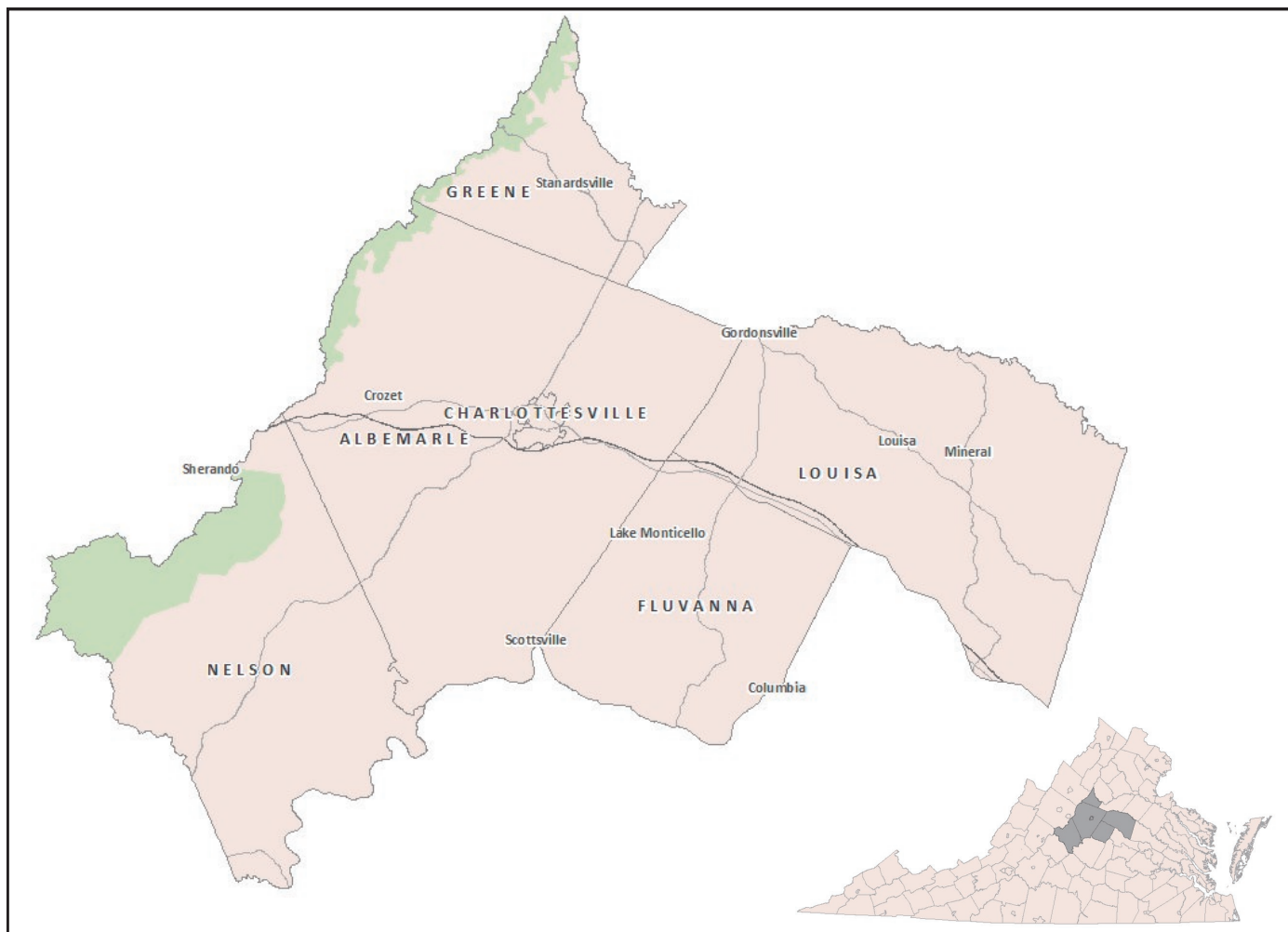


Thomas Jefferson (PDC 10) Coordinated Human Service Mobility Plan

September 2013

Counties: Albemarle, Fluvanna, Greene, Louisa, and Nelson

Cities: Charlottesville



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

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



**Thomas Jefferson (PDC 10)
Coordinated Human Service Mobility Plan**

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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

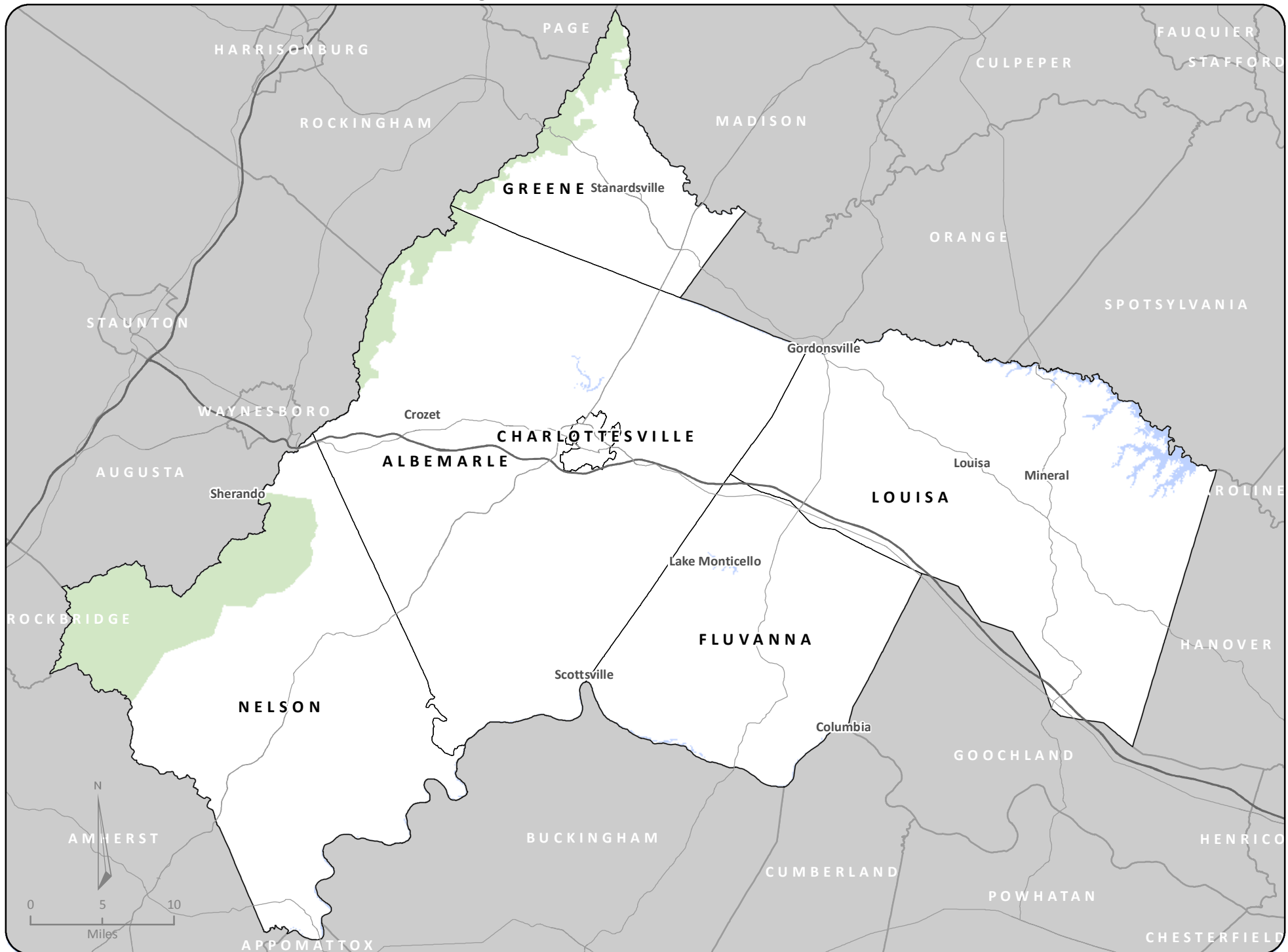
public, private, and non-profit transportation and human services providers, and others.

- 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.

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

This CHSM Plan is for the Thomas Jefferson Planning District (PDC 10). As shown in Figure 1, PDC 10 is located in the central region of the Commonwealth, and includes Albemarle, Fluvanna, Greene, Louisa, and Nelson Counties and the City of Charlottesville. Aside from Charlottesville, Crozet, and Lake Monticello, PDC 10 is largely 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: Thomas Jefferson PDC 10



Background/Requirements

This section provides background information on the coordinated transportation planning process based on previous FTA guidance. It should be noted that final guidance on the revised Section 5310 Program has not been issued prior to the development of this draft plan, though no significant changes to the coordinated transportation plan requirements are anticipated. Any future FTA guidance will be included in the final version of this plan update, and this guidance taken into account as part of the completion of the CHSM Plan update for PDC 10.

Coordinated Plan Elements

Current 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 of Seniors and Individuals with Disabilities)

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 are 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

The MAP-21 legislation 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:

- 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.

The initial CHSM planning process also led to the development of an ongoing core group of this PDC's stakeholders that has met several times a year. Efforts of this group have included:

- Serving as a forum for reports from providers in the region who received Section 5310, 5316, and 5317 funding for projects,
- Holding preliminary discussions on possible changes to the projects and current strategies included in the current CHSM Plan,
- Discussing applications and potential projects for the region in conjunction with DRPT,
- Identifying training opportunities that would benefit the regional providers and reporting them to DRPT, and
- Holding discussions to identify new and on-going projects to apply for in the region.

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 10. 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 10 has a population density of less than 100 persons per square mile, particularly in Louisa and Nelson Counties. However, high density areas occur in and around Charlottesville. Crozet and Lake Monticello also have block groups with more than 1,000 persons per square mile.

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

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

As shown in Figure 3, the block groups classified as having a high number of older adults are located just to the east of Charlottesville, in Lake Monticello, along the northern edge of Louisa County, and in southwest Nelson County. Figure 4 displays the relative number of individuals with disabilities. Louisa County has the most block groups classified as very high, as well as block groups in Charlottesville and Lake

Monticello. As shown in Figure 5, areas with the highest relative number of low-income persons are located in Charlottesville, along with several block groups in Louisa, Fluvanna, and Nelson Counties.

Number/Percentage of Vulnerable Persons or Households	Score Based on Potential Transit Dependence
<= the PDC average	1 (Very Low)
> average and <= 1.33 times average	2 (Low)
> 1.33 times average and <= 1.67 times average	3 (Moderate)
> 1.67 times average and <= 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. With the exception of Greene County, block groups with a classification of very high are scattered throughout the PDC.

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 Charlottesville and Lake Monticello. In contrast, Figure 8 displays the TDIP. Those block groups classified as very high or high are dispersed near Charlottesville, south of Crozet and Gordonsville, and near Louisa, Scottsville, and Arrington.

Figure 2: 2010 Population Density for PDC 10

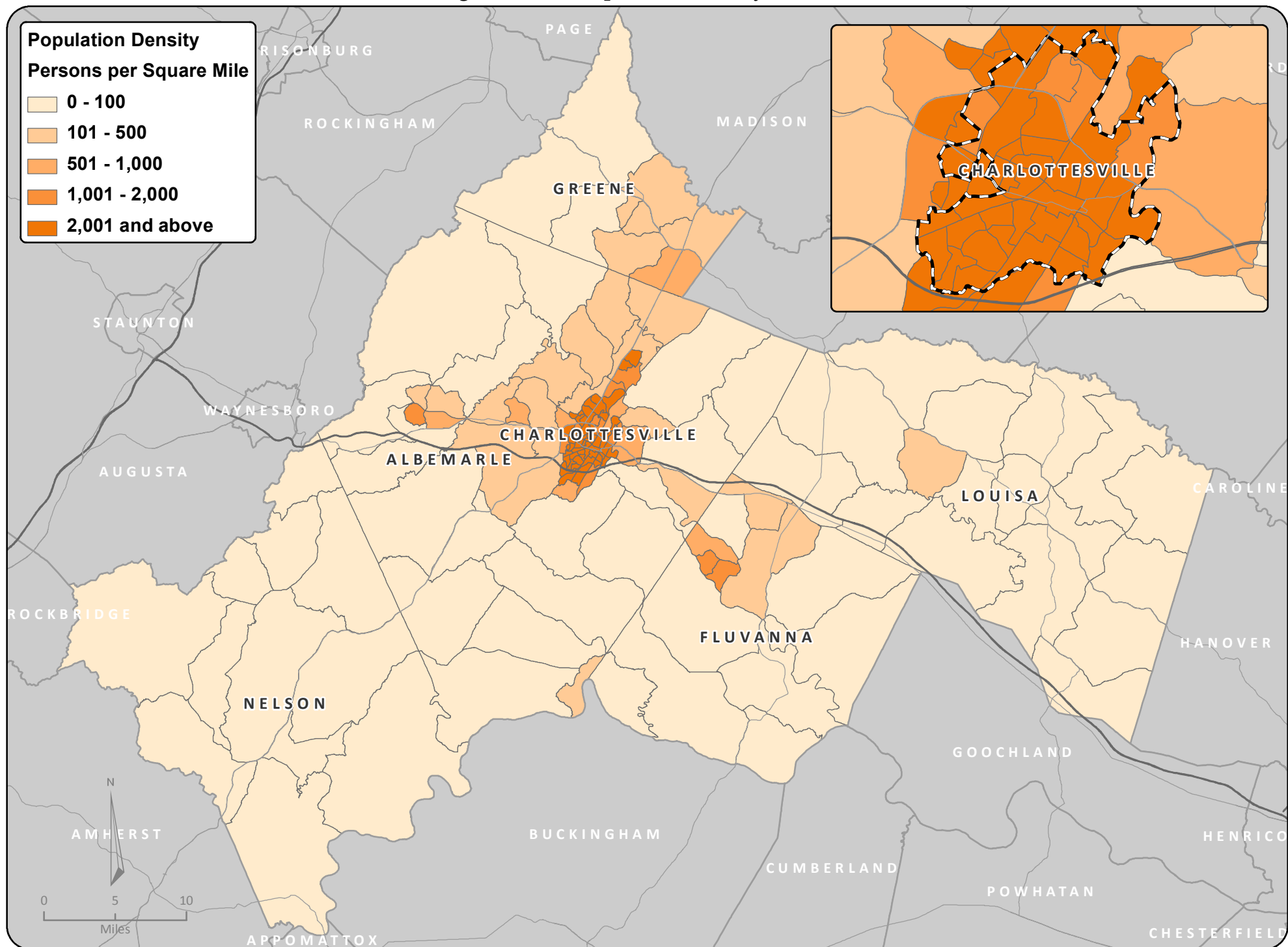


Figure 3: Relative Number of Senior Adults (65+) for PDC 10

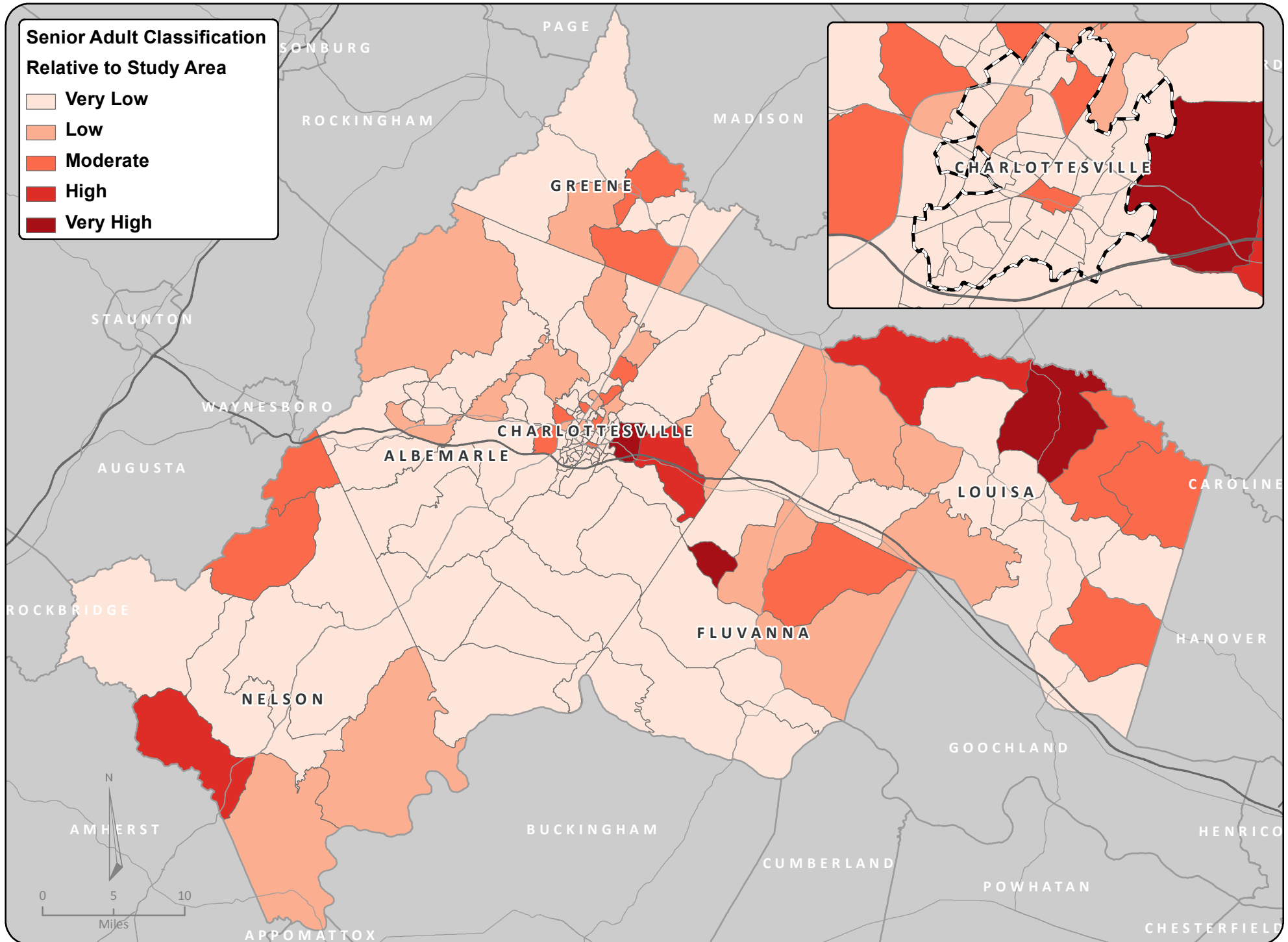


Figure 4: Relative Number of Disabled Persons for PDC 10

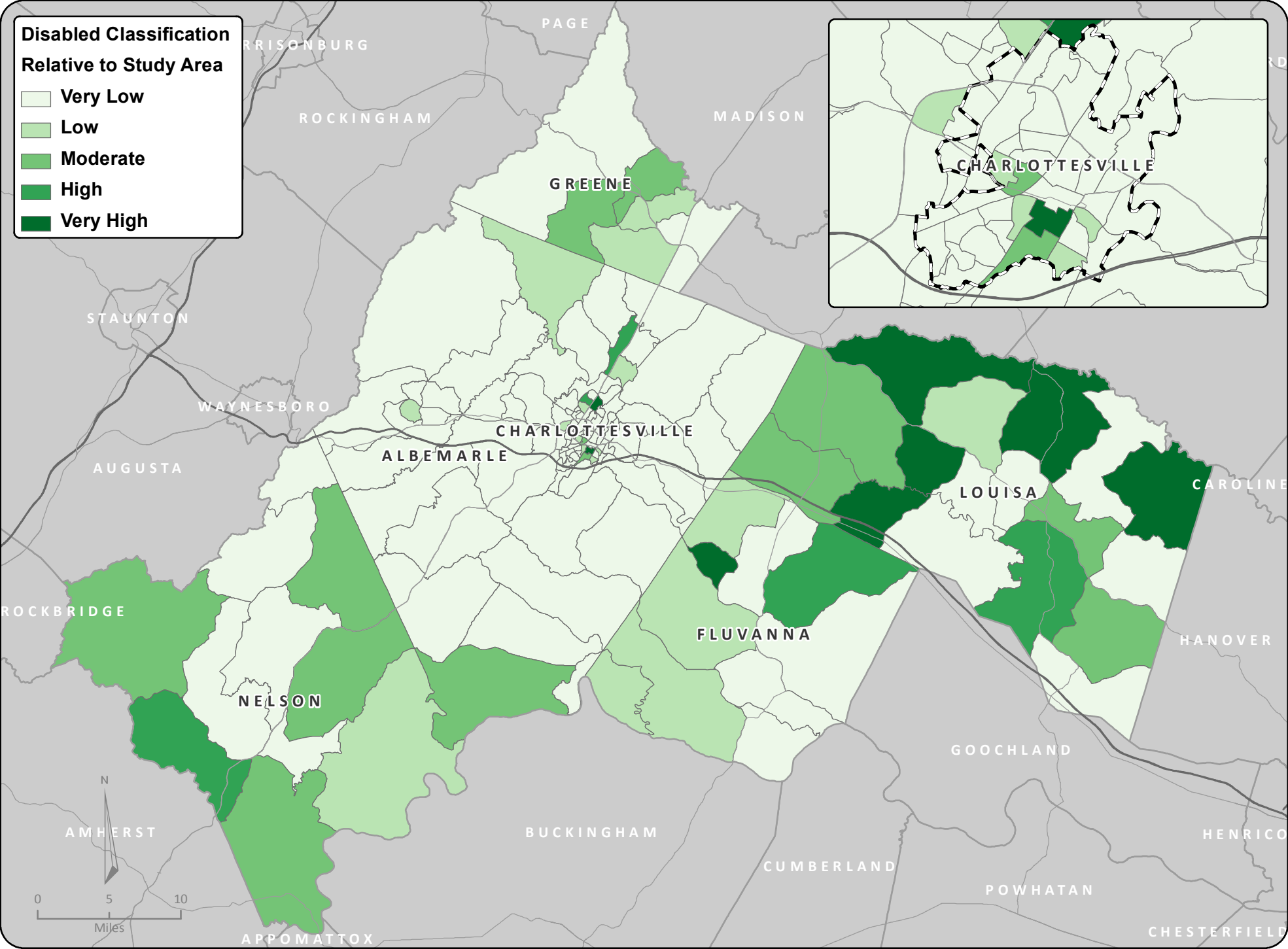


Figure 5: Relative Number of Below Poverty Residents for PDC 10

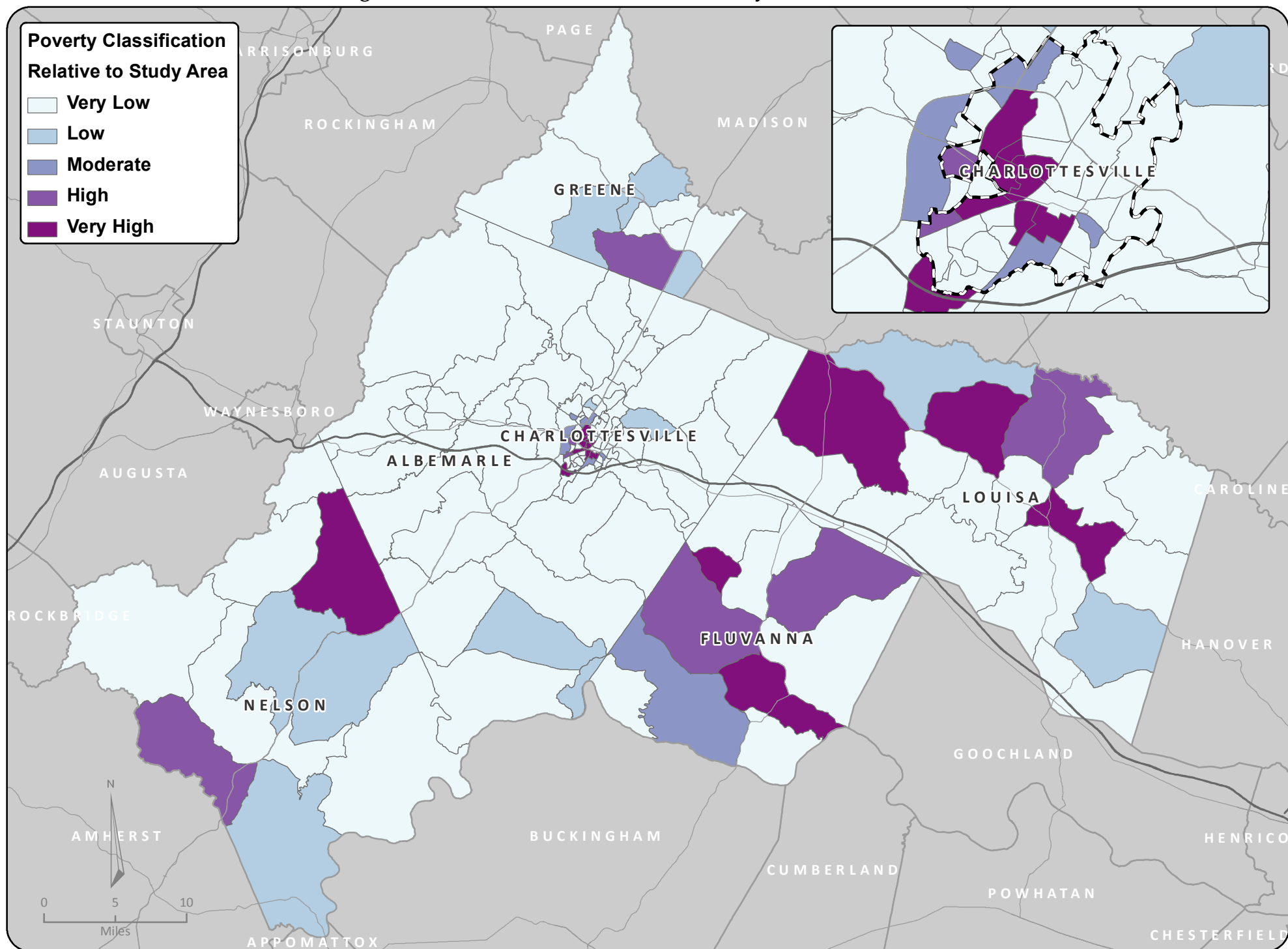


Figure 6: Relative Number of Autoless Households for PDC 10

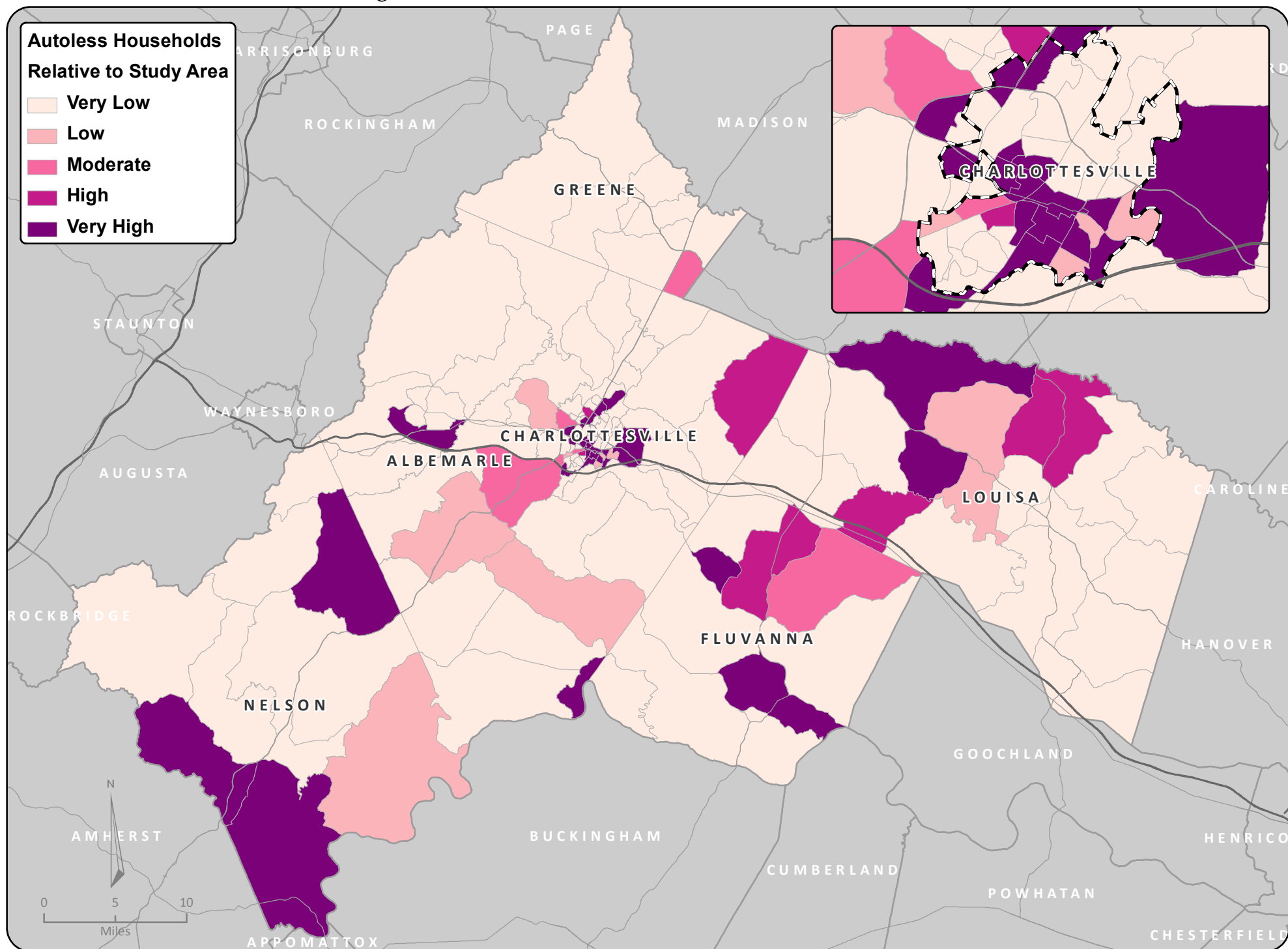


Figure 7: Transit Dependent Index for PDC 10

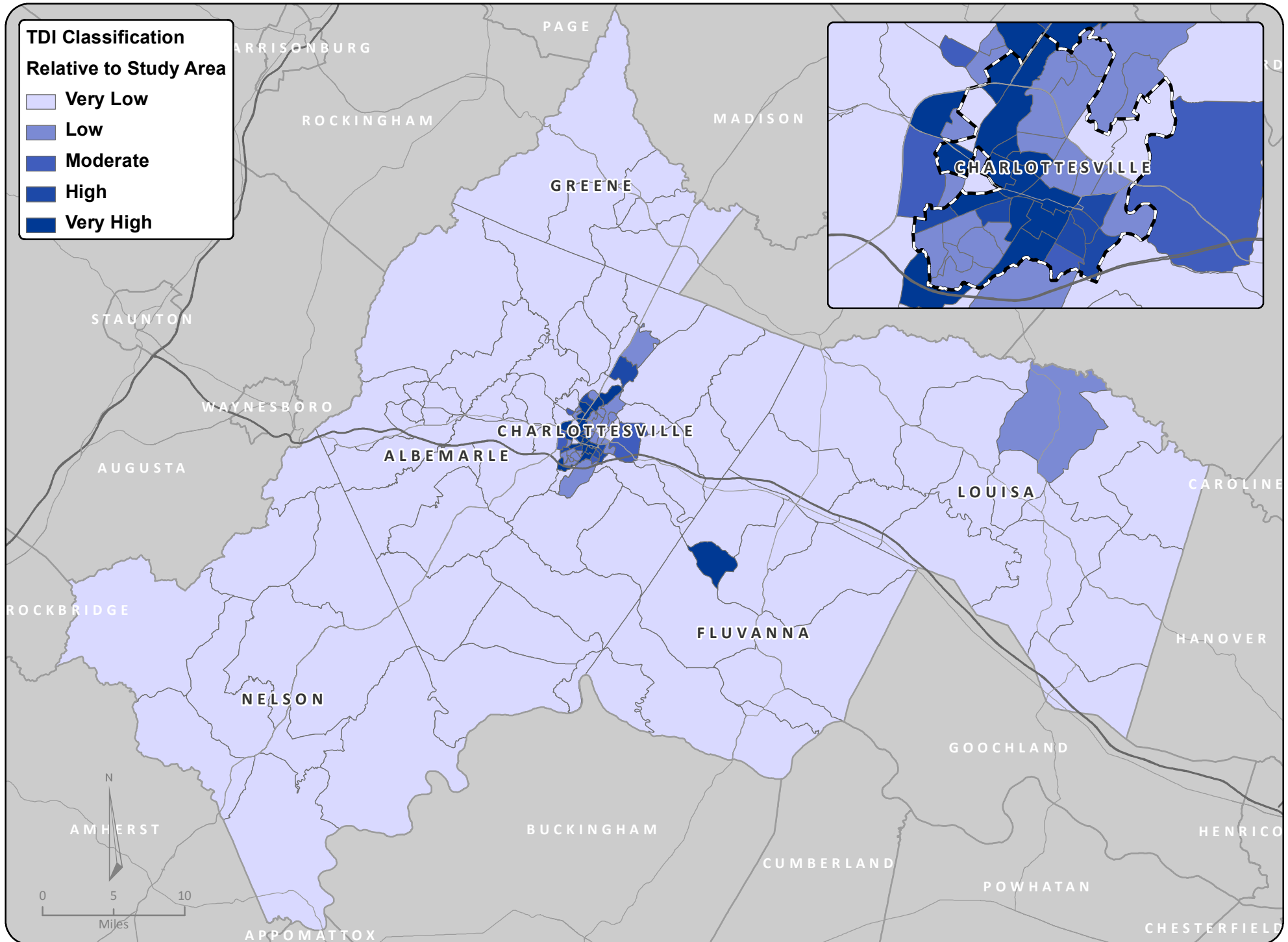
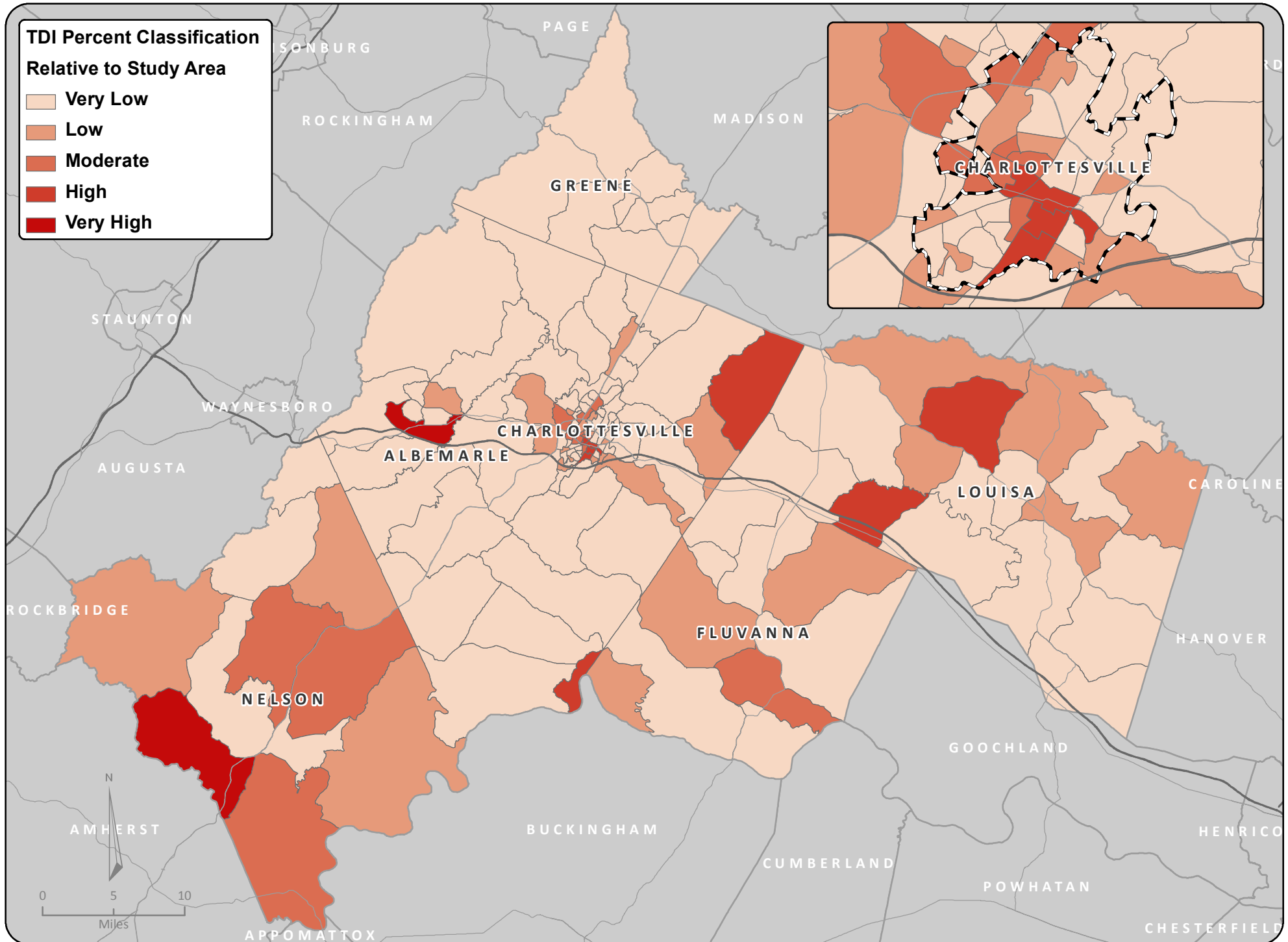


Figure 8: Transit Dependent Index Percentage for PDC 10



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 10. 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
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: 1-866-949-1518
Charlottesville Area Transit (CAT)	General public	33 buses (all accessible)	Fixed-route and paratransit services; contract out for some demand service; Monday – Saturday, 6:00AM to midnight, some Sunday services; one-way fare \$0.75, reduced fare (\$0.35) for seniors and persons with disabilities	2.5 million per year	City of Charlottesville and Albemarle County	No	Phone: (434) 970-3649 Website: www.charlottesville.org/transit

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
Greene County Transit	General public	18 (14 accessible)	Demand-response; in-county \$2.50 per stop, scheduled service to Charlottesville, \$3.00 per stop; Monday – Friday 7:00AM to 10:00PM and Saturday 9:00AM to 4:00PM	62,137 trips in FY 2012	Greene County and the City of Charlottesville	Yes	Phone: (434) 985-5205 Website: www.gcva.us/dpts
JAUNT, Inc.	General public, human service agency clients, people with disabilities, Medicaid trips, provides complementary ADA service	69 (62 accessible)	Demand-response (varies by county); serves PDC 10; services range from Monday – Friday to 7 days a week; fare is \$1.00 - \$12.00 (depending upon locations and disability status)	269,687 per year	Albemarle, Buckingham, Fluvanna, Louisa, Nelson Counties and the City of Charlottesville	Yes	Phone: (434) 296-3184 Website: www.ridejaunt.org
Jefferson Area Board of Aging (JABA)	Senior adults	1 vehicle	Demand-response service for medical appointments, basic errands or agency programs. Utilize JAUNT services for all member transportation		PDC 10	No	Phone: (434) 817-5222 Website: www.jabacares.org
LogistiCare (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible for Medicaid recipients and some Medicare		Reservations 24/7 by call center	60,000 trips per week statewide	Statewide	Yes	Phone: (434) 973-3310 Website: www.logisticare.com
Pine Grove Adult Home	Only transports eligible Medicaid recipients and some Medicare		Contracts with LogistiCare		The City of Charlottesville; and Louisa, Nelson, and Orange Counties	Yes	Phone: (434) 295-4408

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
Rappahannock Area Agency on Aging (RAAA) Mobility Options Program	Seniors, individuals with cognitive or physical disabilities, individuals coping with substance abuse	65 vehicles (18 for aging; 6 are shared)	Accessible vehicles available one day a month to people with disabilities for medical appointments from Fredericksburg to Charlottesville. Trip request must be made at least 7 days in advance		Fredericksburg to Charlottesville	No	Phone: 1-800-627-2892 Website: www.raaa16.org
Region 10 Community Services Board (CSB)	Individuals enrolled in CSB services	3 vehicles for handicap services 63 vehicles for consumer services	Provides service within PDC 10 for CSB members		PDC 10	No	Phone: (434) 972-1800 Website: www.regionten.org
Rockbridge Area Transportation System (RATS)	Medicaid, public/community members with need (non-emergency medical, non-medical, etc.)	15 vehicles (7 accessible)	Provides trips from Rockbridge County to Charlottesville, all demand-response; Monday – Friday, generally 8:00AM – 5:00PM; door-to-door	11,000 trips per year	The City of Charlottesville and Rockbridge County	Yes	Phone: (540) 464-3347 Website: www.rats.rockbridgearea.info
Rockingham County Transportation	Seniors, individuals with disabilities, low-income (Rockingham County residents only)	4 vehicles (accessible)	Service within Rockingham to Charlottesville. Medical trips have priority. Typical fares: \$4 under 10 miles, \$8 for 10-25 mi, \$12 for 25-75 mi one way	3,800 trips per year	Rockingham County to Charlottesville	No	Phone: (540) 432-8646
Town of Orange Transit (TOOT)	General Public	2 vehicles (accessible)	Monday – Friday 7:30AM to 4:30PM service is provided around the Town of Orange and to the Town of Gordonsville. Saturday 8:30AM to 3:30PM service is provided around the Town of Orange only. Fare is \$0.50	25,000 trips per year	The Towns of Orange and Gordonsville	No	Phone: (540) 672-8668 Website: www.townoforange.org

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
Veterans Administration Disabled American Veterans (DAV)	Open to veterans who can enter the van unassisted		Monday – Friday 5:00AM to 4:00PM; leaves at 7:00AM for Richmond; leaves Richmond at 1:00PM for Shadwell. Free for veterans		Shadwell, Pantops Outpatient Clinic, Zion Crossroads, Gum Springs	No	Phone: (804) 675-5000 ext. 5313 Website: www.dav.org
Virginia Department of Rehabilitative Services	Disabled persons, eligible to receive free or low-cost transportation to and from work, medical appointments and other places		Coordinates with local Area Agencies on Aging as well as various public and private organizations to help find rides		Statewide	No	Website: www.vadrs.org
University of Virginia DART	Students, staff and faculty of the University of Virginia who have a temporary or permanent disability		Service is available 24/7, riders must apply for service through UVA. Provide at least a 30 minute notice	700 per year	University of Virginia Campus	No	Phone: (434) 924-3095 Website: www.virginia.edu/parking/disabilities/dart/
University of Virginia SafeRide	University of Virginia Students	3 vehicles (accessible)	Sunday – Wednesday 12:00AM to 7:00AM and Thursday – Saturday 2:30AM to 7:00AM. Must possess a valid UVA Student ID	23,800 in FY12	University of Virginia Campus and surrounding neighborhoods	No	Phone: (434) 242-1122 Website: www.virginia.edu/uvapolice/saferide.html
University Transit Service (UTS)	General public, University of Virginia students and employees	30 vehicles	Free bus service in and around UVA; Fixed-routes and Demand and Response Transportation Service (DART) available; operates throughout the calendar year with focus on academic year; riders with UVA ID ride CATS free	2,900,000 per year	The City of Charlottesville	No	Phone: (434) 924-7711 Website: www.virginia.edu/parking/uts

Private Transportation Providers

In addition, the following private transportation providers were identified:

- A & J Taxicab Services, Charlottesville, VA
- A to Z Taxi Service, Charlottesville, VA
- AAA Cab Co., Charlottesville, VA
- ABA Cab Taxi Services, Ruckersville, VA (Greene County)
- AC Airport Cab Inc., Ruckersville, VA
- Access Taxi, Charlottesville, VA
- Amtrak, Charlottesville, VA (passenger rail service to Lynchburg, Washington, DC, and the North East corridor)
- Any Time Taxi, Charlottesville, VA
- B2B (Business to Business) Limousine Service, Waynesboro, VA
- B Line Transportation Inc., Charlottesville and Stanardsville, VA
- Blue Top Cab, Charlottesville, VA
- Camryn Executive Transportation and Limousine, Ruckersville, VA
- Carter's Taxi, Charlottesville, VA
- Cavalier Taxi, Charlottesville, VA
- City Cab & Courier, Charlottesville and Stanardsville, VA
- Discount Taxi, Louisa, VA
- Farmer's Taxi Services, Charlottesville, VA
- Green Shuttle, Charlottesville, VA (service to Harrisonburg)
- Greyhound Lines, Inc. (intercity bus service with a stop in Charlottesville)
- Harley's Driving Services, Louisa, VA
- Home Ride of VA, Inc., Charlottesville (UVA) to Northern Virginia, Richmond, and Hampton, VA
- Louisa Taxi, Louisa, VA
- Maddy Wagon, Charlottesville, VA
- Medi-Ride, Louisa, VA
- MZM Taxi, Charlottesville, VA
- New York City Taxi Cab, Charlottesville, VA
- Pace's Taxi, Charlottesville, VA
- Quicksilver Taxi, Charlottesville, VA
- Ride Rite, Charlottesville, VA
- RideShare, Charlottesville, VA
- Seniors First Transportation LLC, Orange, VA
- Shooting Stars Taxi Service LLC, Scottsville, VA
- Skyline Taxi, Charlottesville, VA
- Taxi 13, Charlottesville, VA
- Tendercare, Charlottesville, VA (service to Louisa and Richmond)
- Unyke Taxi, Charlottesville, VA

- Van On the Go, Charlottesville, VA
- Virginia Handi Ride, Madison, VA (*accessible vehicle*)
- Wahooptie Taxi Co., Charlottesville, VA
- Yellow Cab Co., Charlottesville and Stanardsville, VA
- 1st Call Taxi, Charlottesville, VA

Assessment of Unmet Transportation Needs and Gaps

While an analysis of demographic data is important for understanding the overall mobility needs in PDC 10, 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

- Transportation services beyond a specific agency’s program criteria.
- Transportation for social trips.
- Transportation options to Crozet and Waynesboro.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Additional transportation options for people who are eligible for CSB services.
- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.
- Region wide there is a greater need for employment transportation.
- Additional options for non-Medicaid health care trips.
- Transportation to immediate medical appointments for urgent but non-critical care.

Time

- Expanded transportation in evenings and on weekends.
- Transportation for job opportunities that require late shifts.
- Same-day transportation service for spontaneous travel needs.
- Efficient and effective transportation.

Place/Destination

- Transportation services from remote areas of the region to employment, shopping, program services and other key community destinations.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region.

Information/Outreach

- Local mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Reduce liability issues that hinder coordination efforts, including working with insurance companies and informing providers of insurance options including coverage through the Community Transportation Association of Virginia's (CTAV) insurance program and/or the Virginia Department of the Treasury's Division of Risk Management.
- Use of the Virginia 211 system to provide information on available services.
- Marketing campaigns to educate the public on the need for non-automobile transportation options and to reduce stigmatization of people who use transit.

Travel Training/Orientation

- Expand travel training services to help people who are unsure of how to use available transportation services.

Other

- Increased funding for operating costs.
- Expanded transportation options for school children and young people.
- Improved technology that facilitates coordination of services, including ability to network information between different providers.
- Formalized structure to facilitate and improve funding coordination to expand services.
- Technical training for human service agencies on computer software and other route and service management technologies.
- Expanded use of volunteer drivers through formalized program, i.e. one that provides tax credits for volunteer drivers.
- Fares may be prohibitive for individuals with limited incomes.
- Accessible and safe bus stops through coordination with private builders.
- Better connections between public transportation and land use.

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 and operation costs of coordinated human service/public transportation providers.
2. Build coordination among existing public, private, and human service transportation providers.
3. Expand outreach and information on available transportation options in each area of the region, including establishment of a central/single point of access.
4. Provide flexible transportation options and more specialized transportation services or one-to-one services through expanded use of volunteers.
5. Expand availability of demand-response services and specialized transportation services to provide additional trips for older adults, people with disabilities, veterans, and people with lower incomes.
6. Implement new public transportation services or operate existing public transit services on a more frequent basis.
7. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
8. Bring new funding partners to public transit/human service transportation.
9. Provide targeted shuttle services to access employment opportunities, younger riders and large scale events.

10. Advance transit technology through the use of RouteMatch, smart fare cards, and automatic telephone notifications for demand response trips.
11. Expand training for operators dealing with disabled riders that suffer chronic medical and mental conditions through the use of the Mental Health First Aid training course.

Priorities for Implementation and Potential Projects

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

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

Strategy: Continue to Support and Maintain Capital Needs and Operation Costs of Coordinated Human Service/Public Transportation Providers
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Maintaining and building upon current capital infrastructure is crucial to expanding mobility options for older adults, people with disabilities, and people with lower incomes in the region. This strategy involves appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support development of a more coordinated community transportation network.

Unmet Need/Issue Strategy Will Address:

- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities)
- Additional transportation options for people who are eligible for CSB services.
- Same-day transportation service for spontaneous travel needs.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region.

Potential Projects:

- Capital expenses to support the provision of transportation services to meet the special needs of older adults, people with disabilities, and people with lower incomes.

- Capital needs to maintain current mobility management program and support new local mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Build Coordination among Existing Public, Private, and Human Service Transportation Providers
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One of the issues noted during the initial CHSM planning process workshop was the need for a formalized structure to facilitate the improved coordination of public transit and human services transportation in the region. This strategy presents opportunities to improve connections between providers, and expand access both within and outside the region. A regional mobility management strategy was implemented to explore these possibilities and carry out necessary follow-up activities. During the update of this CHSM Plan, local stakeholders expressed the need to build upon these efforts by having local mobility managers.

Unmet Needs/Issues Strategy Will Address:

- Transportation services beyond a specific agency's program criteria.
- Same-day transportation service for spontaneous travel needs.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region.
- Mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Reduce liability issues that hinder coordination efforts, including working with insurance companies and informing providers of insurance options including coverage through the Community Transportation Association of Virginia's (CTAV) insurance program and/or the Virginia Department of the Treasury's Division of Risk Management.
- Improved technology that facilitates coordination of services, including ability to network information between different providers.
- Formalized structure to facilitate and improve funding coordination to expand services.
- Technical training for human service agencies on computer software and other route and service management technologies.

Potential Projects:

- Local mobility manager to facilitate cooperation between transportation providers, including:
- Help establish inter-agency agreements for connecting services or sharing rides.

- Arrange trips for customers as needed.
- Explore technologies that simplify access to information on services.
- Coordinate services among providers with wheelchair accessible vans so that these resources can be better accessed throughout the community.
- Use of human service agency transportation providers as feeder service to fixed routes.
- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

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

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

Unmet Needs/Issues Strategy Will Address:

- Mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Use of the Virginia 211 system to provide information on available transportation services.
- Marketing campaigns to educate general public on need for non-automobile transportation options and to reduce stigmatization of people who use transit.

Potential Projects:

- Mobility manager to facilitate access to transportation services, including:
 - Serving as information clearinghouse on available public transit and human services transportation in region.
 - Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
 - Implement mentor/advocate program to connect current riders with potential customers for training in use of services.
 - Implement marketing campaign targeting specific audiences and routes.

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

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, veterans, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, especially in rural portions of the region. The use of volunteers may offer transportation options that are difficult to otherwise provide. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

Unmet Needs/Issues Strategy Will Address:

- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.
- Expanded use of volunteer drivers through formalized program, i.e. one that provides tax credits for volunteer drivers.
- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Transportation to recreation (i.e. parks, sports facilities).
- Additional transportation options for people who are eligible for CSB services.
- Same-day transportation service for spontaneous travel needs.
- Transportation options for young people with disabilities living in rural areas of the region.

Potential Projects:

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

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

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

Unmet Needs/Issues Strategy Will Address:

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends (except Harrisonburg).
- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Same-day transportation service for spontaneous travel needs.
- Transportation services from remote areas of the region to employment and shopping destinations.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region (especially Rockingham County).

Potential Projects:

- Expand current demand-response system to serve additional trips.
- Expand hours and days of current demand response system to meet additional service needs.
- Aid a private taxi provider in purchasing an accessible vehicle.
- Create same day service under current demand-response system.

Strategy: Implement New Public Transportation Services or Operate Existing Public Transit Services on a More Frequent Basis
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New or expanded public transit services in the evenings and weekends should be considered in order to increase mobility options in the region, especially to work locations. In addition, services that allow access to key destinations outside the region are an important need. This strategy should be implemented in conjunction with any recent Transit Development Plans (TDP) conducted by local transit systems in the PDC, as these TDPs contain specific service improvement recommendations.

Unmet Needs/Issues Strategy Will Address:

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities

Potential Projects:

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

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

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

Unmet Needs/Issues Strategy Will Address:

- Expand travel training services to help people who are unsure of how to use available transportation services.
- Transportation for non-medical related social trips.
- Mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Expanded transportation options for school children and young people.

Potential Projects:

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

Strategy: 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:

- Increased funding for operating costs.
- Fares may be prohibitive for individuals with limited incomes.
- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.

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 Targeted Shuttle Services to Access Employment Opportunities, Younger Riders and Large Scale Events
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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:

- Transportation to access job opportunities that require evening and weekends shifts.
- Weekend transportation service in rural areas of the region, especially for work-related trips.

Potential Projects:

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

Strategy: Advance Transit Technology through the use of RouteMatch, Smart Fare Cards, and Automatic Telephone Notifications for Demand Response Trips

New technologies are increasing the efficiency and speed of transportation across the nation. Coordinating new technology within the PDC would benefit riders and transportation operators alike. This strategy could be addressed by the procurement of new technologies such as RouteMatch software, the implementation of reloadable smart fare cards, and automatic telephone notifications for when a demand response trip is about to arrive. Coordinating new technologies such as fare cards could simplify transportation access across the PDC.

Unmet Needs/Issues Strategy Will Address:

- Efficient and effective transportation.
- Improved technology that facilitates coordination of services, including ability to network information between different providers.
- Technical training for human service agencies on computer software and other route and service management technologies.

Potential Projects:

- Capital assistance to purchase hardware and software for technology implementation.
- Operating assistance to fund training

Strategy: Expand Training for Operators Dealing with Disabled Riders that Suffer Chronic Medical and Mental Conditions Through the Use of the Mental Health First Aid Training Course

New training options should be considered for vehicle operators that provide transportation for disabled riders that suffer from medical or mental conditions, (i.e. seizures, mental illness, substance abuse). This strategy could be addressed by interactive training courses such as Mental Health First Aid which provides certifications for Mental Health First Aiders.

Unmet Needs/Issues Strategy Will Address:

- Expand travel training services to help people who are unsure of how to use available transportation services.
- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.

Potential Projects:

- Operating assistance to fund specifically-defined, medical and mental travel training programs.

Coordinated Human Service Mobility Projects

Over the past five years, PDC 10 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.

- **Blue Ridge PACE (Program for All-Inclusive Care for the Elderly)**

Blue Ridge PACE is a non-profit partnership between the Jefferson Area Board for Aging (JABA), the University of Virginia Health System, and Riverside Health System. PACE is an alternative to nursing home care for individuals 55 and over who wish to age in place. It provides social, medical, and other support services, including transportation to and from its location and to appointments as needed. Blue Ridge PACE is scheduled to open in Fall 2013 on Carlton Avenue in Charlottesville. It will serve residents of Charlottesville, as well as Albemarle, Nelson, Fluvanna, Greene, and Louisa Counties. It expects to enroll approximately 150 people from the six jurisdictions. Currently PACE has about 85 organizations in 29 states across the country.

- **JAUNT - Mobility Management: FY2011 - On-going**

In prior years, JAUNT's Mobility Management program has studied the transportation needs and resources of local agencies, added passenger facilities and amenities at rural bus stops, explored technologies that simplify access to information on services and improve information at frequently used stops, initiated coordination with land-use proposals in some localities, facilitated regional Coordinated Human Service Mobility Team meetings, and provided training for staff at human service agencies to help them find transportation solutions. These efforts will continue as needed.

- **JAUNT - Extended Service: FY2012 - On-going**

- In FY2012 JAUNT implemented a senior shopping grant to provide access for seniors to farmers markets and other healthy food sources. With funding through Virginia's senior transportation grant and local match from JABA, this program was very successful in enriching the lives of seniors in Charlottesville, Albemarle, Fluvanna, Louisa and Nelson. A similar grant was received in FY2014.

- FY2012 Total Operating Expenses - \$14,500
- FY2014 Total Estimated Operating Expenses - \$20,000

- In FY2012 JAUNT implemented additional service from Nelson County to Charlottesville to allow people with disabilities greater access to medical facilities and supported employment in the city. This grant was funded with New Freedom funds.
 - FY2012 Total Operating Expenses - \$25,644
- In FY2013 JAUNT implemented a shuttle from a low-income senior housing project to transfer locations for the area's fixed route service. The project was funded through Virginia's senior transportation grants, with local match from JABA.
 - FY2013 Total Operating Expenses - \$14,500
- In addition to these efforts, in FY2013 a new service was started assisting people with disabilities to travel from Crozet to Charlottesville. The route was intended to supplement the existing service, which runs every two hours five days a week, but is often so oversubscribed that people have to ride far too long at the most popular times (the 8 AM and 10 AM runs). By adding a 9 AM route, JAUNT helped to relieve the pressure on the morning routes and expand to allow more people to ride. In addition, the low-income residents at JABA's Mountainside Senior Living project don't ride as often as they'd like because they can't afford the \$8.00 roundtrip fare. By offering free fares to those people, JAUNT has been able to improve their access to doctors and other services in Charlottesville.
 - FY2014 Total Estimated Operating Expenses - \$24,600
 - FY2014 RMC Estimated Operating Expenses - \$62,475
- **Charlottesville Area Transit (CAT) Night Service: FY2011 - On-going**

JARC funds will support CAT fixed-route bus service during night hours (6:45 PM - 11:45 PM), Monday - Saturday. Service is available from downtown Charlottesville to Fashion Square Mall, the Belmont neighborhood, Prospect Avenue, Pantoja and Piedmont Virginia Community College. The service is provided to these areas for low-income households to major business and retail destinations between Barracks Road Shopping Center and Walmart.

 - FY2014 Total Estimated Operating Expenses - \$ 749,303

Coordinated Human Service Mobility Planning Structure and On-Going Arrangements

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

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

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

Appendix A – FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the U.S. DOT/FTA – Proposed Circular: Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions – FTA C 9070.1 G – posted by FTA on July 9, 2013. (Note: At the time of CHSM plan publication, the Proposed Circular had not been finalized. The following proposed language represents the most current FTA guidance available, as of the CHSM plan publication date).

COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES

TRANSPORTATION PLAN. Federal transit law, as amended by MAP-21, requires that projects selected for funding under the Section 5310, program be “included in a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers and other members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310 program. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5310.

2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.

- a. Overview. A locally developed, coordinated public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, seniors, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient, and the MPO, where applicable. The agency leading the planning process is decided locally and does not have to be the State or designated recipient.

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

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

human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans, and action items. As new Federal requirements must be met, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

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

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

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration:

- (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation, or coordination, with the applicable metropolitan or statewide planning process.

- (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at www.unitedweride.gov, helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.
- (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the Internet, literacy levels, and limited English proficiency.
- (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, Geographic Information Systems (GIS) mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.
3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other members of the public. Note that the required participants include not only

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

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

The projects selected for funding under the Section 5310 program must be “included in a locally developed, coordinated public transit-human services transportation plan” that was “developed through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers and participation by other members of the public.” The requirement for developing the local public transit-human services transportation plan is intended to

improve services for people with disabilities and seniors. Therefore, individuals, groups, and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

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

(2) Passengers and advocates:

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

(3) Human service partners:

- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services, Vocational Rehabilitation, Workforce Investment Boards,

Medicaid, Community Action Programs (CAP), Agency on Aging (AoA);
Developmental Disability Council, Community Services Board;

- (b) Non-profit human service provider organizations that serve the targeted populations;
- (c) Job training and placement agencies;
- (d) Housing agencies;
- (e) Health care facilities; and
- (f) Mental health agencies.

(4) Other:

- (a) Security and emergency management agencies;
- (b) Tribes and tribal representatives;
- (c) Economic development organizations;
- (d) Faith-based and community-based organizations;
- (e) Representatives of the business community (e.g., employers);
- (f) Appropriate local or State officials and elected officials;
- (g) School districts; and
- (h) Policy analysts or experts.

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

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. FTA expects that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and

human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

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

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

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

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

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

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

the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include selected projects in the TIP/STIP before FTA grant award.

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

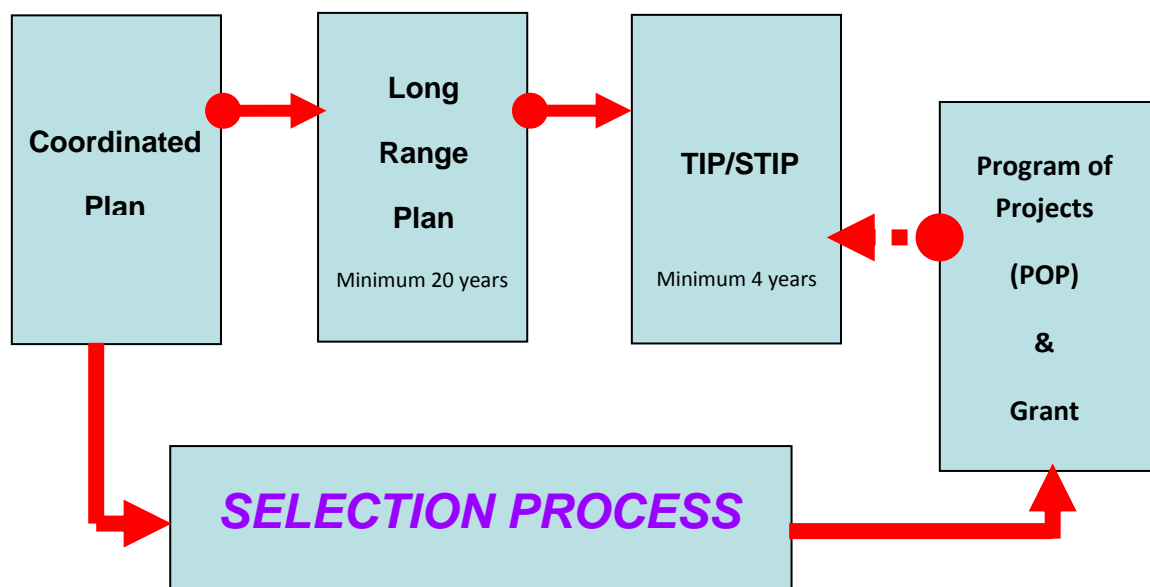
Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon,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

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

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

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

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



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

FEDERAL PROGRAMS AVAILABLE FOR USE IN COORDINATED TRANSPORTATION ARRANGEMENTS

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

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

In reviewing and updating this table, these points emerge:

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

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

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

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

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

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

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

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

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<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
and job readiness activities, employment activities, and supportive and job retention services such as transportation; child care; items such as uniforms, clothing, tools, and eyeglasses that are needed for employment or training; medical services; counseling, et al.								
Chafee Foster Care Independence Program http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm The John H. Chafee Foster Care Independence Program offers assistance to help current and former foster care youths achieve self-sufficiency. Grants are offered to States and Tribes who submit a plan to assist youth in a wide variety of areas designed to support a successful transition to adulthood. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care. The program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption, and young adults ages 18-21 who have "aged out" of the foster care system.	\$140m	Y	States Tribes	State Tribal	Y	N	Y	N
Administration on Aging								
Supportive Services and Senior Centers http://www.aoa.gov/AoARoot/AoA_Programs/H_CLTC/supportive_services/index.aspx Through this program, authorized under Title III-B of the Older Americans Act, funds are awarded by formula to state units on aging for the purpose of providing supportive services to older persons, including the operation of multi-purpose senior centers. In turn, states award funds to area agencies on aging, most of whom use a portion of their funding allocations to help meet the transportation needs of older persons.	\$368m Trans- port: \$72.3m	E	States	State Metro	Y	Y	Y	Y
Services for Native American Elders (Program for American Indian, Alaskan Native and Native Hawaiian Elders) http://www.aoa.gov/AoARoot/AoA_Programs/H_CLTC/Native_Americans/index.aspx Authorized by Title VI of the Older Americans Act, this program supports nutrition, information and referral, multi-purpose senior centers and other supportive services for American Indian Alaskan Natives and Native Hawaiian elders. Transportation is among the supportive services provided through this program. Federally recognized tribes, Alaska native corporations and Native Hawaiian organizations are the only eligible grant recipients.	\$28m	E	Tribes	N	Y	Y	Y	Y
Centers for Disease Control and Prevention								
Communities Putting Prevention to Work http://www.cdc.gov/communitiesputtingpreventionontowork/	\$5m	Other	Local entities	N	Y	N	Y	N

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<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
First established under the American Recovery and Reinvestment Act, and then continued under the Affordable Care Act, Communities Putting Prevention to Work (CPPW) is a locally driven initiative supporting 50 communities to tackle obesity and tobacco use. Through CPPW, these communities are implementing environmental changes to make healthy living easier, such as improving means for safe active transportation for pedestrians, bicyclists and transit users; ensuring provision of healthy food and beverage options in schools; limiting exposure to secondhand smoke; and increasing available tobacco cessation resources.								
Centers for Medicare and Medicaid Services								
Medicaid http://www.cms.gov/home/medicaid.asp Medicaid is a state-federal partnership that ensures medical assistance to qualified low-income persons and persons with disabilities. States are mandated to provide certain categories of health care, and some choose to expand these benefits as appropriate for their beneficiary population. There is a federal mandate for states to arrange the provision of transportation when necessary for accessing health care, but each state may set their own guidelines, payment mechanisms, and participation guidelines for these transportation services. Over the past dozen years, federal legislation has expanded the scope of mandated Medicaid coverage: the 1999 Ticket to Work and Work Incentives Improvement Act required a Medicaid safety net of continued health coverage and related services for qualified persons with disabilities who are entering the workforce. The 2010 Affordable Care Act requires states to extend Medicaid eligibility to all persons at or below 133 percent of the federal poverty line.	\$286.2b Trans- port: \$704.0m	L	States	State	Y	Y	Y	N
Children's Health Insurance Program (State Children's Health Insurance Program) http://www.cms.gov/home/chip.asp States receive formula-based funds under this program to initiate and expand child health assistance for uninsured, low-income children. States may accomplish this goal either by providing health insurance benefits to eligible children, or by expanding the coverage of their Medicaid program (see above) to include these children under those benefits. In either case, state may choose to include transportation as a covered benefit.	\$10.7b Trans- port: \$4.5m	Y	States	State	Y	Y	Y	N
Health Resources and Services Administration								
Health Centers Program (Community Health Centers) http://bphc.hrsa.gov/ Federal funds are allocated to community-based health centers in medically underserved	\$2.1b Trans- port: \$24.3m	L	Local entities	N	N	N	N	Y

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<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
areas, migrant and seasonal farmworker communities, public housing sites, and at locations provide medical care to homeless persons. Funds may be used to provide transportation services as necessary for the delivery of primary health care services. A few community health centers provide transportation services directly, and some others contract with other providers to meet their transportation needs.								
State Health Access Program (Healthy Communities Access Program) http://www.hrsa.gov/statehealthaccess/index.html This program of competitive grants builds on existing models of health care service integration to help health care providers develop integrated, community-wide health systems that serve the uninsured and underinsured. Grants are designed to increase access to health care by eliminating fragmented service delivery, improving efficiencies among safety net providers, and by encouraging greater private sector investment. To the extent that participating networks choose to include transportation services as part of their funded health care "safety net," such services can be supported with these funds.	\$75.0m	L	States	N	N	Y	N	N
HIV Care ("Ryan White") Formula Grants http://hab.hrsa.gov/ Authorized under the Ryan White AIDS CARE Act, these comprise a set of programs that help communities provide emergency assistance, comprehensive HIV/AIDS care, early intervention, dental services, education and outreach, training, and pediatric services to children with HIV/AIDS. Some of these funds are awarded on a formula basis to state public health agencies, others are awarded directly to health agencies in communities disproportionately affected by HIV/AIDS, and some funds are available for competitive, discretionary grants. In many communities, health agencies use a small portion of these funds to contract for, or reimburse, necessary transportation services.	\$2.3b	Other	States	State	Y	Y	N	Y
Maternal and Child Health Block Grant (Maternal and Child Services Grants) http://mchb.hrsa.gov/programs/default.htm Most of these funds are distributed to states as formula-based block grants to help provide health services to mothers, infants and children. There are particular emphases on caring for children with special health care needs and children in low-income families. Some of these funds are reserved to help support competitive grants for special projects of regional or national significance. Both formula and discretionary grants' funds may be used to support transportation that is part of these grants' services.	\$661m	Other	States	N	N	Y	N	N
Rural Health Program Grants	\$107m	Other	States	N	Y	Y	N	N

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<i>Agency & Program</i>	<i>FY2010 Funding (& trans- portation amount, if known)</i>	<i>Pri- mary Target Popu- lation</i>	<i>Who are the main direct recipi- ents of Federal funds?</i>	<i>Statewide and/or Metropol- itan (or equiv) Planning?</i>	<i>Is Mobility Manage- ment Eligible?</i>	<i>Can One- Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purch- ased?</i>	<i>Can Vehicles be Purch- ased?</i>
(Rural Health Care, Rural Health Network, and Small Health Care Provider Grants). http://www.hrsa.gov/ruralhealth/grants/index.html Through this initiative, state offices of rural health receive funds for discretionary grants to rural hospitals that then form integrated networks to address community health needs, such as the formation of rural health maintenance organizations, co-located health and social services, telemedicine, or transportation services as needed for rural residents' health care. A portion of these programs' funds are reserved for federally awarded demonstration grants to expand or enhance the availability of health services in rural areas.	Trans- port: \$187K							
Healthy Start Initiative http://mchb.hrsa.gov/healthystart/phase1report/ This initiative supports a community-oriented approach to reducing infant mortality. A total of 94 Healthy Start communities have been designated to demonstrate this program. There are no funds for replication or for additional sites. Transportation services that help link pregnant women and new mothers to necessary health care and related services are provided in some of the initiative's locations.	\$105m	Y	Local entities	N	N	N	Y	Y
Indian Health Service								
Urban Indian Health Program http://www.ihs.gov/nonmedicalprograms/urban/UIHP.asp The Indian Health Service addresses the health care needs of urban American Indian and Alaska Native populations by funding 34 urban Indian health organizations operating at 41 sites located in cities throughout the United States. These health organizations engage in a variety of activities, ranging from the provision of outreach and referral services to the delivery of comprehensive ambulatory health care. Services currently include medical services, dental services, community services, alcohol and drug abuse prevention, education and treatment, AIDS and sexually transmitted disease education and prevention services, mental health services, nutrition education and counseling services, pharmacy services, health education, optometry services, social services (including transportation), and home health care.	\$43m Trans- port: \$27K	Other	Local entities	N	N	N	Y	N
Community Health Representatives http://www.ihs.gov/NonMedicalPrograms/chr/ The Indian Health Service typically does not provide direct transportation services. Instead, it relies on its network of Community Health Representatives (CHRs) to provide not only health outreach and health promotion services, but also to provide transportation as needed for American Indians and Alaska Natives to access the medical services at IHS facilities.	n/a	Other	IHS- em- ployed CHRs	N	N	N	N	N

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

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

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

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

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

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

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

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

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

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INVENTORY OF FEDERAL FUNDING FOR COORDINATED TRANSPORTATION SERVICES**

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

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

APPENDIX, PAGE 21

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

Appendix C – Population Statistics

PDC10 Demographics (Census 2010)

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Albemarle	510030101001	28.93	2003	69.2
Albemarle	510030101002	87.81	1584	18.0
Albemarle	510030101003	23.33	1603	68.7
Albemarle	510030102011	15.15	2726	179.9
Albemarle	510030102012	11.89	1938	163.0
Albemarle	510030102021	10.94	1406	128.5
Albemarle	510030102022	11.43	1671	146.1
Albemarle	510030103001	0.93	2337	2505.3
Albemarle	510030103002	2.77	841	304.0
Albemarle	510030103003	2.88	1363	472.5
Albemarle	510030103004	0.48	1439	3023.3
Albemarle	510030103005	2.12	2118	1000.9
Albemarle	510030104011	38.97	2049	52.6
Albemarle	510030104012	29.59	1017	34.4
Albemarle	510030104013	23.59	1265	53.6
Albemarle	510030104021	10.36	818	78.9
Albemarle	510030104022	8.44	2496	295.6
Albemarle	510030105001	4.78	938	196.4
Albemarle	510030105002	3.76	2793	741.9
Albemarle	510030105003	1.28	812	635.2
Albemarle	510030106011	0.85	853	1007.4
Albemarle	510030106012	1.16	2743	2369.2
Albemarle	510030106013	0.56	2221	3931.7
Albemarle	510030106021	1.62	1532	948.1
Albemarle	510030106022	0.43	1165	2694.1
Albemarle	510030107001	0.37	1053	2845.4
Albemarle	510030107002	0.44	2604	5905.9
Albemarle	510030107003	0.42	2488	5924.2
Albemarle	510030108001	3.50	1175	336.2
Albemarle	510030108002	0.10	972	9474.1
Albemarle	510030108003	0.20	1291	6439.5
Albemarle	510030108004	0.19	1078	5639.8
Albemarle	510030108005	1.32	809	613.9
Albemarle	510030109011	0.40	1256	3156.1
Albemarle	510030109012	0.19	644	3461.0

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Albemarle	510030109021	0.73	1300	1777.5
Albemarle	510030109022	0.09	1891	21884.5
Albemarle	510030109031	0.15	1311	8881.8
Albemarle	510030109032	0.23	1302	5650.8
Albemarle	510030110001	6.96	1039	149.3
Albemarle	510030110002	3.74	978	261.2
Albemarle	510030110003	6.42	1474	229.8
Albemarle	510030110004	9.87	1502	152.2
Albemarle	510030110005	2.32	1299	560.2
Albemarle	510030111001	4.14	1325	319.9
Albemarle	510030111002	2.38	2344	985.2
Albemarle	510030111003	6.17	588	95.4
Albemarle	510030111004	1.74	2112	1211.4
Albemarle	510030111005	1.81	655	361.3
Albemarle	510030112011	21.77	1113	51.1
Albemarle	510030112012	18.37	1273	69.3
Albemarle	510030112013	46.39	1706	36.8
Albemarle	510030112021	21.41	2498	116.7
Albemarle	510030112022	15.18	915	60.3
Albemarle	510030113011	1.75	912	519.7
Albemarle	510030113012	29.51	1307	44.3
Albemarle	510030113013	31.38	1912	60.9
Albemarle	510030113014	38.51	1259	32.7
Albemarle	510030113021	0.55	2168	3950.6
Albemarle	510030113022	0.60	1597	2658.7
Albemarle	510030113031	0.96	2470	2567.9
Albemarle	510030113032	1.26	1268	1009.5
Albemarle	510030114001	27.94	1126	40.3
Albemarle	510030114002	4.69	697	148.5
Albemarle	510030114003	44.46	1411	31.7
Albemarle	510030114004	38.06	1117	29.4
Fluvanna	510650201011	24.19	2447	101.2
Fluvanna	510650201012	9.04	2415	267.0
Fluvanna	510650201013	9.99	709	70.9
Fluvanna	510650201021	4.54	4073	896.3
Fluvanna	510650201022	2.35	2940	1253.5
Fluvanna	510650201023	1.63	2328	1429.7
Fluvanna	510650202001	40.32	2235	55.4
Fluvanna	510650202002	43.46	1032	23.7
Fluvanna	510650202003	31.34	1535	49.0
Fluvanna	510650202004	17.79	666	37.4

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Fluvanna	510650203001	42.50	2578	60.7
Fluvanna	510650203002	44.51	1785	40.1
Fluvanna	510650203003	14.34	948	66.1
Greene	510790301011	42.09	1577	37.5
Greene	510790301012	16.00	2288	143.0
Greene	510790301021	40.24	1414	35.1
Greene	510790301022	1.89	721	381.4
Greene	510790301023	3.53	1750	496.1
Greene	510790301024	18.29	1508	82.4
Greene	510790302001	5.32	2892	543.7
Greene	510790302002	11.47	1638	142.8
Greene	510790302003	12.55	1513	120.6
Greene	510790302004	4.87	3102	636.9
Louisa	511099501001	31.01	2282	73.6
Louisa	511099501002	28.34	1748	61.7
Louisa	511099501003	16.06	1164	72.5
Louisa	511099501004	39.79	1846	46.4
Louisa	511099502011	27.09	1423	52.5
Louisa	511099502012	15.29	1670	109.2
Louisa	511099502013	15.54	1536	98.8
Louisa	511099502021	36.70	2557	69.7
Louisa	511099502022	14.53	1125	77.4
Louisa	511099503001	41.98	2773	66.0
Louisa	511099503002	54.99	2818	51.2
Louisa	511099503003	33.45	2960	88.5
Louisa	511099504001	17.61	1412	80.2
Louisa	511099504002	38.67	1499	38.8
Louisa	511099505001	24.83	1862	75.0
Louisa	511099505002	32.77	2850	87.0
Louisa	511099505003	27.66	1628	58.9
Nelson	511259501001	75.82	1581	20.9
Nelson	511259501002	43.97	1326	30.2
Nelson	511259501003	12.05	980	81.4
Nelson	511259501004	63.45	1809	28.5
Nelson	511259502001	13.47	400	29.7
Nelson	511259502002	40.66	1658	40.8
Nelson	511259502003	20.41	1552	76.1
Nelson	511259502004	15.55	1301	83.7
Nelson	511259503001	52.60	1485	28.2
Nelson	511259503002	21.89	651	29.7
Nelson	511259503003	75.79	813	10.7

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Nelson	511259503004	35.21	1464	41.6
Charlottesville	515400002011	0.22	860	3980.9
Charlottesville	515400002012	0.17	868	5214.9
Charlottesville	515400002013	0.09	1063	12447.6
Charlottesville	515400002021	0.17	1190	6825.9
Charlottesville	515400002022	0.09	2087	22730.9
Charlottesville	515400002023	0.10	2340	22366.0
Charlottesville	515400003021	0.36	1307	3605.5
Charlottesville	515400003022	0.42	1154	2742.4
Charlottesville	515400004011	0.27	1612	5975.8
Charlottesville	515400004012	0.37	1712	4625.8
Charlottesville	515400004021	0.11	633	5537.3
Charlottesville	515400004022	0.19	1159	5987.1
Charlottesville	515400004023	0.26	1270	4831.3
Charlottesville	515400004024	0.20	921	4668.5
Charlottesville	515400005011	0.19	1559	8221.3
Charlottesville	515400005012	0.16	675	4244.4
Charlottesville	515400005013	0.13	1071	8523.3
Charlottesville	515400005021	0.31	1461	4638.9
Charlottesville	515400005022	0.20	1102	5427.6
Charlottesville	515400005023	0.27	781	2854.3
Charlottesville	515400005024	0.19	772	4014.5
Charlottesville	515400005025	0.20	559	2759.2
Charlottesville	515400006001	0.20	2511	12403.7
Charlottesville	515400006002	0.17	1840	10669.9
Charlottesville	515400007001	0.39	1039	2686.9
Charlottesville	515400007002	0.54	1655	3046.5
Charlottesville	515400007003	0.30	549	1838.0
Charlottesville	515400007004	0.25	1035	4082.1
Charlottesville	515400008001	0.29	874	2963.9
Charlottesville	515400008002	0.42	617	1458.6
Charlottesville	515400008003	0.35	652	1888.0
Charlottesville	515400008004	0.53	1499	2807.8
Charlottesville	515400009001	0.84	1333	1594.1
Charlottesville	515400009002	0.42	932	2236.4
Charlottesville	515400010001	0.28	898	3235.3
Charlottesville	515400010002	0.36	993	2777.8
Charlottesville	515400010003	0.21	892	4338.8

Appendix D- Demographics of Potentially Transit Dependent Persons

PDC 10 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
510030101001	Albemarle	110.89	2	224	1	10	1	161	1	1	1
510030101002	Albemarle	64.41	1	255	2	9	1	169	1	1	1
510030101003	Albemarle	46.16	1	195	1	0	1	71	1	1	1
510030102001	Albemarle	15.07	1	231	1	0	1	188	1	1	1
510030102002	Albemarle	18.12	1	271	2	26	1	24	1	1	1
510030102003	Albemarle	62.92	1	182	1	0	1	46	1	1	1
510030102004	Albemarle	31.94	1	279	2	0	1	0	1	1	1
510030103001	Albemarle	59.78	1	298	2	13	1	80	1	1	2
510030103002	Albemarle	99.65	2	358	3	0	1	150	1	1	4
510030103003	Albemarle	163.43	4	103	1	32	1	46	1	2	1
510030104001	Albemarle	71.31	1	210	1	37	1	63	1	1	1
510030104002	Albemarle	57.72	1	154	1	65	4	141	1	4	1
510030104003	Albemarle	45.17	1	288	2	0	1	34	1	2	1
510030104004	Albemarle	42.72	1	423	4	0	1	92	1	1	1
510030104005	Albemarle	44.97	1	237	1	12	1	43	1	2	1
510030105001	Albemarle	42.59	1	171	1	10	1	267	2	1	1
510030105002	Albemarle	46.19	1	530	5	85	5	149	1	1	3
510030106001	Albemarle	15.80	1	198	1	0	1	0	1	1	1
510030106002	Albemarle	76.10	1	389	3	81	5	146	1	1	5
510030106003	Albemarle	205.02	5	303	2	147	5	116	1	3	5
510030106004	Albemarle	45.67	1	275	2	0	1	84	1	1	2

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
510030106005	Albemarle	20.97	1	136	1	25	1	17	1	1	2
510030107001	Albemarle	62.91	1	288	2	0	1	11	1	1	2
510030107002	Albemarle	163.28	4	145	1	0	1	221	2	1	4
510030107003	Albemarle	92.74	2	394	3	74	4	155	1	1	5
510030108001	Albemarle	40.10	1	46	1	0	1	12	1	1	1
510030108002	Albemarle	27.32	1	60	1	18	1	123	1	1	2
510030108003	Albemarle	61.67	1	88	1	13	1	43	1	1	2
510030108004	Albemarle	20.50	1	25	1	0	1	286	3	2	3
510030108005	Albemarle	29.85	1	341	3	53	3	56	1	3	1
510030108006	Albemarle	51.56	1	153	1	26	1	13	1	1	1
510030109011	Albemarle	109.33	2	249	2	85	5	322	3	3	5
510030109012	Albemarle	20.78	1	18	1	5	1	88	1	1	2
510030109021	Albemarle	74.24	1	35	1	36	1	313	3	1	3
510030109031	Albemarle	0.00	1	0	1	0	1	0	1	1	2
510030109032	Albemarle	0.00	1	0	1	38	1	93	1	3	1
510030109033	Albemarle	0.00	1	0	1	0	1	0	1	1	2
510030110001	Albemarle	13.98	1	178	1	47	2	0	1	2	1
510030110002	Albemarle	29.17	1	365	3	0	1	0	1	2	1
510030110003	Albemarle	13.01	1	78	1	0	1	115	1	1	1
510030110004	Albemarle	8.73	1	293	2	8	1	141	1	1	1
510030110005	Albemarle	15.28	1	118	1	0	1	39	1	1	1
510030111001	Albemarle	73.12	1	206	1	0	1	42	1	2	1
510030111002	Albemarle	37.70	1	200	1	0	1	53	1	1	1
510030111003	Albemarle	72.47	1	246	2	107	5	92	1	5	1
510030111004	Albemarle	106.01	2	71	1	18	1	185	1	1	1
510030111005	Albemarle	31.57	1	126	1	0	1	0	1	1	1
510030112001	Albemarle	61.40	1	238	1	62	3	179	1	1	1
510030112002	Albemarle	29.69	1	188	1	50	2	90	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
510030112003	Albemarle	32.62	1	152	1	22	1	134	1	1	1
510030112004	Albemarle	54.64	1	68	1	0	1	0	1	1	1
510030112005	Albemarle	27.31	1	165	1	14	1	88	1	1	1
510030113001	Albemarle	48.34	1	46	1	103	5	831	5	2	5
510030113002	Albemarle	69.36	1	99	1	15	1	189	1	1	1
510030113003	Albemarle	85.95	1	242	1	28	1	136	1	1	2
510030113004	Albemarle	45.36	1	158	1	23	1	42	1	1	1
510030113005	Albemarle	44.84	1	156	1	14	1	34	1	1	1
510030113006	Albemarle	37.48	1	121	1	39	2	49	1	1	1
510030114001	Albemarle	33.97	1	121	1	0	1	223	2	1	1
510030114002	Albemarle	68.15	1	160	1	90	5	208	2	4	1
510030114003	Albemarle	121.29	3	94	1	0	1	156	1	1	1
510030114004	Albemarle	24.84	1	149	1	0	1	32	1	1	1
510650201001	Fluvanna	108.00	2	177	1	0	1	159	1	1	1
510650201002	Fluvanna	81.27	1	310	2	70	4	138	1	1	1
510650201003	Fluvanna	211.91	5	1673	5	111	5	428	5	1	5
510650202001	Fluvanna	175.34	4	372	3	62	3	359	4	2	1
510650202002	Fluvanna	53.66	1	249	2	31	1	48	1	1	1
510650202003	Fluvanna	75.67	1	118	1	97	5	440	5	3	1
510650202004	Fluvanna	18.16	1	112	1	0	1	31	1	1	1
510650203001	Fluvanna	112.26	2	204	1	0	1	353	4	2	1
510650203002	Fluvanna	117.32	2	139	1	35	1	309	3	1	1
510650203003	Fluvanna	102.61	2	191	1	29	1	92	1	2	1
510790301001	Greene	84.71	1	214	1	35	1	55	1	1	1
510790301002	Greene	137.66	3	400	3	2	1	268	2	1	1
510790301003	Greene	113.63	2	200	1	31	1	11	1	1	1
510790301004	Greene	129.79	3	257	2	12	1	230	2	1	1
510790301005	Greene	70.32	1	199	1	0	1	61	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
510790302001	Greene	36.26	1	253	2	58	3	257	2	1	1
510790302002	Greene	109.08	2	351	3	0	1	347	4	1	1
510790302003	Greene	41.02	1	171	1	13	1	82	1	1	1
511099501001	Louisa	195.93	5	388	3	0	1	146	1	2	1
511099501002	Louisa	83.75	1	366	3	20	1	144	1	1	1
511099501003	Louisa	123.23	3	104	1	17	1	447	5	2	1
511099501004	Louisa	150.97	4	237	1	36	1	145	1	1	1
511099502001	Louisa	262.95	5	590	5	67	4	385	4	2	2
511099502002	Louisa	98.87	2	217	1	46	2	465	5	4	1
511099502003	Louisa	207.14	5	280	2	80	5	80	1	2	1
511099502004	Louisa	56.42	1	121	1	43	2	159	1	1	1
511099502005	Louisa	41.14	1	52	1	5	1	20	1	1	1
511099503001	Louisa	320.64	5	468	4	113	5	220	2	2	1
511099503002	Louisa	139.52	3	271	2	19	1	512	5	1	1
511099503003	Louisa	140.92	3	208	1	15	1	100	1	1	1
511099504001	Louisa	202.62	5	124	1	66	4	139	1	4	1
511099504002	Louisa	80.36	1	249	2	16	1	151	1	1	1
511099505001	Louisa	71.00	1	208	1	27	1	186	1	1	1
511099505002	Louisa	140.45	3	341	3	31	1	261	2	1	1
511099505003	Louisa	68.55	1	229	1	0	1	181	1	1	1
511259501001	Nelson	100.25	2	266	2	45	2	156	1	2	1
511259501002	Nelson	121.31	3	180	1	10	1	261	2	3	1
511259501003	Nelson	60.87	1	166	1	24	1	91	1	1	1
511259501004	Nelson	128.64	3	270	2	147	5	244	2	3	1
511259502001	Nelson	50.35	1	391	3	30	1	96	1	1	1
511259502002	Nelson	139.02	3	174	1	86	5	437	5	2	1
511259502003	Nelson	51.60	1	390	3	0	1	85	1	1	1
511259503001	Nelson	31.81	1	244	1	26	1	218	2	3	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
511259503002	Nelson	77.60	1	161	1	14	1	103	1	1	1
511259503003	Nelson	145.90	3	231	1	0	1	64	1	2	1
511259503004	Nelson	170.27	4	410	4	193	5	339	4	5	1
515400001001	Charlottesville	88.56	1	369	3	187	5	160	1	4	5
515400002011	Charlottesville	16.01	1	64	1	16	1	54	1	2	2
515400002012	Charlottesville	54.90	1	199	1	121	5	441	5	3	5
515400002013	Charlottesville	7.09	1	0	1	86	5	1046	5	3	5
515400002021	Charlottesville	127.31	3	207	1	104	5	704	5	4	5
515400002022	Charlottesville	92.09	2	80	1	117	5	2254	5	3	5
515400003011	Charlottesville	6.48	1	149	1	28	1	73	1	1	2
515400003012	Charlottesville	19.99	1	210	1	25	1	78	1	1	2
515400003021	Charlottesville	55.22	1	124	1	5	1	68	1	2	2
515400003022	Charlottesville	32.68	1	64	1	123	5	68	1	1	4
515400003023	Charlottesville	46.11	1	152	1	39	2	54	1	1	2
515400004011	Charlottesville	183.23	5	217	1	213	5	478	5	4	5
515400004012	Charlottesville	139.88	3	225	1	93	5	311	3	4	5
515400004021	Charlottesville	100.15	2	85	1	44	2	305	3	4	4
515400004022	Charlottesville	51.88	1	142	1	88	5	45	1	1	4
515400004023	Charlottesville	49.06	1	147	1	96	5	136	1	2	4
515400004024	Charlottesville	92.28	2	145	1	42	2	24	1	2	3
515400005011	Charlottesville	105.86	2	111	1	114	5	567	5	3	5
515400005012	Charlottesville	40.27	1	54	1	75	4	53	1	1	4
515400005013	Charlottesville	45.96	1	66	1	28	1	36	1	1	2
515400005021	Charlottesville	44.26	1	115	1	9	1	26	1	1	2
515400005022	Charlottesville	16.96	1	158	1	6	1	96	1	1	2
515400005023	Charlottesville	14.06	1	91	1	25	1	108	1	1	2
515400005024	Charlottesville	35.01	1	46	1	0	1	144	1	2	2
515400005025	Charlottesville	17.55	1	238	1	13	1	18	1	1	2

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
515400006001	Charlottesville	8.73	1	36	1	55	3	1845	5	1	5
515400006002	Charlottesville	10.15	1	45	1	41	2	367	4	2	4
515400007001	Charlottesville	47.65	1	224	1	21	1	144	1	1	2
515400007002	Charlottesville	27.81	1	249	2	25	1	547	5	2	5
515400007003	Charlottesville	4.91	1	12	1	36	1	19	1	1	1
515400007004	Charlottesville	8.25	1	152	1	97	5	371	4	3	5
515400008001	Charlottesville	35.40	1	198	1	0	1	59	1	1	2
515400008002	Charlottesville	31.56	1	357	3	0	1	47	1	1	2
515400008003	Charlottesville	17.26	1	225	1	0	1	0	1	2	2
515400008004	Charlottesville	70.41	1	237	1	147	5	271	3	3	5
515400009001	Charlottesville	78.53	1	212	1	16	1	89	1	1	1
515400009002	Charlottesville	28.77	1	236	1	15	1	25	1	1	1