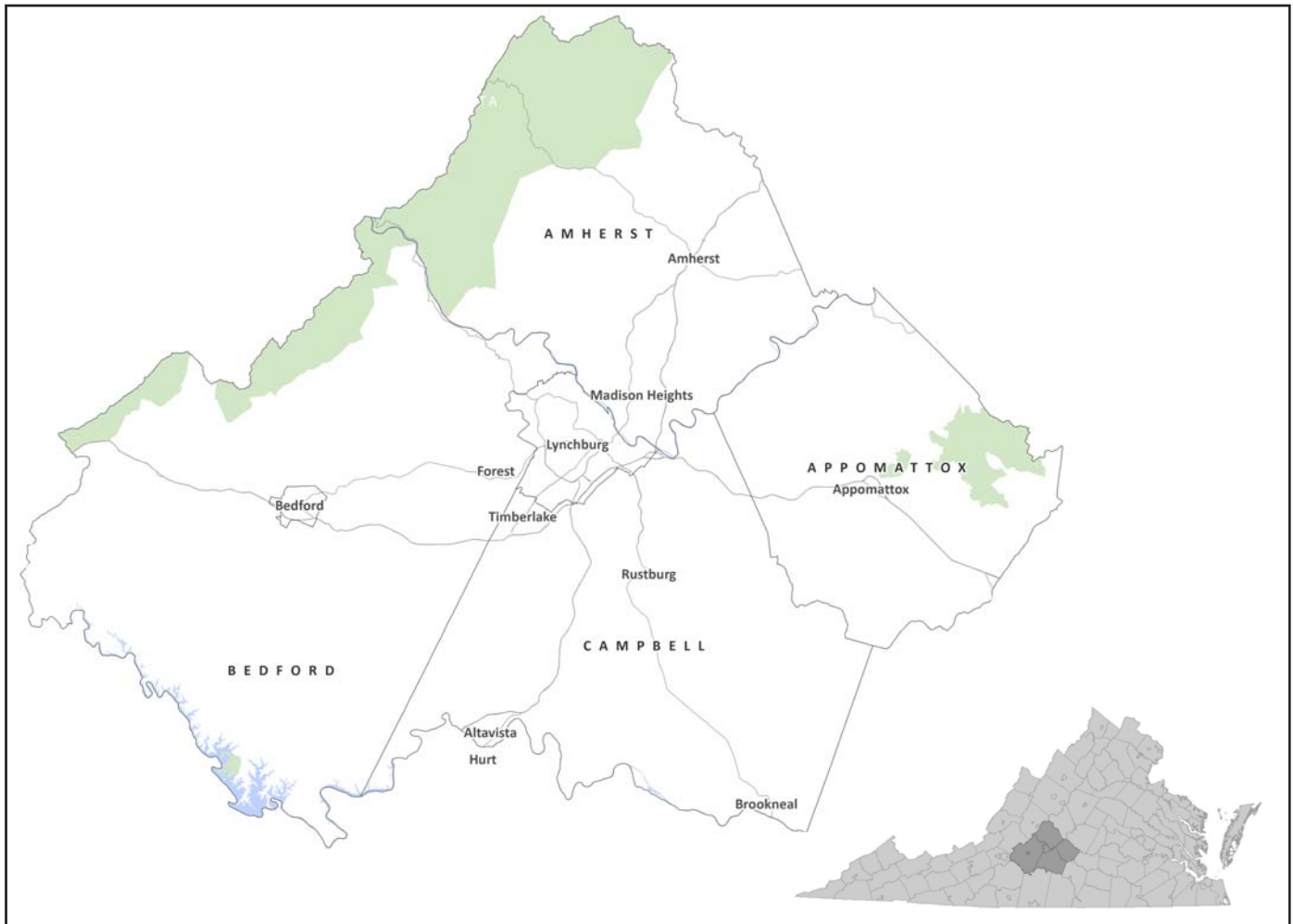


# Region 2000 (PDC 11) Coordinated Human Service Mobility Plan

GYdHYa VYf 2013

*Counties: Amherst, Appomattox, Bedford, and Campbell*

*Cities: Bedford and Lynchburg*



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

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



**Region 2000 (PDC 11)  
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

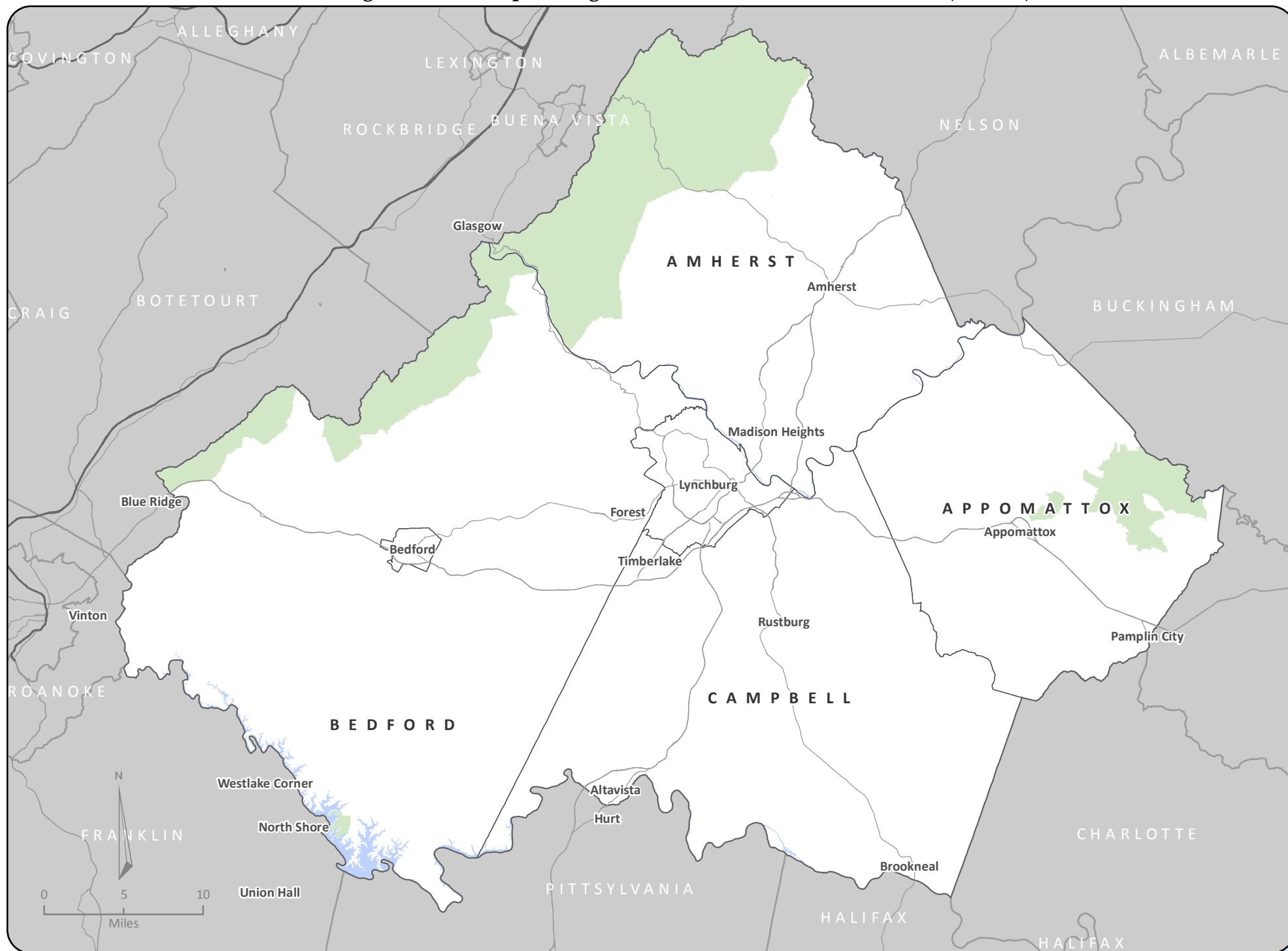
public, private, and non-profit transportation and human services providers, and others.

- 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 Region 2000 (PDC 11). As shown in Figure 1, PDC 11 is located in the central part of the Commonwealth, and includes Amherst, Appomattox, Bedford, and Campbell Counties and the cities of Bedford and Lynchburg. Aside from Bedford, Lynchburg, and Altavista, PDC 11 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.

**Figure 1: Base Map for Region 2000 Local Government Council (PDC 11)**



# 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 11. 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 11 has a population density of less than 100 persons per square mile. Higher density areas occur in the center of the PDC surrounding Lynchburg, as well as in Altavista, Appomattox, and the city of Bedford.

## **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 very high number of older adults are located in Lynchburg and the surrounding towns (Forest, Timberlake, Madison Heights), Amherst, and the city of Bedford. Figure 4 displays the relative number of individuals with disabilities. Lynchburg, just to the east of Lynchburg on the border of Appomattox and Campbell Counties, Amherst, and

Bedford County all have block groups classified as very high. As shown in Figure 5, areas with the highest relative number of low-income persons are located near Lynchburg, in northern Campbell County, the city of Bedford, and the block groups surrounding Amherst.

<b>Number/Percentage of Vulnerable Persons or Households</b>	<b>Score Based on Potential Transit Dependence</b>
<= the PDC average	1 (Very Low)
> average and <= 1.33 times average	2 (Low)
> 1.33 times average and <= 1.67 times average	3 (Moderate)
> 1.67 times average and <= 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 are scattered, occurring in Lynchburg and Bedford as well as every county.

### **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 Lynchburg, Timberlake, Altavista, and the city of Bedford. Figure 8 displays the TDIP. Those block groups classified as having very high to moderate need are less concentrated compared to the TDI, and are primarily located in Lynchburg, Altavista, Brookneal, and the city of Bedford.

Figure 2: 2010 Population Density for PDC 11

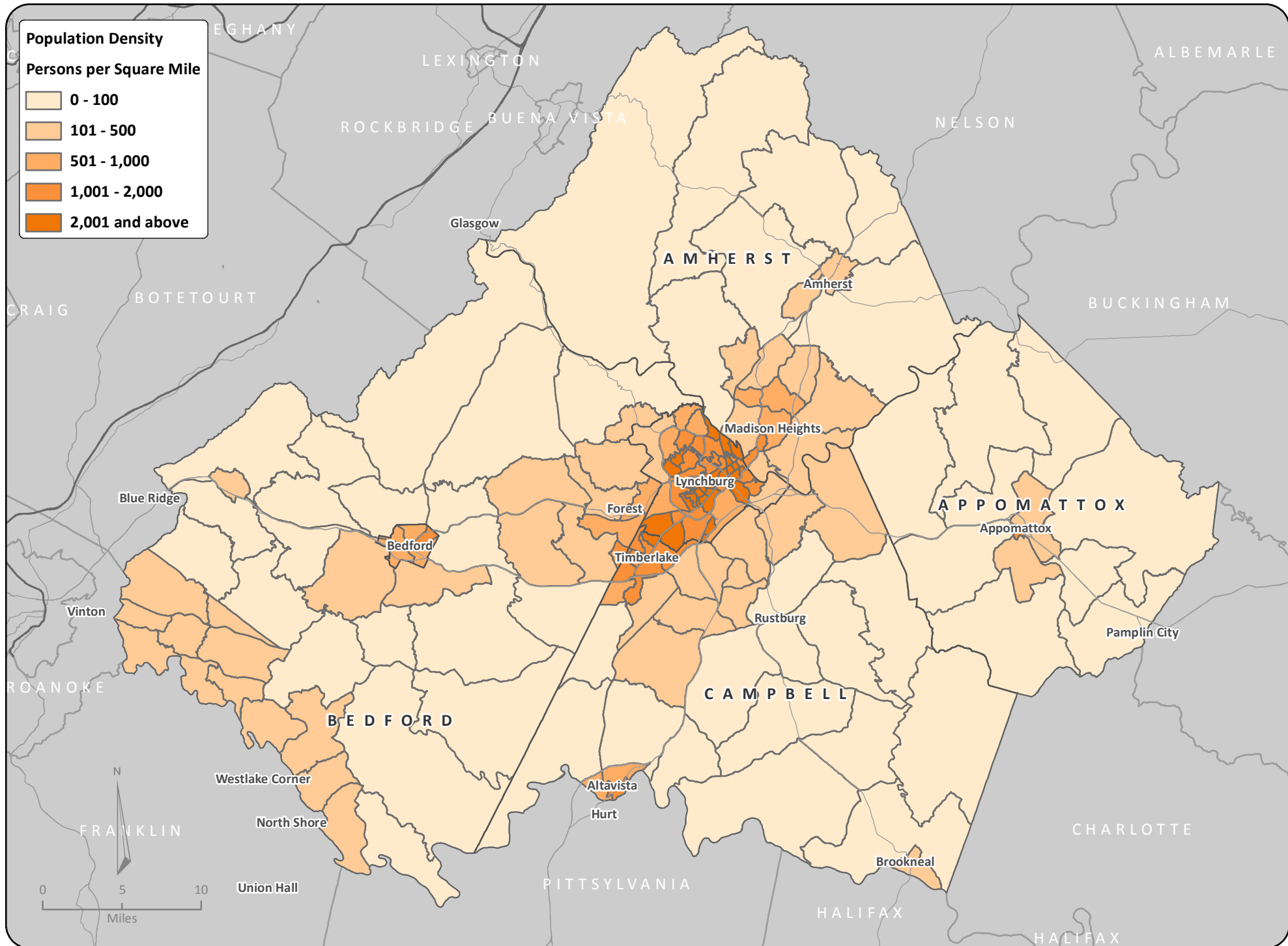


Figure 3: Relative Number of Senior Adults (65+) for PDC 11

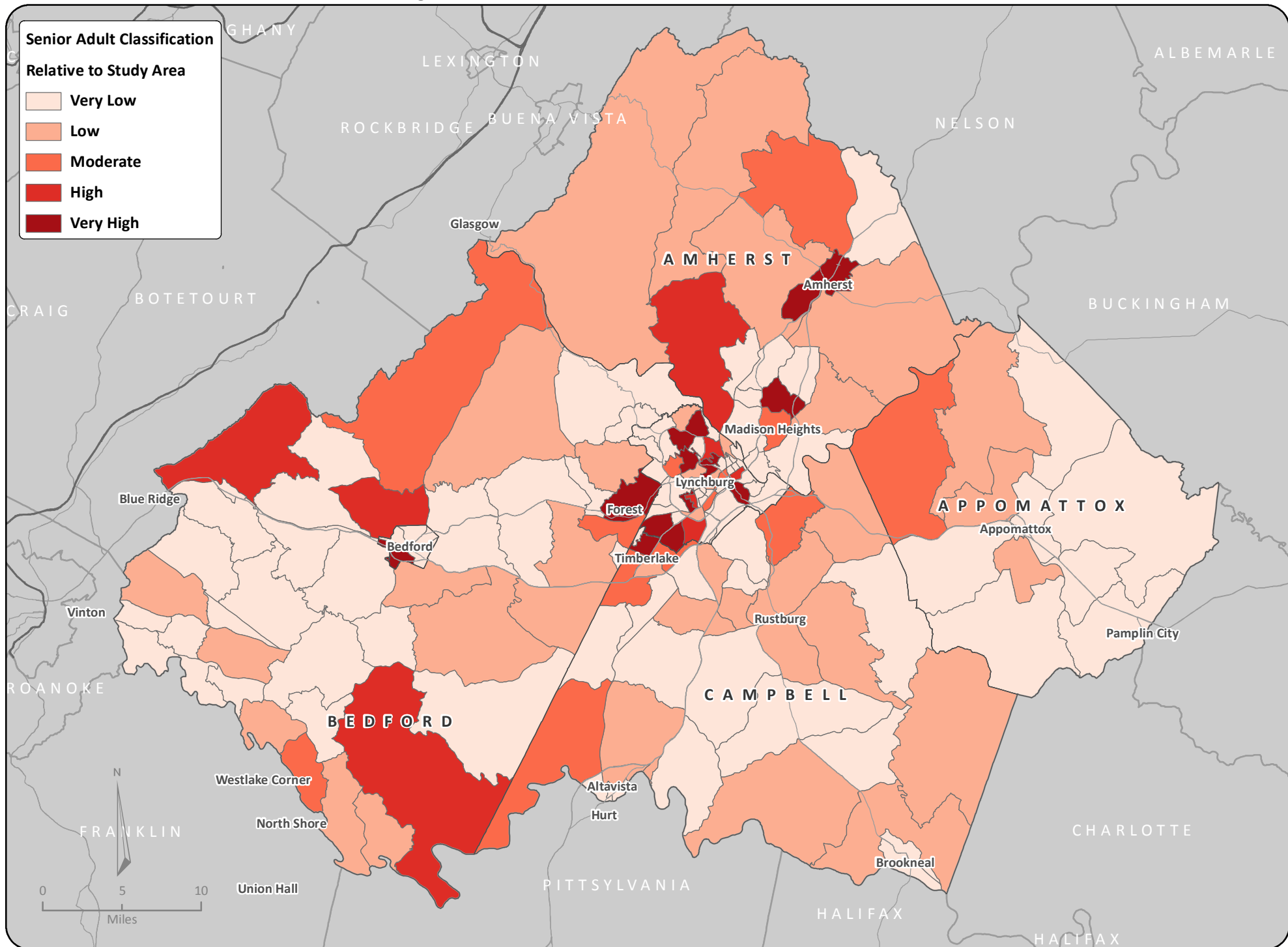


Figure 4: Relative Number of Disabled Persons for PDC 11

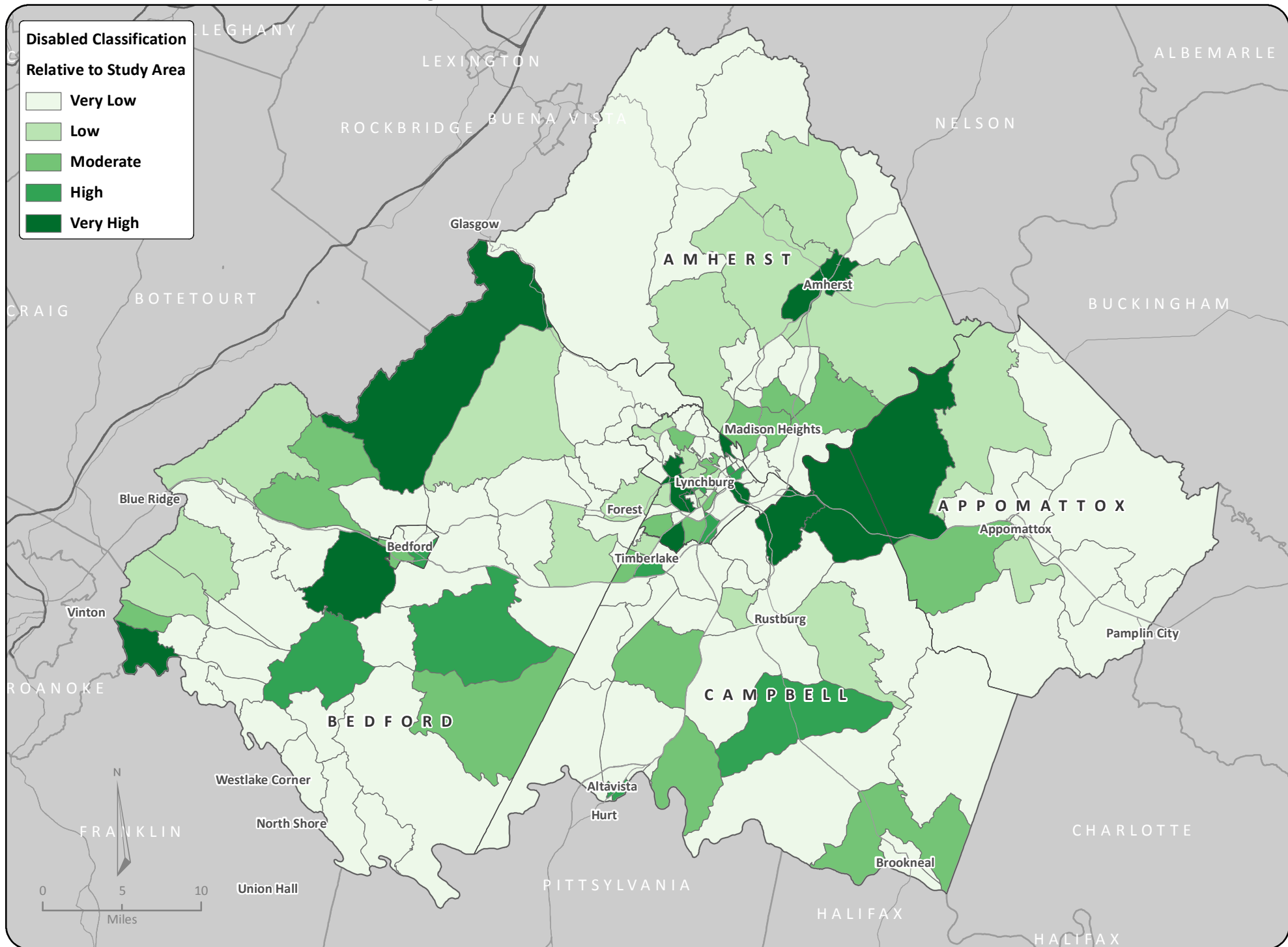
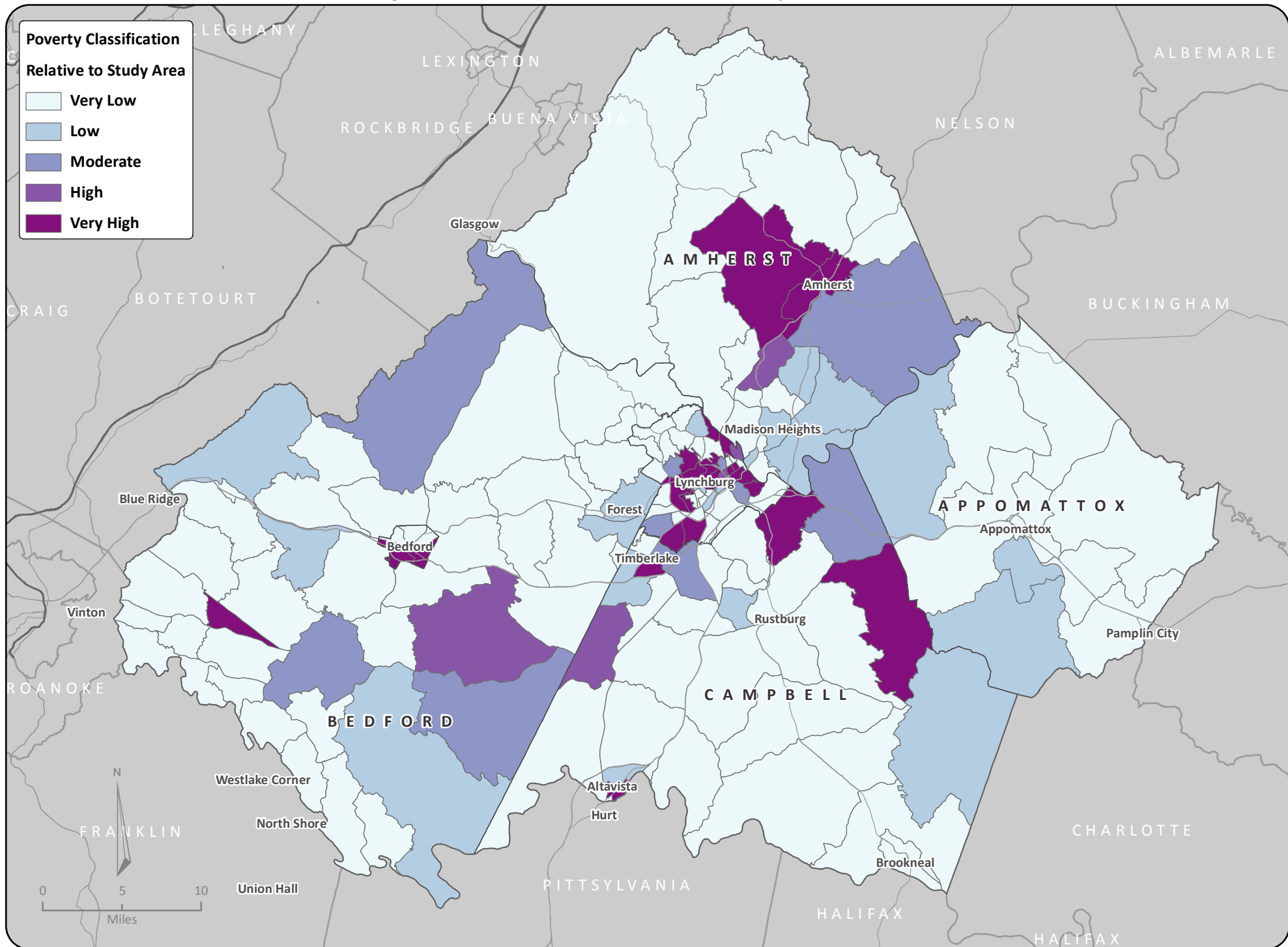




Figure 5: Relative Number of Below Poverty Residents for PDC 11



**Figure 6: Relative Number of Autoless Households for PDC 11**

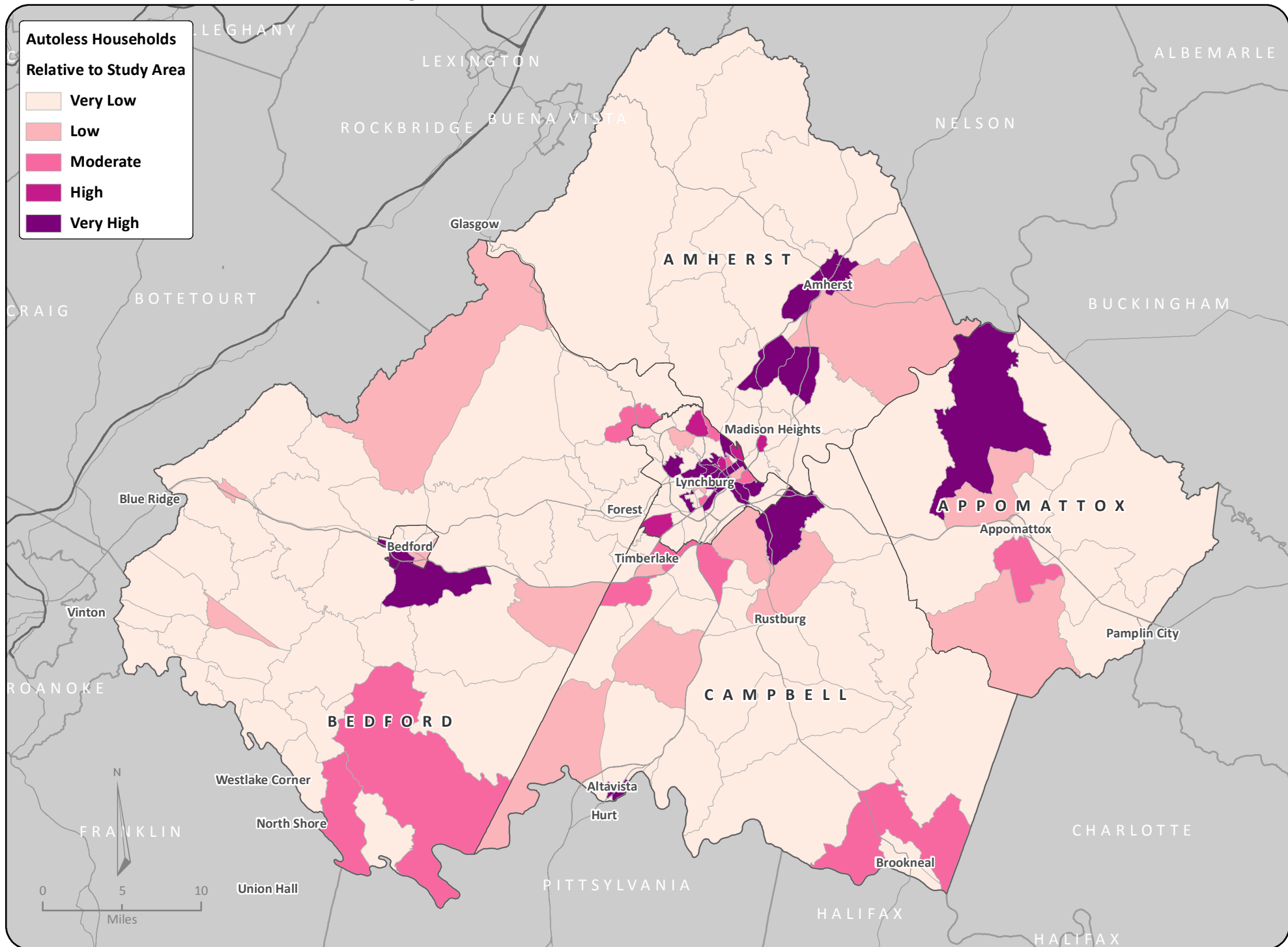


Figure 7: Transit Dependence Index for PDC 11

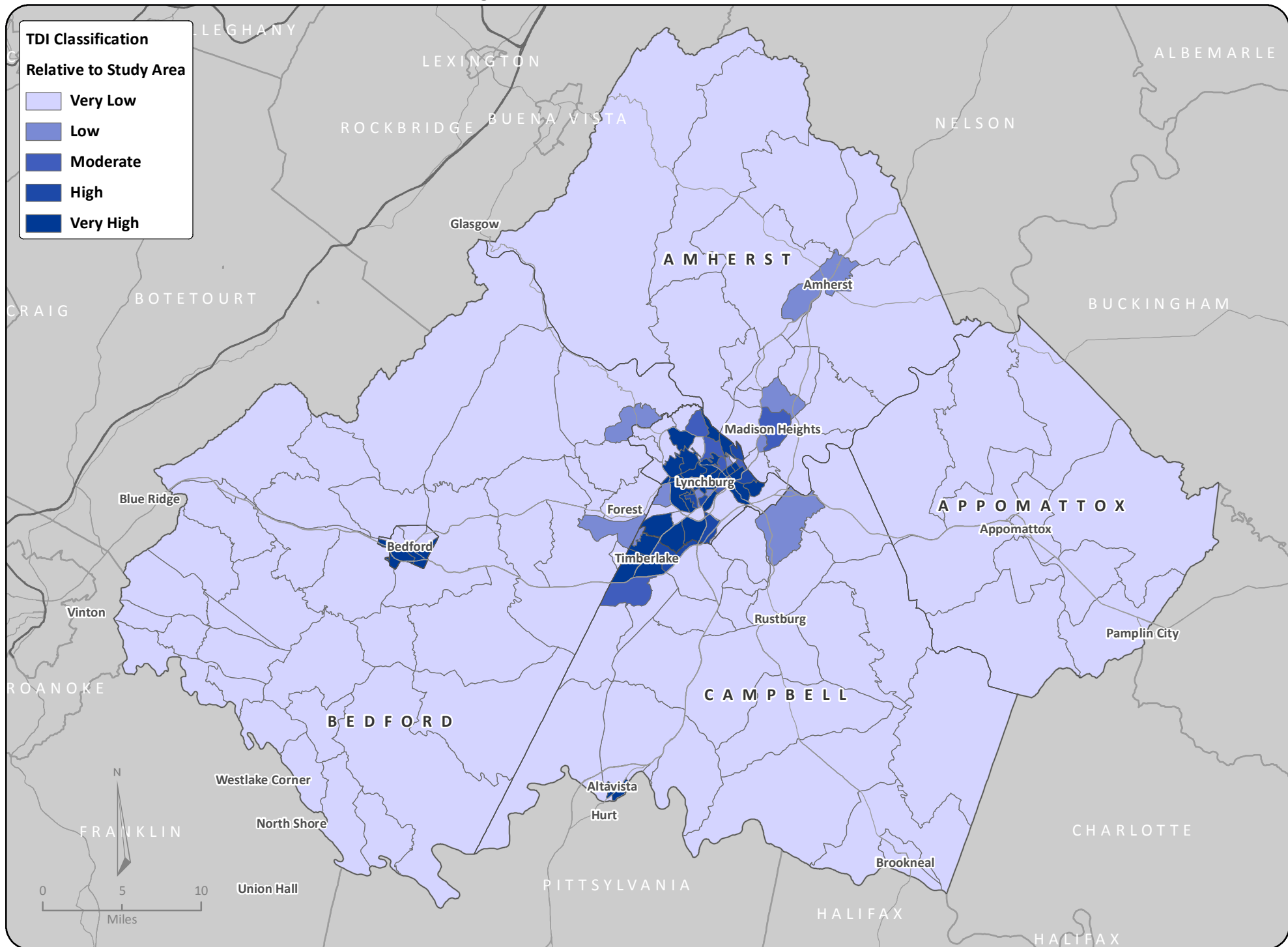
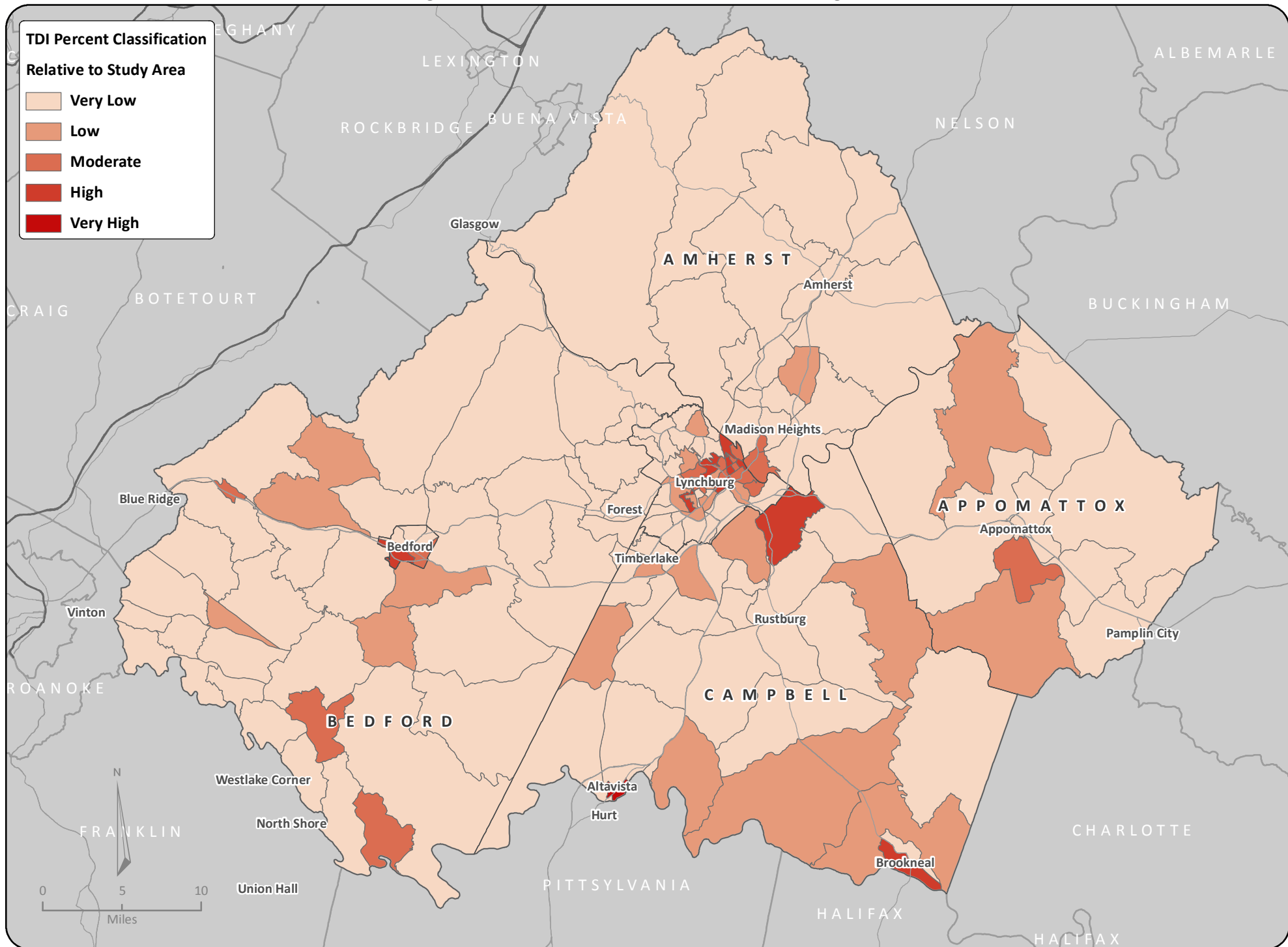


Figure 8: Transit Dependence Index Percentage for PDC 11



# 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 11. 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**

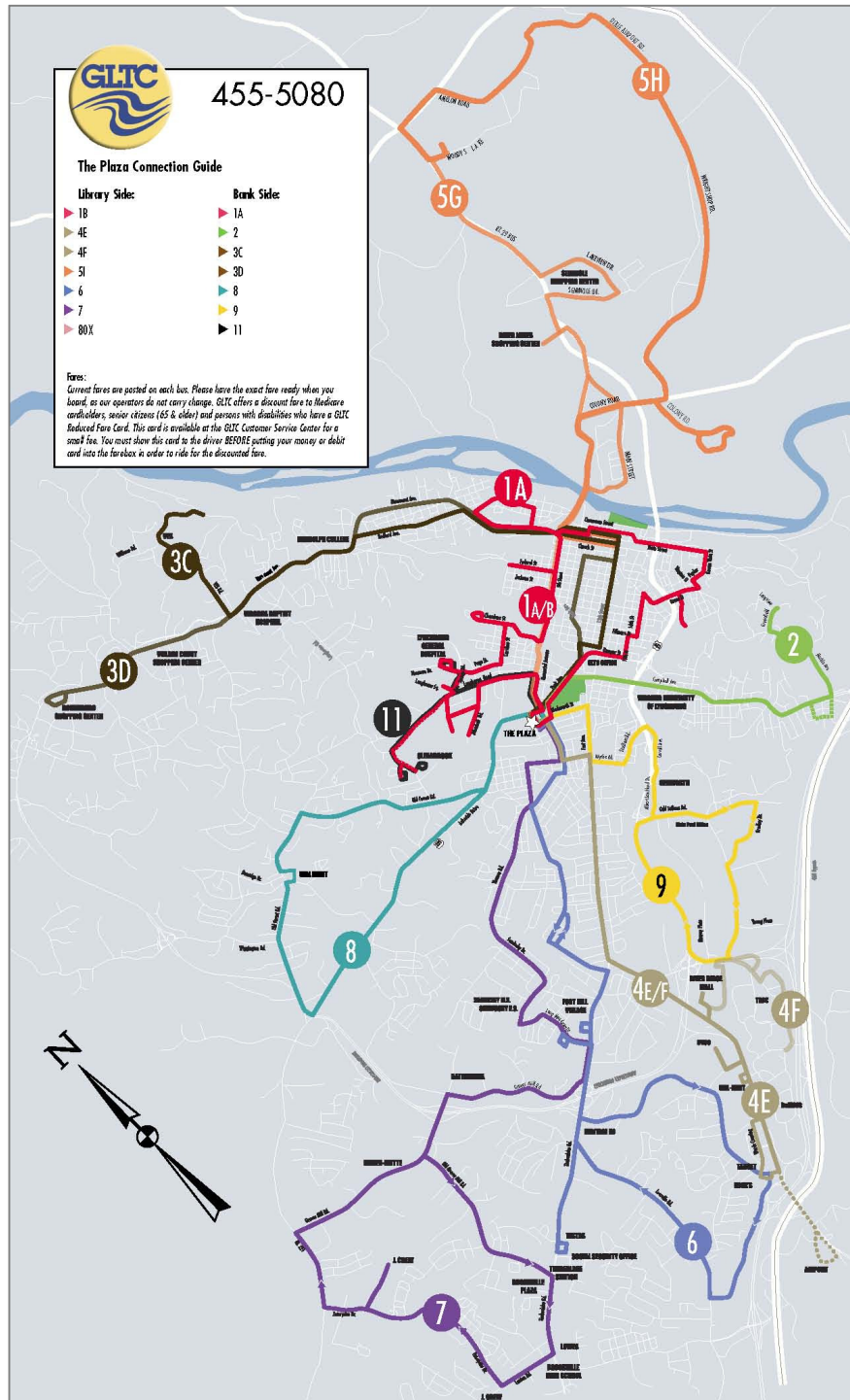
Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Presbyterian Homes & Family Services and the Family Alliance	Low income individuals; adults and children with intellectual disabilities		Client transportation to daycare, employment, medical, and shopping; also runs loan program for car purchase or repair		Based in Lynchburg, services throughout Virginia	No	Phone: (434) 384-3131  Website: <a href="http://www.phfs.org/home.aspx?LangType=1033&amp;pageid=1692">www.phfs.org/home.aspx?LangType=1033&amp;pageid=1692</a>

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
Altavista Community Transit System (ACTS)	General Public	2 15-passenger accessible vehicles	Monday – Friday 8:00AM to 6:00PM and Saturday 9:00AM to 2:00PM. Deviated Fixed Route Service includes the town of Alta Vista and offers a ¾ mile deviation. \$0.50 fare per trip	13,391 in FY 2012	Town of Altavista	No	Phone: (434) 369-5001  Website: www.altavista.gov
American Cancer Society	Individuals needing transportation to healthcare or cancer related appointments		Monday – Friday, volunteer based. Must schedule ride at least 48 business hours before appointment. Fare free, donations accepted		Statewide	No	Phone: (866) 949-1518
Arc of Central Virginia	Individuals with intellectual and developmental disabilities	5 vehicles	Community Inclusion and integration for individuals attending day support program. Monday – Friday, 9:00AM to 3:00PM	1,692 in FY 2012; 3,810 in FY 2013 (July-May)	PDC 11	No	Phone: (434) 875-4071  Website: http://arcofcva.org/
Bedford Ride (administered by CVAAA with volunteer support)	Disabled, elderly, or low-income	14 agency vehicles	Volunteer (drivers and dispatchers) program, 160 volunteers drive agency and personal vehicles; demand response, non-emergency medical trips; reservations 2 days in advance for appointments b/w 8:30AM and 3:00PM	8,048 in 2011	Bedford County		Phone: (540) 587-3315  Website: www.bedfordride.org
Central Virginia Area Agency on Aging (CVAAA)	60+, some disabled	60 vehicles (12 accessible)	Demand-response, Monday – Friday, 8:00AM – 4:30PM, medical, groceries and take seniors to nutrition center trips	34,742 in FY 2010	Amherst, Appomattox, Bedford, and Campbell Counties		Phone: (434) 385-9070  Website: http://cvaaa.com

<b>Agency/ Provider</b>	<b>(1) Client Type</b>	<b>(2) # of Vehicles</b>	<b>(3) Trip Characteristics (Times, Fees, etc.)</b>	<b>(4) # of Trips</b>	<b>(5) Service Area</b>	<b>(6) Provide Medicaid Trips?</b>	<b>(7) Contact Information</b>
Greater Lynchburg Transit Company (GLTC)	General Public and Liberty University students	~40 fixed route vehicles and 10 paratransit vehicles	Fixed routes and ADA paratransit from 6AM to 9:30PM, Monday - Saturday; \$2.00 regular fare and \$1 reduced fare for fixed routes, \$4.00 for paratransit	3,029,666 in FY 2011	Lynchburg and portions of Madison Heights		Phone: (434) 455-5080  Website: www.gltconline.com
LogistiCare (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible for Medicaid recipients and some Medicare		Reservations 24/7 by call center	60,000 trips per week Statewide	Statewide	Yes	Website: www.logisticare.com

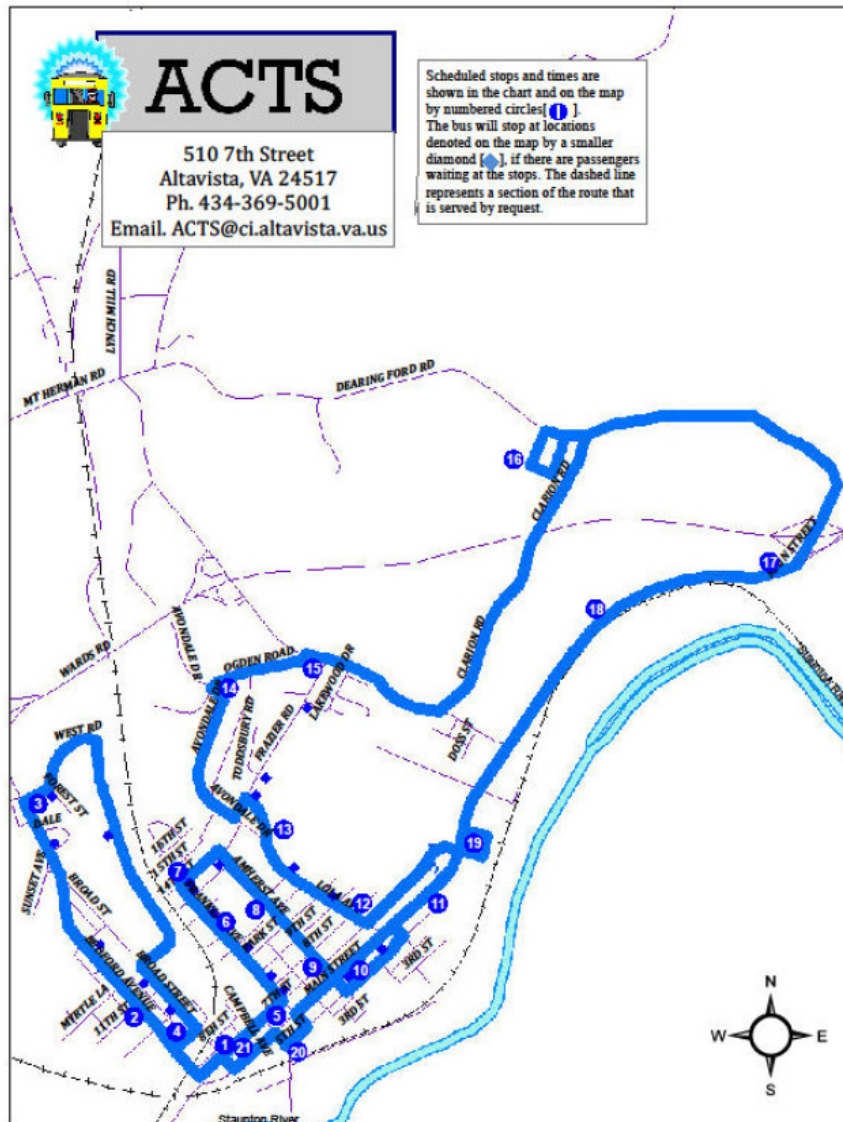


Altavista Community Transit System (ACTS) and the Greater Lynchburg Transit Company (GLTC) are the two providers serving the general public in the PDC; their system maps are included below.



[http://www.gltconline.com/?page\\_id=128](http://www.gltconline.com/?page_id=128)





[www.altavistava.gov/images/pdf\\_misc/Bus\\_Route\\_Brochure\\_Current\\_October\\_2011\\_Version\\_with\\_Map.pdf](http://www.altavistava.gov/images/pdf_misc/Bus_Route_Brochure_Current_October_2011_Version_with_Map.pdf)

## Private Transportation Providers

In addition, the following private transportation providers were identified:

- AA Seven Hills Taxi, Lynchburg, VA
- AAA Gray Top Cab, Lynchburg, VA
- Airport Limousine & Del Inc., Lynchburg, VA
- Allied Cabs, Lynchburg, VA
- Amherst County Taxi Services, Madison Heights, VA
- Amtrak (intercity rail with stop in Lynchburg)
- City Cab Co., Lynchburg, VA

- Gray Top Cab, Lynchburg, VA
- Greyhound Lines (intercity service with stop in Lynchburg)
- Hill City Cab, Lynchburg, VA
- Premier Limousine, Lynchburg, VA
- QR Limousine and Transportation, Lynchburg, VA
- Sandidge Taxi, Amherst, VA
- U Save Cab Co., Altavista, VA

## **Park & Ride Lots**

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

- Brookneal (Town of Brookneal)  
Lynchburg Avenue (40) and Main Street  
Parking spaces: 20
- Spout Spring (Appomattox County)  
Richmond Highway (460) and Reedy Spring Road (648)  
Parking spaces: 10
- Timberlake (Campbell County)  
Alum Springs Road and New London Drive  
Parking spaces: 70

# Assessment of Unmet Transportation Needs and Gaps

While an analysis of demographic data is important for understanding the overall mobility needs in PDC 11, it is vital to gain the insight of local stakeholders who are acutely aware of the transportation challenges faced by residents. Participants from the initial CHSM planning process provided input on specific unmet needs in the region. This information was gained by focusing on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, people with lower incomes) and specific need characteristics (trip purpose, time, place/destination, information/ outreach, travel training/orientation, or others). The vast majority of needs identified were described as “cross-cutting” – a need of all three population groups.

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

## *Trip Purpose*

- 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.

## *Time*

- Saturday, Sunday, 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.

### *Information/Outreach*

- Public relations campaign to improve image of public transit.
- Increased education for local officials who are not aware that transportation needs exist.

### *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*

- Limited local funding to serve as required match for funding for new services.
- Lack of accessible vehicles, especially in cases where more than one wheelchair space is needed in a vehicle.
- Lack of involvement in transportation issues at the local level.
- Concern regarding funding to sustain services after project implementation.
- Need funding for human service agencies to offset costs beyond what clients can afford.
- Expanded programs flexibility to allow greater coordination between agencies.
- Opportunity to strengthen coordination between the City of Lynchburg and local universities.
- Need for transportation options for individuals discharged from area hospitals.

# Identified Strategies

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

As noted in the previous version of this CHSM Plan, these strategies are intended to broadly describe how needs and gaps could be addressed. Specific project proposals would require identification of agency sponsors, specific expenditures, etc., and therefore more details would be provided 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 coordination and connectivity among existing public transit providers, human service transportation providers, and colleges/universities.
4. Establish a ride-sharing program for long-distance medical transportation and other trip purposes.
5. Implement new public transportation services or operate existing public transit services on more frequent basis.
6. Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.
7. Maintain and expand flexible transportation options and more specialized or one-to one services through use of volunteers.
8. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
9. Expand access to taxi services and other private transportation operators.

10. Provide targeted shuttle services to access employment opportunities.
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.

# 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.

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

Unmet Need/Issue Strategy Will Address:

- Expanded transportation services for dialysis treatments.
- Expanded access to job locations.
- Limited funding for trips not funded through the Medicaid brokerage.
- Expanded transportation options for social activities.

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><b>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</b></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.
- Saturday, Sunday, and evening services.
- Transportation that meets late night shifts hours for people with low incomes and people with disabilities.
- Need for transportation options for individuals discharged from area hospitals.

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><b>Strategy: Build Coordination and Connectivity Among Existing Public Transit Providers, Human Service Transportation Providers, and Colleges/Universities</b></p>
--

Opportunities exist to build upon the PDC's established transportation services and improve connections between providers, such as CVAAA and GLTC. 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 programs flexibility to allow greater coordination between agencies.
- Opportunity to strengthen coordination between the City of Lynchburg and local universities.

Potential Projects:

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

<b>Strategy: Establish a Ride-Sharing Program for Long Distance Medical Transportation and Other Trip Purposes</b>
--

This strategy involves using the commuter-oriented model as a basis for developing a ride-sharing program for long distance medical and other trips. 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 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.

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.

#### 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 to provide long distance medical trips.

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

GLTC and ACTS are the public transit providers in the PDC. Public transportation services typically cover areas that have higher population densities and serve major trip destinations, as GLTC currently does in Lynchburg and ACTS does in Altavista. 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.
- Saturday, Sunday, 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.

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

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 transportation needs exist.
- Lack of involvement in transportation issues at the local level.
- Concern regarding 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 programs to connect current riders with potential customers for training in use of services.

<b>Strategy: Maintain and Expand Flexible Transportation Options and More Specialized or One-To-One Services through Expanded Use of Volunteers</b>
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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. Administered by the CVAAA, Bedford Ride exemplifies a successful volunteer driver program in the PDC that provides eligible citizens with transportation to non-emergency medical services.

#### 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.
- Saturday, Sunday, and evening services.
- Need for transportation options for individuals discharged from area hospitals.

#### Potential Projects:

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

<b>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</b>
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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 programs to connect current riders with potential customers for training in use of services.

<b>Strategy: Expand Access to Taxi and Other Private Transportation Operators</b>
---

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

<b>Strategy: Provide Targeted Shuttle Services to Access Employment Opportunities</b>
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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.
- Saturday, Sunday, 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: 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.
- Concern regarding 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. This strategy offers the opportunity to build upon current programs such as Ways to Work and Vehicles for Change.

Unmet Needs/Issues Strategy Will Address:

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

Potential Projects:

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

# Coordinated Human Service Mobility Projects

Over the past five years, PDC 11 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.

- **Altavista Community Transit System (ACTS): January 2011 - On-going**

With assistance from DRPT, the Town of Altavista sought to determine the feasibility of starting public transportation service in the Town and surrounding areas. The final product, the Town of Altavista Public Transportation Feasibility Study, was completed in February 2009. Town Council members visited the Blackstone Area Bus System in Blackstone, VA and viewed the in-town route as a potential model for transit service in Altavista. The Town envisioned that transit service would provide mobility for Altavista residents who have limited transportation options and promote local economic development.

With guidance and support from a Steering Committee (now the Transit Advisory Committee), ACTS began operations in January 2011. The service has been well-received by the community, with over 10,000 passenger trips recorded for the first full year of operation – more than double the ridership projected in the 2009 Feasibility Study. Ridership grew 40 percent in ACTS' second full year of operation and has continued to increase in 2013.

- **The Arc of Central Virginia: On-going**

The Arc of Central Virginia provides services to individuals with intellectual and developmental disabilities. Services include community inclusion opportunities for those attending the Day Support Program, using five vehicles purchased with support from DRPT. This program is divided into two-day support models, one that offers center-based activities, and a second that offers community-based activities. Community inclusion is an important part of these programs as it encourages individual growth and development. Access to the community through the 5310 vehicles allows individuals to more fully participate in community events and establish normal social relationships.

- **Central Virginia Area Agency on Aging: FY2011 - On-going**

Through the use of New Freedom Program funds, CVAAA was able to expand transportation services for people with disabilities of any age through a volunteer driver program. Non-emergency transportation to medical appointments



is now offered for people who do not qualify for transportation provided through Medical Assistance funding. A key purpose for many of these trips is for dialysis treatments. In addition to medical appointments, this service also provides transportation for shopping trips.

Transportation services through the project are available Monday through Saturday from approximately 8:30 a.m. to 7:00 p.m. The majority of the current trips are provided in the Lynchburg/ Amherst area. CVAAA also provides transportation outside the region, particularly to locations in Charlottesville.

This project originated from a partnership between CVAAA and the Lynchburg Center for Independent Living (LACIL). While the original vision was for the LACIL to lead the program, after the project was initiated it was determined that it would be more effective for CVAAA to operate the services and provide the needed transportation. In addition to the partnership between CVAAA and LACIL, there has been coordination with local dialysis centers to match up transportation services with dialysis treatment time slots.

This project has allowed CVAAA to provide critical medical transportation to underserved or unserved populations in the area. In addition, it has provided a forum for stronger partnerships and relationships with dialysis centers, who have revamped their schedules to help meet available transportation services. Currently the CVAAA New Freedom program is serving between 125-150 customers monthly while providing approximately 1,200 passenger trips a month.

Locating and maintaining a sufficient number of volunteers has been a challenge for the project. The nature of the service, with many trips that are one- to-one in nature, results in limited opportunities for combining trips and ridesharing. Another challenge has been working with different people at the CIL during the project due to staffing changes there.

While the CVAAA New Freedom program is meeting critical transportation needs, gaps in transportation are still apparent. These include ride requests to Charlottesville that cannot be met based on current resources, very late night and very early morning trips to and from dialysis services, and requests for trips to non-medical related locations in the region.

CVAAA is also providing transportation for seniors through funds from DRPT's Senior Transportation Program. The trips help isolated individuals with much needed socialization and recreational activities that they would not ordinarily be able to participate in.

- FY2014 Total Operating Expenses - \$88,773

- **Region 2000 Partnership – A Guide to Improving Paratransit Services**

Completed in June 2011, this plan explored options for making the Greater Lynchburg Transit Company's (GLTC) paratransit system more efficient. In addition to identifying innovative practices in ADA complementary paratransit delivery, the plan mapped and evaluated GLTC's 2009 paratransit boardings and alightings data. The plan found that GLTC could improve its operations by grouping rides and scheduling regular and subscription trips. It also recommended enlisting volunteers to help provide fixed route travel training to current paratransit riders. As a result of the project, all paratransit boardings and alightings are now mapped on an annual basis to guarantee that GLTC is abiding by ADA guidelines.

# 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](http://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.

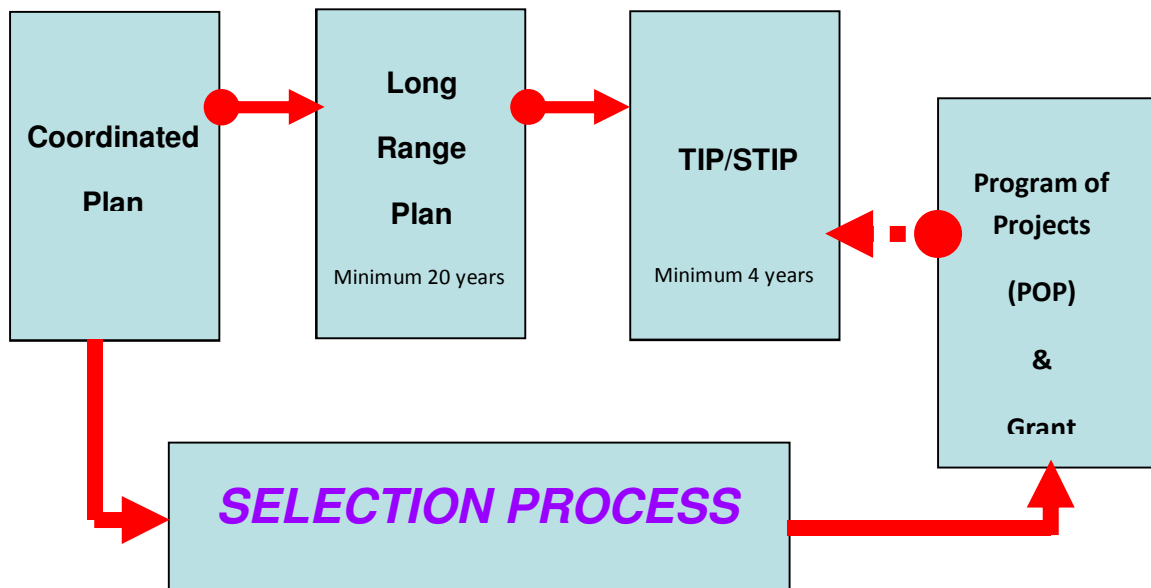
- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. Title 49 U.S.C. 5303(i)(6) and 5304(f)(3), as amended by MAP-21, require MPOs and States to engage interested 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 &amp; Program</i>	<i>FY2010 Funding (&amp; 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>
<b>U.S. DEPARTMENT OF AGRICULTURE</b>								
<i>Food and Nutrition Service</i>								
SNAP Employment and Training Program (formerly Food Stamp Employment and Training Program) <a href="http://www.fns.usda.gov/snap/rules/Memo/Support/employment-training.htm">http://www.fns.usda.gov/snap/rules/Memo/Support/employment-training.htm</a> 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 <a href="http://www.fns.usda.gov/outreach/grants/hfc_grants.htm">http://www.fns.usda.gov/outreach/grants/hfc_grants.htm</a> 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 <a href="http://www.rurdev.usda.gov/HCF_CF.html">http://www.rurdev.usda.gov/HCF_CF.html</a> 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 &amp; Program</i>	<i>FY2010 Funding (&amp; 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.								
<b>DEPARTMENT OF EDUCATION</b>								
<i>Office of Elementary and Secondary Education</i>								
<b>21<sup>st</sup> Century Community Learning Centers</b> <a href="http://www2.ed.gov/programs/21stcclc/index.html">http://www2.ed.gov/programs/21stcclc/index.html</a> 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>								
<b>Voluntary Public School Choice</b> <a href="http://www2.ed.gov/programs/choice/index.html">http://www2.ed.gov/programs/choice/index.html</a> 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>								
<b>Special Education State Grants</b> (Assistance for Education of All Children with Disabilities) <b>Special Education Pre-School Grants</b> <b>Special Education Grants for Infants and Families</b> <a href="http://www2.ed.gov/about/offices/list/osep/osep/programs.html">http://www2.ed.gov/about/offices/list/osep/osep/programs.html</a> 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 &amp; Program</i>	<i>FY2010 Funding (&amp; 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 <a href="http://www.rsa.ed.gov/programs.cfm?pc=CIL&amp;sub=purpose">http://www.rsa.ed.gov/programs.cfm?pc=CIL&amp;sub=purpose</a> Independent Living Services for Older Individuals Who Are Blind <a href="http://www2.ed.gov/programs/rsailob/index.html">http://www2.ed.gov/programs/rsailob/index.html</a> Supported Employment Services for Individuals with Most Significant Disabilities <a href="http://www.rsa.ed.gov/programs.cfm?pc=SE&amp;sub=purpose">http://www.rsa.ed.gov/programs.cfm?pc=SE&amp;sub=purpose</a> 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 <a href="http://www.rsa.ed.gov/programs.cfm?pc=BASIC-VR&amp;sub=purpose">http://www.rsa.ed.gov/programs.cfm?pc=BASIC-VR&amp;sub=purpose</a> 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 <a href="http://www2.ed.gov/programs/vramerind/index.html">http://www2.ed.gov/programs/vramerind/index.html</a> 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
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>								
<i>Administration for Children and Families</i>								
Social Services Block Grant <a href="http://www.acf.hhs.gov/programs/ocs/ssbg/index.html">http://www.acf.hhs.gov/programs/ocs/ssbg/index.html</a> 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 &amp; Program</i>	<i>FY2010 Funding (&amp; 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).								
<b>Child Care and Development Fund</b> <a href="http://www.acf.hhs.gov/programs/ccbf/">http://www.acf.hhs.gov/programs/ccbf/</a> 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
<b>Head Start</b> <a href="http://www.acf.hhs.gov/programs/ohs/">http://www.acf.hhs.gov/programs/ohs/</a> 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
<b>Refugee and Entrant Assistance Programs</b> <a href="http://www.acf.hhs.gov/programs/orr/">http://www.acf.hhs.gov/programs/orr/</a> 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
<b>Developmental Disabilities Basic Support and Advocacy Grants</b> (State Councils on Developmental Disabilities and Protection and Advocacy Grants) <a href="http://www.acf.hhs.gov/programs/add/addprogram.html">http://www.acf.hhs.gov/programs/add/addprogram.html</a> <b>Developmental Disabilities Projects of National Significance</b> <a href="http://www.acf.hhs.gov/programs/add/pns/pns.html">http://www.acf.hhs.gov/programs/add/pns/pns.html</a> 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
<b>Temporary Assistance to Needy Families</b> <a href="http://www.acf.hhs.gov/programs/ofa/tanf/index.html">http://www.acf.hhs.gov/programs/ofa/tanf/index.html</a>	\$16.5b Trans-	L	States	State	Y	N	Y	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; 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							
<b>Community Services Block Grant</b> <a href="http://www.acf.hhs.gov/programs/ocs/csbq/index.html">http://www.acf.hhs.gov/programs/ocs/csbq/index.html</a> 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
<b>Transitional Living Program for Older Homeless Youth</b> <a href="http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/tlpfactsheet.htm">http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/tlpfactsheet.htm</a> 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
<b>Native American Programs</b> <a href="http://transition.acf.hhs.gov/programs/ana/programs">http://transition.acf.hhs.gov/programs/ana/programs</a> 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
<b>Native Employment Works</b> (Tribal Work Grants) <a href="http://www.acf.hhs.gov/programs/ofa/programs/new">http://www.acf.hhs.gov/programs/ofa/programs/new</a> 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 &amp; Program</i>	<i>FY2010 Funding (&amp; 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.								
<b>Chafee Foster Care Independence Program</b> <a href="http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm">http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm</a> 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
<b>Administration on Aging</b>								
<b>Supportive Services and Senior Centers</b> <a href="http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/supportive_services/index.aspx">http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/supportive_services/index.aspx</a> 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
<b>Services for Native American Elders</b> (Program for American Indian, Alaskan Native and Native Hawaiian Elders) <a href="http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Native_Americans/index.aspx">http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Native_Americans/index.aspx</a> 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
<b>Centers for Disease Control and Prevention</b>								
<b>Communities Putting Prevention to Work</b> <a href="http://www.cdc.gov/communitiesputtingpreventionontowork/">http://www.cdc.gov/communitiesputtingpreventionontowork/</a>	\$5m	Other	Local entities	N	Y	N	Y	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; 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.								
<b>Centers for Medicare and Medicaid Services</b>								
<b>Medicaid</b> <a href="http://www.cms.gov/home/medicaid.asp">http://www.cms.gov/home/medicaid.asp</a> 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.	<b>\$286.2b</b>  Trans- port: \$704.0m	L	States	State	Y	Y	Y	N
<b>Children's Health Insurance Program</b> (State Children's Health Insurance Program) <a href="http://www.cms.gov/home/chip.asp">http://www.cms.gov/home/chip.asp</a> 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.	<b>\$10.7b</b>  Trans- port: \$4.5m	Y	States	State	Y	Y	Y	N
<b>Health Resources and Services Administration</b>								
<b>Health Centers Program</b> (Community Health Centers) <a href="http://bphc.hrsa.gov/">http://bphc.hrsa.gov/</a> Federal funds are allocated to community-based health centers in medically underserved	<b>\$2.1b</b>  Trans- port: \$24.3m	L	Local entities	N	N	N	N	Y

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; 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.								
<b>State Health Access Program</b> (Healthy Communities Access Program) <a href="http://www.hrsa.gov/statehealthaccess/index.html">http://www.hrsa.gov/statehealthaccess/index.html</a> 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
<b>HIV Care ("Ryan White") Formula Grants</b> <a href="http://hab.hrsa.gov/">http://hab.hrsa.gov/</a> 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
<b>Maternal and Child Health Block Grant</b> (Maternal and Child Services Grants) <a href="http://mchb.hrsa.gov/programs/default.htm">http://mchb.hrsa.gov/programs/default.htm</a> 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
<b>Rural Health Program Grants</b>	\$107m	Other	States	N	Y	Y	N	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; 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). <a href="http://www.hrsa.gov/ruralhealth/grants/index.html">http://www.hrsa.gov/ruralhealth/grants/index.html</a> 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							
<b>Healthy Start Initiative</b> <a href="http://mchb.hrsa.gov/healthystart/phase1report/">http://mchb.hrsa.gov/healthystart/phase1report/</a> 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
<b>Indian Health Service</b>								
<b>Urban Indian Health Program</b> <a href="http://www.ihs.gov/nonmedicalprograms/urban/UIHP.asp">http://www.ihs.gov/nonmedicalprograms/urban/UIHP.asp</a> 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
<b>Community Health Representatives</b> <a href="http://www.ihs.gov/NonMedicalPrograms/chr/">http://www.ihs.gov/NonMedicalPrograms/chr/</a> 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 &amp; Program</i>	<i>FY2010 Funding (&amp; 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>
<b>Office of Community Planning and Development</b>								
<b>Community Development Block Grant</b> <a href="http://www.hud.gov/offices/cpd/communitydevelopment/programs/">http://www.hud.gov/offices/cpd/communitydevelopment/programs/</a> 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.	<b>\$3.9b</b>  Trans- port: \$4m	L	States, local entities	State Metro	Y	Y	Y	Y
<b>Emergency Solutions Grants</b> (formerly Emergency Shelter Grants) <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless/programs/esg">http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless/programs/esg</a> 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
<b>Housing Opportunities for Persons with AIDS</b> <a href="http://www.hud.gov/offices/cpd/aidshousing/index.cfm">http://www.hud.gov/offices/cpd/aidshousing/index.cfm</a> 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.	<b>\$314m</b>  Trans- port: \$2.6m	Other	States, local entities	State Metro	Y	Y	Y	N
<b>Supportive Housing and Related Programs for the Homeless</b> <a href="http://www.hud.gov/offices/cpd/homeless/programs/shp/">http://www.hud.gov/offices/cpd/homeless/programs/shp/</a> 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	<b>\$1.7b</b>  Trans- port: \$43.0m	Other	States, local entities	N	Y	Y	Y	N

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<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; 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.								
<b>Office of Public and Indian Housing</b>								
<b>HOPE VI</b> (Revitalization of Severely Distressed Public Housing) <a href="http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm">http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm</a> 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
<b>Moving to Work</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/mtw">http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/mtw</a> 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
<b>Resident Opportunities and Self Sufficiency Service Coordinators (ROSS)</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/ross/about">http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/ross/about</a> 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 &amp; Program</i>	<i>FY2010 Funding (&amp; 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.								
<b>Choice Neighborhoods</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/cn">http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/cn</a> 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
<b>Office of Housing</b>								
<b>Supportive Housing for the Elderly</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202">http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202</a> 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
<b>Supportive Housing for Persons with Disabilities</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/disab811">http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/disab811</a> 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
<b>Congregate Housing Services Program</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/chsp">http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/chsp</a> 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
<b>Office of Sustainable Housing and Communities</b>								
<b>Sustainable Communities Initiative</b> <a href="http://portal.hud.gov/hudportal/HUD?src=/program_offices/sustainable_housing_communities/">http://portal.hud.gov/hudportal/HUD?src=/program_offices/sustainable_housing_communities/</a> 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 &amp; Program</i>	<i>FY2010 Funding (&amp; 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.								
<b>DEPARTMENT OF INTERIOR</b>								
<i>Bureau of Indian Affairs</i>								
<b>Tribal Human Services</b> <a href="http://www.bia.gov/WhoWeAre/BIA/OIS/HumanServices/index.htm">http://www.bia.gov/WhoWeAre/BIA/OIS/HumanServices/index.htm</a> 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
<b>Tribal Community, Economic &amp; Workforce Development</b> <a href="http://www.bia.gov/WhoWeAre/AS-IA/IEED/DWD/index.htm">http://www.bia.gov/WhoWeAre/AS-IA/IEED/DWD/index.htm</a> 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>								
<b>Indian Schools Student Transportation Assistance for Indian Children with Severe Disabilities</b> <b>Administrative Cost Grants for Indian Schools</b> <b>Indian Education Assistance to Schools</b> <a href="http://www.bie.edu/Schools/PrimarySecondary/index.htm">http://www.bie.edu/Schools/PrimarySecondary/index.htm</a> 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
<b>Family and Child Education</b> <a href="http://www.bie.edu/Programs/FACE/index.htm">http://www.bie.edu/Programs/FACE/index.htm</a> 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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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.								
<b>DEPARTMENT OF LABOR</b>								
<i>Employment and Training Administration</i>								
Trade Adjustment Assistance Training Grants <a href="http://www.doleta.gov/tradeact/">http://www.doleta.gov/tradeact/</a> 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 <a href="http://www.doleta.gov/programs/general_info.cfm">http://www.doleta.gov/programs/general_info.cfm</a> Workforce Investment Act Youth Activities <a href="http://www.doleta.gov/youth_services/">http://www.doleta.gov/youth_services/</a> Native American Employment and Training <a href="http://www.doleta.gov/dinap/">http://www.doleta.gov/dinap/</a> National Farmworker Jobs Program (Migrant and Seasonal Farmworker Program) <a href="http://www.doleta.gov/MSFW/html/NFJP.cfm">http://www.doleta.gov/MSFW/html/NFJP.cfm</a> 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 <a href="http://www.doleta.gov/youth_services/youthbuild.cfm">http://www.doleta.gov/youth_services/youthbuild.cfm</a>	\$116m	Y	Local entities	N	N	N	Y	N

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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.								
<b>Youth Opportunity Grants</b> <i>[identified in 2003, but since discontinued]</i>	\$0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Senior Community Service Employment Program</b> <a href="http://www.doleta.gov/seniors/">http://www.doleta.gov/seniors/</a> 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
<b>Employment Standards Administration</b>								
<b>Black Lung Benefits Program</b> <a href="http://www.dol.gov/owcp/dcmwc/regs/compliance/bltable.htm">http://www.dol.gov/owcp/dcmwc/regs/compliance/bltable.htm</a> 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
<b>Office of Job Corps</b>								
<b>Job Corps</b> <a href="http://www.jobcorps.gov/home.aspx">http://www.jobcorps.gov/home.aspx</a> 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
<b>Veterans' Employment and Training Service</b>								
<b>Veterans Workforce Investment Program (Veterans' Employment Program)</b> <a href="http://www.dol.gov/vets/programs/vwip/main.htm">http://www.dol.gov/vets/programs/vwip/main.htm</a> <b>Homeless Veterans Reintegration Project</b> <a href="http://www.dol.gov/vets/grants/hvrp.htm">http://www.dol.gov/vets/grants/hvrp.htm</a> 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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**APPENDIX, PAGE 18**

<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; 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.								
<b>DEPARTMENT OF TRANSPORTATION</b>								
<i>Federal Transit Administration</i>								
<b>Over-the-Road Bus Accessibility Grants</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_11856.html">http://www.fta.dot.gov/funding/grants/grants_financing_11856.html</a> 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. <b>NOTE: This program discontinued as of FY 2013, per MAP-21.</b>	\$6m	Other	Private bus companies	N	N	N	N	N
<b>Transit Capital Assistance for Elderly Persons and Persons with Disabilities</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3556.html">http://www.fta.dot.gov/funding/grants/grants_financing_3556.html</a> 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. <b>NOTE: This program revised significantly in FY 2013, per MAP-21.</b>	\$176m	E. D	States	State	Y	Y	N	Y
<b>Job Access and Reverse Commute Program</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3550.html">http://www.fta.dot.gov/funding/grants/grants_financing_3550.html</a> 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. <b>NOTE: This program discontinued as of FY 2013, per MAP-21.</b>	\$163m	L	States, local entities	State Metro	Y	Y	N	Y
<b>Federal Transit Formula Grants – Nonurbanized (“rural”) Areas</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3555.html">http://www.fta.dot.gov/funding/grants/grants_financing_3555.html</a> 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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**APPENDIX, PAGE 19**

<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; 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.								
<b>Federal Transit Formula Grants – Urbanized Areas</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3561.html">http://www.fta.dot.gov/funding/grants/grants_financing_3561.html</a> 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
<b>New Freedom Program</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3549.html">http://www.fta.dot.gov/funding/grants/grants_financing_3549.html</a> 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. <b>NOTE: This program discontinued as of FY 2013, per MAP-21.</b>	\$90m	D	States, local entities	State Metro	Y	Y	Y	Y
<b>Federal Transit Capital Investment Grants</b> <a href="http://www.fta.dot.gov/funding/grants/grants_financing_3557.html">http://www.fta.dot.gov/funding/grants/grants_financing_3557.html</a> 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. <b>NOTE: This program revised significantly in FY 2013, per MAP-21.</b>	\$3.3b	Other	States, local entities	State Metro	N	N	N	Y



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**APPENDIX, PAGE 20**

<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; 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>
<b>Federal Highway Administration</b>								
<b>Indian Reservation Roads</b> <a href="http://fh.fhwa.dot.gov/programs/irr/">http://fh.fhwa.dot.gov/programs/irr/</a> 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
<b>DEPARTMENT OF VETERANS AFFAIRS</b>								
<b>Veterans Health Administration</b>								
<b>Veterans Medical Care Benefits</b> <a href="http://www.va.gov/health/MedicalCenters.asp">http://www.va.gov/health/MedicalCenters.asp</a> 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
<b>Homeless Providers Grant and Per Diem Program</b> <a href="http://www.va.gov/homeless/gpd.asp">http://www.va.gov/homeless/gpd.asp</a> 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
<b>Veterans Benefits Administration</b>								
<b>Automobiles and Adaptive Equipment</b> <a href="http://www.vba.va.gov/VBA/benefits/factsheets/index.asp">http://www.vba.va.gov/VBA/benefits/factsheets/index.asp</a> 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

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**APPENDIX, PAGE 21**

<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; 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>
<b>CORPORATION FOR NATIONAL AND COMMUNITY SERVICE</b>								
<b>National Senior Service Corps</b> <a href="http://www.seniorcorps.gov">http://www.seniorcorps.gov</a> 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
<b>SOCIAL SECURITY ADMINISTRATION</b>								
<b>Ticket to Work Program</b> <a href="http://www.ssa.gov/work/aboutticket.html">http://www.ssa.gov/work/aboutticket.html</a> 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 11 Demographics (Census 2010)

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Amherst	510090101001	21.60	1451	67.2
Amherst	510090101002	36.21	1322	36.5
Amherst	510090101003	66.72	983	14.7
Amherst	510090101004	142.20	1532	10.8
Amherst	510090102001	40.33	2110	52.3
Amherst	510090102002	3.94	1369	347.7
Amherst	510090102003	4.28	1516	354.1
Amherst	510090102004	62.86	2243	35.7
Amherst	510090103001	34.59	2658	76.8
Amherst	510090103002	5.73	819	142.8
Amherst	510090104011	5.77	2036	352.8
Amherst	510090104012	6.45	1339	207.5
Amherst	510090104021	3.96	2101	530.0
Amherst	510090104022	1.65	932	563.2
Amherst	510090105021	1.79	823	459.9
Amherst	510090105031	0.56	725	1298.8
Amherst	510090105032	5.35	1598	298.5
Amherst	510090105041	3.71	3160	852.2
Amherst	510090105042	0.52	878	1689.2
Amherst	510090106001	15.31	1559	101.8
Amherst	510090106002	10.39	1199	115.4
Appomattox	510110401001	9.58	987	103.0
Appomattox	510110401002	15.33	1430	93.3
Appomattox	510110401003	27.75	2140	77.1
Appomattox	510110401004	0.60	767	1285.3
Appomattox	510110401005	8.93	1126	126.1
Appomattox	510110402001	35.44	999	28.2
Appomattox	510110402002	44.12	1203	27.3
Appomattox	510110402003	44.82	2000	44.6
Appomattox	510110403001	66.15	1144	17.3
Appomattox	510110403002	14.37	827	57.5
Appomattox	510110403003	41.86	1500	35.8
Appomattox	510110403004	24.54	850	34.6
Bedford	510190301011	11.31	3691	326.4

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Bedford	510190301012	29.65	1223	41.3
Bedford	510190301013	4.44	1725	388.6
Bedford	510190301031	6.95	2648	381.2
Bedford	510190301032	3.15	2571	816.1
Bedford	510190301041	4.59	2973	647.7
Bedford	510190301042	1.07	1401	1312.5
Bedford	510190302011	15.79	1736	109.9
Bedford	510190302012	18.84	2183	115.8
Bedford	510190302013	11.18	4142	370.3
Bedford	510190302021	18.48	1699	91.9
Bedford	510190302022	40.09	1998	49.8
Bedford	510190302023	45.20	1895	41.9
Bedford	510190303001	76.64	1925	25.1
Bedford	510190303002	53.48	1814	33.9
Bedford	510190304011	29.19	1047	35.9
Bedford	510190304012	14.51	1173	80.8
Bedford	510190304013	9.79	685	70.0
Bedford	510190304021	13.27	1121	84.5
Bedford	510190304022	21.85	2205	100.9
Bedford	510190304023	11.93	949	79.6
Bedford	510190304024	12.10	1414	116.9
Bedford	510190304025	12.73	1101	86.5
Bedford	510190305011	64.94	1885	29.0
Bedford	510190305012	24.34	2190	90.0
Bedford	510190305031	6.87	843	122.8
Bedford	510190305032	5.90	720	121.9
Bedford	510190305033	14.72	847	57.5
Bedford	510190305041	8.04	1628	202.4
Bedford	510190305042	13.78	1390	100.9
Bedford	510190306011	11.84	1629	137.6
Bedford	510190306012	4.70	835	177.8
Bedford	510190306013	4.85	1038	214.1
Bedford	510190306021	3.94	1486	376.7
Bedford	510190306022	7.05	1398	198.3
Bedford	510190306023	5.89	784	133.0
Bedford	510190306031	4.02	669	166.3
Bedford	510190306032	15.10	2016	133.5
Bedford	510190306041	21.69	1400	64.5
Bedford	510190306042	16.83	1288	76.5
Bedford	510190306051	15.55	1314	84.5
Bedford	510190306052	3.18	785	246.7

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Bedford	510190306053	33.54	1212	36.1
Campbell	510310201011	15.41	1532	99.4
Campbell	510310201012	10.84	1458	134.5
Campbell	510310201013	24.44	2874	117.6
Campbell	510310201021	31.36	1750	55.8
Campbell	510310201022	25.77	2114	82.0
Campbell	510310201023	10.90	863	79.2
Campbell	510310202001	9.72	1094	112.6
Campbell	510310202002	2.31	993	430.2
Campbell	510310202003	5.48	650	118.5
Campbell	510310202004	4.50	2242	498.2
Campbell	510310203001	0.62	1283	2054.1
Campbell	510310203002	0.53	978	1834.6
Campbell	510310203003	0.83	1596	1916.3
Campbell	510310204011	2.37	3076	1299.5
Campbell	510310204012	1.61	2228	1388.0
Campbell	510310204021	1.46	1616	1105.6
Campbell	510310204022	0.82	1299	1592.2
Campbell	510310204031	12.66	1251	98.8
Campbell	510310204032	2.04	1607	787.8
Campbell	510310204033	1.43	1582	1105.1
Campbell	510310204034	6.69	985	147.3
Campbell	510310205001	27.31	1920	70.3
Campbell	510310205002	20.11	2148	106.8
Campbell	510310205003	8.85	1651	186.5
Campbell	510310205004	4.99	1444	289.5
Campbell	510310206001	12.86	891	69.3
Campbell	510310206002	21.39	1433	67.0
Campbell	510310206003	31.87	1589	49.9
Campbell	510310207001	1.68	1093	651.5
Campbell	510310207002	0.89	1023	1154.0
Campbell	510310207003	2.52	1336	529.4
Campbell	510310208001	28.99	1265	43.6
Campbell	510310208002	21.85	608	27.8
Campbell	510310208003	50.56	1540	30.5
Campbell	510310209001	58.24	1293	22.2
Campbell	510310209002	36.50	1641	45.0
Campbell	510310209003	3.45	896	259.4
Bedford City	515150501001	1.11	1117	1003.9
Bedford City	515150501002	1.37	1263	924.7
Bedford City	515150501003	0.92	846	915.8

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Sq. Mile</b>
Bedford City	515150501004	2.00	1712	858.1
Bedford City	515150501005	1.48	1284	867.3
Lynchburg	516800001001	1.57	1547	988.4
Lynchburg	516800001002	0.68	1645	2430.0
Lynchburg	516800001003	1.65	1298	787.3
Lynchburg	516800002011	0.89	894	1009.3
Lynchburg	516800002012	1.06	1603	1515.0
Lynchburg	516800002013	5.68	2083	367.0
Lynchburg	516800002014	1.96	1601	818.0
Lynchburg	516800002021	1.17	1691	1443.1
Lynchburg	516800002022	0.60	1459	2417.2
Lynchburg	516800002023	1.13	1521	1348.3
Lynchburg	516800002024	0.79	2112	2671.0
Lynchburg	516800002031	0.26	1783	6742.0
Lynchburg	516800003001	1.34	1978	1477.7
Lynchburg	516800003002	1.00	1955	1959.1
Lynchburg	516800004001	0.68	1727	2534.5
Lynchburg	516800004002	0.54	1372	2524.7
Lynchburg	516800005001	0.24	367	1528.5
Lynchburg	516800006001	0.21	433	2072.0
Lynchburg	516800006002	0.21	989	4749.9
Lynchburg	516800006003	0.18	1532	8519.1
Lynchburg	516800006004	0.14	266	1848.9
Lynchburg	516800007001	0.37	719	1921.4
Lynchburg	516800007002	0.45	1874	4136.4
Lynchburg	516800007003	0.53	890	1670.5
Lynchburg	516800008011	0.66	2115	3180.8
Lynchburg	516800008021	0.54	904	1662.7
Lynchburg	516800008022	0.32	868	2741.3
Lynchburg	516800008023	0.33	1098	3293.0
Lynchburg	516800009001	1.61	2724	1688.0
Lynchburg	516800009002	0.55	1454	2630.3
Lynchburg	516800009003	0.38	925	2433.4
Lynchburg	516800009004	0.77	1037	1338.1
Lynchburg	516800010001	0.80	1597	2001.0
Lynchburg	516800010002	0.23	813	3572.1
Lynchburg	516800010003	0.18	660	3710.3
Lynchburg	516800011001	0.34	1385	4058.0
Lynchburg	516800011002	0.13	367	2832.1
Lynchburg	516800014001	0.47	1046	2240.8
Lynchburg	516800014002	3.68	3173	861.9

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<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Sq. Mile</b>
Lynchburg	516800014003	0.13	2751	21556.3
Lynchburg	516800016001	2.13	2783	1306.8
Lynchburg	516800016002	1.84	4314	2346.5
Lynchburg	516800017001	0.54	726	1347.0
Lynchburg	516800017002	2.07	4145	2003.6
Lynchburg	516800018001	2.27	2003	883.4
Lynchburg	516800019001	3.14	622	198.4
Lynchburg	516800019002	0.79	1169	1474.3
Lynchburg	516800019003	1.23	2522	2049.0
Lynchburg	516800019004	0.67	1028	1544.8

# Appendix D- Demographics of Potentially Transit Dependent Persons

PDC 11 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
510090101001	Amherst	57	1	178	1	0	1	123	1	1	1
510090101002	Amherst	112	2	309	3	15	1	120	1	1	1
510090101003	Amherst	80	1	219	2	32	1	122	1	1	1
510090101004	Amherst	79	1	289	2	0	1	114	1	1	1
510090102001	Amherst	102	2	279	2	33	1	685	5	1	1
510090102002	Amherst	283	5	640	5	149	5	403	5	1	2
510090102003	Amherst	125	2	223	2	48	2	287	3	1	1
510090103001	Amherst	113	2	422	4	6	1	174	1	1	1
510090103002	Amherst	66	1	123	1	23	1	39	1	1	1
510090104011	Amherst	66	1	216	1	102	5	358	4	1	1
510090104012	Amherst	63	1	173	1	137	5	207	2	2	1
510090104021	Amherst	160	3	447	5	37	1	73	1	1	2
510090104022	Amherst	80	1	205	1	0	1	23	1	1	1
510090105021	Amherst	52	1	161	1	24	1	62	1	3	1
510090105031	Amherst	100	1	123	1	33	1	244	2	3	1
510090105032	Amherst	151	3	209	1	43	1	181	1	1	1
510090105041	Amherst	167	3	354	3	14	1	205	2	1	3
510090105042	Amherst	49	1	193	1	80	4	173	1	3	2
510090106001	Amherst	147	3	244	2	11	1	195	2	1	1
510090106002	Amherst	60	1	162	1	28	1	244	2	1	1
510110401001	Appomattox	82	1	104	1	28	1	103	1	1	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
510110401002	Appomattox	81	1	238	2	53	2	142	1	1	1
510110401003	Appomattox	135	3	208	1	45	1	83	1	1	1
510110401004	Appomattox	65	1	136	1	39	1	121	1	1	1
510110401005	Appomattox	111	2	240	2	73	3	219	2	3	1
510110402001	Appomattox	65	1	180	1	30	1	29	1	1	1
510110402002	Appomattox	110	2	225	2	104	5	87	1	2	1
510110402003	Appomattox	229	5	330	3	29	1	205	2	1	1
510110403001	Appomattox	67	1	156	1	9	1	73	1	1	1
510110403002	Appomattox	41	1	128	1	14	1	159	1	1	1
510110403003	Appomattox	56	1	186	1	61	2	236	2	2	1
510110403004	Appomattox	49	1	123	1	3	1	177	1	1	1
510190301011	Bedford	66	1	141	1	13	1	106	1	1	1
510190301012	Bedford	46	1	181	1	64	3	34	1	1	2
510190301013	Bedford	57	1	276	2	0	1	66	1	1	1
510190301021	Bedford	49	1	214	1	0	1	88	1	1	1
510190301022	Bedford	110	2	439	5	0	1	232	2	1	1
510190301023	Bedford	45	1	293	3	13	1	241	2	1	2
510190301024	Bedford	8	1	108	1	16	1	100	1	1	1
510190302011	Bedford	39	1	182	1	22	1	92	1	1	1
510190302012	Bedford	85	1	135	1	0	1	17	1	1	1
510190302013	Bedford	120	2	229	2	12	1	88	1	1	1
510190302021	Bedford	62	1	274	2	47	2	77	1	1	1
510190302022	Bedford	186	4	244	2	30	1	375	4	1	1
510190302023	Bedford	138	3	176	1	14	1	277	3	1	1
510190303001	Bedford	210	5	350	3	55	2	288	3	1	1
510190303002	Bedford	104	2	241	2	12	1	22	1	1	1
510190304011	Bedford	148	3	189	1	12	1	171	1	2	1
510190304012	Bedford	79	1	392	4	8	1	9	1	1	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
510190304013	Bedford	37	1	77	1	0	1	75	1	1	1
510190304021	Bedford	46	1	195	1	39	1	194	2	1	1
510190304022	Bedford	279	5	205	1	15	1	158	1	1	1
510190304023	Bedford	76	1	131	1	37	1	175	1	2	1
510190304024	Bedford	90	1	228	2	100	5	92	1	2	1
510190304025	Bedford	53	1	147	1	16	1	80	1	1	1
510190305011	Bedford	192	4	209	1	9	1	275	3	1	1
510190305012	Bedford	86	1	392	4	65	3	234	2	1	1
510190305021	Bedford	14	1	58	1	0	1	40	1	3	1
510190305022	Bedford	29	1	254	2	12	1	76	1	1	1
510190305023	Bedford	82	1	346	3	10	1	0	1	1	1
510190305024	Bedford	81	1	246	2	64	3	181	1	1	1
510190305025	Bedford	51	1	252	2	33	1	33	1	3	1
510190306011	Bedford	85	1	220	2	16	1	104	1	1	1
510190306012	Bedford	52	1	37	1	0	1	61	1	1	1
510190306013	Bedford	53	1	83	1	0	1	29	1	1	1
510190306021	Bedford	139	3	170	1	0	1	66	1	1	1
510190306022	Bedford	214	5	144	1	16	1	59	1	1	1
510190306023	Bedford	16	1	83	1	8	1	27	1	1	1
510190306031	Bedford	116	2	266	2	13	1	186	1	1	1
510190306032	Bedford	86	1	103	1	50	2	418	5	2	1
510190306041	Bedford	105	2	110	1	0	1	30	1	1	1
510190306042	Bedford	95	1	133	1	0	1	149	1	1	1
510190306051	Bedford	130	2	384	4	40	1	210	2	1	1
510190306052	Bedford	65	1	22	1	55	2	73	1	3	1
510190306053	Bedford	82	1	148	1	24	1	72	1	1	1
510310201001	Campbell	250	5	328	3	120	5	402	5	4	2
510310201002	Campbell	294	5	288	2	0	1	307	3	1	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
510310201003	Campbell	91	1	141	1	28	1	417	5	2	1
510310201004	Campbell	107	2	269	2	0	1	133	1	1	1
510310201005	Campbell	55	1	260	2	57	2	45	1	1	1
510310201006	Campbell	62	1	234	2	16	1	16	1	1	1
510310202001	Campbell	56	1	169	1	49	2	57	1	2	1
510310202002	Campbell	91	1	235	2	70	3	51	1	1	1
510310202003	Campbell	52	1	78	1	12	1	265	3	2	1
510310202004	Campbell	75	1	160	1	9	1	123	1	1	1
510310203001	Campbell	47	1	144	1	19	1	23	1	1	2
510310203002	Campbell	118	2	773	5	32	1	171	1	1	5
510310204001	Campbell	52	1	321	3	73	3	263	3	1	4
510310204002	Campbell	190	4	285	2	59	2	548	5	2	5
510310204003	Campbell	163	3	301	3	14	1	200	2	1	5
510310204004	Campbell	98	1	319	3	72	3	255	2	1	3
510310204005	Campbell	39	1	84	1	0	1	56	1	1	1
510310204006	Campbell	76	1	136	1	9	1	324	4	2	1
510310205001	Campbell	73	1	228	2	30	1	62	1	1	1
510310205002	Campbell	150	3	150	1	51	2	148	1	1	1
510310205003	Campbell	58	1	100	1	0	1	119	1	1	1
510310205004	Campbell	124	2	228	2	13	1	252	2	1	1
510310206001	Campbell	96	1	322	3	47	2	108	1	1	1
510310206002	Campbell	98	1	262	2	5	1	111	1	1	1
510310206003	Campbell	134	3	102	1	9	1	57	1	2	1
510310207001	Campbell	70	1	191	1	31	1	18	1	1	1
510310207002	Campbell	185	4	121	1	131	5	396	5	5	5
510310207003	Campbell	72	1	246	2	19	1	214	2	1	1
510310208001	Campbell	177	4	116	1	24	1	56	1	1	1
510310208002	Campbell	96	1	271	2	40	1	181	1	2	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
510310208003	Campbell	29	1	117	1	14	1	78	1	2	1
510310209001	Campbell	40	1	237	2	28	1	198	2	1	1
510310209002	Campbell	145	3	232	2	77	3	159	1	2	1
510310209003	Campbell	52	1	131	1	46	1	89	1	4	1
510310209004	Campbell	41	1	149	1	3	1	35	1	1	1
515150501001	Bedford City	43	1	53	1	44	1	87	1	1	1
515150501002	Bedford City	84	1	151	1	12	1	58	1	1	1
515150501003	Bedford City	78	1	119	1	18	1	65	1	1	1
515150501004	Bedford City	167	3	485	5	231	5	554	5	4	5
515150501005	Bedford City	184	4	218	1	52	2	570	5	3	5
516800001001	Lynchburg	55	1	589	5	90	4	239	2	2	3
516800001002	Lynchburg	83	1	141	1	64	3	413	5	1	5
516800001003	Lynchburg	36	1	270	2	11	1	29	1	1	1
516800002011	Lynchburg	12	1	198	1	0	1	29	1	1	1
516800002012	Lynchburg	136	3	630	5	60	2	59	1	1	5
516800002013	Lynchburg	103	2	153	1	0	1	88	1	1	1
516800002014	Lynchburg	0	1	39	1	0	1	0	1	1	1
516800002015	Lynchburg	57	1	42	1	0	1	36	1	1	1
516800002016	Lynchburg	0	1	0	1	0	1	0	1	1	1
516800002021	Lynchburg	113	2	553	5	23	1	593	5	2	5
516800002022	Lynchburg	234	5	338	3	107	5	285	3	1	5
516800002023	Lynchburg	130	2	242	2	298	5	688	5	3	5
516800002031	Lynchburg	30	1	0	1	0	1	0	1	1	2
516800003001	Lynchburg	101	1	435	4	38	1	165	1	1	3
516800003002	Lynchburg	143	3	753	5	458	5	688	5	4	5
516800004001	Lynchburg	338	5	249	2	216	5	632	5	4	5
516800004002	Lynchburg	62	1	170	1	89	4	387	4	3	4
516800005001	Lynchburg	53	1	46	1	95	5	145	1	4	3

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
516800006001	Lynchburg	35	1	158	1	66	3	87	1	4	2
516800006002	Lynchburg	184	4	125	1	154	5	579	5	4	5
516800006003	Lynchburg	66	1	67	1	194	5	557	5	3	5
516800006004	Lynchburg	22	1	50	1	31	1	129	1	3	1
516800007001	Lynchburg	38	1	49	1	89	4	312	3	3	3
516800007002	Lynchburg	97	1	340	3	175	5	324	4	3	5
516800007003	Lynchburg	92	1	147	1	107	5	243	2	4	3
516800008011	Lynchburg	121	2	234	2	133	5	496	5	2	5
516800008021	Lynchburg	108	2	172	1	10	1	63	1	1	1
516800008022	Lynchburg	187	4	159	1	48	2	233	2	3	5
516800008023	Lynchburg	116	2	178	1	27	1	69	1	1	2
516800009001	Lynchburg	301	5	35	1	41	1	1369	5	2	5
516800009002	Lynchburg	264	5	459	5	112	5	432	5	4	5
516800009003	Lynchburg	52	1	363	4	42	1	0	1	2	4
516800009004	Lynchburg	58	1	269	2	0	1	176	1	2	1
516800010001	Lynchburg	160	3	308	3	125	5	241	2	2	5
516800010002	Lynchburg	108	2	180	1	72	3	46	1	2	4
516800010003	Lynchburg	53	1	196	1	0	1	74	1	1	2
516800011001	Lynchburg	198	4	376	4	55	2	473	5	3	5
516800012001	Lynchburg	61	1	118	1	70	3	438	5	3	4
516800013001	Lynchburg	16	1	38	1	57	2	58	1	5	1
516800013002	Lynchburg	204	5	443	5	101	5	289	3	2	5
516800013003	Lynchburg	57	1	48	1	171	5	531	5	3	5
516800013004	Lynchburg	51	1	130	1	20	1	12	1	1	1
516800014001	Lynchburg	182	4	187	1	0	1	0	1	1	4
516800014002	Lynchburg	5	1	46	1	0	1	0	1	1	1
516800016001	Lynchburg	157	3	395	4	20	1	659	5	1	5
516800016002	Lynchburg	252	5	644	5	14	1	461	5	1	5

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<b>Block Group Number</b>	<b>County/City</b>	<b>Dis- abled (16+)</b>	<b>Disabled Classification</b>	<b>Older Adults (65+)</b>	<b>Older Adult Classification</b>	<b>Autoless House holds</b>	<b>Autoless Household Classification</b>	<b>Below Poverty</b>	<b>Below Poverty Classification</b>	<b>TDI %</b>	<b>TDI</b>
516800017001	Lynchburg	25	1	127	1	21	1	27	1	1	1
516800017002	Lynchburg	154	3	569	5	78	4	308	3	1	5
516800018001	Lynchburg	5	1	78	1	33	1	51	1	1	1
516800018002	Lynchburg	117	2	212	1	0	1	6	1	1	2