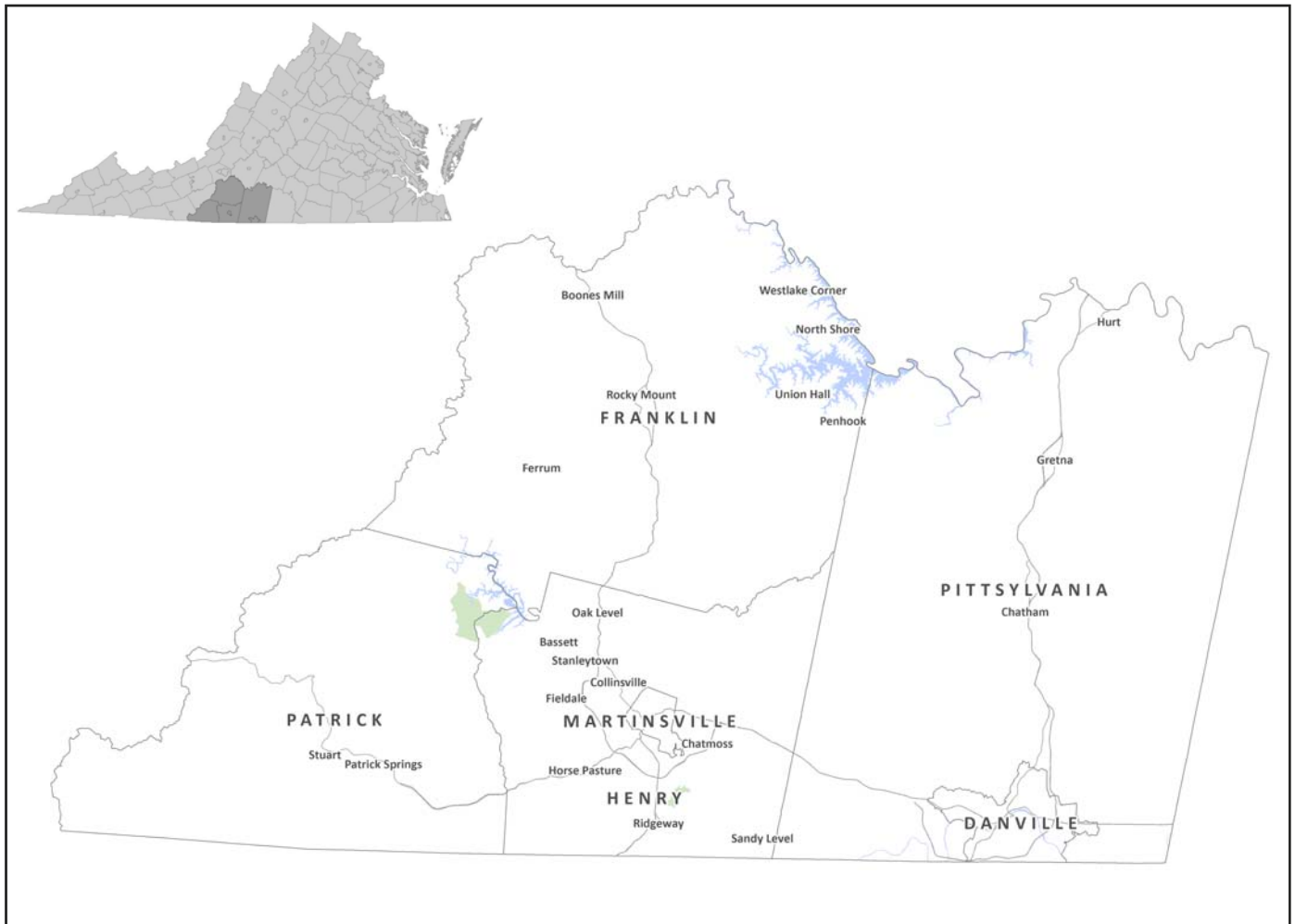


West Piedmont (PDC 12) Coordinated Human Service Mobility Plan

GYdHYa VYf 2013

Counties: Franklin, Henry, Patrick, and Pittsylvania

Cities: Danville and Martinsville



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

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



**West Piedmont Planning District Commission (PDC 12)
Coordinated Human Service Mobility Plan
September 2013**

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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 West Piedmont Planning District Commission (PDC 12). As shown in Figure 1, PDC 12 is located along the southern border of the Commonwealth, and includes Franklin, Henry, Patrick, and Pittsylvania Counties and the Cities of Danville and Martinsville. Aside from Danville, Martinsville, and Rocky Mount, PDC 12 is rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes. PDC 12 includes the Danville Urbanized Area, and PDC 12 provides staffing for the Danville Metropolitan Planning Organization (MPO) that serves Danville City and Pittsylvania County.

Figure 1: Base Map for West Piedmont PDC 12



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 12. 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, most of PDC 12 has a population density of less than 100 persons per square mile, particularly in Patrick County and northern Pittsylvania County. However, higher density areas occur in and around Danville, Martinsville, and Rocky Mount. Collinsville and Stuart also have block groups with more than 750 persons per square mile.

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.

As shown in Figure 3, the block groups classified as having a high number of older adults are located near Smith Mountain Lake in Franklin County, the northwestern portion of Henry County, to the north of Gretna in Pittsylvania County, and scattered throughout the Danville area. Figure 4 displays the relative number of

individuals with disabilities. Pittsylvania County has the most block groups classified as very high, as well as block groups by Fieldale and to the northwest of Stuart. As shown in Figure 5, areas with the highest relative number of low-income persons are located in Danville and northern Pittsylvania County near Gretna and Hurt, along with several block groups in Franklin and Henry Counties.

Number/Percentage of Vulnerable Persons or Households	Score Based on Potential Transit Dependence
\leq the PDC average	1 (Very Low)
> average and \leq 1.33 times average	2 (Low)
> 1.33 times average and \leq 1.67 times average	3 (Moderate)
> 1.67 times average and \leq 2 times 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 for the PDC. Block groups with a classification of very high occur in Martinsville, Danville, and throughout Pittsylvania and Henry Counties.

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 Danville, Martinsville, and Collinsville. Figure 8 displays the TDIP. Similarly, those block groups classified as very high or high are concentrated in Danville, Martinsville, and Rocky Mount.

Figure 2: 2010 Population Density for West Piedmont PDC 12

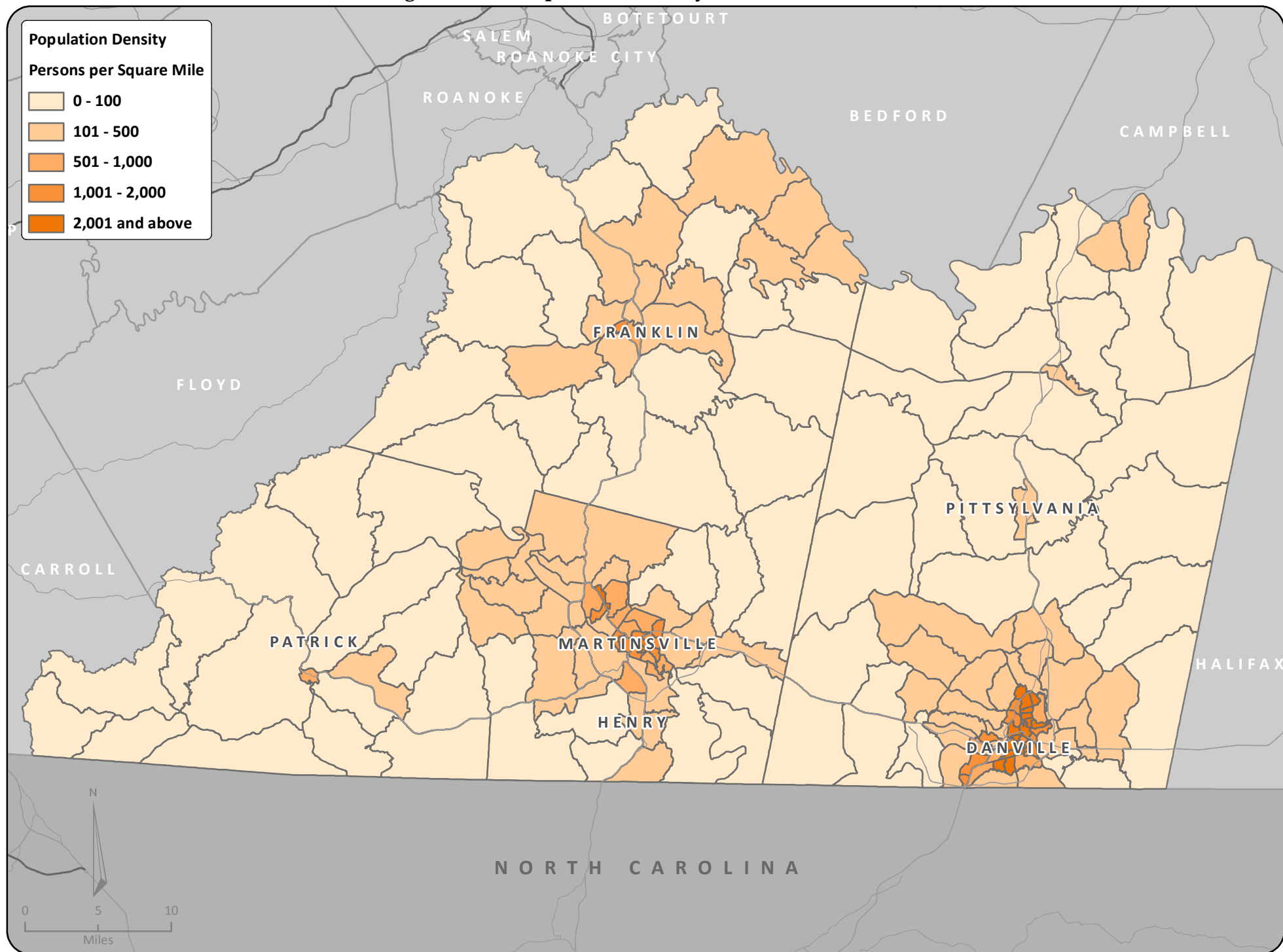


Figure 3: Relative Number of Senior Adults (65+) for West Piedmont PDC 12

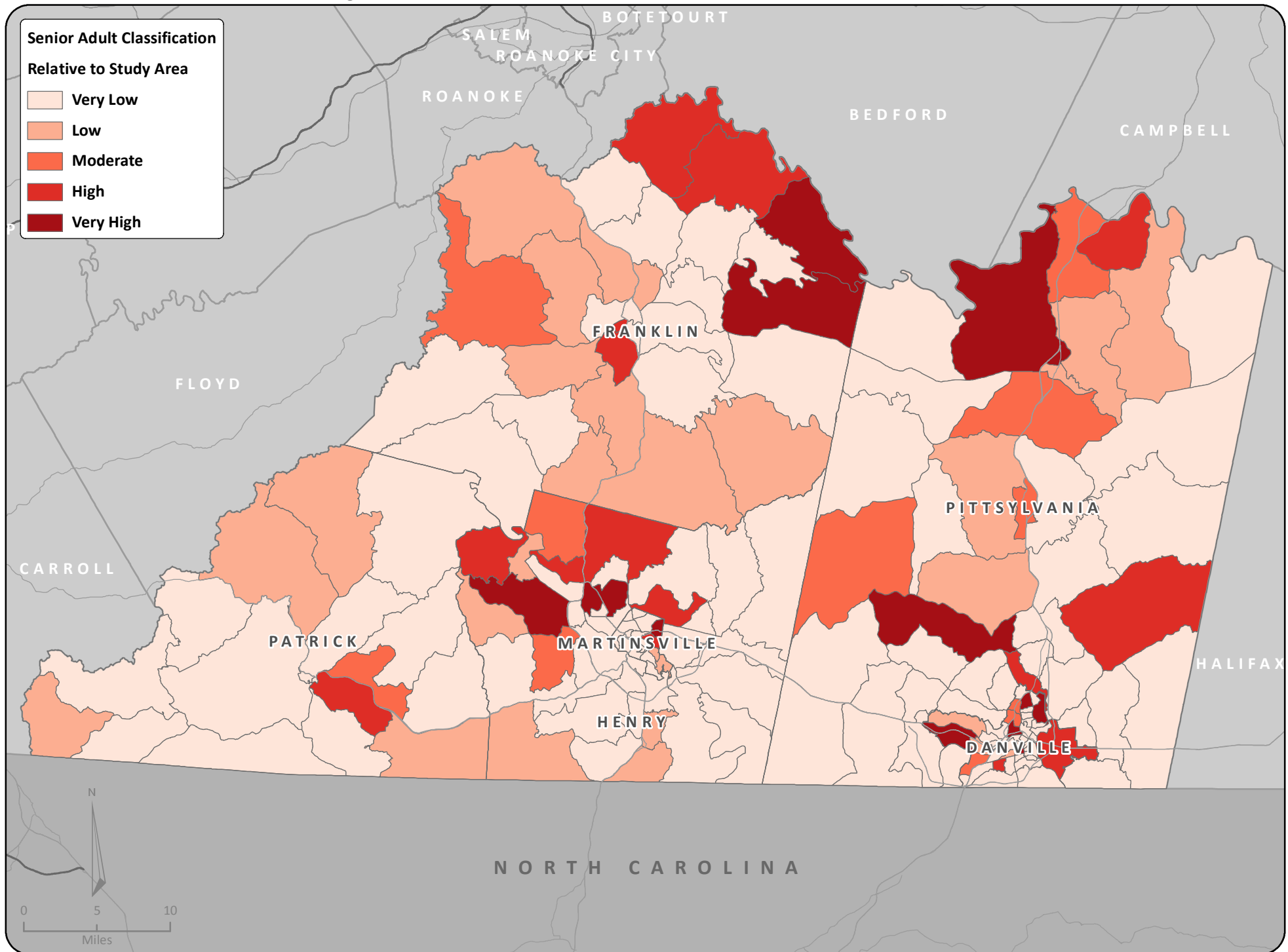


Figure 4: Relative Number of Disabled Persons for West Piedmont PDC 12

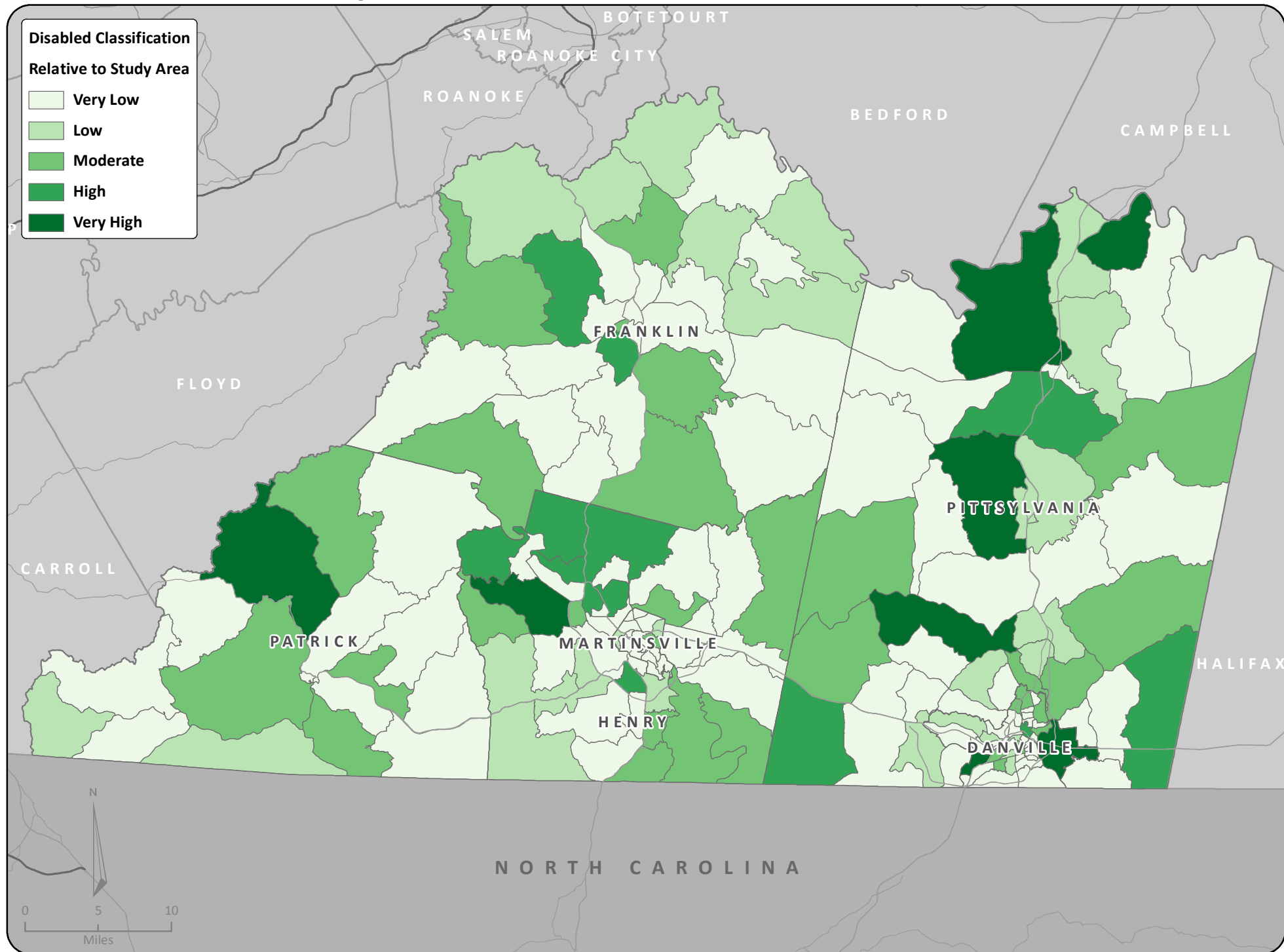


Figure 5: Relative Number of Below Poverty Residents for West Piedmont PDC 12

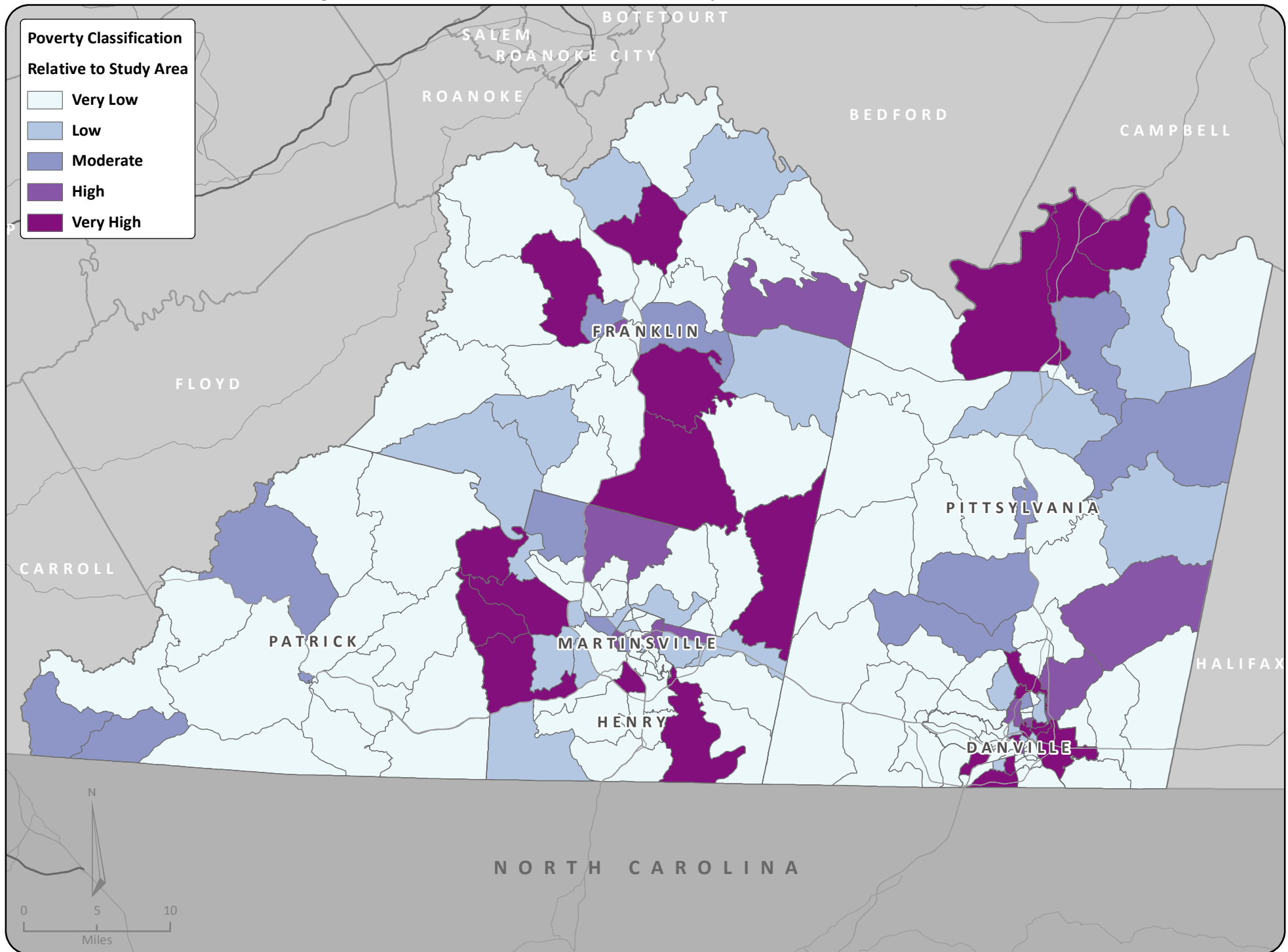


Figure 6: Relative Number of Autoless Households for West Piedmont PDC 12

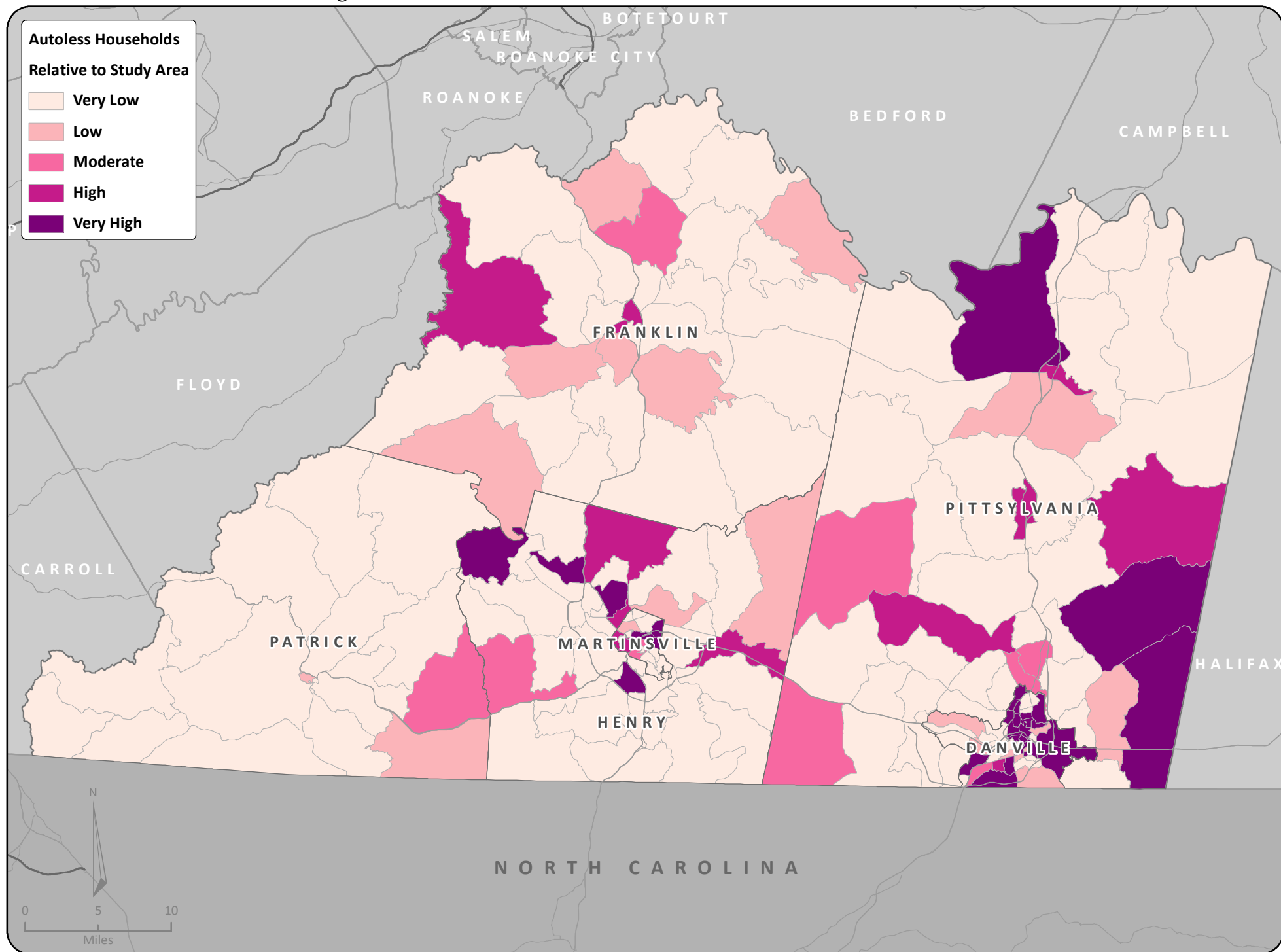


Figure 7: Transit Dependence Index for West Piedmont PDC 12

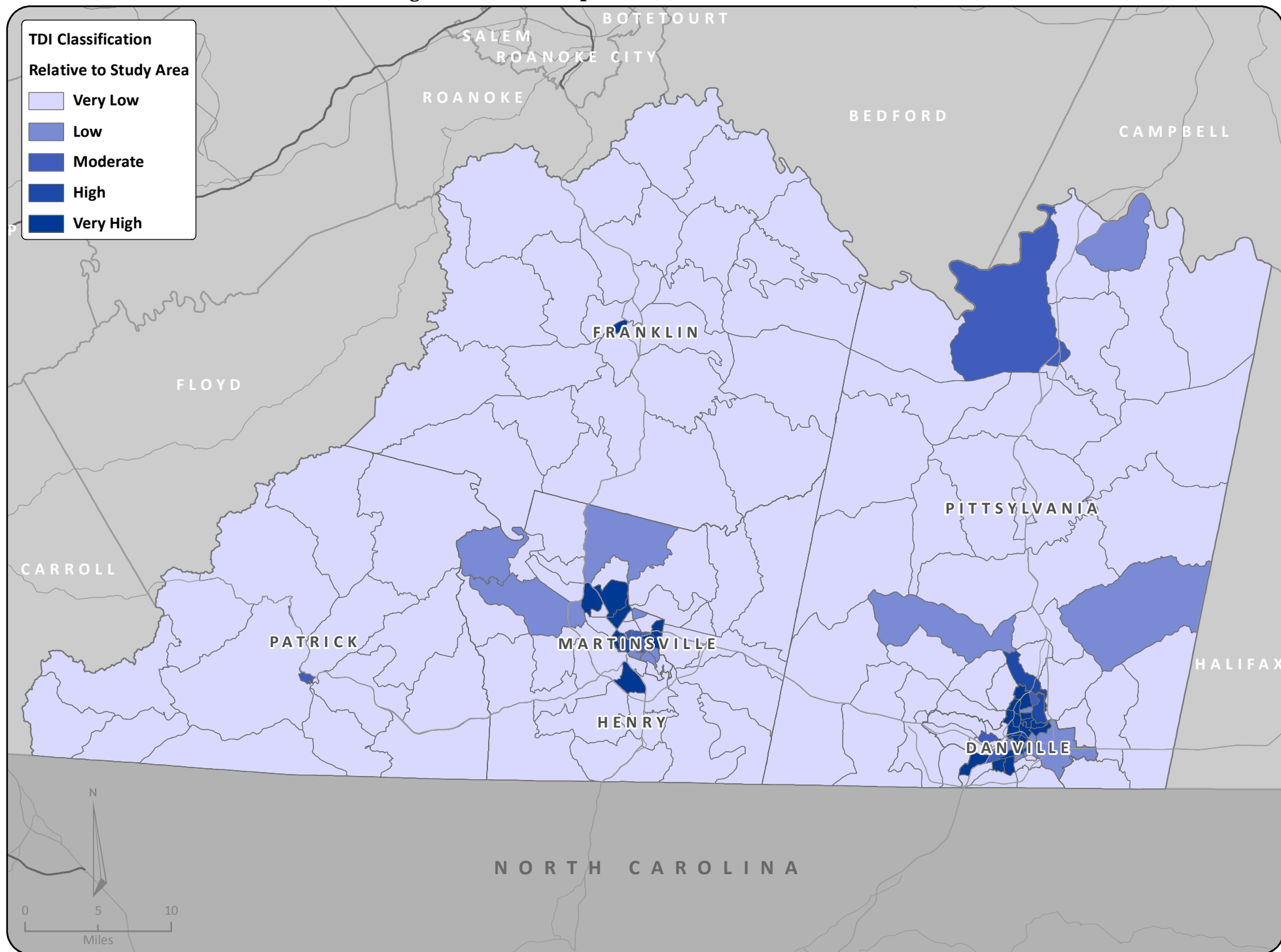
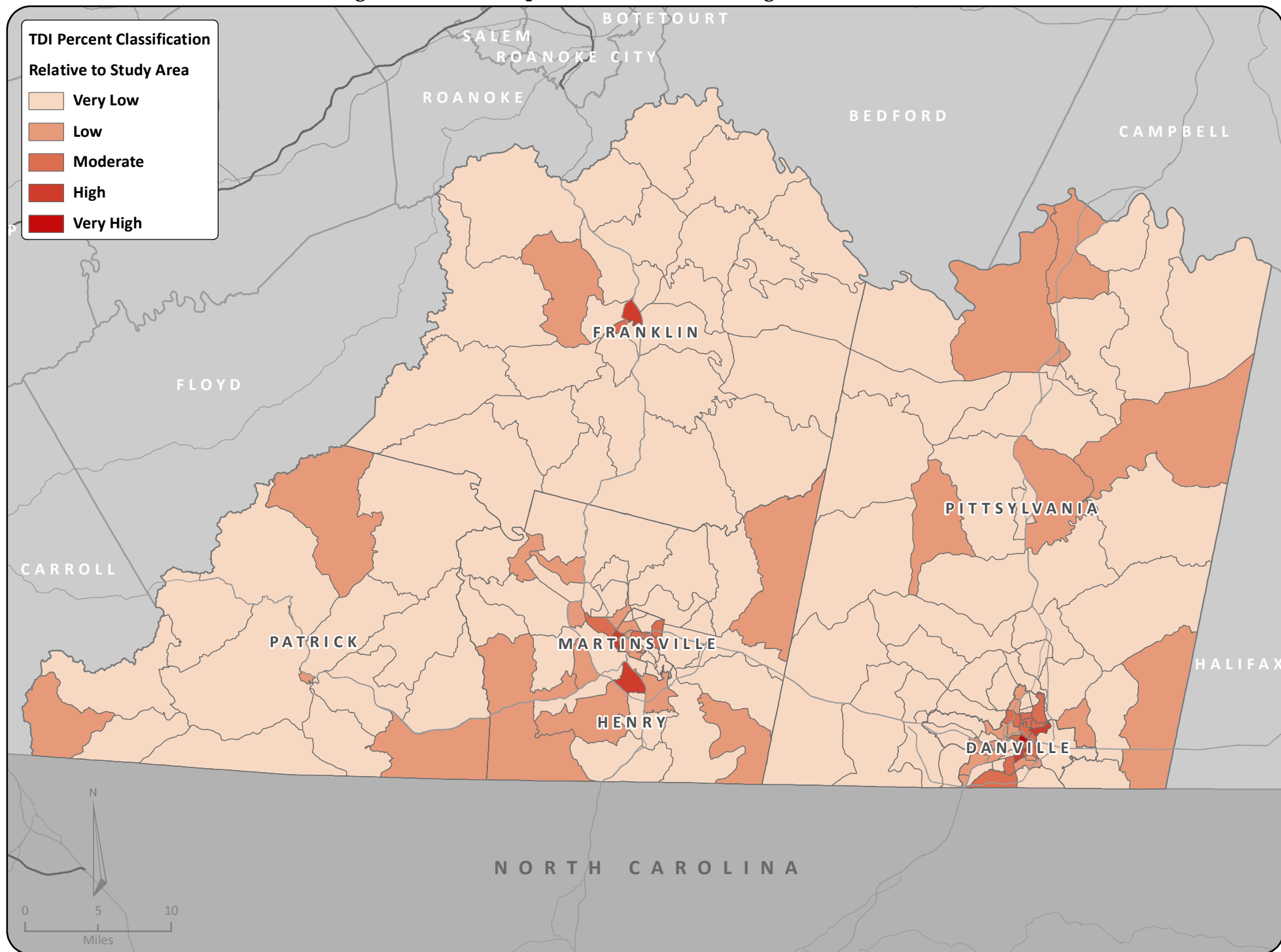


Figure 8: Transit Dependence Index Percentage for West Piedmont PDC 12



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 12. 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
Danville-Pittsylvania Community Services	Serves youth and adults; outpatient, residential, and day support; behavioral health, intellectual disability, and prevention services	78 (7 accessible).	Trips to day support services, medical appointments, other human services agencies, jobs, churches, grocery stores, and community integration activities	158,305 passenger trips during FY12 (in 3 DRPT 5310 accessible vehicles)	City of Danville and Pittsylvania County		Phone: (434) 799-0456 Website: www.dpcs.org/about.htm

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
Danville Parks & Recreation- Ballou Recreation Center	Seniors, through 2 year (10/1/12 – 09/30/14) experimental merger with Danville Transit, to use OAA funds to purchase rides for seniors, and (if successful in seeking additional funds/ funding sources) under age 60 dialysis patients	3 accessible 5310 vehicles for aged 60+. Vehicles currently transferred to Danville Transit (see Danville Transit under Agency/ Provider)	Essential trips for 60+ city residents. Must schedule rides at least two weeks in advance.	~1,250 trips per month	City of Danville		Phone: (434) 799-5216 Website: www.danville-va.gov/index.aspx?id=570
Danville Parks & Recreation- Stonewall Therapeutic Recreation Center	Individuals 5yr and above with intellectual, physical, and behavioral impairments or high functioning autism	1 van	Trips to programs at the Center. Also community outings and periodic special activities. Approx. 9AM to 4PM, Monday - Friday, two Saturdays per month, 9AM to 3PM. Three different summer camps (approx. 9AM to 2:30PM).	Average of 54 trips per month for Jan. to Sept. 2012.	City of Danville		Phone: (434) 799-5199 Website: www.danville-va.gov/index.aspx?id=570

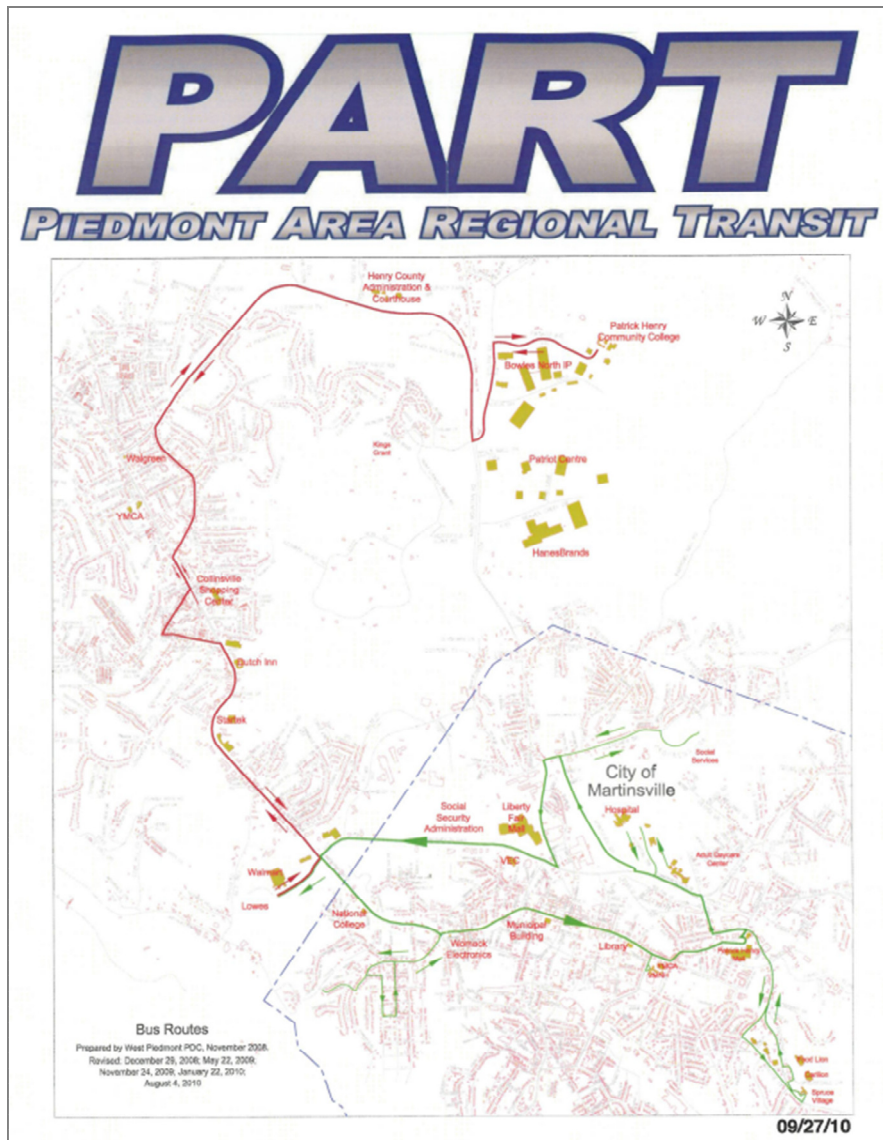
Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Danville Transit	General public	17 (3 of 17 are 5310 vehicles)	Bus service on 11 fixed routes. Operates Monday - Saturday, 6AM to 6PM. One-way trip \$1; discounted fare \$.50. Handivan demand response service for passengers unable to use fixed routes. One-way fare \$2. Reserve A Ride service for the general public within Danville city limits and the Cane Creek Centre Industrial Park. One-way fare \$4. Reservations by 11AM the previous day. Monday -Friday: 4AM to 12:30AM; Sat: 4AM to 6AM and 5PM to 12:30AM.	251,435 fixed route trips, ~16,000 paratransit and senior trips, ~23,000 dial a ride tips (FY12)	City of Danville	No (ended in October 2012)	Phone: (434) 799-5110 Website: www.danville-va.gov/index.aspx?nid=508
Edwards Adult Day Center	Adults with disabilities. Focus on Alzheimer's and dementia	2 total, 1 in use (1 5310 vehicle)	Van trips from 7AM to 11AM; 2PM to 6PM. Reimbursed by Medicaid, Veterans Administration, private pay and some long term care insurance.	Between 24 – 40 one way trips per day.	City of Martinsville, parts of Henry County	Yes	Phone: (276) 666-9400 Website: www.edwardsadc.org/home.html
Franklin County Department of Aging Services	Franklin County seniors (60+) under contract with SAAA, individuals with disabilities, and Medicaid recipients who receive NEMT through Logisticare	Total of 10 accessible vehicles (2 of 10 are spares)	Essential trips to nutrition sites, medical appointments, shopping, etc. for seniors under SAAA contract. Transportation to medical appointments for individuals with disabilities of any age through additional funding and Medicaid (individuals referred by Logisticare)	6,145 one way trips for 60+ only (FY12)	Franklin County, with some trips to facilities outside the County	Yes	Phone: (540) 483-9238 Website: www.franklincountyva.gov/index.php/departments/aging-services

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
Henry County Parks and Recreation	Henry County residents who are 60+, live in remote/ rural areas, frail, or in the greatest economic and social need. Also disabled individuals	5 vehicles used on a daily basis, one spare.	Essential trips to nutrition sites, medical appointments, and grocery shopping. Other trips provided as scheduling allows. Reservations required at least two business days in advance. Approx. 8AM to 5PM.	6,146 one way trips (~74,558 miles) FY11-12. Does not include trips for disabled individuals.	Henry County		Phone: (276) 634-4640 Website www.henrycountyva.gov/Seniors.html
Independent Living Services for the Piedmont Area (ILSPA)	Individuals with disabilities	NA	Provides referrals/information, does not directly provide transportation.	NA	Cities of Danville and Martinsville; Pittsylvania, Henry, Patrick and Franklin Counties		Phone: (434) 791-2006; (276) 656-5476 Website: http://brilc.org/piedmont.htm
LogistiCare (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible Medicaid recipients and some Medicare		Reservations 24/7 by call center		Statewide	Yes	Website: www.logisticare.com
Martinsville Senior Center	Serves seniors (60+), adults with disabilities	5 vans (4 wheelchair accessible)	Transportation by appointment to meal site at the Center, to grocery stores, recreational trips/shopping, to medical appointments including kidney dialysis, physical therapy and oncology treatments for cancer. Monday - Friday, 8:30AM to 3:30PM.	6,843 one way trips for 60+ individuals only (FY12)	City of Martinsville	No	Phone: (276) 403-5260 Website: www.martinsville-va.gov/Senior-Center.html

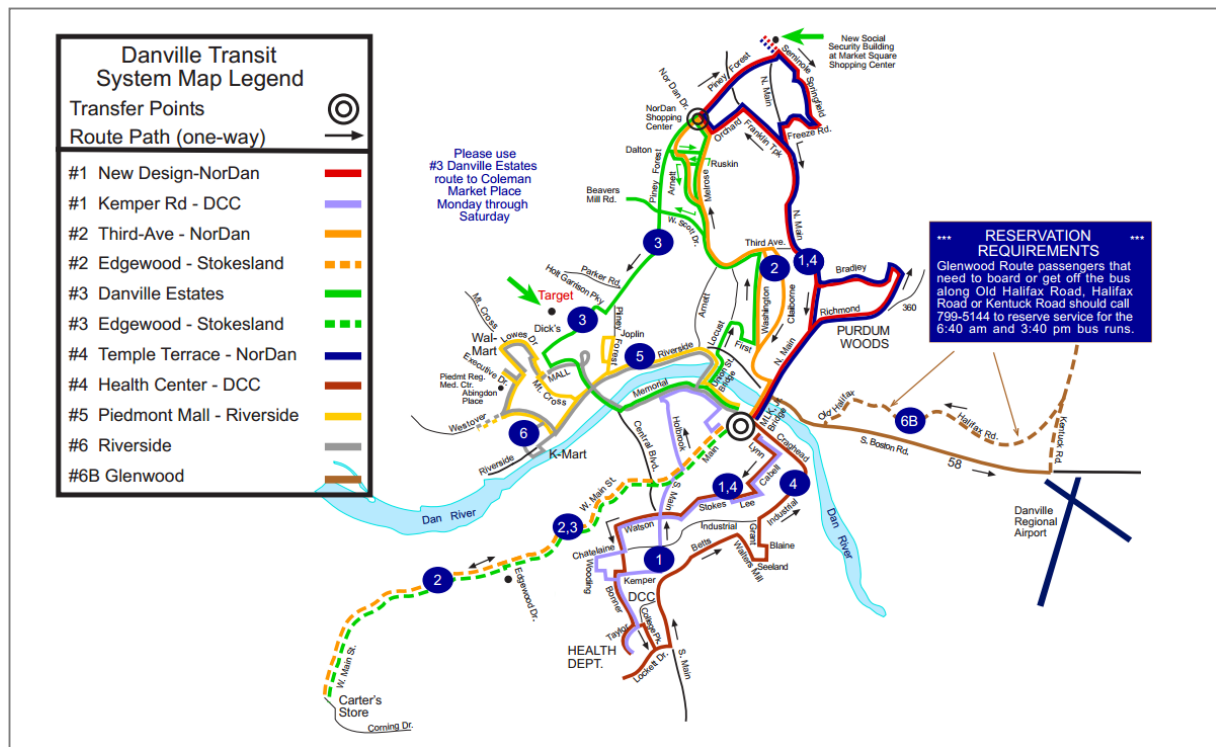
Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
PARC Workshop, Inc.	Adults with cognitive or physical disabilities	3 vehicles and 1 backup	Fixed route transportation for workshop/day support clients. Some trips in coordination with the Patrick County Developmental Center.	~560 trips per month	Patrick County	Yes	Phone: (276) 694-4211 Website: www.patrickchamber.com/profile.cfm?ID=391
Piedmont Community Services (CSB)	Provides behavioral health services for approximately 5,000 clients annually (group home and day support)				City of Martinsville; Henry, Franklin, and Patrick Counties.		Phone: (276) 632-7128 Website: www.piedmontcsb.org/pcs2012/index.html
Pittsylvania County Community Action, Inc.	Qualifying seniors (60+)	8 vehicles, 6 used daily, 5 accessible	Senior Services program provides fixed route transportation 1 day per week (about 60 people per day). Trips to congregate meal sites, limited trips to dialysis.	4,343 one way trips (FY12)	Pittsylvania County, primarily the Chatham area		Phone: (434) 432-9545 Website: www.pccainc.org/index.html
RADAR- PART (Piedmont Area Regional Transit)	General public (since January 2009)	Two 14 passenger buses.	Two deviated fixed routes. 7:30AM to 5:30PM, Monday - Friday. One hour headways. \$.50 fare.	22,562 in FY11/12	City of Martinsville and Henry County	No	Phone: (800) 964-5707, x3 Website: www.radartransit.org/part.htm

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
Southern Area Agency on Aging (SAAA)	Seniors (60+), transports individuals under 60 when possible	39 total (28 are accessible). 38 vehicles are stationed with SAAA's six transportation providers	Six SAAA subcontractors provide transportation: Ballou Recreation Center, Franklin County Dept. of Aging Services, Henry County Parks & Rec, Martinsville Senior Center, Pittsylvania County Community Action Agency, and STEP, Inc. Congregate nutrition, medical, grocery shopping, and other essential trips.	44,200 + (< 60yrs not included) for FY2012	Franklin, Henry, Patrick and Pittsylvania Counties, and the Cities of Danville and Martinsville	No	Phone: (800) 468-4571 Website: www.southernaaa.org/saaa_services.html
Stepping Stones	Private non-profit, day support program for adults with disabilities	2 accessible buses and 1 15-passenger van	Transportation to and from Stepping Stones for program participants. Monday - Friday.	~50 one way trips per day	City of Martinsville	Yes	Phone: (276) 638-7676 Website: www.kimbanet.com/~stepstone/
Support to Eliminate Poverty (STEP), Inc., Patrick County office	Patrick County 60+ residents under contract with SAAA senior services	7 total vehicles, 5 in service daily, 3 accessible	Essential trips to nutrition sites, medical appointments, etc. as contracted with SAAA. 8:00AM to 5:00PM, reservations 2 days in advance.	7,000 one way trips between October '12 and June '13 (9 months)	Patrick County, with some out of County trips if scheduling allows	No	Phone: (276) 694-2239 x207

Danville Transit and PART are the two providers serving the general public in the PDC; their system maps are included below.



http://www.martinsville-va.gov/content/File/PART/part_bus_route_9_27_2010.pdf



<http://www.danville-va.gov/DocumentCenter/Home/View/3691>

Private Transportation Providers

In addition, the following private transportation providers were identified:

- Airport Taxico, Danville, VA
- Apex Transportation Inc., Martinsville, VA
- Brim Stewart Transportation Service, Axton, VA
- C & J Taxi Service, Martinsville, VA
- Danville Mass Transport, Danville, VA
- Diversified Medical Transport, Danville, VA
- Greyhound Lines, Inc. (serves Danville, VA twice daily)
- Hatcher & Hatcher Taxi Service, Stuart, VA
- Help Mates Delivery & Transport LLC, Martinsville, VA
- Mike's Medical Transport, Axton, VA
- Senior Citizens Transport, Danville, VA
- Stone Ambulance Service, Martinsville, VA
- Van's Med Tech, Danville, VA
- VW Transport, Martinsville, VA
- Williams Transport, Danville, VA
- Yellow Cab, Danville, VA
- ZAP Transport Service, Martinsville, VA

Assessment of Unmet Transportation Needs and Gaps

While an analysis of demographic data is important for understanding the overall mobility needs in PDC 12, 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.

Funding

- Limited local funding to serve as required match for funding for new services.
- Funding to sustain services after project implementation.
- Need funding for human service agencies to offset costs beyond what clients can afford.

Trip Purpose

- Expanded transportation services for dialysis treatments.
- Expanded access to job locations.
- Priority is given to medical trips, and therefore limited capacity or opportunity for social activity trips.
- Limited funding for trips not funded through the Medicaid brokerage.
- Transportation options for youth to after school activities.
- Need veterans’ transportation, especially in rural areas (e.g. trips to the Salem VA Medical Center and the Danville CBOC).

Time

- Weekend and evening services.
- Transportation that meets late night shift hours for people with low incomes and people with disabilities.
- More flexibility for scheduling transportation for medical trips.

Place/Destination

- Expanded transportation services to dialysis centers.
- Expanded transportation options for social activities.
- Limited access to medical facilities outside the region.
- Lack of public transportation in rural areas of the PDC.

Information/Outreach

- Public relations campaign to improve image of public transit.
- Increased education for local officials who are not aware that there is a transportation need or who do not make transit a budget priority.
- For those with limited incomes, lack of awareness of programs for transportation assistance.

Travel Training/Orientation

- Expanded training for people who are not aware of all the transportation opportunities that are available and how to use them.

Other

- Lack of accessible vehicles, especially in cases where more than one wheelchair space is needed in a vehicle.
- Need for capital for larger vehicles, e.g. to address capacity issues in Martinsville/Henry County.
- Lack of involvement in transportation issues at the local level.
- Expanded program flexibility to allow greater coordination between agencies.

Identified Strategies

Coupled with the process of identifying 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 would provide more details through the application process for appropriate funding.

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 and enhance coordination among existing public transportation and human service transportation providers.
4. Expand targeted services to access employment opportunities.
5. Establish a ride-sharing program for long-distance medical transportation and other trip purposes.
6. Implement new public transportation services or operate existing public transit services on more frequent basis.
7. Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.
8. Provide flexible transportation options and more specialized or one-to one services through expanded use of volunteers.
9. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.

10. Expand access to taxi services and other private transportation operators.
11. Bring new funding partners to public transit/human service transportation.
12. Provide low-cost/affordable transportation services that enable people to become more self-sufficient.
13. Improve overall mobility by more effectively coordinating land use and transportation, including multi-modal options like bicycling and walking.

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
--

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:

- Expanded transportation services for dialysis treatments.
- Expanded access to job locations.
- Limited funding for trips not funded through the Medicaid brokerage.
- Need for capital for larger vehicles, e.g. to address capacity issues in Martinsville/Henry County.

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.

<p>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</p>
--

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:

- Expanded transportation services for dialysis treatments.
- Expanded access to job locations.
- Priority is given to medical trips, and therefore limited capacity or opportunity for social activity trips.
- Limited funding for trips not funded through the Medicaid brokerage.
- Need veterans' transportation, especially in rural areas (e.g. trips to the Salem VA Medical Center and the Danville CBOC).
- Weekend and evening services.
- Transportation that meets late night shifts hours for people with low incomes and people with disabilities.

Potential Projects:

- Expand current demand-response system to serve additional trips (within same hours of operation/service).
- Expand hours and days of current demand-response system to meet additional service needs.

<p>Strategy: Build and Enhance Coordination Among Public Transportation and Human Service Transportation Providers</p>

Opportunities exist to build upon the PDC's established transportation services and improve connections between providers, such as the Southern AAA and Danville Transit. Improved coordination between public transit and human service transportation providers would expand transportation 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:

- Lack of accessible vehicles, especially in cases where more than one wheelchair space is needed in a vehicle.
- Expanded program flexibility to allow greater coordination between agencies.

Potential Projects:

- Mobility manager to facilitate cooperation between transportation providers, including examining opportunities for coordination between providers with wheelchair-accessible vehicles.
- Implement new or expanded voucher programs through which human service agencies are reimbursed for trips provided for other agencies based on pre-determined rates or contractual arrangements.

Strategy: Expand 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:

- Expanded access to job locations.
- Weekend and evening services.
- Transportation that meets late night shifts hours for people with low incomes and people with disabilities.

Potential Projects:

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.
- Partnership arrangements with major employers.

Strategy: Establish a Ride-Sharing Program for Long Distance Medical Transportation and other Trip Purposes
--

This strategy involves using the commuter-oriented model as a basis for developing a ride-sharing program. A database of potential drivers and riders could be kept by the mobility manager who would match the trip needs with the available participating drivers. The riders would share the expenses with the drivers on a per-mile basis (i.e. similar to mileage reimbursement). This strategy could be a cost-effective way to provide long-distance medical trips without sending a human service or public transit vehicle out of the region for a day. This strategy could be implemented in conjunction with a broader mobility management program. It could also build off the efforts of RIDE Solutions, a grant-funded program in place since 2001 through a partnership between DRPT and PDCs 4, 5, and 11. The mission of RIDE Solutions is to promote alternative transportation in the region, particularly for commuters.

Unmet Needs/Issues Strategy Will Address:

- More flexibility for scheduling transportation for medical trips.
- Expanded transportation services to dialysis centers.
- Limited funding for trips not funded through the Medicaid brokerage.
- Limited access to medical facilities outside the region.
- Need veterans' transportation, especially in rural areas (e.g. trips to the Salem VA Medical Center and the Danville CBOC).

Potential Projects:

- Development of a ride-share matching database that could be used to effectively match potential drivers with people who need rides.
- Development of volunteer driver program for long distance medical trips.

Strategy: Implement New Public Transportation Services or Operate Existing Public Transit Services on a More Frequent Basis
--

Public transportation services typically cover areas that have higher population densities and serve major trip destinations, as Danville Transit does in Danville and PART does in Martinsville. Therefore projects under this strategy would address expanded service frequency, hours of service, and area coverage.

Unmet Needs/Issues Strategy Will Address:

- Expanded access to job locations.

- Transportation options for youth to after school activities.
- Weekend and evening services.

Potential Projects:

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

<p>Strategy: Expand Outreach and Information on Available Transportation Options in Each Area of the Region, including Establishment of a Central Point of Access</p>
--

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:

- Public relations campaign to improve image of public transit.
- Increased education for local officials who are not aware that there is a transportation need or who do not make transit a budget priority.
- Lack of involvement in transportation issues at the local level.
- Funding to sustain services after project implementation.

Potential Projects:

- Mobility manager to facilitate access to transportation services, including an information clearinghouse on available public transit and human services transportation in the region and/or educating appropriate decision makers on transportation issues and efforts.
- 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.

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:

- Priority is given to medical trips, and therefore limited capacity or opportunity for social activity trips.
- Limited funding for trips not funded through the Medicaid brokerage.
- Weekend and evening services.
- Need veterans' transportation, especially in rural areas (e.g. trips to the Salem VA Medical Center and the Danville CBOC).

Potential Projects:

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

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:

- Expanded training for people who are not aware of all the transportation opportunities that are available and how to use 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: Expand Access to Taxi Services 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. By subsidizing user costs, possibly through a voucher program, there can be expanded 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:

- Need funding for human service agencies to offset costs beyond what clients can afford.
- Expanded access to job locations.
- Limited funding for trips not funded through the Medicaid brokerage.
- Expanded transportation options for social activities.

Potential Projects:

- Implement voucher program 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
--

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:

- Limited local funding to serve as required match for funding for new services.
- Lack of involvement in transportation issues at the local level.
- Funding to sustain services after project implementation.
- Need funding for human service agencies to offset costs beyond what clients can afford.

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.

Strategy: Provide Low-Cost/Affordable Transportation Services that Enable People to Become More Self-Sufficient
--

Helping citizens live and get around independently and enabling them to be more self-sufficient are major goals in improving mobility options for older adults, people with disabilities, veterans, and people with lower incomes. Many PDC residents face logistical and financial challenges in meeting their daily transportation needs, particularly accessing employment. This strategy allows a broad approach to overcoming these challenges, whether through publicly or privately provided transportation services or ride-sharing programs. Increased, creative transportation options will help individuals become more independent.

Unmet Needs/Issues Strategy Will Address:

- Expanded access to job locations.
- Weekend and evening services.
- Transportation that meets late night shifts hours for people with low incomes and people with disabilities.
- For those with limited incomes, lack of awareness of programs for transportation assistance.

Potential Projects:

- Local car loan programs that assist individuals in purchasing and maintaining vehicles for shared rides.

Strategy: Improve Overall Mobility by More Effectively Coordinating Land Use and Transportation, Including Multi-Modal Options like Bicycling and Walking
--

Transportation and land use are closely linked: development influences regional travel patterns, while the transportation system influences new development and land use. Stakeholders and officials within the PDC should account for this reciprocal relationship, considering how land use will impede or improve the overall mobility of older adults, people with disabilities, veterans, and people with lower incomes. This effort would include ensuring that transportation providers in the region are engaged in land use planning and are invited to participate in the review of new development. Encouraging pedestrian and bicycle friendly land uses is both a stand-alone strategy and one that can make transit more viable and convenient through first- and last-mile connections.

Unmet Needs/Issues Strategy Will Address:

- Expanded access to job locations.
- Transportation options for youth to after school activities.
- Expanded transportation services to dialysis centers.
- Expanded transportation options for social activities.

Potential Projects:

- Assess transit stops for pedestrian, bicycle, and ADA accessibility.
- Equip vehicles with bicycle racks.

Coordinated Human Service Mobility Projects

Over the past five years, PDC 12 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.

- **Danville-Pittsylvania Community Services (DPCS) Warriors United Veterans Transportation Service: FY2013 - On-going**

DPCS has sponsored the Warriors United Veterans Transportation Service to the Salem VA Medical Center since April 2013. Transportation is several times a week in accessible 5310 vehicles. Pick up points include the Danville Community Outpatient Clinic, the Tightsqueeze Shopping Plaza, and the Gretna Dairy Queen. One week advance reservation is requested for appointments between 9AM and 2PM. Round trip fare is \$20; a spouse or caregiver fare is \$6 round trip.

- **Danville Transit Demand Response Service Expansion: FY2013 - On-going**

Danville Transit was awarded a New Freedom grant during FY2013 in the amount of \$128,402. These funds assist with financing the net operating cost associated with reducing duplicated human service transportation in Danville and promoting increased scheduling flexibility and public transportation options for persons with disabilities and ambulatory seniors. Coordination activities were established between Danville Transit and Danville Parks and Recreation to achieve these objectives. For example, buses that were previously received by the Southern Area Agency on Aging through 5310 grants are used by Danville Transit, and trips completed by seniors are integrated with Danville's paratransit and dial-a-ride operations. When Danville Transit does not provide service on certain holidays, Danville Parks and Recreation directly operates a 5310 bus in service for dialysis passengers. Other coordination efforts involving Danville Transit and Parks and Recreation staff include radio and telephone dispatch duties.

- **Franklin County Rideshare Analysis (2012)**

The Franklin County Rideshare Analysis was prepared by RIDE Solutions (ridesolutions.org) for the Roanoke-Valley Alleghany Regional Commission (PDC 5), Franklin County, and the town of Rocky Mount. The analysis studied the market for ridesharing and other commuter services in Franklin County and

Rocky Mount, and along the Route 220 commute corridor. Short term recommendations included a marketing campaign with billboards and VDOT signs on high traffic corridors. The study will expand to Henry County and Martinsville in 2013-14.

- **Piedmont Area Regional Transit (PART): FY2009 - On-going**

Since January 2009, RADAR has operated PART for the general public in the City of Martinsville and a portion of Henry County. PART's services include two deviated fixed routes with one hour headways. The service has experienced growing ridership and many of its runs are reaching capacity; it hopes to upgrade from 14 to 20 passenger vehicles in the near future.

- FY2013 Total Operating Expenses - \$195,000

- **Southern Area Agency on Aging (SAAA) Mobility Management and Voucher Project: FY2013 - On-going**

SAAA has been able to create and fund a Mobility Manager position, and to set up a fully equipped office (including desktop computer, telephone, office supplies and access to fax, copier etc.). The position is housed at SAAA's offices in Martinsville. Among other projects, the Mobility Manager is compiling a directory of transportation resources that will be available on the SAAA website and in hard copy. SAAA is also developing and implementing a voucher program, to be used for the purchase of services in Henry County and Martinsville.

- FY2014 Estimated Operating Expenses - \$88,217

Coordinated Human Service Mobility Planning Structure and On-Going Arrangements

The CHSM Plan process affords an opportunity to further build upon current regional coordination efforts. By establishing an ongoing structure, stakeholders who have participated in the process to date will ensure that efforts continue to move forward. During the 2013 CHSM Plan update process, regional stakeholders expressed interest in, and are thus encouraged to establish a CHSM Planning Committee. The Committee should include current participants, other appropriate representatives from organizations and agencies throughout the impacted PDC area, and the general public.

This CHSM Planning Committee, led by regional stakeholders and supported by DRPT, will provide an ongoing forum for members to discuss local transportation needs, especially those of older adults, people with disabilities, veterans, and people with lower incomes. The Committee should meet two to three times a year, and, at a minimum, should:

- Share and review applications for funding through the Section 5310 Program. This review will likely take place during the regional meetings facilitated by DRPT in January of each year.
- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to transportation services.
- Review and discuss coordination strategies in the PDC and provide recommendations for possible improvements to help expand mobility options.
- Review and discuss strategies for coordinating services with other PDCs and regions outside of Virginia (if applicable) to help expand mobility options.
- In conjunction with DRPT, facilitate updates of the PDC's CHSM Plan at least every five years, or more frequently as DRPT or the Committee deems appropriate.

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.

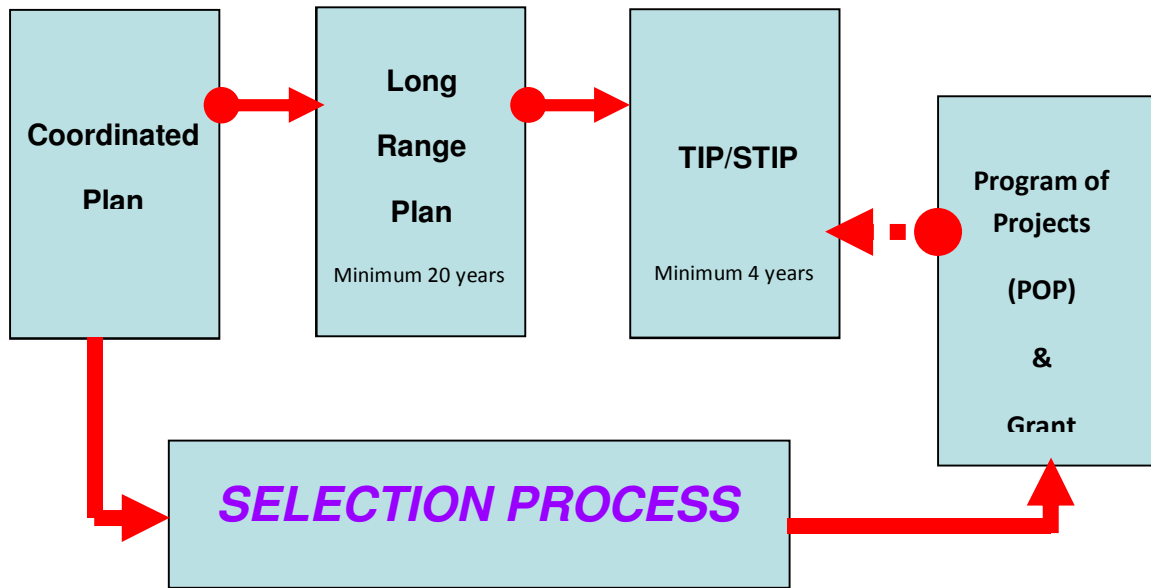
- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. Title 49 U.S.C. 5303(i)(6) and 5304(f)(3), as amended by MAP-21, require MPOs and States to engage interested 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

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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

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<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

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<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

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<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

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<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

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<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>
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/H_CLTC/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/H_CLTC/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

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<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>
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

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<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>
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

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<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>
(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

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

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<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

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<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

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<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

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<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

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<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

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<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

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<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

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<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 12 Demographics (Census 2010)

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Franklin	510670201011	13.27	1913	144.1
Franklin	510670201012	10.13	1508	148.9
Franklin	510670201013	6.56	1773	270.1
Franklin	510670201021	14.86	1210	81.4
Franklin	510670201022	14.42	1298	90.0
Franklin	510670202001	20.00	1889	94.5
Franklin	510670202002	11.68	1578	135.2
Franklin	510670202003	17.60	2062	117.2
Franklin	510670203001	30.78	2752	89.4
Franklin	510670203002	31.23	3375	108.1
Franklin	510670204001	19.33	1765	91.3
Franklin	510670204002	19.33	2436	126.0
Franklin	510670204003	4.61	1247	270.3
Franklin	510670205001	49.15	2031	41.3
Franklin	510670205002	47.39	2223	46.9
Franklin	510670205003	25.01	1916	76.6
Franklin	510670205004	11.23	1965	174.9
Franklin	510670206001	45.51	2239	49.2
Franklin	510670206002	42.01	1535	36.5
Franklin	510670207001	19.15	1983	103.6
Franklin	510670207002	21.88	1249	57.1
Franklin	510670207003	21.72	1528	70.3
Franklin	510670207004	15.86	1154	72.8
Franklin	510670208001	6.05	1470	243.1
Franklin	510670208002	1.56	758	485.2
Franklin	510670208003	0.67	1231	1834.8
Franklin	510670208004	1.46	1192	814.8
Franklin	510670208005	6.48	1915	295.5
Franklin	510670209001	42.09	1370	32.5
Franklin	510670209002	25.98	2129	81.9
Franklin	510670209003	48.31	2184	45.2
Franklin	510670209004	45.10	1281	28.4
Henry	510890101001	2.21	2121	960.5
Henry	510890101002	0.73	1187	1634.4
Henry	510890101003	1.72	657	382.7

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Henry	510890102001	3.32	923	278.4
Henry	510890102002	2.97	2149	723.8
Henry	510890102003	1.24	916	738.6
Henry	510890102004	0.53	1124	2113.5
Henry	510890103001	20.29	987	48.6
Henry	510890103002	5.77	1775	307.9
Henry	510890103003	4.68	1594	340.3
Henry	510890103004	4.84	1287	266.0
Henry	510890104001	39.84	1335	33.5
Henry	510890104002	18.96	958	50.5
Henry	510890104003	8.71	1582	181.7
Henry	510890105001	19.84	1515	76.4
Henry	510890105002	22.41	1635	72.9
Henry	510890105003	16.35	964	58.9
Henry	510890106011	2.63	1512	575.2
Henry	510890106012	3.46	1287	371.8
Henry	510890106021	5.67	1030	181.5
Henry	510890106022	3.69	1592	430.9
Henry	510890106023	7.46	1403	188.1
Henry	510890107001	5.08	1282	252.2
Henry	510890107002	15.34	612	39.9
Henry	510890107003	9.77	550	56.3
Henry	510890107004	25.37	1075	42.4
Henry	510890108001	1.77	708	400.6
Henry	510890108002	6.84	921	134.7
Henry	510890108003	3.70	935	252.7
Henry	510890109001	13.30	1868	140.4
Henry	510890109002	15.69	887	56.5
Henry	510890110001	8.83	1693	191.7
Henry	510890110002	11.50	2089	181.6
Henry	510890110003	6.92	1365	197.2
Henry	510890111001	3.96	1933	487.5
Henry	510890111002	4.55	763	167.7
Henry	510890112001	3.98	822	206.3
Henry	510890112002	8.43	1282	152.1
Henry	510890112003	3.37	1664	494.1
Henry	510890113001	21.49	2434	113.2
Henry	510890113002	15.10	1735	114.9
Patrick	511410301001	48.64	1431	29.4
Patrick	511410301002	44.05	1138	25.8
Patrick	511410301003	42.04	960	22.8

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Patrick	511410301004	37.78	665	17.6
Patrick	511410301005	1.07	866	809.2
Patrick	511410302001	32.71	699	21.4
Patrick	511410302002	31.38	1126	35.9
Patrick	511410302003	19.70	1238	62.9
Patrick	511410302004	17.00	640	37.6
Patrick	511410302005	56.09	1113	19.8
Patrick	511410302006	30.38	1386	45.6
Patrick	511410303011	11.73	1081	92.1
Patrick	511410303012	18.68	1108	59.3
Patrick	511410303013	26.34	867	32.9
Patrick	511410303021	27.97	1456	52.1
Patrick	511410303022	11.60	1510	130.2
Patrick	511410303023	25.96	1206	46.5
Pittsylvania	511430101001	49.52	1161	23.4
Pittsylvania	511430101002	44.68	1632	36.5
Pittsylvania	511430101003	27.19	1522	56.0
Pittsylvania	511430102001	7.33	863	117.8
Pittsylvania	511430102002	7.85	1690	215.2
Pittsylvania	511430102003	19.83	1934	97.6
Pittsylvania	511430103001	31.63	1203	38.0
Pittsylvania	511430103002	34.83	844	24.2
Pittsylvania	511430103003	22.52	1363	60.5
Pittsylvania	511430103004	28.89	783	27.1
Pittsylvania	511430104001	46.85	1100	23.5
Pittsylvania	511430104002	20.83	774	37.2
Pittsylvania	511430104003	49.59	2180	44.0
Pittsylvania	511430105001	24.19	1195	49.4
Pittsylvania	511430105002	4.32	1727	399.8
Pittsylvania	511430105003	35.88	2193	61.1
Pittsylvania	511430106001	2.48	1116	449.5
Pittsylvania	511430106002	36.16	1918	53.0
Pittsylvania	511430107001	57.95	731	12.6
Pittsylvania	511430107002	47.81	1102	23.0
Pittsylvania	511430108011	11.03	1644	149.0
Pittsylvania	511430108012	11.67	866	74.2
Pittsylvania	511430108021	36.25	1375	37.9
Pittsylvania	511430108022	36.72	2162	58.9
Pittsylvania	511430108023	8.11	774	95.5
Pittsylvania	511430108024	16.00	2058	128.6
Pittsylvania	511430109001	23.77	1096	46.1

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Pittsylvania	511430109002	30.81	1888	61.3
Pittsylvania	511430110011	31.60	2594	82.1
Pittsylvania	511430110012	10.52	1051	99.9
Pittsylvania	511430110013	7.20	894	124.2
Pittsylvania	511430110021	24.49	3106	126.8
Pittsylvania	511430110022	11.31	1555	137.5
Pittsylvania	511430111001	20.56	1450	70.5
Pittsylvania	511430111002	31.69	1479	46.7
Pittsylvania	511430112001	5.51	960	174.1
Pittsylvania	511430112002	10.21	744	72.9
Pittsylvania	511430112003	4.42	614	139.1
Pittsylvania	511430113001	4.28	1991	464.7
Pittsylvania	511430113002	3.30	1626	492.9
Pittsylvania	511430113003	8.14	2565	315.0
Pittsylvania	511430114001	4.16	1519	365.5
Pittsylvania	511430114002	12.19	1804	148.0
Pittsylvania	511430114003	4.65	660	142.0
Danville	515900001001	0.63	2149	3390.1
Danville	515900001002	0.65	1745	2681.7
Danville	515900001003	0.26	765	2887.6
Danville	515900001004	0.44	1044	2348.5
Danville	515900002001	0.62	1173	1877.5
Danville	515900002002	0.90	1278	1417.0
Danville	515900002003	0.60	1363	2254.8
Danville	515900003001	0.31	1016	3328.7
Danville	515900003002	0.31	1101	3568.0
Danville	515900003003	0.54	1389	2568.7
Danville	515900004001	0.38	1372	3646.0
Danville	515900004002	0.57	877	1539.8
Danville	515900004003	0.22	417	1860.5
Danville	515900004004	1.39	1101	793.1
Danville	515900005001	0.23	362	1580.9
Danville	515900005002	0.65	778	1191.4
Danville	515900005003	0.13	497	3820.1
Danville	515900006001	0.22	679	3018.5
Danville	515900006002	0.23	786	3438.4
Danville	515900006003	0.24	884	3743.7
Danville	515900007001	0.48	1346	2806.5
Danville	515900007002	0.92	861	936.7
Danville	515900007003	0.32	1134	3505.5
Danville	515900008001	1.55	302	194.6

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Danville	515900008002	0.76	1390	1838.2
Danville	515900008003	1.16	998	861.4
Danville	515900009001	1.45	1913	1320.1
Danville	515900009002	1.22	1191	972.8
Danville	515900009003	0.42	667	1570.9
Danville	515900010001	0.77	1932	2523.9
Danville	515900010002	0.60	1771	2954.1
Danville	515900011001	1.47	1401	950.7
Danville	515900012001	3.10	1121	361.3
Danville	515900012002	3.71	645	173.7
Danville	515900013011	3.64	1296	356.0
Danville	515900013021	2.20	1077	490.1
Danville	515900014001	3.57	1613	451.2
Danville	515900014002	3.60	1619	449.5
Danville	515909801001	2.44	2	0.8
Martinsville	516900001001	2.14	2062	962.5
Martinsville	516900001002	0.84	1456	1724.4
Martinsville	516900002001	1.12	870	777.9
Martinsville	516900002002	0.27	608	2226.8
Martinsville	516900002003	0.57	769	1345.6
Martinsville	516900003001	0.73	962	1311.5
Martinsville	516900003002	0.46	760	1653.6
Martinsville	516900003003	0.29	779	2712.3
Martinsville	516900004001	0.81	1285	1581.2
Martinsville	516900004002	0.25	535	2101.2
Martinsville	516900004003	0.62	828	1344.2
Martinsville	516900005001	0.53	813	1547.6
Martinsville	516900005002	0.68	653	961.0
Martinsville	516900005003	0.94	801	856.5
Martinsville	516900005004	0.70	640	910.1

Appendix D- Demographics of Potentially Transit Dependent Persons

PDC 12 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 House holds	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDI%	TDI
510670201001	Franklin	132	2	703	5	61	2	170	1	1	1
510670201002	Franklin	59	1	208	1	0	1	24	1	1	1
510670201003	Franklin	121	2	656	5	14	1	382	4	1	1
510670202001	Franklin	109	2	129	1	44	1	148	1	1	1
510670202002	Franklin	71	1	104	1	32	1	85	1	1	1
510670202003	Franklin	104	1	211	1	30	1	332	3	1	1
510670203001	Franklin	118	2	410	4	0	1	98	1	1	1
510670203002	Franklin	103	1	430	4	29	1	267	2	1	1
510670204001	Franklin	135	2	184	1	56	2	239	2	1	1
510670204002	Franklin	165	3	221	1	62	3	482	5	1	1
510670204003	Franklin	72	1	247	2	11	1	45	1	1	1
510670205001	Franklin	133	2	258	2	13	1	189	1	1	1
510670205002	Franklin	141	3	354	3	87	4	163	1	1	1
510670205003	Franklin	193	4	246	2	0	1	417	5	2	1
510670205004	Franklin	52	1	285	2	27	1	0	1	1	1
510670206001	Franklin	36	1	224	1	34	1	87	1	1	1
510670206002	Franklin	144	3	127	1	48	2	226	2	1	1
510670207001	Franklin	102	1	287	2	48	2	201	1	1	1
510670207002	Franklin	53	1	78	1	0	1	243	2	1	1
510670207003	Franklin	49	1	259	2	16	1	62	1	1	1
510670207004	Franklin	55	1	230	2	31	1	43	1	1	1
510670208001	Franklin	102	1	173	1	85	4	119	1	4	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless House holds	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDI%	TDI
510670208002	Franklin	47	1	148	1	39	1	336	3	1	1
510670208003	Franklin	160	3	388	4	83	4	366	4	3	5
510670208004	Franklin	57	1	141	1	17	1	29	1	1	1
510670208005	Franklin	190	4	405	4	59	2	203	1	1	1
510670209001	Franklin	58	1	145	1	10	1	265	2	1	1
510670209002	Franklin	152	3	175	1	57	2	553	5	1	1
510670209003	Franklin	142	3	256	2	21	1	505	5	1	1
510670209004	Franklin	61	1	276	2	32	1	41	1	1	1
510890101001	Henry	188	4	465	5	19	1	123	1	1	5
510890101002	Henry	61	1	106	1	9	1	51	1	1	1
510890101003	Henry	53	1	109	1	0	1	334	3	3	1
510890102001	Henry	35	1	157	1	0	1	42	1	1	1
510890102002	Henry	190	4	687	5	124	5	162	1	1	5
510890102003	Henry	104	1	52	1	91	4	241	2	2	5
510890103001	Henry	65	1	131	1	0	1	95	1	1	1
510890103002	Henry	161	3	395	4	56	2	209	2	1	1
510890103003	Henry	41	1	159	1	0	1	33	1	1	1
510890103004	Henry	83	1	205	1	34	1	381	4	1	1
510890103005	Henry	18	1	110	1	12	1	232	2	1	1
510890104001	Henry	150	3	138	1	50	2	422	5	2	1
510890104002	Henry	79	1	189	1	24	1	88	1	1	1
510890104003	Henry	95	1	184	1	89	4	242	2	1	1
510890105001	Henry	85	1	209	1	28	1	97	1	1	1
510890105002	Henry	163	3	224	1	0	1	425	5	1	1
510890105003	Henry	152	3	181	1	34	1	178	1	2	1
510890106001	Henry	108	2	136	1	0	1	199	1	2	1
510890106002	Henry	97	1	49	1	0	1	30	1	1	1
510890106003	Henry	189	4	163	1	106	5	749	5	4	5

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless House holds	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDI%	TDI
510890106004	Henry	90	1	185	1	21	1	33	1	1	1
510890106005	Henry	147	3	256	2	25	1	65	1	1	1
510890106006	Henry	163	3	244	2	0	1	158	1	1	1
510890107001	Henry	129	2	199	1	34	1	117	1	1	1
510890107002	Henry	80	1	138	1	14	1	132	1	2	1
510890107003	Henry	58	1	83	1	8	1	59	1	1	1
510890107004	Henry	134	2	286	2	33	1	208	2	2	1
510890108001	Henry	165	3	117	1	28	1	240	2	2	2
510890108002	Henry	91	1	116	1	29	1	117	1	1	1
510890108003	Henry	124	2	183	1	36	1	264	2	2	1
510890109001	Henry	100	1	321	3	26	1	212	2	1	1
510890109002	Henry	131	2	225	1	63	3	633	5	2	1
510890110001	Henry	376	5	711	5	39	1	802	5	1	2
510890110002	Henry	151	3	253	2	37	1	542	5	1	1
510890111001	Henry	182	4	378	4	108	5	145	1	2	1
510890111002	Henry	55	1	91	1	9	1	87	1	1	1
510890112001	Henry	103	1	287	2	19	1	219	2	2	1
510890112002	Henry	180	4	451	4	153	5	517	5	1	2
510890113001	Henry	186	4	445	4	89	4	350	4	1	2
510890113002	Henry	194	4	340	3	26	1	337	3	1	1
511410301001	Patrick	53	1	219	1	0	1	31	1	1	1
511410301002	Patrick	165	3	292	2	14	1	100	1	2	1
511410301003	Patrick	318	5	288	2	34	1	298	3	1	1
511410301004	Patrick	50	1	110	1	21	1	76	1	1	1
511410301005	Patrick	76	1	142	1	56	2	287	3	2	3
511410302001	Patrick	75	1	188	1	12	1	44	1	1	1
511410302002	Patrick	77	1	209	1	0	1	93	1	1	1
511410302003	Patrick	140	2	290	2	27	1	339	3	2	1

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511410302004	Patrick	37	1	93	1	0	1	327	3	1	1
511410302005	Patrick	147	3	192	1	13	1	155	1	1	1
511410302006	Patrick	118	2	220	1	45	1	11	1	1	1
511410303001	Patrick	68	1	188	1	35	1	121	1	1	1
511410303002	Patrick	151	3	311	3	18	1	159	1	1	1
511410303003	Patrick	37	1	438	4	5	1	36	1	1	1
511410303004	Patrick	145	3	173	1	0	1	136	1	1	1
511410303005	Patrick	50	1	252	2	61	2	134	1	2	1
511410303006	Patrick	50	1	155	1	74	3	147	1	1	1
511430101001	Pittsylvania	94	1	31	1	0	1	61	1	1	1
511430101002	Pittsylvania	43	1	262	2	44	1	215	2	1	1
511430101003	Pittsylvania	132	2	237	2	20	1	293	3	1	1
511430102001	Pittsylvania	238	5	450	4	44	1	759	5	1	2
511430102002	Pittsylvania	126	2	314	3	32	1	703	5	2	1
511430103001	Pittsylvania	291	5	506	5	112	5	512	5	2	3
511430103002	Pittsylvania	85	1	145	1	15	1	107	1	1	1
511430103003	Pittsylvania	45	1	157	1	22	1	186	1	1	1
511430104001	Pittsylvania	71	1	66	1	23	1	104	1	1	1
511430104002	Pittsylvania	75	1	94	1	41	1	119	1	2	1
511430104003	Pittsylvania	151	3	305	3	64	3	125	1	1	1
511430105001	Pittsylvania	110	2	147	1	43	1	95	1	2	1
511430105002	Pittsylvania	137	2	307	3	87	4	281	3	1	1
511430105003	Pittsylvania	312	5	289	2	39	1	150	1	1	1
511430106001	Pittsylvania	104	1	262	2	78	4	125	1	1	1
511430106002	Pittsylvania	193	4	329	3	47	2	265	2	1	1
511430107001	Pittsylvania	146	3	135	1	15	1	282	3	2	1
511430107002	Pittsylvania	102	1	210	1	85	4	219	2	1	1
511430108001	Pittsylvania	133	2	130	1	8	1	192	1	1	1

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511430108002	Pittsylvania	170	3	410	4	98	5	400	4	1	2
511430108003	Pittsylvania	196	4	204	1	113	5	198	1	2	1
511430108004	Pittsylvania	76	1	225	1	46	2	142	1	1	1
511430108005	Pittsylvania	87	1	84	1	26	1	112	1	1	1
511430109001	Pittsylvania	47	1	170	1	39	1	166	1	1	1
511430109002	Pittsylvania	93	1	232	2	24	1	301	3	1	1
511430110001	Pittsylvania	241	5	562	5	80	4	276	3	1	2
511430110002	Pittsylvania	166	3	225	1	13	1	86	1	1	1
511430110003	Pittsylvania	63	1	109	1	0	1	17	1	1	1
511430110004	Pittsylvania	97	1	162	1	40	1	139	1	1	1
511430110005	Pittsylvania	100	1	121	1	0	1	0	1	1	1
511430111001	Pittsylvania	90	1	131	1	9	1	89	1	1	1
511430111002	Pittsylvania	176	4	180	1	65	3	196	1	1	1
511430112001	Pittsylvania	99	1	129	1	16	1	52	1	1	1
511430112002	Pittsylvania	116	2	171	1	9	1	109	1	1	1
511430112003	Pittsylvania	60	1	81	1	25	1	18	1	1	1
511430113001	Pittsylvania	37	1	153	1	9	1	257	2	1	1
511430113002	Pittsylvania	161	3	435	4	65	3	965	5	1	4
511430113003	Pittsylvania	139	2	199	1	0	1	131	1	1	1
511430114001	Pittsylvania	116	2	144	1	63	3	150	1	1	1
511430114002	Pittsylvania	155	3	174	1	28	1	396	4	1	1
511430114003	Pittsylvania	84	1	174	1	19	1	77	1	2	1
515900001001	Danville	143	3	145	1	99	5	551	5	2	5
515900001002	Danville	149	3	542	5	14	1	325	3	1	5
515900001003	Danville	56	1	193	1	12	1	15	1	1	2
515900001004	Danville	53	1	191	1	0	1	163	1	1	3
515900002001	Danville	144	3	310	3	122	5	392	4	2	5
515900002002	Danville	46	1	357	3	101	5	383	4	3	5

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515900002003	Danville	104	1	766	5	127	5	220	2	2	5
515900003001	Danville	101	1	208	1	108	5	139	1	3	5
515900003002	Danville	82	1	222	1	199	5	363	4	3	5
515900003003	Danville	191	4	204	1	212	5	593	5	3	5
515900004001	Danville	93	1	201	1	147	5	514	5	3	5
515900004002	Danville	164	3	99	1	55	2	421	5	4	5
515900004003	Danville	39	1	26	1	45	1	250	2	3	2
515900004004	Danville	146	3	625	5	95	5	216	2	3	4
515900005001	Danville	80	1	143	1	219	5	247	2	5	5
515900005002	Danville	56	1	140	1	112	5	97	1	3	2
515900006001	Danville	106	2	137	1	96	5	422	5	3	5
515900006002	Danville	171	3	127	1	18	1	485	5	2	5
515900006003	Danville	174	3	623	5	196	5	395	4	4	5
515900006004	Danville	58	1	96	1	48	2	191	1	4	4
515900007001	Danville	83	1	215	1	28	1	54	1	1	2
515900007002	Danville	149	3	223	1	32	1	106	1	2	3
515900007003	Danville	119	2	238	2	48	2	52	1	1	5
515900008001	Danville	18	1	62	1	36	1	34	1	2	1
515900008002	Danville	140	2	191	1	42	1	153	1	1	3
515900008003	Danville	94	1	288	2	58	2	34	1	2	1
515900009001	Danville	240	5	376	3	215	5	450	5	2	5
515900009002	Danville	91	1	197	1	67	3	201	1	1	1
515900009003	Danville	45	1	113	1	0	1	187	1	2	1
515900010001	Danville	133	2	143	1	331	5	768	5	3	5
515900010002	Danville	167	3	387	4	88	4	248	2	1	5
515900011001	Danville	30	1	0	1	0	1	61	1	2	1
515900011002	Danville	59	1	78	1	47	2	74	1	4	2
515900011003	Danville	76	1	181	1	43	1	122	1	2	1

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515900012001	Danville	7	1	195	1	50	2	0	1	1	1
515900012002	Danville	77	1	124	1	132	5	478	5	3	1
515900013001	Danville	247	5	386	4	96	5	634	5	1	2
515900014001	Danville	134	2	262	2	61	2	22	1	1	1
515900014002	Danville	96	1	485	5	40	1	59	1	1	1
516900001001	Martinsville	74	1	176	1	1	1	77	1	1	2
516900001002	Martinsville	14	1	31	1	33	1	23	1	1	1
516900001003	Martinsville	36	1	72	1	0	1	122	1	1	1
516900001004	Martinsville	121	2	676	5	106	5	412	4	3	5
516900002001	Martinsville	75	1	70	1	53	2	241	2	2	1
516900002002	Martinsville	66	1	20	1	17	1	37	1	2	3
516900002003	Martinsville	115	2	206	1	89	4	403	4	4	5
516900002004	Martinsville	92	1	136	1	40	1	229	2	3	3
516900003001	Martinsville	153	3	415	4	198	5	353	4	3	5
516900003002	Martinsville	76	1	67	1	107	5	155	1	3	3
516900003003	Martinsville	27	1	121	1	63	3	95	1	1	3
516900004001	Martinsville	100	1	166	1	85	4	326	3	2	4
516900004002	Martinsville	68	1	150	1	8	1	221	2	2	3
516900004003	Martinsville	39	1	161	1	67	3	90	1	2	2
516900005001	Martinsville	43	1	230	2	11	1	9	1	1	2
516900005002	Martinsville	11	1	130	1	30	1	63	1	1	2
516900005003	Martinsville	46	1	300	2	31	1	11	1	1	1
516900005004	Martinsville	79	1	223	1	0	1	14	1	1	1