)	\$205m	E	Local entities, individuals	N	N	N	Y	N
SOCIAL SECURITY ADMINISTRATION								
Ticket to Work Program http://www.ssa.gov/work/aboutticket.html Under the Ticket to Work program, Social Security beneficiaries may receive "tickets" that help connect them with designated employment networks, where they can obtain employment services vocational rehabilitation services, or other support services necessary to achieve a vocational goal.	\$84m	D	Individuals	N	Y	Y	Y	N

Appendix C – Population Statistics

PDC 19 Demographics (Census 2010)

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Charles City	510366001001	23.59	1473	62.4
Charles City	510366001002	23.96	1253	52.3
Charles City	510366002001	18.66	1261	67.6
Charles City	510366002002	23.83	1077	45.2
Charles City	510366003001	29.27	1166	39.8
Charles City	510366003002	63.50	1026	16.2
Chesterfield	510411001061	1.63	2006	1233.5
Chesterfield	510411001062	0.54	1004	1861.1
Chesterfield	510411001071	1.17	2240	1916.4
Chesterfield	510411002051	0.42	752	1790.8
Chesterfield	510411002052	0.35	2284	6554.6
Chesterfield	510411002053	0.39	3172	8054.6
Chesterfield	510411002054	0.37	1070	2878.7
Chesterfield	510411002061	0.46	599	1296.9
Chesterfield	510411002062	0.95	1007	1055.5
Chesterfield	510411002063	1.33	3152	2376.2
Chesterfield	510411002064	0.48	1473	3073.5
Chesterfield	510411002081	0.90	1091	1218.1
Chesterfield	510411002082	0.77	1493	1941.8
Chesterfield	510411002091	0.69	1127	1644.9
Chesterfield	510411002092	0.54	962	1792.6
Chesterfield	510411002093	0.97	2701	2773.4
Chesterfield	510411002094	0.80	1479	1842.0
Chesterfield	510411002101	1.30	1637	1258.4
Chesterfield	510411003001	1.63	1424	872.3
Chesterfield	510411003002	0.42	1033	2438.4
Chesterfield	510411004031	11.73	719	61.3
Chesterfield	510411004032	2.64	2947	1117.1
Chesterfield	510411004033	9.26	1843	199.0
Chesterfield	510411004041	0.93	2384	2553.3
Chesterfield	510411004051	0.44	1505	3416.7
Chesterfield	510411004052	0.26	847	3231.8
Chesterfield	510411004061	1.40	1272	906.1
Chesterfield	510411004071	0.99	617	620.7

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Chesterfield	510411004072	1.22	876	717.2
Chesterfield	510411004073	1.24	1806	1458.6
Chesterfield	510411004091	1.07	1485	1386.9
Chesterfield	510411004092	1.18	2646	2249.8
Chesterfield	510411004093	0.85	1498	1754.4
Chesterfield	510411004094	1.05	740	708.0
Chesterfield	510411004101	0.77	2188	2844.1
Chesterfield	510411005051	0.61	1104	1813.4
Chesterfield	510411005052	1.42	996	699.6
Chesterfield	510411005053	1.24	1451	1167.9
Chesterfield	510411005054	0.23	696	3029.4
Chesterfield	510411005055	0.50	793	1599.5
Chesterfield	510411005061	0.37	623	1677.6
Chesterfield	510411005062	1.52	2959	1945.5
Chesterfield	510411005063	1.96	1449	740.0
Chesterfield	510411005064	0.49	1568	3225.6
Chesterfield	510411005071	1.97	3843	1949.3
Chesterfield	510411005072	2.10	1991	949.8
Chesterfield	510411005081	1.10	2173	1980.1
Chesterfield	510411005082	2.11	2868	1357.6
Chesterfield	510411005091	9.16	3291	359.2
Chesterfield	510411005092	3.26	3287	1007.8
Chesterfield	510411005101	0.55	1306	2359.1
Chesterfield	510411005102	1.94	1936	997.3
Chesterfield	510411006001	0.53	817	1544.6
Chesterfield	510411006002	0.35	2495	7220.5
Chesterfield	510411006003	0.39	581	1487.3
Chesterfield	510411007011	0.97	1790	1839.3
Chesterfield	510411007012	1.04	1498	1440.2
Chesterfield	510411007013	1.09	1287	1184.0
Chesterfield	510411007014	1.34	1099	822.7
Chesterfield	510411007021	10.51	2011	191.3
Chesterfield	510411007031	8.60	878	102.1
Chesterfield	510411007032	19.21	3127	162.8
Chesterfield	510411007033	8.10	1847	228.0
Chesterfield	510411007034	16.62	1517	91.2
Chesterfield	510411008041	0.79	1888	2385.3
Chesterfield	510411008042	0.41	1232	3019.2
Chesterfield	510411008043	0.78	1378	1768.0
Chesterfield	510411008051	0.53	921	1725.5

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Chesterfield	510411008052	1.35	3323	2457.3
Chesterfield	510411008053	0.32	809	2508.8
Chesterfield	510411008061	0.19	1955	10473.8
Chesterfield	510411008062	0.64	1954	3063.0
Chesterfield	510411008071	1.34	1510	1126.8
Chesterfield	510411008121	3.01	1577	523.4
Chesterfield	510411008122	1.06	2798	2650.1
Chesterfield	510411008123	1.56	1432	918.5
Chesterfield	510411008141	0.78	1674	2140.1
Chesterfield	510411008142	1.47	1850	1254.4
Chesterfield	510411008151	1.00	1668	1674.6
Chesterfield	510411008152	1.19	2302	1927.0
Chesterfield	510411008161	0.56	1074	1918.3
Chesterfield	510411008162	0.70	2612	3749.9
Chesterfield	510411008163	0.42	950	2268.2
Chesterfield	510411008171	0.41	2004	4931.5
Chesterfield	510411008172	1.59	1526	958.0
Chesterfield	510411008181	0.85	1368	1604.6
Chesterfield	510411008182	1.50	2402	1599.9
Chesterfield	510411008191	1.06	1857	1758.0
Chesterfield	510411008192	2.63	4416	1677.0
Chesterfield	510411008201	3.87	2580	666.0
Chesterfield	510411008211	11.32	2729	241.1
Chesterfield	510411008212	13.36	1944	145.5
Chesterfield	510411008221	5.94	840	141.5
Chesterfield	510411008222	4.40	2681	609.3
Chesterfield	510411008223	5.00	1563	312.3
Chesterfield	510411008231	1.77	1297	732.6
Chesterfield	510411008232	2.24	3778	1689.6
Chesterfield	510411009021	0.45	1050	2349.7
Chesterfield	510411009022	1.13	1976	1754.6
Chesterfield	510411009023	0.36	778	2147.4
Chesterfield	510411009071	1.27	1750	1373.8
Chesterfield	510411009072	0.64	944	1483.5
Chesterfield	510411009101	0.32	1201	3805.3
Chesterfield	510411009102	0.72	1509	2087.9
Chesterfield	510411009103	0.98	1574	1602.3
Chesterfield	510411009104	0.51	1067	2110.0
Chesterfield	510411009121	0.94	2008	2133.1
Chesterfield	510411009122	0.43	1336	3134.7

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Chesterfield	510411009123	1.07	1802	1690.4
Chesterfield	510411009124	0.64	1122	1750.4
Chesterfield	510411009151	0.80	1508	1876.3
Chesterfield	510411009152	1.16	2576	2226.2
Chesterfield	510411009191	3.24	2639	813.6
Chesterfield	510411009192	0.99	1661	1681.0
Chesterfield	510411009193	1.34	2032	1521.3
Chesterfield	510411009201	1.26	813	643.1
Chesterfield	510411009211	0.30	1423	4793.5
Chesterfield	510411009212	0.50	2102	4168.1
Chesterfield	510411009213	0.22	994	4422.3
Chesterfield	510411009214	0.42	1846	4422.5
Chesterfield	510411009221	0.80	1945	2439.4
Chesterfield	510411009222	1.33	2261	1703.5
Chesterfield	510411009223	0.41	958	2352.8
Chesterfield	510411009231	0.89	1817	2043.1
Chesterfield	510411009232	0.35	965	2727.9
Chesterfield	510411009241	4.91	4354	887.1
Chesterfield	510411009261	3.01	2744	911.1
Chesterfield	510411009262	1.14	1416	1237.3
Chesterfield	510411009263	1.80	1903	1056.6
Chesterfield	510411009271	1.16	2453	2117.2
Chesterfield	510411009272	0.48	1665	3438.6
Chesterfield	510411009273	8.50	3206	377.2
Chesterfield	510411009281	5.26	2364	449.5
Chesterfield	510411009282	2.40	2713	1130.3
Chesterfield	510411009291	0.98	3135	3209.8
Chesterfield	510411009292	1.06	1011	955.9
Chesterfield	510411009293	0.92	2060	2230.8
Chesterfield	510411009301	0.44	943	2148.8
Chesterfield	510411009302	0.93	2565	2753.9
Chesterfield	510411009311	0.69	942	1369.8
Chesterfield	510411009312	1.48	1771	1193.0
Chesterfield	510411009313	1.15	2670	2316.8
Chesterfield	510411009321	1.09	3508	3212.7
Chesterfield	510411009331	1.12	2720	2426.1
Chesterfield	510411009341	0.80	1790	2243.8
Chesterfield	510411009342	0.60	1997	3317.8
Chesterfield	510411009343	1.27	2529	1985.2
Chesterfield	510411009351	1.31	1579	1208.0

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Chesterfield	510411009352	1.58	2141	1358.8
Chesterfield	510411009361	1.03	1283	1244.1
Chesterfield	510411009362	1.50	2590	1729.3
Chesterfield	510411010031	45.17	4515	100.0
Chesterfield	510411010041	28.91	3535	122.3
Chesterfield	510411010042	27.85	1192	42.8
Chesterfield	510411010071	0.60	1537	2543.8
Chesterfield	510411010072	0.63	2132	3365.9
Chesterfield	510411010073	1.41	2595	1838.4
Chesterfield	510411010081	1.56	1384	884.3
Chesterfield	510411010082	0.99	2762	2779.4
Chesterfield	510411010091	6.07	5841	962.9
Chesterfield	510411010101	4.68	2769	591.8
Chesterfield	510411010102	1.68	1968	1172.7
Chesterfield	510411010103	1.37	2340	1713.8
Chesterfield	510411010111	0.48	1015	2131.2
Chesterfield	510411010112	0.52	2185	4202.1
Chesterfield	510411010121	1.12	2877	2564.5
Chesterfield	510411010122	1.26	2339	1856.1
Chesterfield	510411010131	4.44	3289	740.0
Dinwiddie	510538401001	77.99	1386	17.8
Dinwiddie	510538401002	24.85	972	39.1
Dinwiddie	510538401003	21.17	833	39.3
Dinwiddie	510538401004	43.36	812	18.7
Dinwiddie	510538401005	67.42	1717	25.5
Dinwiddie	510538402001	31.46	1544	49.1
Dinwiddie	510538402002	27.16	1073	39.5
Dinwiddie	510538402003	11.55	1692	146.5
Dinwiddie	510538403001	1.13	1339	1181.2
Dinwiddie	510538403002	1.11	1605	1450.6
Dinwiddie	510538403003	2.85	2747	965.1
Dinwiddie	510538403004	1.45	785	542.9
Dinwiddie	510538404001	2.01	1079	537.4
Dinwiddie	510538405001	16.50	2263	137.2
Dinwiddie	510538405002	9.94	1315	132.3
Dinwiddie	510538406001	46.71	1573	33.7
Dinwiddie	510538406002	31.94	1551	48.6
Dinwiddie	510538406003	30.28	2284	75.4
Dinwiddie	510538406004	34.32	1431	41.7
Dinwiddie	510539801001	20.51	0	0.0

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Greenville	510818801011	82.73	2381	28.8
Greenville	510818801012	20.12	1251	62.2
Greenville	510818801013	11.10	688	62.0
Greenville	510818801021	0.15	3276	21536.9
Greenville	510818802001	65.27	3003	46.0
Greenville	510818802002	115.85	1644	14.2
Prince George	511498501001	1.87	4491	2404.1
Prince George	511498501002	2.72	592	217.5
Prince George	511498502001	4.18	555	132.8
Prince George	511498502002	3.32	316	95.1
Prince George	511498502003	0.74	1603	2175.4
Prince George	511498502004	1.00	986	988.8
Prince George	511498503011	2.74	902	329.3
Prince George	511498503012	2.93	2487	849.5
Prince George	511498503013	4.37	3234	740.5
Prince George	511498503021	9.54	1990	208.7
Prince George	511498503022	6.30	2140	339.6
Prince George	511498504001	41.09	1122	27.3
Prince George	511498504002	37.85	957	25.3
Prince George	511498504003	26.51	1415	53.4
Prince George	511498504004	21.30	1688	79.2
Prince George	511498505011	16.77	2154	128.4
Prince George	511498505012	18.00	1660	92.2
Prince George	511498505013	37.25	2170	58.3
Prince George	511498505021	10.31	1928	186.9
Prince George	511498505022	9.14	2458	268.9
Prince George	511498505023	7.23	877	121.4
Surry	511818601001	34.16	1514	44.3
Surry	511818601002	34.92	1224	35.1
Surry	511818601003	19.84	669	33.7
Surry	511818602001	46.08	1110	24.1
Surry	511818602002	42.20	884	20.9
Surry	511818602003	24.80	608	24.5
Surry	511818602004	76.95	1049	13.6
Sussex	511838701001	39.52	640	16.2
Sussex	511838701002	42.77	809	18.9
Sussex	511838701003	82.00	1248	15.2
Sussex	511838702011	132.90	2355	17.7
Sussex	511838702012	116.86	1325	11.3
Sussex	511838702021	0.56	1082	1926.2

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Sussex	511838703001	7.00	699	99.9
Sussex	511838703002	10.21	1280	125.3
Sussex	511838703003	29.52	882	29.9
Sussex	511838704001	11.27	1003	89.0
Sussex	511838704002	17.60	764	43.4
Colonial Heights	515708301001	1.38	2655	1927.9
Colonial Heights	515708301002	0.56	1400	2479.2
Colonial Heights	515708301003	1.58	756	478.0
Colonial Heights	515708302001	0.91	2251	2464.1
Colonial Heights	515708302002	0.32	1274	3938.4
Colonial Heights	515708303001	0.51	1325	2580.1
Colonial Heights	515708303002	0.45	1160	2589.4
Colonial Heights	515708304001	0.42	1811	4336.1
Colonial Heights	515708304002	0.35	818	2352.0
Colonial Heights	515708305001	0.54	1807	3374.3
Colonial Heights	515708305002	0.50	2154	4334.0
Emporia	515958901001	2.40	1147	477.2
Emporia	515958901002	0.81	880	1088.8
Emporia	515958901003	0.83	912	1105.3
Emporia	515958902001	0.40	769	1931.9
Emporia	515958902002	0.51	589	1150.2
Emporia	515958902003	0.48	744	1551.2
Emporia	515958902004	1.47	886	603.9
Hopewell	516708201001	0.45	1555	3433.7
Hopewell	516708203001	0.27	789	2875.3
Hopewell	516708203002	0.83	1922	2310.6
Hopewell	516708204001	0.52	1263	2409.4
Hopewell	516708204002	0.85	1232	1455.5
Hopewell	516708204003	1.15	2822	2443.6
Hopewell	516708205001	0.32	1254	3932.3
Hopewell	516708205002	0.23	1167	5134.3
Hopewell	516708205003	0.33	1135	3487.1
Hopewell	516708205004	0.33	1335	4087.8
Hopewell	516708206001	0.29	945	3306.8
Hopewell	516708206002	0.25	1205	4877.6
Hopewell	516708206003	0.54	1275	2371.4
Hopewell	516708206004	0.43	1208	2825.8
Hopewell	516708206005	0.42	1041	2464.2
Hopewell	516708207001	0.78	2443	3127.2
Hopewell	516709801001	2.29	0	0.0

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Petersburg	517308101001	0.77	998	1289.8
Petersburg	517308101002	1.59	1936	1214.0
Petersburg	517308103001	0.61	1152	1883.8
Petersburg	517308103002	0.48	624	1291.5
Petersburg	517308103003	0.18	837	4768.0
Petersburg	517308104001	0.41	1384	3353.6
Petersburg	517308105001	0.32	921	2921.3
Petersburg	517308105002	0.44	679	1533.0
Petersburg	517308105003	0.62	1650	2659.3
Petersburg	517308105004	0.38	1205	3171.4
Petersburg	517308106001	0.30	1096	3653.4
Petersburg	517308106002	0.18	788	4308.7
Petersburg	517308107001	0.24	1061	4397.8
Petersburg	517308107002	0.29	1162	3960.2
Petersburg	517308109001	0.50	1341	2692.1
Petersburg	517308109002	0.24	1023	4198.6
Petersburg	517308109003	0.40	1097	2744.6
Petersburg	517308110001	3.06	2019	660.9
Petersburg	517308110002	0.22	748	3447.4
Petersburg	517308110003	0.57	1496	2619.6
Petersburg	517308111001	3.80	2075	545.7
Petersburg	517308111002	0.32	808	2503.9
Petersburg	517308112001	4.50	2189	486.5
Petersburg	517308112002	1.42	1566	1104.0
Petersburg	517308113001	0.34	685	2039.5
Petersburg	517308113002	0.26	628	2422.3
Petersburg	517308113003	0.28	673	2405.5
Petersburg	517308113004	0.20	579	2868.9

Appendix D- Demographics of Potentially Transit Dependent Persons

PDC 19 Demographics (American Community Survey 2005-2009)
Classifications: 1= Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510366001001	Charles City	264	5	250	3	21	1	190	2	2	1
510366001002	Charles City	94	1	212	2	19	1	159	2	2	1
510366002001	Charles City	105	1	133	1	11	1	47	1	1	1
510366002002	Charles City	63	1	214	2	27	1	84	1	1	1
510366003001	Charles City	65	1	278	3	23	1	112	1	2	1
510366003002	Charles City	40	1	61	1	0	1	132	1	1	1
510411001061	Chesterfield	35	1	91	1	0	1	84	1	1	1
510411001062	Chesterfield	91	1	312	4	0	1	28	1	1	2
510411001071	Chesterfield	53	1	186	2	117	5	357	5	2	5
510411001072	Chesterfield	52	1	44	1	0	1	46	1	1	1
510411002051	Chesterfield	30	1	113	1	0	1	39	1	1	1
510411002052	Chesterfield	57	1	120	1	55	3	90	1	2	4
510411002053	Chesterfield	84	1	74	1	15	1	426	5	2	5
510411002054	Chesterfield	71	1	48	1	44	2	212	3	1	4
510411002061	Chesterfield	23	1	67	1	24	1	0	1	1	1
510411002062	Chesterfield	68	1	259	3	0	1	32	1	1	1
510411002063	Chesterfield	84	1	117	1	0	1	58	1	1	3
510411002064	Chesterfield	124	2	97	1	35	1	47	1	3	3
510411002071	Chesterfield	90	1	87	1	63	4	177	2	2	2
510411002072	Chesterfield	28	1	100	1	11	1	50	1	1	1
510411002073	Chesterfield	33	1	210	2	14	1	55	1	1	2
510411002074	Chesterfield	21	1	82	1	0	1	27	1	1	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510411002075	Chesterfield	247	5	127	1	0	1	171	2	2	3
510411002081	Chesterfield	32	1	103	1	14	1	0	1	1	1
510411002082	Chesterfield	18	1	161	1	0	1	10	1	1	1
510411002083	Chesterfield	39	1	59	1	0	1	7	1	1	1
510411003001	Chesterfield	198	4	125	1	67	4	290	4	3	2
510411003002	Chesterfield	99	1	17	1	16	1	77	1	1	1
510411004031	Chesterfield	31	1	50	1	0	1	18	1	1	1
510411004032	Chesterfield	155	3	373	5	9	1	128	1	1	2
510411004033	Chesterfield	25	1	96	1	0	1	58	1	1	1
510411004041	Chesterfield	160	3	125	1	147	5	593	5	3	5
510411004051	Chesterfield	16	1	56	1	0	1	187	2	3	1
510411004052	Chesterfield	139	2	112	1	45	2	230	3	2	3
510411004061	Chesterfield	50	1	44	1	69	4	308	4	3	1
510411004071	Chesterfield	18	1	56	1	35	1	179	2	4	1
510411004072	Chesterfield	84	1	131	1	0	1	38	1	1	1
510411004073	Chesterfield	150	3	156	1	22	1	266	4	2	3
510411004081	Chesterfield	64	1	181	1	0	1	206	2	1	1
510411004082	Chesterfield	36	1	81	1	0	1	230	3	1	4
510411004083	Chesterfield	49	1	138	1	0	1	76	1	1	1
510411004084	Chesterfield	172	3	109	1	0	1	482	5	3	4
510411004085	Chesterfield	65	1	170	1	75	5	32	1	2	3
510411005011	Chesterfield	323	5	304	3	26	1	94	1	1	1
510411005012	Chesterfield	24	1	47	1	0	1	14	1	2	3
510411005013	Chesterfield	81	1	223	2	25	1	100	1	1	1
510411005041	Chesterfield	136	2	235	2	36	1	228	3	1	3
510411005042	Chesterfield	42	1	132	1	8	1	358	5	2	2
510411005043	Chesterfield	129	2	132	1	0	1	387	5	1	5
510411005044	Chesterfield	58	1	204	2	0	1	0	1	1	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510411005051	Chesterfield	61	1	95	1	0	1	107	1	1	1
510411005052	Chesterfield	47	1	161	1	19	1	11	1	1	1
510411005053	Chesterfield	54	1	64	1	6	1	37	1	1	1
510411005054	Chesterfield	24	1	24	1	0	1	149	1	1	1
510411005055	Chesterfield	7	1	128	1	16	1	98	1	1	1
510411005061	Chesterfield	15	1	72	1	0	1	0	1	1	1
510411005062	Chesterfield	68	1	64	1	60	3	745	5	2	1
510411005063	Chesterfield	85	1	122	1	0	1	53	1	1	2
510411005064	Chesterfield	103	1	72	1	29	1	260	3	2	2
510411006001	Chesterfield	76	1	177	1	34	1	22	1	4	1
510411006002	Chesterfield	104	1	20	1	0	1	0	1	1	1
510411006003	Chesterfield	67	1	57	1	108	5	39	1	4	2
510411007011	Chesterfield	117	2	112	1	0	1	29	1	1	1
510411007012	Chesterfield	100	1	154	1	33	1	213	3	1	1
510411007013	Chesterfield	103	1	103	1	35	1	96	1	1	1
510411007014	Chesterfield	138	2	60	1	20	1	313	4	2	1
510411007021	Chesterfield	217	5	162	1	3	1	77	1	2	1
510411007031	Chesterfield	51	1	88	1	43	2	38	1	1	1
510411007032	Chesterfield	66	1	93	1	0	1	103	1	1	1
510411007033	Chesterfield	72	1	163	1	46	2	259	3	1	1
510411007034	Chesterfield	169	3	180	1	0	1	8	1	1	1
510411008041	Chesterfield	125	2	214	2	22	1	239	3	1	3
510411008042	Chesterfield	72	1	54	1	6	1	127	1	1	1
510411008043	Chesterfield	107	2	252	3	8	1	57	1	2	2
510411008051	Chesterfield	124	2	209	2	15	1	59	1	2	2
510411008052	Chesterfield	181	4	163	1	38	2	122	1	1	5
510411008053	Chesterfield	74	1	45	1	7	1	184	2	3	1
510411008061	Chesterfield	133	2	16	1	136	5	463	5	4	5

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510411008062	Chesterfield	59	1	180	1	0	1	31	1	1	3
510411008071	Chesterfield	55	1	161	1	0	1	105	1	1	1
510411008091	Chesterfield	60	1	110	1	51	3	26	1	1	1
510411008092	Chesterfield	40	1	150	1	0	1	319	5	1	1
510411008093	Chesterfield	58	1	258	3	9	1	0	1	1	1
510411008111	Chesterfield	36	1	162	1	10	1	0	1	1	1
510411008112	Chesterfield	142	3	283	3	31	1	76	1	1	1
510411008113	Chesterfield	122	2	317	4	56	3	151	1	1	4
510411008121	Chesterfield	108	2	142	1	17	1	50	1	1	1
510411008122	Chesterfield	27	1	80	1	7	1	18	1	1	2
510411008123	Chesterfield	96	1	340	4	0	1	71	1	2	1
510411008131	Chesterfield	28	1	0	1	0	1	63	1	1	1
510411008132	Chesterfield	68	1	160	1	15	1	58	1	1	1
510411008133	Chesterfield	190	4	290	3	0	1	295	4	1	5
510411008134	Chesterfield	115	2	126	1	0	1	229	3	1	3
510411008141	Chesterfield	58	1	26	1	10	1	194	2	1	3
510411008142	Chesterfield	95	1	96	1	0	1	54	1	1	1
510411008151	Chesterfield	47	1	173	1	0	1	84	1	1	1
510411008152	Chesterfield	65	1	95	1	0	1	103	1	1	2
510411008161	Chesterfield	16	1	138	1	0	1	17	1	1	1
510411008162	Chesterfield	65	1	114	1	7	1	208	2	1	3
510411008163	Chesterfield	75	1	31	1	0	1	15	1	1	1
510411008171	Chesterfield	61	1	77	1	38	2	49	1	1	1
510411008172	Chesterfield	25	1	176	1	0	1	57	1	1	1
510411009021	Chesterfield	26	1	116	1	8	1	24	1	1	1
510411009022	Chesterfield	61	1	237	2	11	1	130	1	1	1
510411009023	Chesterfield	29	1	245	2	11	1	47	1	1	1
510411009071	Chesterfield	81	1	125	1	0	1	27	1	1	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510411009072	Chesterfield	67	1	162	1	40	2	0	1	2	1
510411009101	Chesterfield	45	1	41	1	6	1	11	1	1	1
510411009102	Chesterfield	88	1	124	1	38	2	189	2	1	2
510411009103	Chesterfield	78	1	216	2	9	1	17	1	1	1
510411009104	Chesterfield	23	1	78	1	7	1	0	1	1	1
510411009121	Chesterfield	62	1	263	3	0	1	145	1	1	3
510411009122	Chesterfield	10	1	140	1	11	1	12	1	1	1
510411009123	Chesterfield	23	1	115	1	0	1	0	1	1	1
510411009124	Chesterfield	11	1	155	1	0	1	233	3	1	2
510411009131	Chesterfield	121	2	48	1	60	3	137	1	1	4
510411009132	Chesterfield	100	1	206	2	22	1	198	2	1	4
510411009133	Chesterfield	107	2	158	1	36	1	176	2	1	4
510411009151	Chesterfield	71	1	119	1	0	1	9	1	1	1
510411009152	Chesterfield	83	1	366	4	0	1	97	1	1	4
510411009191	Chesterfield	18	1	19	1	0	1	53	1	1	1
510411009192	Chesterfield	122	2	122	1	29	1	103	1	1	2
510411009193	Chesterfield	81	1	160	1	17	1	0	1	2	1
510411009194	Chesterfield	21	1	48	1	17	1	104	1	1	1
510411009201	Chesterfield	61	1	96	1	12	1	12	1	1	1
510411009211	Chesterfield	38	1	62	1	0	1	0	1	1	1
510411009212	Chesterfield	43	1	126	1	0	1	22	1	1	2
510411009213	Chesterfield	100	1	51	1	0	1	53	1	1	1
510411009214	Chesterfield	79	1	165	1	0	1	390	5	1	3
510411009221	Chesterfield	122	2	163	1	0	1	116	1	1	3
510411009222	Chesterfield	71	1	200	2	9	1	265	4	1	3
510411009223	Chesterfield	57	1	114	1	22	1	44	1	1	1
510411009231	Chesterfield	37	1	81	1	19	1	0	1	1	1
510411009232	Chesterfield	63	1	125	1	12	1	29	1	1	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510411009241	Chesterfield	113	2	230	2	20	1	77	1	1	1
510411009251	Chesterfield	16	1	153	1	59	3	105	1	2	2
510411009252	Chesterfield	79	1	361	4	0	1	0	1	1	3
510411009253	Chesterfield	11	1	254	3	0	1	0	1	1	3
510411009261	Chesterfield	0	1	146	1	0	1	27	1	1	1
510411009262	Chesterfield	81	1	450	5	88	5	123	1	1	5
510411009271	Chesterfield	75	1	120	1	8	1	19	1	1	3
510411009272	Chesterfield	65	1	329	4	35	1	0	1	1	2
510411009273	Chesterfield	165	3	176	1	0	1	49	1	1	1
510411009281	Chesterfield	108	2	534	5	19	1	112	1	1	2
510411009291	Chesterfield	56	1	176	1	0	1	128	1	1	3
510411009292	Chesterfield	26	1	116	1	18	1	57	1	1	1
510411009293	Chesterfield	51	1	130	1	0	1	0	1	1	3
510411009301	Chesterfield	0	1	19	1	0	1	27	1	2	1
510411009302	Chesterfield	35	1	60	1	26	1	0	1	1	3
510411009311	Chesterfield	16	1	198	2	0	1	13	1	1	1
510411009312	Chesterfield	48	1	195	2	0	1	6	1	1	1
510411009313	Chesterfield	33	1	82	1	0	1	33	1	1	3
510411009321	Chesterfield	76	1	160	1	21	1	41	1	1	2
510411010031	Chesterfield	150	3	203	2	18	1	136	1	1	1
510411010041	Chesterfield	31	1	79	1	0	1	0	1	1	1
510411010042	Chesterfield	126	2	239	2	27	1	36	1	1	1
510411010051	Chesterfield	312	5	178	1	13	1	197	2	1	2
510411010052	Chesterfield	101	1	372	5	0	1	97	1	1	3
510411010053	Chesterfield	36	1	176	1	0	1	163	2	1	1
510411010061	Chesterfield	83	1	84	1	0	1	293	4	1	4
510411010062	Chesterfield	107	2	74	1	0	1	116	1	2	3
510411010063	Chesterfield	84	1	225	2	10	1	32	1	1	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510411010071	Chesterfield	8	1	31	1	0	1	33	1	1	2
510411010072	Chesterfield	31	1	105	1	0	1	41	1	2	3
510411010073	Chesterfield	40	1	337	4	26	1	12	1	1	4
510411010081	Chesterfield	66	1	159	1	6	1	0	1	2	2
510538401001	Dinwiddie	113	2	150	1	15	1	12	1	1	1
510538401002	Dinwiddie	64	1	24	1	0	1	0	1	2	1
510538401003	Dinwiddie	98	1	205	2	15	1	50	1	2	1
510538401004	Dinwiddie	47	1	91	1	6	1	25	1	2	1
510538401005	Dinwiddie	38	1	22	1	23	1	78	1	1	1
510538401006	Dinwiddie	107	2	246	2	29	1	107	1	1	1
510538401007	Dinwiddie	0	1	0	1	0	1	0	1	1	1
510538402001	Dinwiddie	95	1	98	1	7	1	167	2	2	1
510538402002	Dinwiddie	53	1	85	1	0	1	100	1	2	1
510538402003	Dinwiddie	81	1	40	1	0	1	79	1	1	1
510538402004	Dinwiddie	69	1	240	2	34	1	11	1	1	1
510538403001	Dinwiddie	297	5	306	3	36	1	261	3	1	3
510538403002	Dinwiddie	187	4	242	2	18	1	190	2	1	1
510538403003	Dinwiddie	62	1	58	1	45	2	22	1	3	1
510538404001	Dinwiddie	35	1	166	1	0	1	643	5	2	1
510538405001	Dinwiddie	59	1	34	1	7	1	106	1	2	1
510538405002	Dinwiddie	141	2	150	1	96	5	177	2	2	1
510538406001	Dinwiddie	130	2	183	1	77	5	232	3	2	1
510538406002	Dinwiddie	153	3	373	5	31	1	128	1	1	1
510538406003	Dinwiddie	239	5	212	2	54	3	348	5	3	1
510538406004	Dinwiddie	106	2	89	1	0	1	150	1	2	1
510818801001	Greensville	270	5	517	5	54	3	285	4	1	1
510818801002	Greensville	54	1	101	1	28	1	16	1	2	1
510818801003	Greensville	32	1	151	1	0	1	41	1	2	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510818802001	Greenville	310	5	326	4	115	5	883	5	3	1
510818802002	Greenville	173	3	191	2	35	1	170	2	1	1
511498501001	Prince George	49	1	65	1	15	1	109	1	1	1
511498502001	Prince George	0	1	0	1	0	1	0	1	1	1
511498502002	Prince George	108	2	6	1	23	1	281	4	1	2
511498502003	Prince George	0	1	28	1	0	1	0	1	1	1
511498503001	Prince George	264	5	213	2	50	3	202	2	1	3
511498503002	Prince George	238	5	125	1	0	1	138	1	1	2
511498503003	Prince George	48	1	183	1	12	1	32	1	1	1
511498503004	Prince George	102	1	200	2	0	1	15	1	1	1
511498504001	Prince George	3	1	12	1	0	1	12	1	1	1
511498504002	Prince George	57	1	91	1	0	1	0	1	1	1
511498504003	Prince George	108	2	286	3	7	1	85	1	1	1
511498504004	Prince George	134	2	246	2	8	1	195	2	2	1
511498505001	Prince George	245	5	257	3	18	1	192	2	1	1
511498505002	Prince George	219	5	394	5	16	1	165	2	1	1
511498505003	Prince George	172	3	154	1	13	1	122	1	1	1
511498505004	Prince George	47	1	143	1	0	1	178	2	1	1
511818601001	Surry	102	1	167	1	12	1	53	1	1	1
511818601002	Surry	188	4	317	4	72	4	207	2	1	1
511818602001	Surry	147	3	188	2	0	1	48	1	2	1
511818602002	Surry	161	3	196	2	16	1	82	1	2	1
511818602003	Surry	86	1	140	1	24	1	50	1	2	1
511838701001	Sussex	32	1	181	1	20	1	105	1	2	1
511838701002	Sussex	65	1	175	1	55	3	107	1	3	1
511838701003	Sussex	106	2	219	2	74	4	682	5	4	1
511838701004	Sussex	57	1	7	1	7	1	53	1	1	1
511838702001	Sussex	13	1	88	1	8	1	22	1	1	1
511838702002	Sussex	68	1	107	1	15	1	140	1	1	1
511838702003	Sussex	23	1	136	1	32	1	115	1	1	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
511838703001	Sussex	64	1	135	1	93	5	175	2	4	1
511838703002	Sussex	192	4	219	2	55	3	139	1	1	1
511838703003	Sussex	33	1	153	1	48	2	133	1	3	1
511838704001	Sussex	121	2	214	2	37	1	200	2	2	1
511838704002	Sussex	86	1	117	1	37	1	103	1	2	1
515708301001	Colonial Heights	228	5	720	5	25	1	77	1	1	5
515708301002	Colonial Heights	62	1	136	1	0	1	0	1	1	1
515708301003	Colonial Heights	54	1	286	3	0	1	0	1	2	1
515708302001	Colonial Heights	42	1	385	5	97	5	247	3	2	5
515708302002	Colonial Heights	103	1	243	2	30	1	76	1	1	1
515708303001	Colonial Heights	54	1	391	5	21	1	57	1	2	3
515708303002	Colonial Heights	105	1	209	2	23	1	109	1	1	1
515708304001	Colonial Heights	165	3	221	2	137	5	328	5	2	5
515708304002	Colonial Heights	50	1	103	1	27	1	20	1	2	1
515708305001	Colonial Heights	129	2	219	2	33	1	118	1	1	2
515708305002	Colonial Heights	97	1	363	4	84	5	97	1	1	5
515958901001	Emporia	97	1	49	1	74	4	361	5	3	1
515958901002	Emporia	63	1	127	1	45	2	54	1	2	1
515958901003	Emporia	134	2	154	1	56	3	141	1	3	2
515958902001	Emporia	68	1	193	2	69	4	224	3	4	3
515958902002	Emporia	54	1	131	1	63	4	122	1	5	1
515958902003	Emporia	13	1	125	1	0	1	116	1	2	1
515958902004	Emporia	118	2	250	3	84	5	105	1	5	1
516708201001	Hopewell	73	1	118	1	179	5	545	5	3	5
516708203001	Hopewell	28	1	62	1	32	1	99	1	2	1
516708203002	Hopewell	122	2	169	1	224	5	644	5	3	5
516708204001	Hopewell	145	3	339	4	74	4	433	5	2	5
516708204002	Hopewell	77	1	378	5	13	1	0	1	2	2
516708204003	Hopewell	94	1	343	4	27	1	395	5	1	5
516708205001	Hopewell	77	1	190	2	50	3	154	1	1	2
516708205002	Hopewell	124	2	176	1	24	1	158	2	1	2

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
516708205003	Hopewell	193	4	190	2	0	1	454	5	4	5
516708205004	Hopewell	63	1	218	2	34	1	89	1	1	1
516708206001	Hopewell	33	1	31	1	0	1	49	1	1	1
516708206002	Hopewell	42	1	197	2	19	1	221	3	2	3
516708206003	Hopewell	73	1	369	4	73	4	218	3	3	5
516708206004	Hopewell	127	2	150	1	167	5	521	5	4	5
516708206005	Hopewell	80	1	127	1	78	5	324	5	4	5
516708207001	Hopewell	345	5	231	2	107	5	490	5	4	5
516708208001	Hopewell	0	1	0	1	0	1	0	1	1	1
517308101001	Petersburg	142	3	192	2	164	5	482	5	5	5
517308101002	Petersburg	197	4	142	1	118	5	710	5	4	5
517308102001	Petersburg	49	1	49	1	81	5	99	1	5	1
517308102002	Petersburg	11	1	13	1	7	1	0	1	2	1
517308103001	Petersburg	108	2	136	1	39	2	322	5	3	4
517308103002	Petersburg	82	1	10	1	11	1	36	1	2	1
517308103003	Petersburg	0	1	0	1	0	1	0	1	1	1
517308103004	Petersburg	35	1	70	1	8	1	110	1	2	1
517308103005	Petersburg	89	1	175	1	15	1	69	1	3	1
517308104001	Petersburg	176	3	239	2	201	5	447	5	5	5
517308104002	Petersburg	9	1	0	1	0	1	0	1	3	1
517308105001	Petersburg	84	1	184	1	67	4	184	2	5	2
517308105002	Petersburg	190	4	254	3	129	5	309	4	3	5
517308105003	Petersburg	48	1	208	2	12	1	108	1	4	1
517308105004	Petersburg	57	1	85	1	70	4	174	2	4	2
517308106001	Petersburg	163	3	154	1	152	5	353	5	4	5
517308106002	Petersburg	127	2	182	1	93	5	304	4	5	5
517308107001	Petersburg	305	5	417	5	357	5	644	5	5	5
517308107002	Petersburg	218	5	180	1	162	5	287	4	4	5
517308108001	Petersburg	112	2	63	1	43	2	183	2	2	2
517308108002	Petersburg	96	1	121	1	15	1	164	2	2	1
517308109001	Petersburg	135	2	352	4	18	1	46	1	2	3

Block Group Number	County/City	Dis- abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
517308109002	Petersburg	228	5	166	1	13	1	34	1	3	4
517308109003	Petersburg	87	1	62	1	0	1	40	1	1	1
517308110001	Petersburg	165	3	228	2	17	1	266	4	1	1
517308110002	Petersburg	48	1	92	1	11	1	0	1	1	1
517308110003	Petersburg	141	2	380	5	42	2	50	1	1	4
517308111001	Petersburg	206	4	578	5	14	1	85	1	2	1
517308111002	Petersburg	51	1	124	1	9	1	12	1	1	1
517308112001	Petersburg	154	3	251	3	142	5	184	2	2	1
517308112002	Petersburg	107	2	253	3	17	1	41	1	3	1