

Roanoke Valley-Alleghany Regional Commission (PDC 5) Coordinated Human Service Mobility Plan September 2013

Counties: Alleghany, Botetourt, Craig, Franklin, and Roanoke
Cities: Covington, Roanoke, and Salem



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

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



**Roanoke Valley – Alleghany Regional Commission (PDC 5)
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 a 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

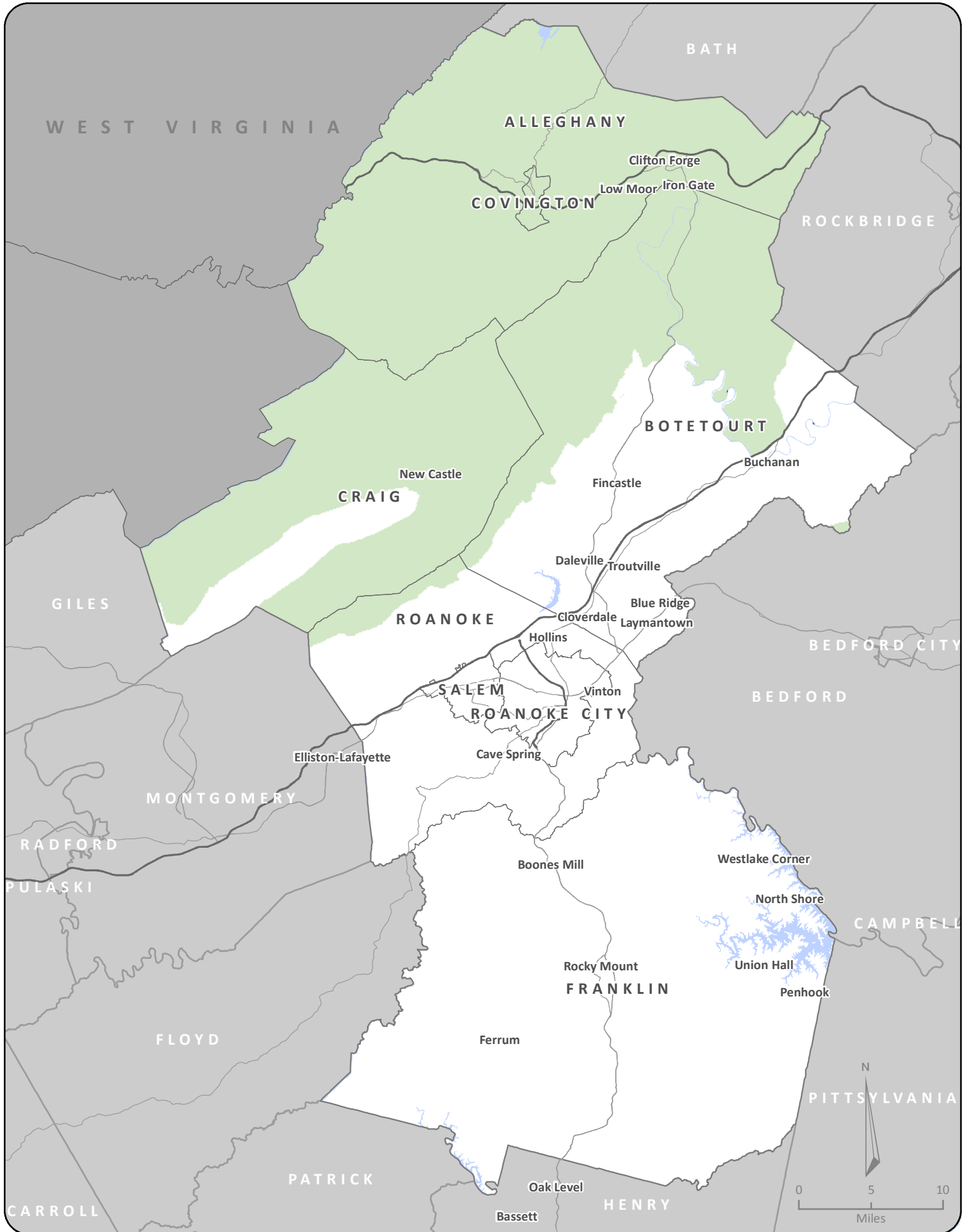
public, private, and non-profit transportation and human services providers, and others.

- 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 Roanoke Valley – Alleghany Regional Commission (PDC 5). As shown in Figure 1, PDC 5 is located in the southwest region of the Commonwealth, and includes Alleghany, Botetourt, Craig, Franklin, and Roanoke Counties, as well as the cities of Covington, Roanoke, and Salem.

Figure 1: Base Map for Roanoke Valley-Alleghany RC (PDC 5)



Background/Requirements

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

Coordinated Plan Elements

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

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

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

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

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

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

Funding

Funds through the Section 5310 Program are apportioned for urbanized and rural areas based on the number of seniors and individuals with disabilities, with 60 percent of the funds apportioned to designated recipients in urbanized areas with populations larger than 200,000, 20 percent to states for use in urbanized areas of fewer than 200,000 persons, and 20 percent to states for use in rural areas. The federal share for capital projects is 80 percent, and for operating grants is 50 percent.

Note: designated recipients in large urban areas can include the state. By mutual agreement, DRPT will serve as the designated recipient for Hampton Roads, Richmond/Petersburg, and Roanoke. The Roanoke apportionment in FY 2013 was \$224,670.

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

Eligible Subrecipients

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

Eligible Activities

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

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

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

Outreach Efforts and Plan Development

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

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

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

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

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

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 5. 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 5 has a population density of less than 100 persons per square mile, particularly in Craig and Botetourt Counties. However, high density areas occur in the center of the PDC surrounding Roanoke and Salem, as well as near Covington, Clifton Forge, and Rocky Mount.

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

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

As shown in Figure 3, the block groups classified as having a very high number of older adults are located in Franklin County along Smith Mountain Lake, in the western portion of Craig County, and in the center of the PDC near Roanoke, Daleville, Hollins, Vinton, and to the west of Salem. Figure 4 displays the relative number of individuals with disabilities. The City of Roanoke, Hollins, and the western portion of

Craig County all have block groups classified as very high. As shown in Figure 5, areas with the highest relative number of low-income persons are again located around Roanoke, in addition to block groups in Franklin, Alleghany, and Craig 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. Block groups with a classification of very high are located in Roanoke, Roanoke County, Franklin County, Covington, and Clifton Forge.

Transit Dependence Indices

The Transit Dependence Index (TDI) is an aggregate measure which displays relative concentrations of people who may be reliant on public transportation for mobility needs. The formula below outlines the population groups included and how the calculations were completed.

$TDI = PD \times [AVNV + AVE + AVY + AVBP]$, where:

- PD = population per square mile
- AVNV = amount of vulnerability based on presence of no vehicle households
- AVE = amount of vulnerability based on presence of older adult population
- AVY = amount of vulnerability based on presence of youth population
- AVBP = amount of vulnerability based on presence of below-poverty population

The Transit Dependence Index Percentage (TDIP) is similar to the TDI in data composition and function. However, slight distinctions exist between the two indices. The TDIP measures the degree of vulnerability, or percentage of vulnerable persons or households per unit of analysis, while the TDI measures the amount of vulnerability in comparison to the average of the overall study area.

TDIP = [DVNV + DVE + DVY + DVBP], where:

- DVNV = degree of vulnerability based on presence of no vehicle households
- DVE = degree of vulnerability based on presence of older adult population
- DVY = degree of vulnerability based on presence of youth population
- DVBP = degree of vulnerability based on presence of below-poverty population

Figures 7 and 8 display the overall TDI and TDIP rankings for the PDC. Both the TDI and the TDIP follow the same “very low” to “very high” classification scale as the maps described above. As shown in Figure 7, the block groups that have a TDI classification of very high are located in the population centers surrounding Roanoke and Rocky Mount. Figure 8 displays the TDIP. High to moderate need block groups occur in Roanoke, Rocky Mount, and Covington, but are slightly more dispersed throughout the PDC in comparison to the TDI.

Figure 2: 2010 Population Density for Roanoke Valley-Alleghany RC (PDC 5)

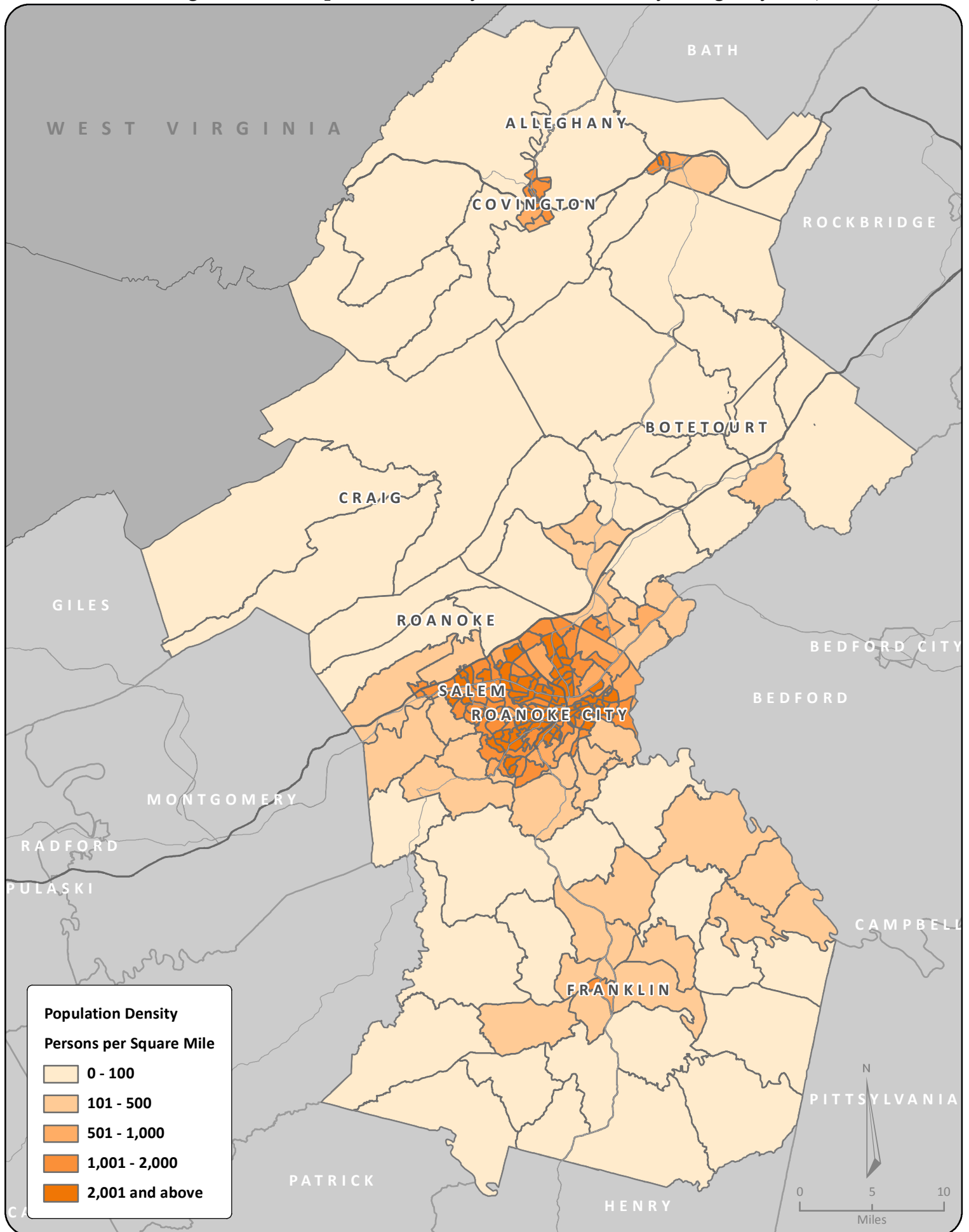
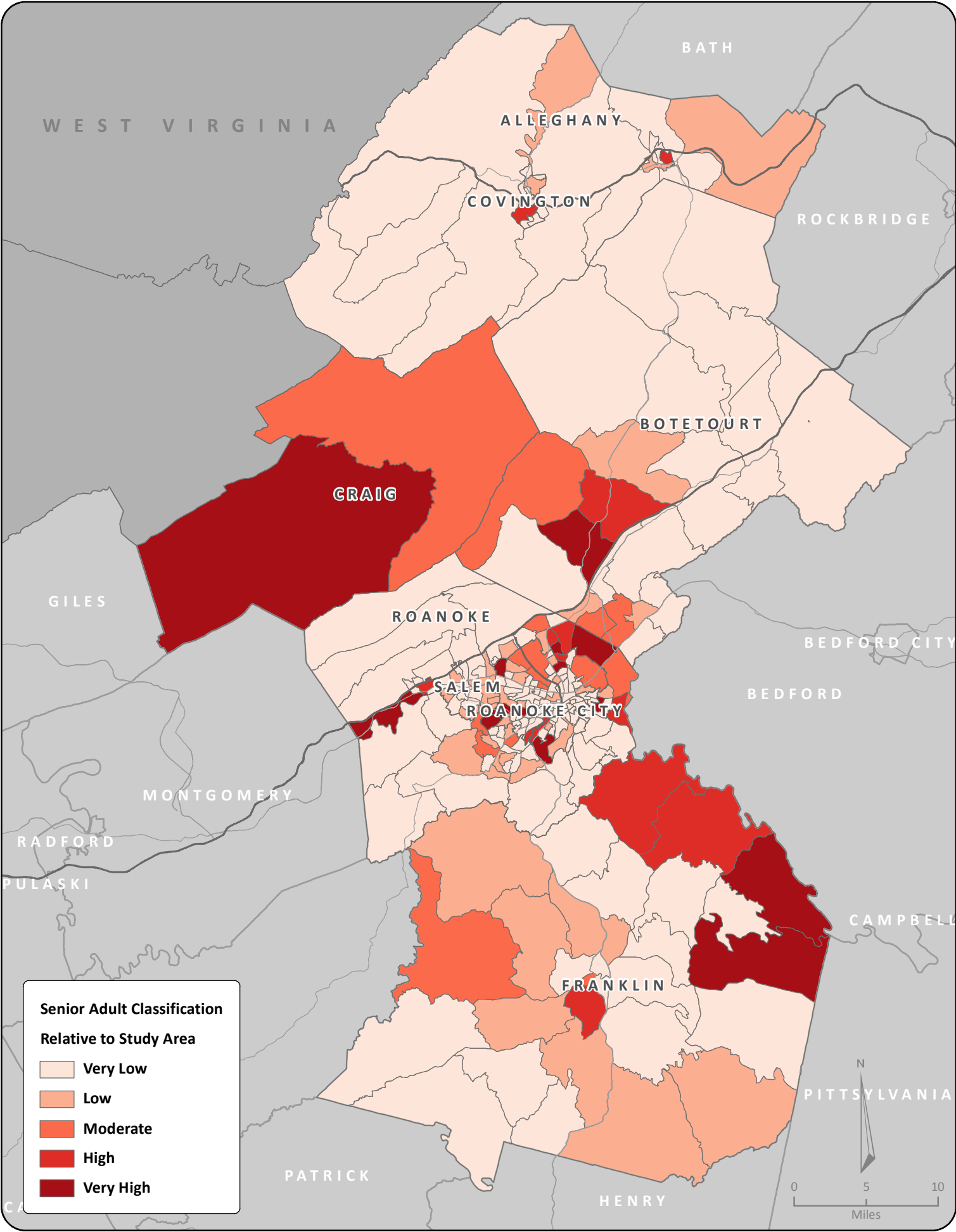


Figure 3: Relative Number of Senior Adults for Roanoke Valley-Alleghany RC (PDC 5)



Disabled Classification Relative to Study Area

- Very Low
- Low
- Moderate
- High
- Very High

Map labels include: WEST VIRGINIA, BATH, ALLEGHANY, COVINGTON, ROCKBRIDGE, BOTETOURT, CRAIG, GILES, ROANOKE, SALEM, ROANOKE CITY, BEDFORD CITY, BEDFORD, MONTGOMERY, RADFORD, PULASKI, CAMPBELL, FRANKLIN, PATRICK, HENRY, PITTSYLVANIA.

Scale: 0 5 10 Miles

North Arrow

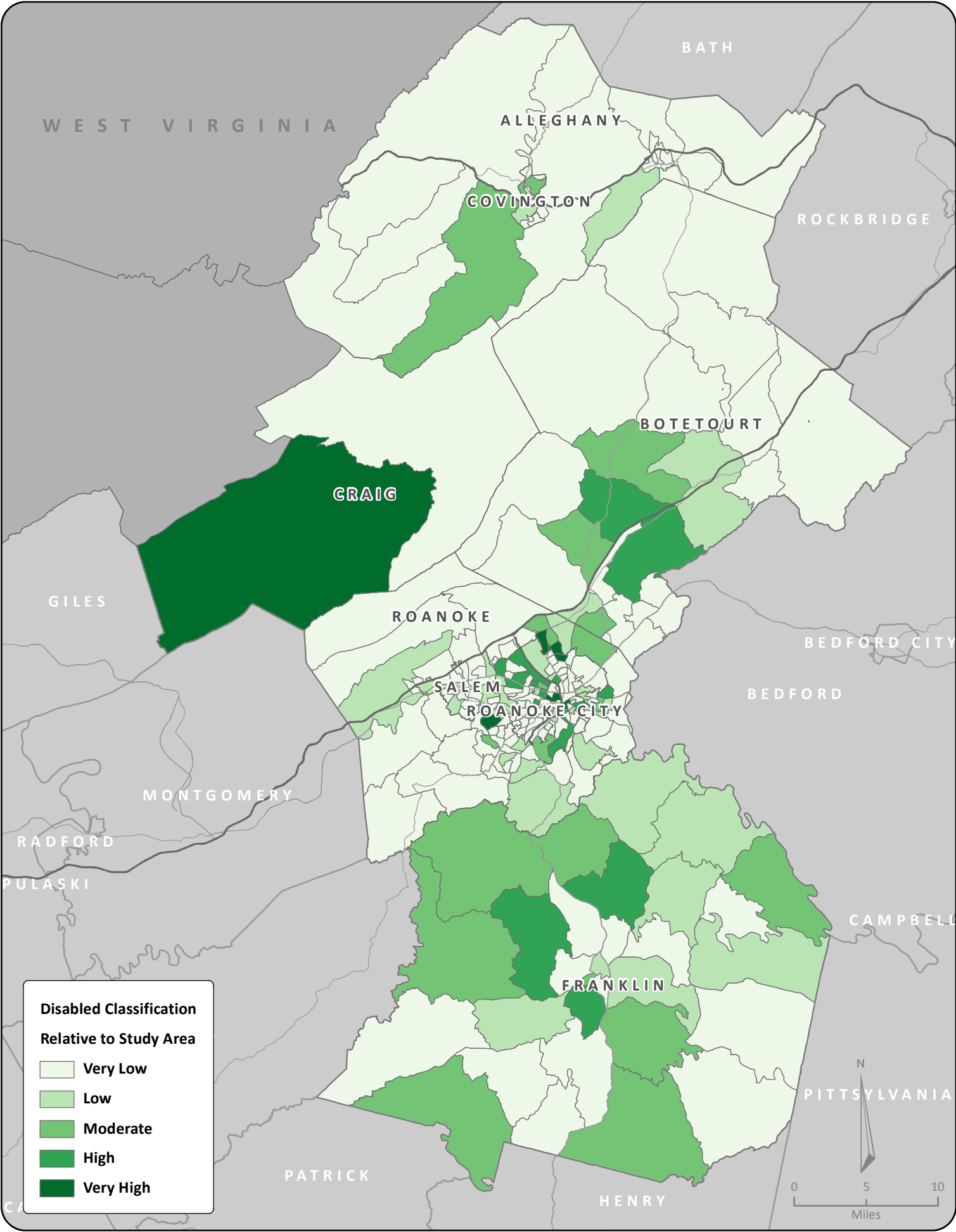


Figure 5: Relative Number of Below Poverty Residents for Roanoke Valley-Alleghany RC

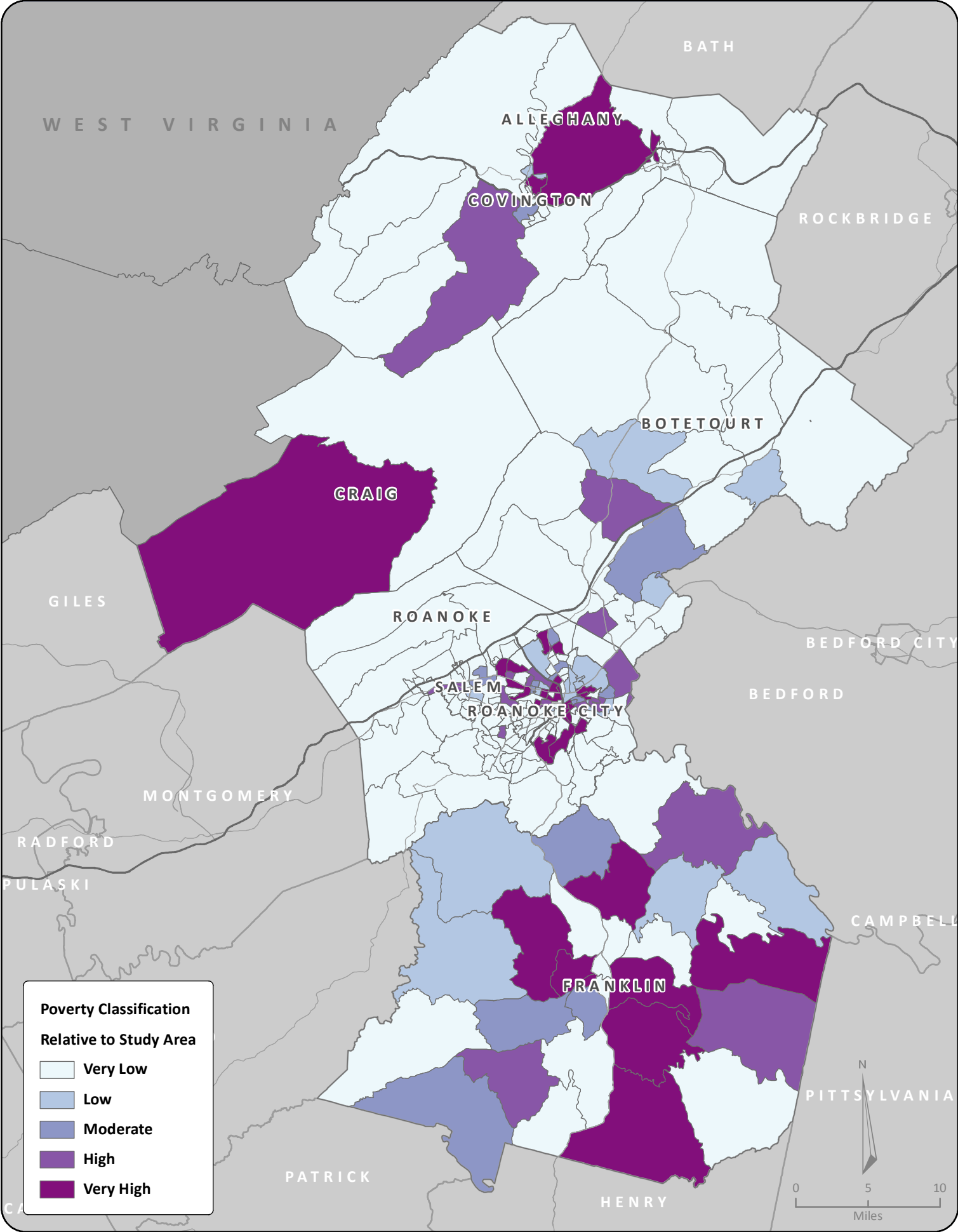


Figure 6: Relative Number of Autoless Households for Roanoke Valley-Alleghany RC

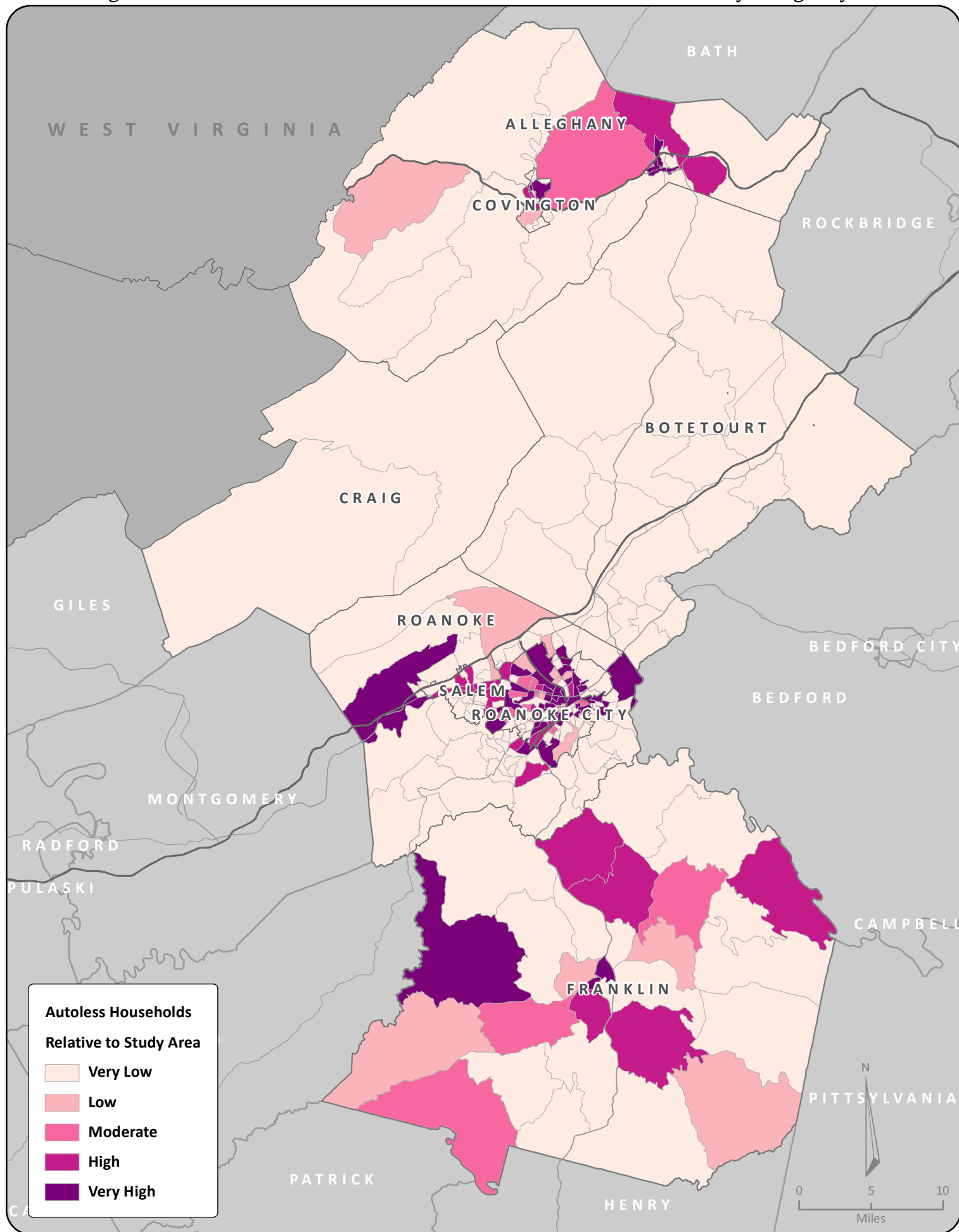


Figure 7: Transit Dependence Index for Roanoke Valley-Alleghany RC (PDC 5)

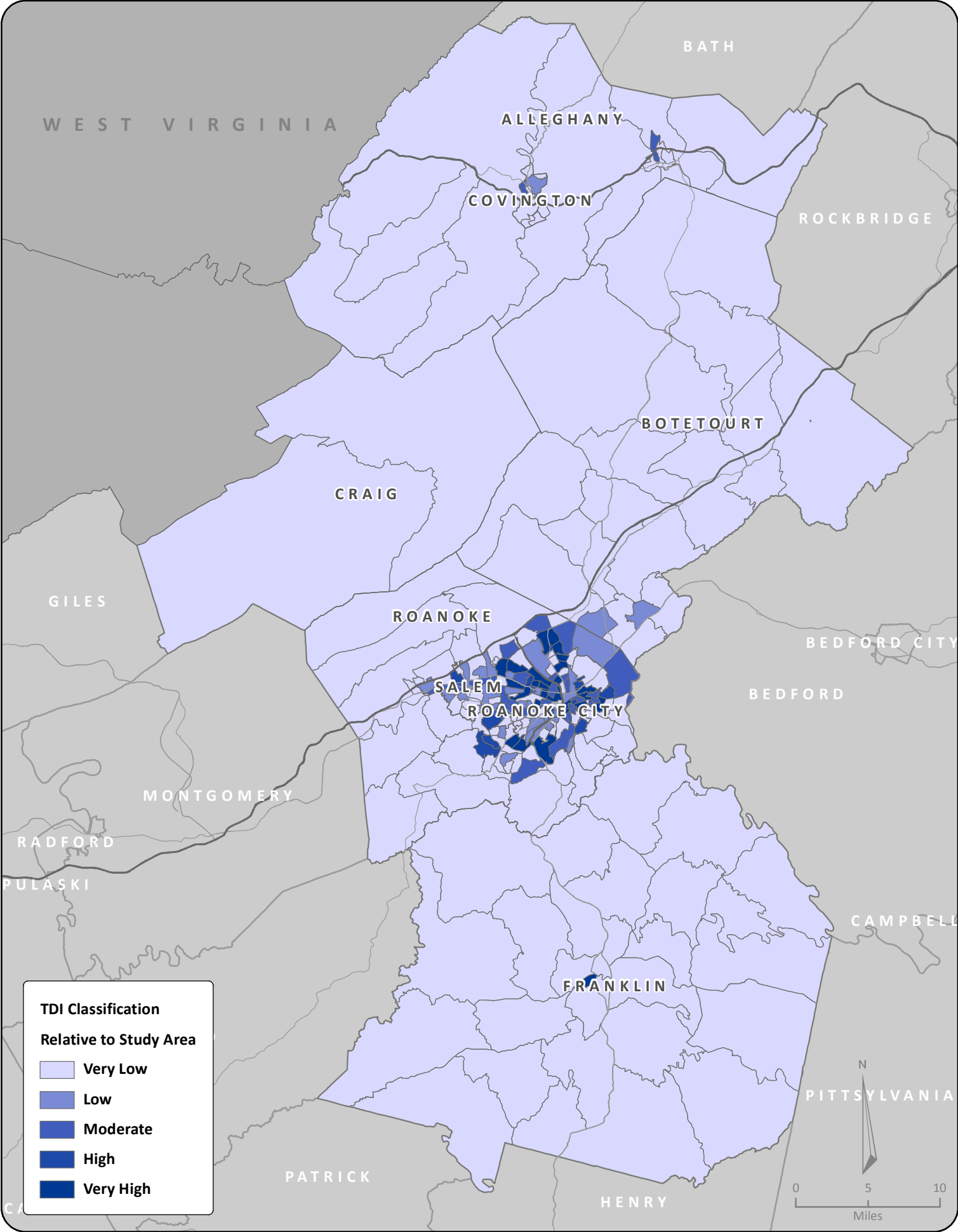
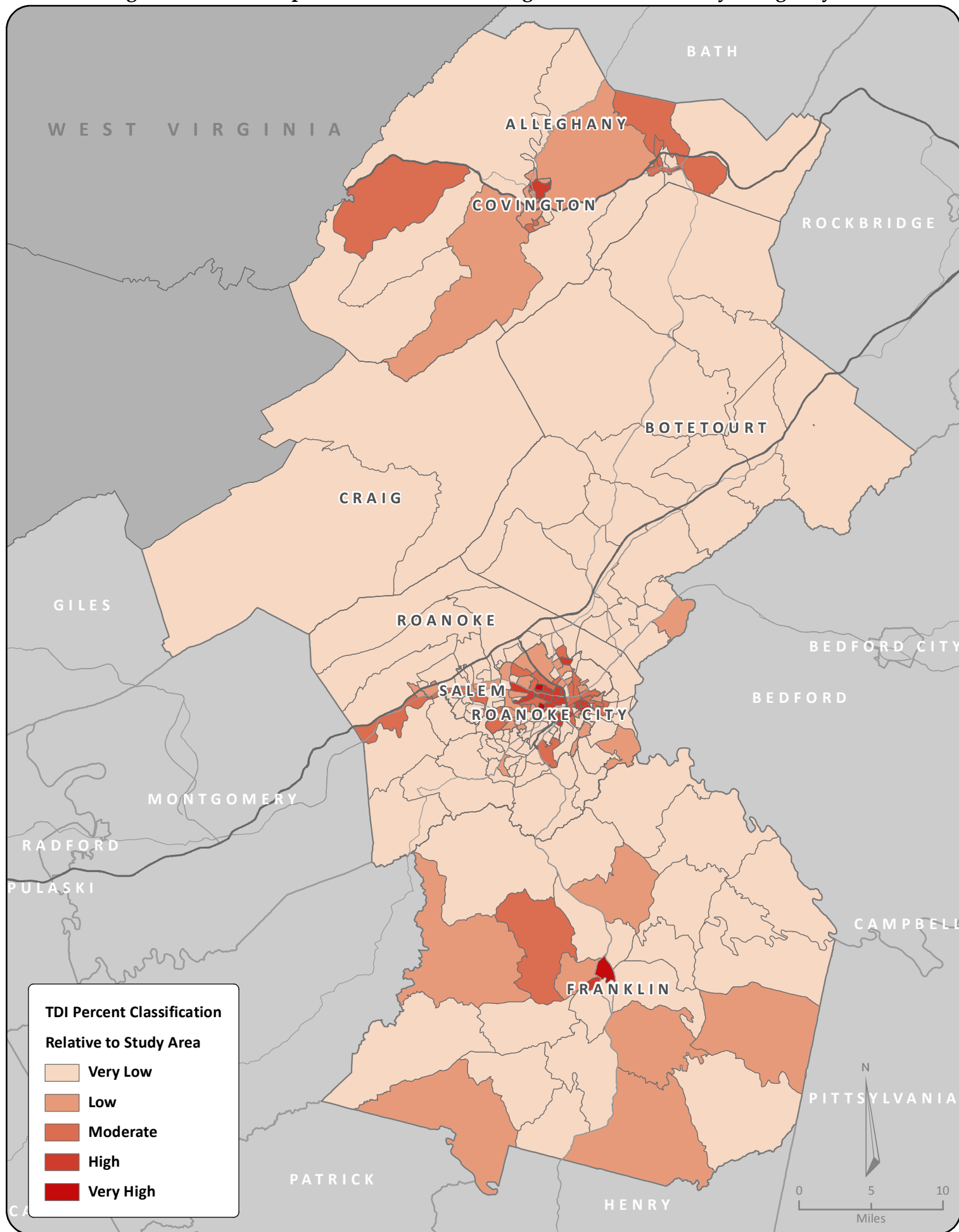


Figure 8: Transit Dependence Index Percentage for Roanoke Valley-Alleghany RC



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 5. 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
Blue Ridge Behavioral Healthcare	Pre-qualified individuals with developmental disabilities		Case managers determine transportation needs and set up appropriate transportation resources.		Botetourt, Craig, and Roanoke Counties; Roanoke city and Salem city.	No	Phone: (540) 266-9200 Website: www.brhb.org
Botetourt County Senior Citizens	Botetourt County residents 55+ or any age with a disability	2 vehicles (1 wheelchair accessible)	Monday – Friday, 8:00AM to 5:00PM		Botetourt and Roanoke Counties, Cities of Roanoke and Salem, and the Town of Vinton	No	Phone: (540) 309-3633
Goodwill Industries of the Valleys	Developmentally disabled clients		Client transportation to/from work and job activities.		Regional offices located in Roanoke and Rocky Mount	No	Phone: (540) 581-0620 Website: www.goodwillvalleys.com/

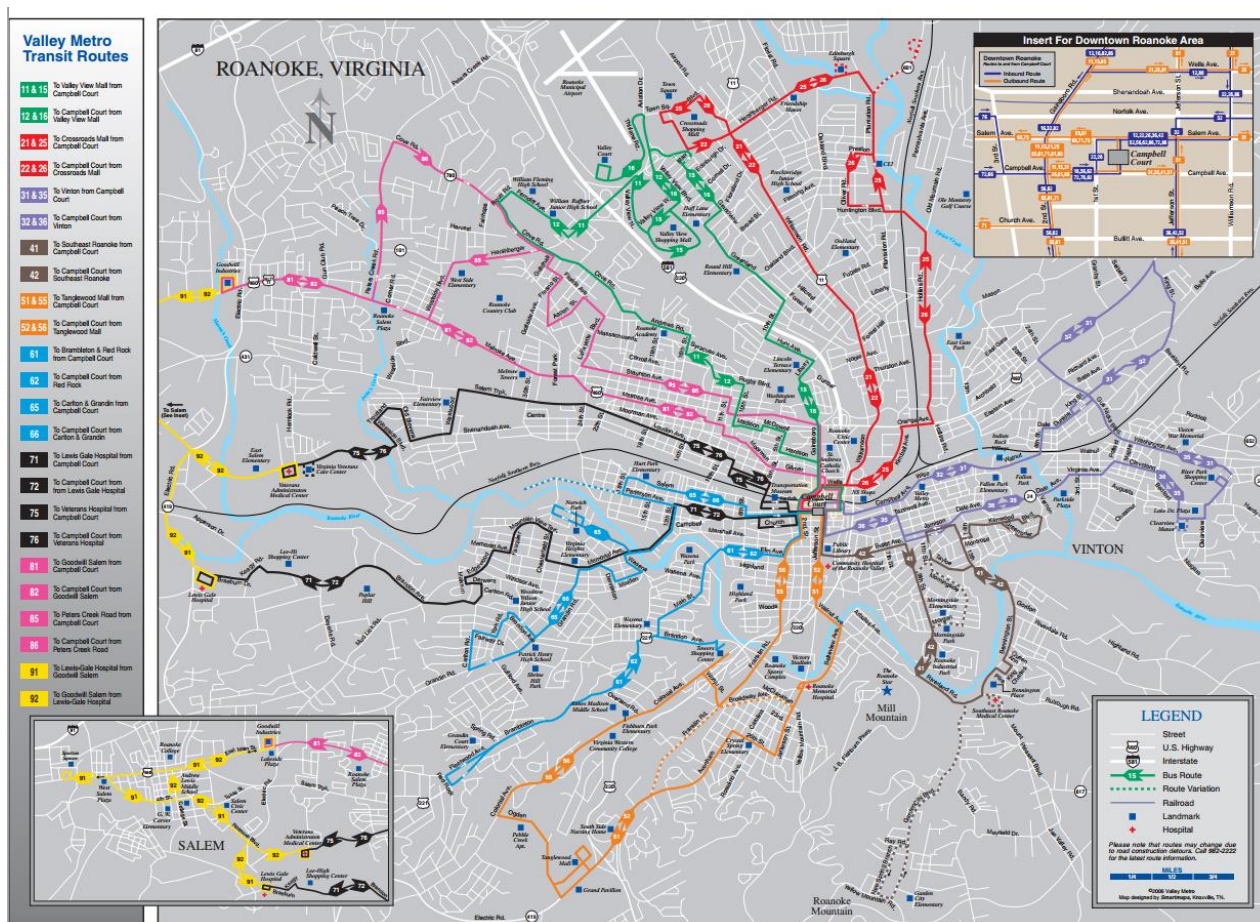
Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Local Office on Aging – Roanoke Valley	Seniors (60+)	No Vehicles (Vouchers)	Taxicab vouchers provided for transportation. Trips must be pre-arranged through Office on Aging. Taxicab services offered 24/7.	5,000 trips annually	Botetourt, Craig, and Roanoke, Counties; and Roanoke city and Salem city.	No	Phone: (540) 345-0451 Website: www.loaa.org
LogistiCare Region 2 (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		Statewide	Yes	Phone: (866) 254-5409 Website: www.logisticare.com
Roanoke Area Dial-A-Ride (RADAR)	Varies by service	55 vehicles (2/3 are accessible)	Rural general public transit services and specialized transit. Contracts with 25 human service agencies and 12 different municipalities. Service hours/days/fares vary by contract (see below).	203,392 trips (FY12)	Lower Roanoke Valley, Allegheny and Franklin Counties, Town of Clifton Forge, and regional colleges	No	Phone: (540) 343-1721 Website: www.radartransit.org/
RADAR- Valley Metro STAR (Specialized Transit Arranged Rides)	ADA paratransit – eligible individuals	12 vehicles (accessible)	ADA paratransit service for Valley Metro. Monday – Saturday, 5:45AM to 8:45PM. Reservations at least one day in advance. \$3 per trip.	67,336 trips (FY12)	Cities of Roanoke and Salem, town of Vinton, plus ¾ of a mile from Valley Metro fixed routes.	No	Phone: (540) 343-1721 x3 Website: www.radartransit.org/valleystar.htm
RADAR- CORTAN (County of Roanoke Transportation)	Pre-qualified individuals		Demand response service, Monday – Friday, 7AM to 6PM. \$4 per trip. Reservations at least one day in advance.	20,846 trips (FY12)	County of Roanoke	No	Phone: (540) 343-1721 x4 Website: www.radartransit.org/cortran.htm

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
RADAR- Mountain Express	General public	2 vehicles	Deviated fixed route from Iron Gate to Covington. Monday – Friday, 8AM to 5PM. 1.5hr headways. \$.50 per trip.	16,751 trips (FY12)	Iron Gate, Clifton Forge, and Covington	No	Phone: (800) 964-5707 x3 Website: www.radartransit.org/ mountainexpress.htm
Valley Metro (Greater Roanoke Transit Company)	General public	35 buses (operated in maximum service)	Fixed route service. \$1.50 fare (\$.75 reduced). Monday - Saturday, approximately 5:45AM to 8:45PM. Additional demand response, trolley, and commuter bus services (see below).	2.3 million (FY11)	Cities of Roanoke and Salem, Town of Vinton and Roanoke County	No	Phone: (540) 982-0305 Website: www.valleymetro.com/
Valley Metro Star Line Trolley	General public	1 trolley	Trolley service on Jefferson St. between downtown Roanoke and Carilion Roanoke Memorial Hospital. Approximately 1.5 mile route with 10 min. headways. Free. 7AM to 7PM, Monday - Friday.		City of Roanoke	No	Phone: (540) 982-0305 Website: www.valleymetro.com/trolley.htm
Valley Metro The Smart Way	General public	4 vehicles	Commuter bus service between Roanoke and Blacksburg. Monday - Saturday, 5:15AM to 9:40PM. \$4 one way. Amtrak connector service from Roanoke to the Lynchburg Amtrak station via Bedford. Monday - Sunday, trips coinciding with Amtrak Northeast Regional arrivals and departures.	73,642 (FY12)	Between Blacksburg and Lynchburg	No	Phone: (540) 982-6622 Website: www.smartwaybus.com/

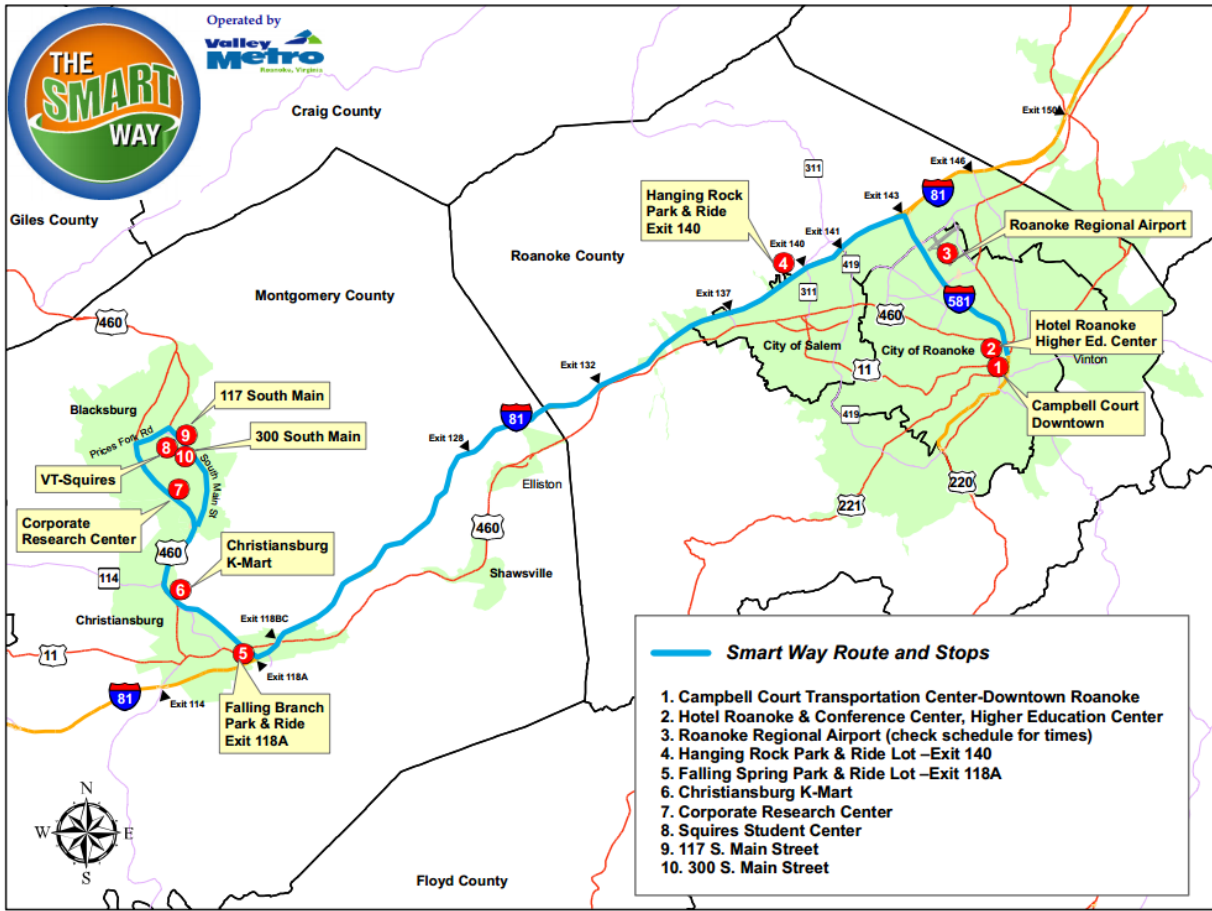
System maps for Valley Metro, Valley Metro's SmartWay commuter bus, RADAR's Mountain Express, and the Star Line Trolley are included below.

In addition, the Roanoke Valley Alleghany Regional Commission developed a ride guide for the Roanoke area in November 2012, posted here:

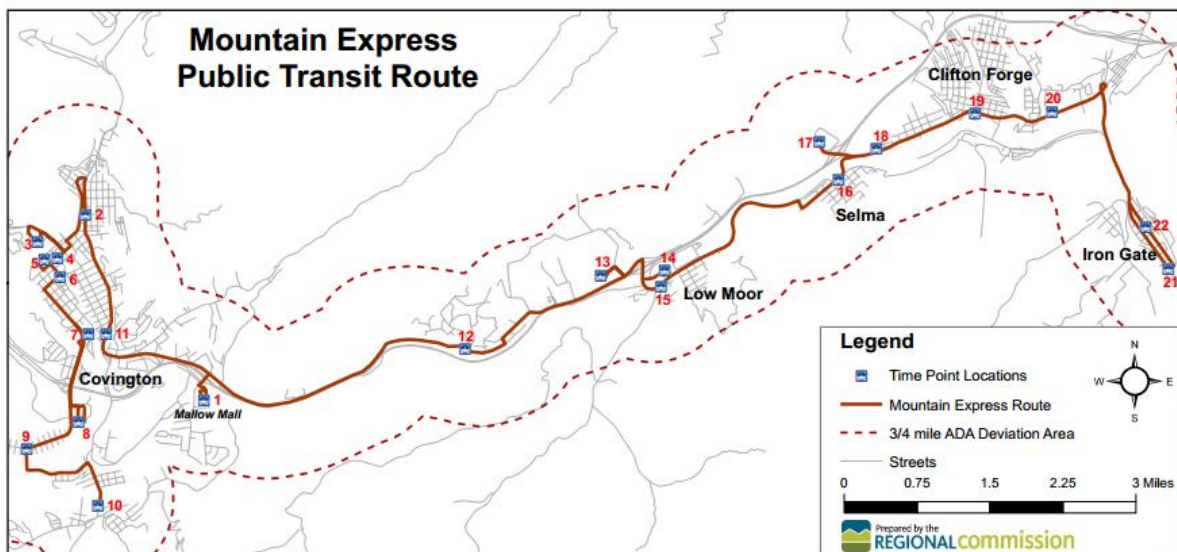
<http://www.rvarc.org/work/2012%20Ride%20Guide.pdf>.



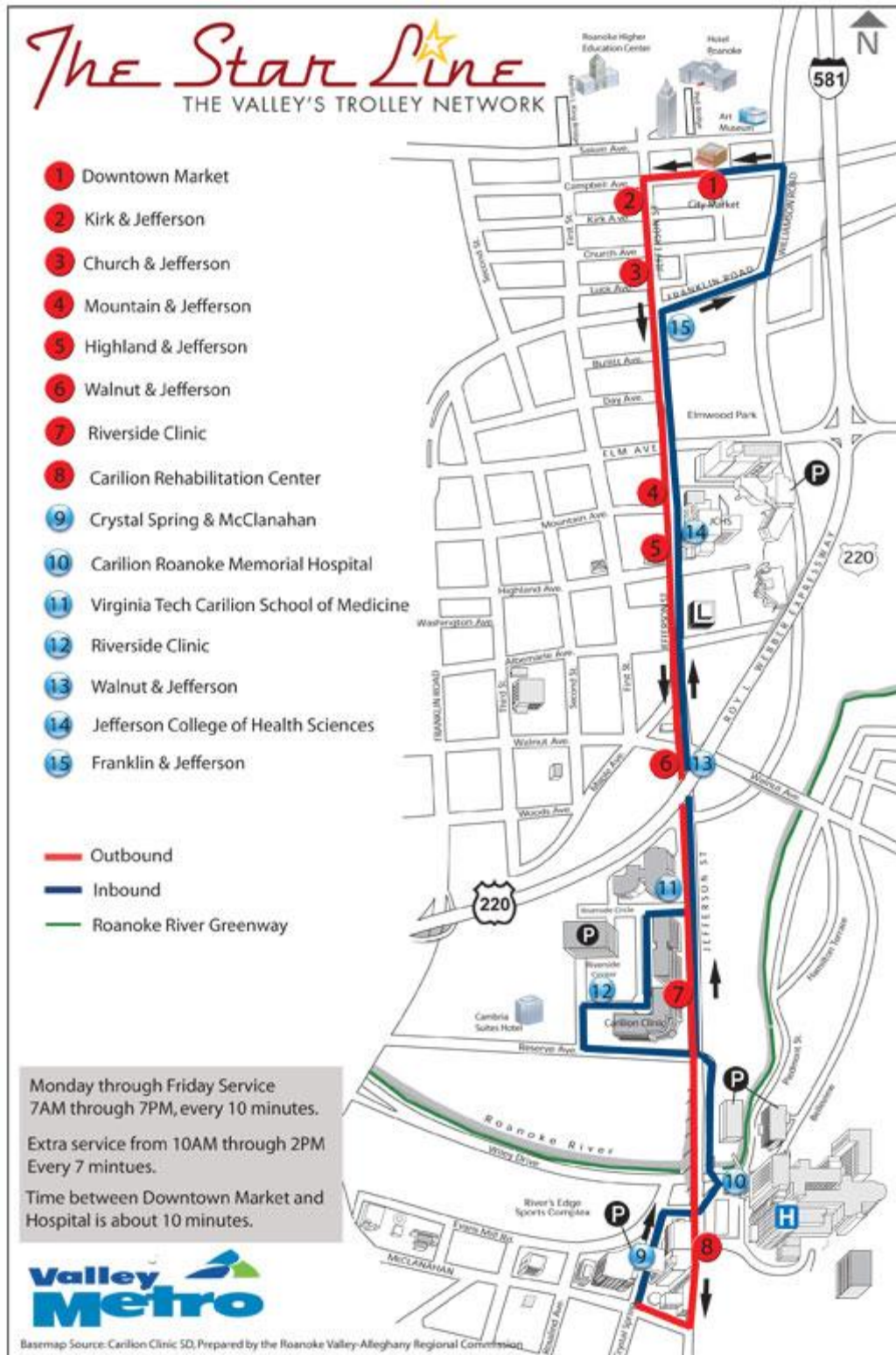
Valley Metro- <http://www.valleymetro.com/files/2006%20System%20Map.pdf>



SmartWay- <http://www.smartwaybus.com/smartway2.pdf>



Mountain Express- http://www.radartransit.org/doc/pdf/MtnExpressBrochure_010912.pdf



The Star Line: <http://www.valleymetro.com/trolley.htm>

Private Transportation Providers

The following private transportation providers were identified:

- B. Early Cab, Roanoke, VA
- C'artier Limousine & Airport Transportation, Roanoke, VA
- City Cab, Roanoke, VA [citycabroanoke.com]
- Dependable Cab, Roanoke, VA [dependablecab.com]
- Executive Town Car & Limousine Service, Inc., Roanoke, VA [etclimo.com]
- Go Green Taxi, Roanoke, VA
- Greyhound Lines Inc. (serves Roanoke, VA)
- Lloyd Lewis Taxi Service, Covington, VA
- North West Cab, Roanoke, VA
- Prestige Limousine, Roanoke, VA
- Roanoke Airport Transportation Services, Inc., Roanoke Municipal Airport [roanokeats.com]
- Salem Taxi / Roanoke Taxi, Salem, VA
- Virginia Medical Transport, Roanoke, VA
- Yellow Cab, Roanoke, VA

Assessment of Unmet Transportation Needs and Gaps

While an analysis of demographic data is important for understanding the overall mobility needs in PDC 5, 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

- Trips to medical services that are not covered by Medicaid.
- Veterans transportation services to the Salem Veterans Administration Medical Center.
- Expanded transportation services to dialysis centers.

Time

- Transportation services on weekends, especially for people with disabilities and people with lower incomes residing outside the City of Roanoke, Salem, and the Town of Vinton.
- Adequate frequency of services during summer months for university students at Hollins University and Ferrum College.
- Expanded transportation options to access jobs that require second and third shift work.

Place/Destination

- Transportation gaps exist in urban and rural areas.
- Transportation provided by human service agencies is constrained by jurisdictional boundaries.

- Limited or no demand-response service outside fixed-route service areas in the counties of Alleghany, Botetourt, Craig and Franklin.
- Opportunities for sponsored routes and/or service from hospitals, retailers, etc.

Information/Outreach

- Need for public service announcements and education efforts at the state level so that local providers can spend less on marketing.
- Improved branding of services to create a more positive image of transit.
- Outreach to doctor offices and dialysis centers to help coordinate appointments with available transportation services.
- Increased education for riders and human service agencies on available transportation services and their use.
- Education about how transportation services are provided, including how demand and other factors influence/constrain its provision.
- Need for buy in from local officials on the value of public transit and the local commitment to provide missing services.

Travel Training/Orientation

- Concerns exist regarding expectations on transit operators providing customers with additional assistance.
- Travel training for the general public, aging adults, and people with disabilities.

Other

- Federal and state requirements for vehicle types may not be suitable for rural environments; need flexibility to adapt to different situations.
- Need for additional operating funds to provide services with S. 5310 vehicles.
- Need for bicycle, pedestrian, and scooter accessibility surrounding transit stops.
- Lack of local match for operating funds.
- Need for affordable/low-cost transportation options for those on fixed-incomes.

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.

- Continue to support capital and operating needs of coordinated human service/public transportation providers.
- Support new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation.
- Expand availability of demand-response service and specialized transportation services to provide additional fixed-route transit or targeted shuttle services for older adults, people with disabilities, veterans, and people with lower incomes.
- Provide flexible transportation options and more specialized transportation services or one-to-one services through the use of volunteers.
- Provide targeted shuttle services to access employment opportunities.
- Expand outreach and information on available transportation options in the region.
- Establish a ride/car-sharing program for long-distance medical transportation and other trip purposes.
- Implement new public transportation services and operate existing public transit services on a more frequent basis.
- Expand access to taxi and other private transportation operators.

- Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
- Bring new funding partners to public transit/human service transportation.

Priorities for Implementation and Potential Projects

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

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

Strategy: Continue to Support Capital and Operating Needs of Coordinated Human Service/Public Transportation Providers

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:

- Maintain existing transportation services and available mobility options for older adults, people with disabilities, and people with lower incomes.
- Transportation gaps exist in urban and rural areas.

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 support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Support New Mobility Management and Coordination Programs Among Public Transportation Providers and Human Service Agencies Providing Transportation

While some coordination of services is already in place in the region, there are opportunities to build upon these successful efforts and improve connections between providers. This strategy can help expand transportation access both within and outside the region. A mobility management strategy can be employed that provides the support and resources to explore these possibilities and act on necessary follow-up activities.

Unmet Needs/Issues Strategy Will Address:

- Trips to medical services that are not covered by Medicaid.
- Transportation gaps exist in urban and rural areas.
- Transportation provided by human service agencies is constrained by jurisdictional boundaries.
- Improved branding of services to create a more positive image of transit.
- Outreach to doctor offices and dialysis centers to help coordinate appointments with available transportation services.
- Increased education for riders and human service agencies on available transportation services and their use.
- Education about how transportation services are provided, including how demand and other factors influence/constrain its provision.

Potential Projects:

- Mobility manager to facilitate cooperation between transportation providers:
 - Help establish inter-agency agreements for connecting services or sharing rides.
 - Explore opportunities to share maintenance, training, and other resources.
 - Arrange trips for customers as needed.
- Facilitate access to transportation services and serve as an information clearinghouse and central point of access on available public transit and human services transportation in region.
- Implement a voucher program through which human service agencies are reimbursed for trips provided for other agencies based on pre-determined rates or contractual arrangements.

Strategy: Expand Availability of Demand-Response Service and Specialized Transportation Services to Provide Additional Fixed-Route transit or targeted shuttle service for Older Adults, People with Disabilities, Veterans, and People with Lower Incomes

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

Unmet Needs/Issues Strategy Will Address:

- Trips to medical services that are not covered by Medicaid.
- Transportation services on weekends, especially for people with disabilities and people with lower incomes.
- Transportation gaps exist in rural areas.
- Transportation provided by human service agencies is constrained by jurisdictional boundaries.
- Limited or no demand response service outside fixed route service areas.

Potential Projects:

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

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:

- Concerns exist regarding where to draw the line when providing customers with additional assistance.
- Transportation gaps exist in rural areas.
- Trips to medical services that are not covered by Medicaid.

Potential Projects:

- Implement new or expanded volunteer driver programs to meet specific geographic, trip purpose, or time frame needs.

Strategy: Provide Targeted Shuttle Services to Access Employment Opportunities

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

Unmet Needs/Issues Strategy Will Address:

- Expanded transportation options to access jobs that require second and third shift work.

Potential Projects:

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

Strategy: Expand Outreach and Information on Available Transportation Options in the Region

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:

- Outreach to doctor offices and dialysis centers to help coordinate appointments with available transportation services.

- Increased education for riders and human service agencies on available transportation services and their use.
- Education about how transportation services are provided, including how demand and other factors influence/constrain its provision.

Potential Projects:

- Mobility manager to facilitate access to transportation services and serve as information clearing-house 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.

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

This strategy involves using the commuter-oriented model as a basis for developing a ride-sharing program for long distance medical trips. A database of potential drivers and riders could be kept by the mobility manager who would match the trip needs with the available participating drivers. The riders would share the expenses with the drivers on a per-mile basis (i.e. similar to mileage reimbursement). This strategy could be a cost-effective way to provide long-distance medical trips without sending a human service or public transit vehicle out of the region for a day.

Unmet Needs/Issues Strategy Will Address:

- Trips to medical services that are not covered by Medicaid.

Potential Projects:

- Development of a ride-share matching database that could be used to effectively match potential drivers with people who need rides.
- Development of volunteer driver program to provide long distance medical trips.
- Funding of new inter-regional routes or connecting services to link with the national network of intercity bus services.

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

New or expanded services in the evenings and weekends should be considered to expand mobility options in the region, especially to work locations.

Unmet Needs/Issues Strategy Will Address:

- Transportation services on weekends, especially for people with disabilities and people with lower incomes.
- Adequate frequency of services during summer months.
- Expanded transportation options to access jobs that require second and third shift work.

Potential Projects:

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

Strategy: Expand Access to Taxi and Other Private Transportation Operators

Several taxi services and private transportation providers serve the region. For evenings and weekends and for same-day transportation needs, these services may be the best options for area residents; albeit one that is more costly to use. By subsidizing user costs, possibly through a voucher program, there can be expanded access to taxis and other private transportation services. This approach has been employed successfully in other rural areas of the country, particularly as a means to provide people with disabilities with more flexible transportation services.

Unmet Needs/Issues Strategy Will Address:

- Transportation services on weekends, especially for people with disabilities and people with lower incomes.
- Need for affordable/low-cost transportation options for those on fixed-incomes.

Potential Projects:

- Implement voucher program to subsidize rides for taxi trips or trips provided by private operators.
- Work with local taxicab companies and DRPT to provide a lift-equipped taxi in the region.

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:

- Concerns exist regarding where to draw the line when providing customers with additional assistance.
- Outreach to doctor offices and dialysis centers to help coordinate appointments with available transportation services.
- Increased education for riders and human service agencies on available transportation services and their use.
- Education about how transportation services are provided, including how demand and other factors influence/constrain its provision.

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:

- Lack of local match for operating funds.
- Opportunities for sponsored routes and/or service from hospitals, retailers, etc.
- Transportation services on weekends, especially for people with disabilities and people with lower incomes.
- Expanded transportation options to access jobs that require second and third shift work.

Potential Projects:

- Employer funding support programs, either 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.
- Partnerships with private providers of transportation, i.e. intercity bus operators and taxi operators.

Coordinated Human Service Mobility Projects

Over the past five years, PDC 5 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.

- **RADAR ADA Service- On-going**

RADAR provides ADA paratransit and demand response services in the Roanoke area through Valley Metro STAR and CORTRAN. With funding from the JARC S. 5316 and the New Freedom S. 5317 programs, these services provide transportation for individuals with physical and/or cognitive disabilities. The service area consists of the cities of Roanoke and Salem, the town of Vinton, and Roanoke County.

RADAR is in the process of expanding STAR and CORTRAN to offer door to door service, to accommodate individuals who are in need of more assistance than curb to curb service offers. RADAR already coordinates some door to door service through private taxi cabs, in cooperation with the LOA Area Agency on Aging. RADAR refers individuals to LOA, and LOA determines client eligibility, schedules trips, and interfaces with different cab companies. RADAR is also working to eliminate jurisdictional boundary issues, such as transporting City of Roanoke residents to other areas of the Roanoke Valley.

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.

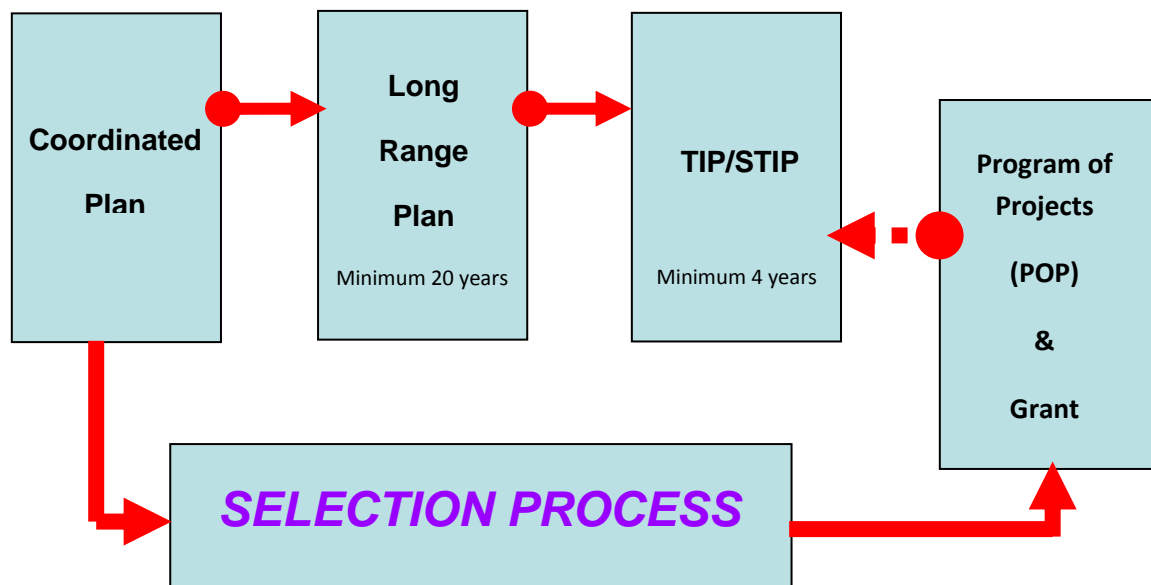
Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, 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/21stcclc/index.html This program supports the creation of community learning centers that provide academic enrichment opportunities during non-school hours for children, particularly students who attend high-poverty and low-performing schools. The program helps students meet state and local student standards in core academic subjects, such as reading and math; offers students a broad array of enrichment activities that can complement their regular academic programs, including transportation services related to these activities; and offers literacy and other educational services to the families of participating children.	\$1.2b	Y	States	N	N	N	N	N
<i>Office of Innovation and Improvement</i>								
Voluntary Public School Choice http://www2.ed.gov/programs/choice/index.html This program supports efforts to establish or expand intradistrict, interdistrict, and open enrollment public school choice programs to provide parents, particularly parents whose children attend low-performing public schools, with expanded education options. Programs and projects assisted are required to use a portion of the grant funds to provide the students selected to participate in the program with transportation services, or the cost of transportation, to and from the public elementary schools and secondary schools, including charter schools, which the students choose to attend under the program. The nature of how funds may be spent on transportation services will hinge, in large part, on each state's unique requirements concerning school bus transportation.	\$26m	Y	States, local entities	N	N	N	N	N
<i>Office of Special Education and Rehabilitative Services</i>								
Special Education State Grants (Assistance for Education of All Children with Disabilities) Special Education Pre-School Grants Special Education Grants for Infants and Families http://www2.ed.gov/about/offices/list/osep/osep/programs.html The Office of Special Education Programs (OSEP) supports a comprehensive array of	\$11.5b	Y	States	State	N	N	N	Y

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

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

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

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

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

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

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

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

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

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

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

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

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

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

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

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

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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

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CORPORATION FOR NATIONAL AND COMMUNITY SERVICE								
National Senior Service Corps http://www.seniorcorps.gov Senior Corps connects volunteers age 55+ with community service opportunities where they are needed most, and provides limited stipends and transportation reimbursements when needed for successful program participation. The three components of the Senior Corps are the Foster Grandparent Program, the Senior Companion Program, and RSVP (the Retired Senior Volunteer Program)	\$205m	E	Local entities, individuals	N	N	N	Y	N
SOCIAL SECURITY ADMINISTRATION								
Ticket to Work Program http://www.ssa.gov/work/aboutticket.html Under the Ticket to Work program, Social Security beneficiaries may receive "tickets" that help connect them with designated employment networks, where they can obtain employment services vocational rehabilitation services, or other support services necessary to achieve a vocational goal.	\$84m	D	Individuals	N	Y	Y	Y	N

Appendix C – Population Statistics

PDC 5 Demographics (Census 2010)

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Alleghany	510050701001	0.62	822	1317.77
Alleghany	510050701002	0.25	1009	4111.73
Alleghany	510050701003	0.56	880	1583.72
Alleghany	510050701004	1.33	1248	936.00
Alleghany	510050801001	63.98	1505	23.52
Alleghany	510050801002	7.45	863	115.78
Alleghany	510050801003	14.14	994	70.31
Alleghany	510050802011	19.71	1485	75.34
Alleghany	510050802012	41.63	1357	32.59
Alleghany	510050802021	43.87	1233	28.11
Alleghany	510050802022	40.41	654	16.18
Alleghany	510050802023	0.66	742	1131.80
Alleghany	510050803011	91.43	1905	20.84
Alleghany	510050803021	63.61	904	14.21
Alleghany	510050803022	55.81	649	11.63
Botetourt	510230401001	86.42	1170	13.54
Botetourt	510230401002	31.74	661	20.82
Botetourt	510230401003	90.20	947	10.50
Botetourt	510230401004	28.18	720	25.55
Botetourt	510230402001	17.72	892	50.33
Botetourt	510230402002	72.56	826	11.38
Botetourt	510230402003	31.85	1517	47.63
Botetourt	510230402004	8.78	1059	120.57
Botetourt	510230403011	25.17	1649	65.52
Botetourt	510230403012	13.24	1305	98.59
Botetourt	510230403021	36.10	2085	57.75
Botetourt	510230403022	29.39	1242	42.26
Botetourt	510230403023	8.03	2542	316.54
Botetourt	510230403024	7.73	1698	219.70
Botetourt	510230404011	24.47	2201	89.94
Botetourt	510230404021	2.35	781	332.91
Botetourt	510230404022	2.98	900	301.63
Botetourt	510230404023	1.62	1101	678.63
Botetourt	510230404024	1.76	2116	1205.18

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Botetourt	510230405011	5.19	2437	469.13
Botetourt	510230405012	2.30	2165	940.50
Botetourt	510230405013	3.66	1728	472.35
Botetourt	510230405021	5.24	751	143.45
Botetourt	510230405022	4.51	655	145.20
Craig	510450501001	150.12	1973	13.14
Craig	510450501002	109.59	1516	13.83
Craig	510450501003	69.82	1701	24.36
Franklin	510670201011	13.27	1913	144.11
Franklin	510670201012	10.13	1508	148.91
Franklin	510670201013	6.56	1773	270.14
Franklin	510670201021	14.86	1210	81.40
Franklin	510670201022	14.42	1298	90.00
Franklin	510670202001	20.00	1889	94.46
Franklin	510670202002	11.68	1578	135.15
Franklin	510670202003	17.60	2062	117.16
Franklin	510670203001	30.78	2752	89.40
Franklin	510670203002	31.23	3375	108.07
Franklin	510670204001	19.33	1765	91.32
Franklin	510670204002	19.33	2436	126.04
Franklin	510670204003	4.61	1247	270.26
Franklin	510670205001	49.15	2031	41.32
Franklin	510670205002	47.39	2223	46.91
Franklin	510670205003	25.01	1916	76.60
Franklin	510670205004	11.23	1965	174.94
Franklin	510670206001	45.51	2239	49.19
Franklin	510670206002	42.01	1535	36.54
Franklin	510670207001	19.15	1983	103.57
Franklin	510670207002	21.88	1249	57.09
Franklin	510670207003	21.72	1528	70.34
Franklin	510670207004	15.86	1154	72.78
Franklin	510670208001	6.05	1470	243.12
Franklin	510670208002	1.56	758	485.22
Franklin	510670208003	0.67	1231	1834.84
Franklin	510670208004	1.46	1192	814.85
Franklin	510670208005	6.48	1915	295.52
Franklin	510670209001	42.09	1370	32.55
Franklin	510670209002	25.98	2129	81.94
Franklin	510670209003	48.31	2184	45.21
Franklin	510670209004	45.10	1281	28.40
Roanoke	511610301001	16.81	1360	80.90

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Roanoke	511610301002	25.32	1334	52.68
Roanoke	511610301003	33.29	1108	33.29
Roanoke	511610302011	0.17	739	4232.09
Roanoke	511610302012	1.57	1482	946.40
Roanoke	511610302013	1.08	2312	2149.76
Roanoke	511610302031	1.36	1613	1189.71
Roanoke	511610302032	1.61	2362	1469.42
Roanoke	511610302041	0.96	2232	2317.49
Roanoke	511610302042	0.57	2499	4379.78
Roanoke	511610302043	0.68	1940	2866.05
Roanoke	511610302051	1.41	1573	1116.03
Roanoke	511610302052	1.52	2302	1516.78
Roanoke	511610303001	17.03	2097	123.11
Roanoke	511610303002	5.09	1248	245.18
Roanoke	511610303003	0.91	1503	1650.08
Roanoke	511610303004	7.57	2275	300.57
Roanoke	511610305001	6.18	2379	385.11
Roanoke	511610305002	18.33	1882	102.67
Roanoke	511610306001	8.55	3680	430.16
Roanoke	511610306002	17.49	2789	159.42
Roanoke	511610306003	20.36	829	40.72
Roanoke	511610307011	0.90	1265	1400.95
Roanoke	511610307012	0.58	1605	2750.36
Roanoke	511610307013	1.61	3133	1941.29
Roanoke	511610307014	0.77	712	926.42
Roanoke	511610307021	0.33	1285	3858.37
Roanoke	511610307022	0.39	1725	4405.49
Roanoke	511610307023	0.53	1295	2457.09
Roanoke	511610307024	0.48	1363	2828.91
Roanoke	511610308011	0.58	1824	3165.29
Roanoke	511610308012	0.20	1712	8398.35
Roanoke	511610308013	0.94	1748	1852.46
Roanoke	511610308021	0.64	858	1332.37
Roanoke	511610308022	0.63	1554	2479.34
Roanoke	511610308023	0.32	985	3058.20
Roanoke	511610308024	0.79	1316	1664.39
Roanoke	511610309001	0.80	760	947.76
Roanoke	511610309002	2.12	2463	1162.15
Roanoke	511610309003	15.48	1645	106.26
Roanoke	511610309004	3.01	518	172.13
Roanoke	511610310001	7.49	1497	200.00

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Roanoke	511610310002	3.80	1626	428.17
Roanoke	511610310003	4.60	733	159.50
Roanoke	511610311011	0.99	1430	1448.75
Roanoke	511610311012	0.63	1969	3103.78
Roanoke	511610311013	0.33	1053	3226.92
Roanoke	511610311021	0.69	2202	3200.08
Roanoke	511610311022	0.69	1439	2083.43
Roanoke	511610312011	3.39	2587	764.07
Roanoke	511610312012	2.27	2384	1051.58
Roanoke	511610312021	4.10	4020	980.37
Roanoke	511610312022	0.92	1234	1335.74
Roanoke	511610312023	1.66	898	540.67
Covington	515800601001	0.72	731	1017.42
Covington	515800601002	1.27	1279	1004.32
Covington	515800601003	0.19	519	2753.31
Covington	515800601004	0.32	569	1769.65
Covington	515800602001	0.38	749	1972.72
Covington	515800602002	1.73	1366	789.81
Covington	515800602003	0.86	748	872.54
Roanoke City	517700001001	0.31	1227	3973.29
Roanoke City	517700001002	0.74	1556	2105.22
Roanoke City	517700001003	0.28	1011	3636.00
Roanoke City	517700003001	0.21	1087	5230.63
Roanoke City	517700003002	0.35	1450	4143.62
Roanoke City	517700003003	2.85	2305	808.41
Roanoke City	517700004001	0.47	1556	3295.01
Roanoke City	517700004002	0.57	1730	3056.24
Roanoke City	517700004003	0.35	1475	4265.09
Roanoke City	517700005001	0.51	1912	3776.93
Roanoke City	517700005002	0.20	781	3922.80
Roanoke City	517700005003	0.34	868	2517.49
Roanoke City	517700005004	0.32	1054	3313.17
Roanoke City	517700006011	0.69	1019	1475.31
Roanoke City	517700006012	2.00	1211	604.04
Roanoke City	517700006013	1.53	2675	1744.69
Roanoke City	517700006021	0.83	1089	1318.22
Roanoke City	517700006022	0.53	1476	2791.45
Roanoke City	517700006023	0.96	943	984.20
Roanoke City	517700009001	0.57	1479	2608.97
Roanoke City	517700009002	0.15	454	3065.61
Roanoke City	517700009003	0.48	1392	2888.70

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Roanoke City	517700009004	0.55	2036	3692.21
Roanoke City	517700010001	0.47	1282	2730.60
Roanoke City	517700010002	0.68	910	1330.86
Roanoke City	517700011001	0.41	1204	2965.57
Roanoke City	517700012001	0.42	770	1830.88
Roanoke City	517700012002	0.13	1244	9246.51
Roanoke City	517700012003	0.30	1391	4713.33
Roanoke City	517700018001	0.22	902	4024.41
Roanoke City	517700018002	0.19	705	3720.86
Roanoke City	517700018003	0.21	1178	5670.66
Roanoke City	517700018004	0.24	1173	4975.69
Roanoke City	517700019001	0.32	609	1914.69
Roanoke City	517700019002	0.22	1334	5948.28
Roanoke City	517700019003	0.36	1629	4572.77
Roanoke City	517700019004	0.22	1364	6309.55
Roanoke City	517700021001	0.51	752	1462.10
Roanoke City	517700021002	1.02	1703	1663.76
Roanoke City	517700021003	1.04	1013	972.25
Roanoke City	517700022001	0.51	1258	2483.42
Roanoke City	517700022002	1.04	1586	1524.76
Roanoke City	517700023001	0.25	960	3787.71
Roanoke City	517700023002	1.24	2225	1792.47
Roanoke City	517700023003	0.70	1387	1978.33
Roanoke City	517700023004	0.85	2399	2823.73
Roanoke City	517700024001	0.33	1576	4842.06
Roanoke City	517700024002	0.40	584	1450.51
Roanoke City	517700024003	0.36	1656	4598.90
Roanoke City	517700025001	0.61	2129	3476.97
Roanoke City	517700025002	0.44	1267	2867.75
Roanoke City	517700025003	0.14	783	5527.24
Roanoke City	517700025004	0.49	1462	3011.66
Roanoke City	517700026001	0.23	1781	7891.50
Roanoke City	517700026002	0.12	719	5917.91
Roanoke City	517700026003	0.26	715	2714.87
Roanoke City	517700027001	0.30	1855	6092.57
Roanoke City	517700027002	0.24	965	4056.05
Roanoke City	517700027003	0.43	643	1488.43
Roanoke City	517700027004	0.16	688	4284.98
Roanoke City	517700027005	0.42	1244	2927.99
Roanoke City	517700028001	0.87	953	1097.94
Roanoke City	517700028002	1.74	1590	912.54

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Roanoke City	517700028003	0.78	1335	1703.91
Roanoke City	517700028004	0.69	1536	2240.73
Roanoke City	517700029001	0.20	1020	5105.29
Roanoke City	517700029002	0.45	1099	2441.00
Roanoke City	517700029003	0.36	1118	3141.09
Roanoke City	517700029004	1.96	1893	968.23
Roanoke City	517700030001	0.61	1349	2213.92
Roanoke City	517700030002	1.04	1341	1289.42
Roanoke City	517700030003	0.52	1130	2172.79
Roanoke City	517700031001	0.17	846	5000.34
Roanoke City	517700031002	0.24	1202	4907.53
Roanoke City	517700031003	0.41	1038	2554.31
Roanoke City	517700031004	0.26	751	2879.20
Salem	517750101001	0.78	1397	1789.04
Salem	517750101002	0.98	1646	1673.95
Salem	517750101003	1.25	1469	1171.57
Salem	517750101004	0.62	1254	2016.00
Salem	517750102001	0.57	1721	3026.87
Salem	517750102002	0.38	821	2158.39
Salem	517750102003	0.60	1399	2334.94
Salem	517750102004	0.61	965	1571.98
Salem	517750102005	0.78	1438	1844.75
Salem	517750103001	0.74	916	1232.12
Salem	517750103002	1.03	1276	1242.36
Salem	517750103003	0.92	1672	1823.66
Salem	517750103004	0.97	794	815.93
Salem	517750105011	0.47	739	1576.61
Salem	517750105012	0.71	1412	1988.75
Salem	517750105013	0.96	1206	1258.52
Salem	517750105021	0.42	1181	2828.56
Salem	517750105022	0.37	690	1862.87
Salem	517750105023	0.31	1167	3758.73
Salem	517750105024	0.96	1639	1708.77

Appendix D- Demographics of Potentially Transit Dependent Persons

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

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510050801001	Alleghany	100	2	104	1	22	1	51	1	1	1
510050801002	Alleghany	86	1	157	1	17	1	63	1	1	1
510050801003	Alleghany	85	1	187	1	60	4	32	1	3	1
510050801004	Alleghany	77	1	258	2	0	1	65	1	1	1
510050802011	Alleghany	20	1	310	2	20	1	12	1	1	1
510050802012	Alleghany	68	1	182	1	49	3	334	5	2	1
510050802021	Alleghany	142	3	210	1	6	1	267	4	2	1
510050802022	Alleghany	29	1	25	1	0	1	26	1	1	1
510050802023	Alleghany	7	1	168	1	17	1	40	1	1	1
510050803011	Alleghany	91	1	200	1	8	1	77	1	1	1
510050803021	Alleghany	85	1	97	1	6	1	63	1	1	1
510050803022	Alleghany	15	1	13	1	8	1	0	1	1	1
510050803023	Alleghany	72	1	145	1	37	2	44	1	3	1
510050701001	Alleghany	84	1	415	4	27	1	102	1	1	1
510050701002	Alleghany	51	1	190	1	0	1	49	1	1	1
510050701003	Alleghany	77	1	145	1	136	5	481	5	3	3
510050701004	Alleghany	67	1	273	2	106	5	140	1	3	1
510230401001	Botetourt	71	1	158	1	12	1	44	1	1	1
510230401002	Botetourt	26	1	93	1	0	1	35	1	1	1
510230401003	Botetourt	41	1	204	1	0	1	26	1	1	1
510230401004	Botetourt	29	1	101	1	7	1	34	1	1	1
510230402001	Botetourt	65	1	166	1	13	1	57	1	1	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510230402002	Botetourt	30	1	135	1	28	1	32	1	1	1
510230402003	Botetourt	106	2	219	1	11	1	102	1	1	1
510230402004	Botetourt	78	1	155	1	23	1	185	2	1	1
510230403001	Botetourt	72	1	368	3	0	1	112	1	1	1
510230403002	Botetourt	153	3	286	2	22	1	152	2	1	1
510230403003	Botetourt	185	4	437	4	2	1	246	4	1	1
510230403004	Botetourt	134	3	531	5	0	1	74	1	1	1
510230403005	Botetourt	50	1	157	1	0	1	60	1	1	1
510230404001	Botetourt	173	4	190	1	12	1	204	3	1	1
510230404002	Botetourt	92	1	135	1	8	1	76	1	1	1
510230404003	Botetourt	123	2	243	2	15	1	89	1	1	1
510230404004	Botetourt	137	3	356	3	10	1	248	4	1	2
510230405001	Botetourt	82	1	199	1	0	1	182	2	1	1
510230405002	Botetourt	41	1	166	1	10	1	27	1	2	1
510230405003	Botetourt	35	1	323	3	0	1	83	1	1	1
510230405004	Botetourt	49	1	241	2	10	1	125	1	1	2
510230405005	Botetourt	15	1	0	1	27	1	27	1	1	1
510450501001	Craig	73	1	322	3	17	1	67	1	1	1
510450501002	Craig	321	5	490	5	22	1	409	5	1	1
510670201001	Franklin	132	3	703	5	61	4	170	2	1	1
510670201002	Franklin	59	1	208	1	0	1	24	1	1	1
510670201003	Franklin	121	2	656	5	14	1	382	5	1	1
510670202001	Franklin	109	2	129	1	44	3	148	2	1	1
510670202002	Franklin	71	1	104	1	32	2	85	1	1	1
510670202003	Franklin	104	2	211	1	30	1	332	5	1	1
510670203001	Franklin	118	2	410	4	0	1	98	1	1	1
510670203002	Franklin	103	2	430	4	29	1	267	4	1	1
510670204001	Franklin	135	3	184	1	56	4	239	3	1	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
510670204002	Franklin	165	4	221	1	62	4	482	5	2	1
510670204003	Franklin	72	1	247	2	11	1	45	1	1	1
510670205001	Franklin	133	3	258	2	13	1	189	2	1	1
510670205002	Franklin	141	3	354	3	87	5	163	2	2	1
510670205003	Franklin	193	4	246	2	0	1	417	5	3	1
510670205004	Franklin	52	1	285	2	27	1	0	1	1	1
510670206001	Franklin	36	1	224	1	34	2	87	1	1	1
510670206002	Franklin	144	3	127	1	48	3	226	3	2	1
510670207001	Franklin	102	2	287	2	48	3	201	3	1	1
510670207002	Franklin	53	1	78	1	0	1	243	4	1	1
510670207003	Franklin	49	1	259	2	16	1	62	1	1	1
510670207004	Franklin	55	1	230	1	31	1	43	1	1	1
510670208001	Franklin	102	2	173	1	85	5	119	1	5	1
510670208002	Franklin	47	1	148	1	39	2	336	5	2	1
510670208003	Franklin	160	3	388	3	83	5	366	5	4	5
510670208004	Franklin	57	1	141	1	17	1	29	1	1	1
510670208005	Franklin	190	4	405	4	59	4	203	3	1	1
510670209001	Franklin	58	1	145	1	10	1	265	4	2	1
510670209002	Franklin	152	3	175	1	57	4	553	5	2	1
510670209003	Franklin	142	3	256	2	21	1	505	5	2	1
510670209004	Franklin	61	1	276	2	32	2	41	1	1	1
511610301001	Roanoke	61	1	173	1	38	2	21	1	1	1
511610301002	Roanoke	44	1	157	1	0	1	8	1	1	1
511610301003	Roanoke	42	1	84	1	0	1	51	1	1	1
511610302016	Roanoke	67	1	250	2	5	1	24	1	1	3
511610302017	Roanoke	6	1	90	1	0	1	10	1	1	1
511610302019	Roanoke	82	1	168	1	7	1	59	1	1	1
511610302031	Roanoke	125	2	468	4	0	1	111	1	1	3

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
511610302032	Roanoke	115	2	25	1	0	1	0	1	1	1
511610302041	Roanoke	201	5	254	2	36	2	290	5	1	5
511610302042	Roanoke	230	5	1318	5	150	5	354	5	3	5
511610302043	Roanoke	158	3	402	4	0	1	221	3	1	5
511610302051	Roanoke	50	1	206	1	0	1	21	1	1	1
511610302052	Roanoke	138	3	375	3	9	1	35	1	1	3
511610303001	Roanoke	98	2	920	5	77	5	35	1	3	1
511610303002	Roanoke	28	1	100	1	0	1	88	1	2	1
511610303003	Roanoke	73	1	169	1	11	1	30	1	1	1
511610303004	Roanoke	41	1	137	1	0	1	19	1	1	1
511610303005	Roanoke	50	1	119	1	0	1	0	1	1	1
511610303006	Roanoke	110	2	235	1	86	5	28	1	1	1
511610305001	Roanoke	26	1	169	1	8	1	30	1	1	1
511610305002	Roanoke	69	1	122	1	26	1	89	1	1	1
511610306001	Roanoke	63	1	155	1	0	1	0	1	1	1
511610306002	Roanoke	69	1	233	1	12	1	15	1	1	1
511610306003	Roanoke	82	1	281	2	14	1	44	1	1	1
511610307011	Roanoke	53	1	314	3	13	1	15	1	1	1
511610307012	Roanoke	131	3	293	2	0	1	123	1	1	4
511610307013	Roanoke	86	1	350	3	0	1	18	1	1	4
511610307014	Roanoke	17	1	87	1	0	1	22	1	1	1
511610307021	Roanoke	55	1	181	1	0	1	16	1	1	1
511610307022	Roanoke	69	1	130	1	16	1	253	4	1	2
511610307023	Roanoke	48	1	262	2	13	1	94	1	1	1
511610307024	Roanoke	63	1	224	1	24	1	36	1	1	1
511610308011	Roanoke	83	1	384	3	53	4	90	1	1	5
511610308012	Roanoke	117	2	232	1	80	5	134	1	1	5
511610308013	Roanoke	6	1	72	1	0	1	20	1	1	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
511610308021	Roanoke	53	1	269	2	0	1	23	1	2	1
511610308022	Roanoke	102	2	295	2	0	1	11	1	1	2
511610308023	Roanoke	79	1	161	1	12	1	0	1	1	1
511610308024	Roanoke	3	1	76	1	0	1	10	1	1	1
511610309001	Roanoke	54	1	202	1	27	1	96	1	1	1
511610309002	Roanoke	122	2	281	2	59	4	131	1	1	3
511610309003	Roanoke	121	2	158	1	0	1	22	1	1	1
511610309004	Roanoke	94	1	140	1	0	1	58	1	1	1
511610310001	Roanoke	75	1	119	1	20	1	36	1	1	1
511610310002	Roanoke	102	2	222	1	9	1	44	1	1	1
511610310003	Roanoke	56	1	138	1	9	1	20	1	1	1
511610310004	Roanoke	8	1	106	1	19	1	20	1	2	1
511610311001	Roanoke	171	4	271	2	11	1	193	3	1	4
511610311002	Roanoke	131	3	534	5	146	5	282	4	3	5
511610311003	Roanoke	65	1	86	1	11	1	283	4	3	3
511610311004	Roanoke	67	1	82	1	137	5	83	1	2	3
511610311005	Roanoke	119	2	102	1	76	5	322	5	3	5
511610311006	Roanoke	126	2	166	1	0	1	165	2	1	1
511610312001	Roanoke	143	3	536	5	8	1	66	1	1	2
511610312002	Roanoke	64	1	383	3	76	5	280	4	1	3
511610312003	Roanoke	60	1	468	4	0	1	56	1	1	1
515800601001	Covington	40	1	132	1	21	1	173	2	2	1
515800601002	Covington	144	3	298	2	105	5	441	5	4	2
515800601003	Covington	83	1	123	1	14	1	36	1	2	1
515800601004	Covington	54	1	45	1	61	4	54	1	2	1
515800602001	Covington	151	3	116	1	55	4	79	1	2	3
515800602002	Covington	127	2	417	4	36	2	209	3	2	1
515800602003	Covington	31	1	126	1	13	1	0	1	3	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
515800602004	Covington	69	1	62	1	0	1	0	1	2	1
517700003003	Roanoke City	103	2	147	1	38	2	202	3	3	3
517700004001	Roanoke City	204	5	428	4	137	5	45	1	4	5
517700004002	Roanoke City	85	1	543	5	78	5	197	3	2	5
517700004003	Roanoke City	41	1	250	2	0	1	74	1	2	1
517700004004	Roanoke City	64	1	65	1	25	1	38	1	1	1
517700005001	Roanoke City	78	1	45	1	38	2	125	1	1	1
517700005002	Roanoke City	66	1	67	1	103	5	11	1	2	3
517700005003	Roanoke City	72	1	148	1	59	4	148	2	3	3
517700005004	Roanoke City	49	1	0	1	0	1	0	1	1	1
517700005005	Roanoke City	194	4	257	2	21	1	552	5	2	5
517700006001	Roanoke City	69	1	221	1	75	5	182	2	3	2
517700006002	Roanoke City	62	1	22	1	67	5	155	2	2	4
517700006003	Roanoke City	109	2	267	2	20	1	469	5	3	5
517700006004	Roanoke City	84	1	324	3	30	1	150	2	1	1
517700006005	Roanoke City	28	1	195	1	30	1	7	1	1	1
517700007001	Roanoke City	96	1	92	1	163	5	364	5	4	5
517700007002	Roanoke City	219	5	302	2	357	5	749	5	4	5
517700007003	Roanoke City	56	1	38	1	130	5	130	1	4	3
517700007004	Roanoke City	55	1	76	1	102	5	314	5	4	3
517700008001	Roanoke City	195	4	165	1	93	5	462	5	4	5
517700008002	Roanoke City	102	2	122	1	37	2	182	2	4	2
517700008003	Roanoke City	38	1	33	1	46	3	231	3	4	3
517700009001	Roanoke City	46	1	82	1	283	5	1119	5	4	5
517700009002	Roanoke City	11	1	7	1	0	1	12	1	1	1
517700009003	Roanoke City	83	1	128	1	47	3	128	1	2	2
517700009004	Roanoke City	185	4	219	1	468	5	575	5	4	5
517700010001	Roanoke City	69	1	187	1	147	5	246	4	4	3

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
517700010002	Roanoke City	179	4	35	1	109	5	458	5	5	5
517700010003	Roanoke City	19	1	0	1	3	1	129	1	3	1
517700011001	Roanoke City	45	1	13	1	34	2	2	1	1	1
517700012001	Roanoke City	126	2	100	1	82	5	130	1	4	2
517700012002	Roanoke City	103	2	82	1	175	5	154	2	3	4
517700012003	Roanoke City	117	2	97	1	152	5	126	1	2	4
517700013001	Roanoke City	97	1	0	1	42	3	235	3	4	3
517700013002	Roanoke City	122	2	97	1	74	5	232	3	4	4
517700013003	Roanoke City	60	1	80	1	21	1	366	5	1	3
517700013004	Roanoke City	248	5	180	1	29	1	779	5	3	5
517700013005	Roanoke City	164	4	204	1	66	5	689	5	4	5
517700014001	Roanoke City	171	4	174	1	86	5	268	4	4	5
517700014002	Roanoke City	104	2	110	1	124	5	90	1	2	3
517700014003	Roanoke City	59	1	49	1	0	1	107	1	1	1
517700014004	Roanoke City	62	1	73	1	10	1	293	5	3	3
517700015001	Roanoke City	58	1	150	1	16	1	17	1	1	1
517700015002	Roanoke City	70	1	172	1	29	1	444	5	2	4
517700015003	Roanoke City	55	1	61	1	31	1	92	1	2	2
517700015004	Roanoke City	170	4	298	2	37	2	420	5	1	3
517700016001	Roanoke City	25	1	102	1	0	1	23	1	1	1
517700016002	Roanoke City	131	3	565	5	99	5	373	5	3	5
517700016003	Roanoke City	12	1	176	1	13	1	23	1	1	1
517700016004	Roanoke City	3	1	216	1	0	1	16	1	1	1
517700016005	Roanoke City	34	1	294	2	43	3	93	1	1	2
517700017001	Roanoke City	43	1	435	4	56	4	118	1	1	2
517700017002	Roanoke City	41	1	229	1	71	5	95	1	1	2
517700018001	Roanoke City	52	1	61	1	0	1	79	1	1	1
517700018002	Roanoke City	28	1	61	1	13	1	40	1	1	1

Block Group Number	County/City	Dis-abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
517700018003	Roanoke City	60	1	113	1	41	2	42	1	1	1
517700018004	Roanoke City	94	1	134	1	58	4	137	1	2	2
517700019001	Roanoke City	85	1	74	1	58	4	83	1	2	2
517700019002	Roanoke City	29	1	599	5	12	1	128	1	1	3
517700019003	Roanoke City	47	1	188	1	120	5	150	2	2	4
517700019004	Roanoke City	64	1	286	2	51	3	135	1	3	2
517700020001	Roanoke City	42	1	127	1	0	1	54	1	1	1
517700020002	Roanoke City	54	1	118	1	7	1	144	1	1	1
517700020003	Roanoke City	15	1	141	1	20	1	24	1	2	1
517700020004	Roanoke City	86	1	148	1	13	1	53	1	1	1
517700020005	Roanoke City	33	1	179	1	0	1	19	1	1	1
517700021001	Roanoke City	70	1	284	2	24	1	19	1	2	1
517700021002	Roanoke City	228	5	726	5	179	5	78	1	3	4
517700021003	Roanoke City	125	2	535	5	46	3	143	1	2	3
517700022001	Roanoke City	115	2	148	1	10	1	53	1	1	1
517700022002	Roanoke City	104	2	253	2	75	5	277	4	2	3
517700023001	Roanoke City	181	4	323	3	33	2	22	1	2	1
517700023002	Roanoke City	81	1	280	2	233	5	621	5	3	5
517700023003	Roanoke City	172	4	661	5	60	4	402	5	2	5
517750101001	Salem	118	2	277	2	37	2	128	1	1	2
517750101002	Salem	78	1	252	2	62	4	234	3	2	3
517750101003	Salem	61	1	197	1	0	1	120	1	1	1
517750101004	Salem	68	1	169	1	31	1	235	3	1	2
517750102001	Salem	35	1	120	1	55	4	44	1	1	2
517750102002	Salem	47	1	84	1	0	1	28	1	1	1
517750102003	Salem	95	1	237	2	62	4	90	1	1	4
517750102004	Salem	60	1	171	1	12	1	61	1	1	1
517750102005	Salem	98	2	449	4	0	1	17	1	2	2

Block Group Number	County/City	Dis- abled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless Households	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDIP	TDI
517750103001	Salem	125	2	279	2	56	4	128	1	1	2
517750103002	Salem	79	1	83	1	13	1	191	2	3	1
517750103003	Salem	76	1	101	1	60	4	81	1	2	2
517750103004	Salem	126	2	197	1	54	4	283	4	3	3
517750104001	Salem	0	1	277	2	0	1	0	1	1	1
517750105001	Salem	77	1	296	2	69	5	0	1	3	2
517750105002	Salem	9	1	253	2	0	1	13	1	1	1
517750105003	Salem	62	1	217	1	26	1	69	1	1	1
517750105004	Salem	52	1	121	1	0	1	0	1	1	2
517750105005	Salem	115	2	132	1	11	1	26	1	1	1
517750105006	Salem	24	1	53	1	11	1	0	1	1	1
517750105007	Salem	85	1	279	2	0	1	77	1	1	2