

Crater (PDC 19)

Coordinated Human Service Mobility Plan

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

Cities: Colonial Heights,
Emporia, Hopewell,
and Petersburg

June 2008

prepared for

Virginia Department of Rail and Public Transportation

prepared by

Cambridge Systematics, Inc.

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DRPT

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June 2008**

Table of Contents

| | |
|--|-----------|
| I. Executive Summary | 1 |
| II. Introduction | 3 |
| III. Background | 5 |
| 3.1 Coordinated Plan Elements | 5 |
| 3.2 Funding Program Descriptions | 6 |
| 3.3 Coordination of Public Transit and Human Service Transportation in PDC 19 | 8 |
| IV. Outreach Efforts | 10 |
| 4.1 Invitations to Participate in Plan Development | 10 |
| 4.2 Regional Workshops | 11 |
| 4.3 Opportunities to Comment on Plan..... | 12 |
| V. Demographics and Potential Destinations | 13 |
| 5.1 Methodology..... | 13 |
| 5.2 Demographics..... | 14 |
| 5.3 Potential Destinations..... | 25 |
| VI. Assessment of Available Transportation Services and Resources | 30 |
| VII. Assessment of Unmet Transportation Needs and Gaps | 34 |
| VIII. Identified Strategies | 37 |
| IX. Priorities for Implementation and Potential Projects | 39 |
| X. Plan Adoption Process..... | 55 |
| XI. Ongoing and Future Arrangements for Plan Updates | 56 |
| Appendix A – Final FTA Guidance on Coordinated Planning Requirements..... | 57 |

**Appendix B – Mobility Management – Eligible Activities and Potential
Projects..... 66**

Appendix C – Potential Non-DOT Federal Program Guide 68

Appendix D – Workshop Attendees..... 69

Appendix E – Demographics of Potentially Transit Dependent Persons 72

List of Tables

| | |
|--|----|
| Table 1. Program Information | 8 |
| Table 2. Potential Destinations..... | 27 |
| Table 3. Inventory of Available Services | 31 |

List of Figures

| | |
|--|----|
| Figure 1. Geography of Crater (PDC 19) | 4 |
| Figure 2. Population Density..... | 18 |
| Figure 3. Persons Age 60 and Older Per Census Block Group..... | 19 |
| Figure 4. Persons With Disabilities Per Census Block Group | 20 |
| Figure 5. Persons Below Poverty Per Census Block Group..... | 21 |
| Figure 6. Autoless Households Per Census Block Group | 22 |
| Figure 7. Transit Need by Ranked Density of Transit Dependent Persons .. | 23 |
| Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons..... | 24 |
| Figure 9. Potential Destinations..... | 26 |
| Figure 10. Service Area of Public Transit Providers | 33 |

I. Executive Summary

This Coordinated Human Service Mobility Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act—A Legacy for users, P.L. 190-059), set forth in three sections of the Act: Section 5316-Job Access and Reverse Commute (JARC), Section 5317-New Freedom Program, and Section 5310-Elderly individuals and Individuals with Disabilities Program. The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in the Crater Planning District (PDC 19) that is focused on unmet transportation needs of seniors, people with disabilities, and people with low incomes.

This CHSM Plan details the coordinated transportation planning process for PDC 19, and includes the following four elements:

1. An assessment of available services identifying current providers (public and private).

Information on available transportation services and resources in PDC 19 is included in Section VI.

2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes— this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.

For PDC 19, an analysis of demographics and potential destinations is included in Section V, and an assessment of unmet transportation needs and gaps is contained in Section VII.

3. Strategies and/or activities and/or projects to address identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.

The strategies identified during the planning process, along with potential projects, are located in Section VIII.

4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

The prioritized strategies and projects for implementation for PDC 19 are included in Section IX.

Approach to the CHSM Plan

Ultimately, the CHSM Plan must:

- Serve as a comprehensive, unified plan that promotes community mobility for seniors, persons with disabilities, and persons of low income;
- Establish priorities to incrementally improve mobility for the target populations; and
- Develop a process to identify partners interested, willing, and able to promote community mobility for the target populations.

To achieve those goals, the planning process involved:

- Quantitative analyses to identify resources, needs and potential partners;
- Qualitative activities including public meetings with major agencies and organizations that fund human services, with representative direct service providers, and with consumers representing the target group constituencies; and
- An inventory of available public transit services to provide initial information tools to the target populations and their representatives.

In addition, this plan includes information on an ongoing structure for leading CHSM Plan updates and facilitating coordination activities in the region.

II. Introduction

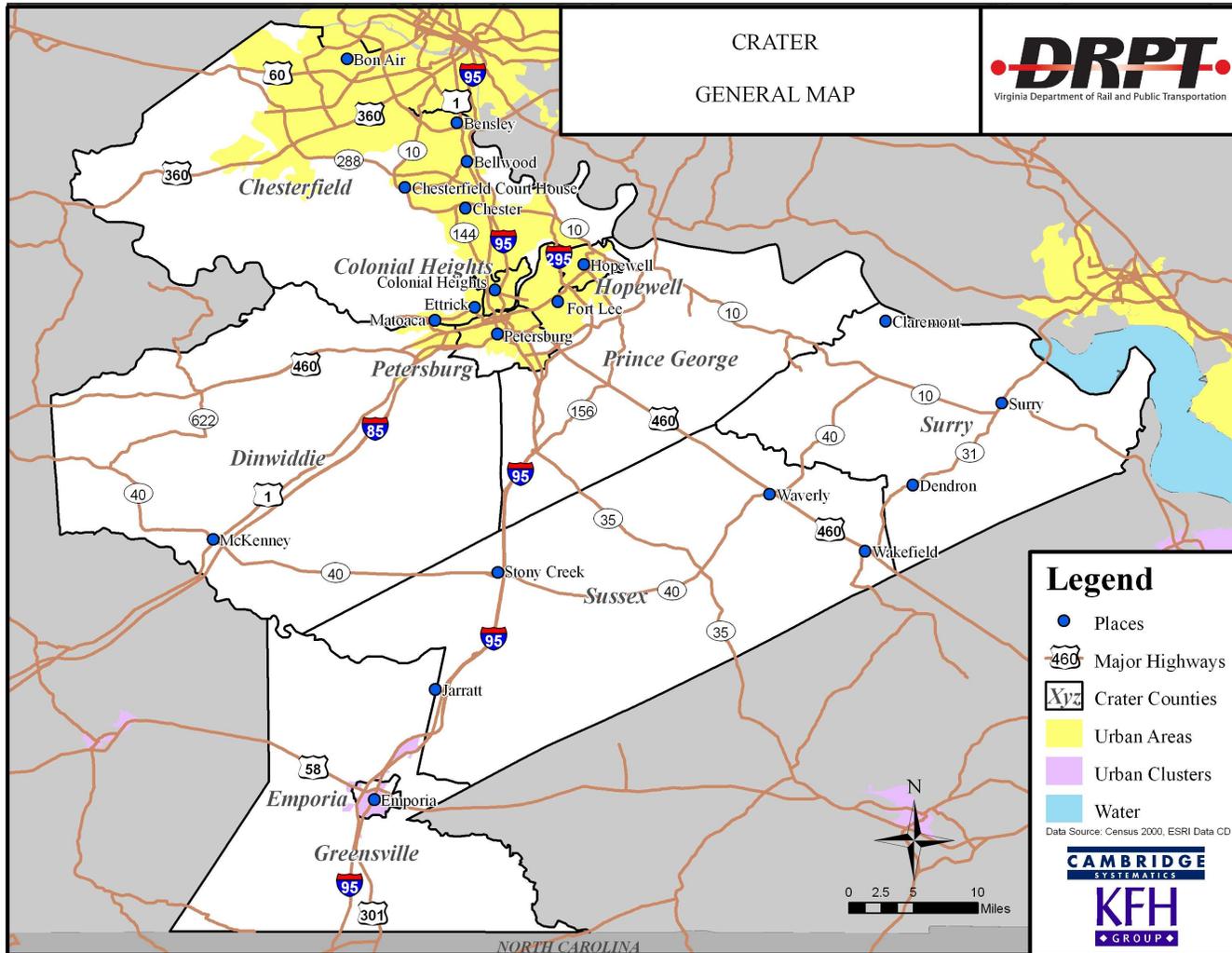
The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs. To meet these new requirements, the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of Coordinated Human Service Mobility (CHSM) Plans for rural and small urban areas. As suggested by the title, these plans take a broad view of the mobility issues faced daily by older adults, people with disabilities and people with lower incomes in the Commonwealth.

The CHSM Plans are organized geographically around 21 Planning District Commissions (PDCs) throughout the Commonwealth. The PDCs have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional scale.

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

The plan development featured continuous input from local stakeholders. A series of workshops was conducted to gather input on unmet transportation needs and issues, and to reach consensus on specific strategies to address the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. More information on outreach activities is included in Section IV.

Figure 1. Geography of Crater (PDC 19)



III. Background

In August 2005, the President signed into law the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the Federal Transit Administration's (FTA) Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs, requiring that projects funded through these programs “must be derived from a locally developed, coordinated public transit- human services transportation plan”.

In March 2006, FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement¹. As the designated lead agency and recipient of Federal transit funds in Virginia—including the Section 5310, JARC and New Freedom Funds—DRPT led the development of CHSM Plans for rural and small urban areas to meet these new Federal requirements.

3.1 Coordinated Plan Elements

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);
- As assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes;

¹ The final guidance from FTA on the coordinated planning requirements for the Section 5310, JARC, and New Freedom Programs can be found in the Appendix A.

- 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.

3.2 Funding Program Descriptions

Section 5310 (Elderly Individuals and Individuals with Disabilities)

The Federal grant funds awarded under the Section 5310 program provide financial assistance for purchasing capital equipment to be used to transport the elderly and persons with disabilities. Private non-profit corporations are eligible to receive these grant funds. The Section 5310 grant provides 80% of the cost of the equipment purchased, with the remaining 20% provided by the applicant organization. The 20% must be provided in cash by the applicant organization, and some non-transportation Federal sources may be used as matching funds.

Federal Section 5310 funds are apportioned annually by a formula that is based on the number of elderly persons and persons with disabilities in each State. DRPT is the designated recipient for Section 5310 funds in Virginia.

Section 5316 (Job Access and Reverse Commute—JARC)

The Job Access and Reverse Commute (JARC) Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. DRPT is the designated recipient for JARC funds in areas of the Commonwealth with populations under 200,000 persons. Projects are eligible for both capital (80/20 match) and operating (50/50 match).

From its inception in Federal FY 1999, the JARC program funds were allocated to States through a discretionary process. The SAFETEA-LU legislation changed the allocation mechanism to a formula based on the number of low-income individuals in each State. The legislation also specifies that, through this formula mechanism, 20% of JARC funds allocated to Virginia must go to areas with populations under 200,000.

Mobility management projects are eligible for funding through the JARC Program, and are considered an eligible capital cost. Therefore, the

Federal share of eligible project costs is 80% (as opposed to 50% for operating projects). Additional information on potential mobility management projects is included in Appendix B.

Section 5317 (New Freedom Program)

The New Freedom Program provides funding for capital and operating expenses designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. Projects funded through the New Freedom Program must be both new and go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

New service has been identified by FTA as any service or activity not operational prior to August 10, 2005 and one without an identified funding source as of that date, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP).

Similar to the JARC Program, DRPT is the designated recipient for New Freedom funds in areas of the State with populations under 200,000 persons. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible for both capital (80/20 match) and operating (50/50 match). Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

An overview of these FTA is included in Table 1.

Table 1. Program Information

| FTA Program | Match Ratios |
|--------------------------------|--|
| S. 5310 – Elderly and Disabled | <u>Capital Only:</u> 80% Federal 20% Local |
| S. 5316 – JARC | <u>Capital:</u> 80% Federal 20% Local <u>Operating:</u> 50% Federal 50% Local |
| S. 5317 – New Freedom | <u>Capital:</u> 80% Federal 20% Local <u>Operating:</u> 50% Federal 50% Local |

Matching Funds for Section 5310, JARC, and New Freedom Programs

FTA guidance notes that matching share requirements are flexible to encourage coordination with other Federal programs. The required local match may be derived from other non-Department of Transportation Federal programs. 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 C, 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.

3.3 Coordination of Public Transit and Human Service Transportation in PDC 19

As part of its outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops in each PDC. Details outlining the outreach efforts in PDC 19 are outlined in the next section.

The initial workshop included a discussion of current and potential efforts to improve coordination of public transit and human services transportation. Participants also discussed ways to improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion highlighted various functions to improve coordination of services:

- Goals of Coordination:
 - More cost-effective service delivery
 - Increased capacity to serve unmet needs
 - Improved quality of service
 - Services which are more easily understood and accessed by riders

- Benefits of Coordination:
 - Gain economies of scale
 - Reduce duplication and increase efficiency
 - Expand service hours and area
 - Improve the quality of service

- Key Factors for Successful Coordination:
 - Leadership – Advocacy and support; instituting mechanisms for coordination
 - Participation – Bringing the right State, regional, and local stakeholders to the table
 - Continuity – Structure to assure an ongoing forum, leadership to keep the effort focused, and respond to ever-changing needs

IV. Outreach Efforts

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. DRPT's approach began with an initial round of regional workshops throughout Virginia. Each workshop featured discussion of the new Federal coordinated transportation planning requirements, Virginia's approach to meeting these requirements, and strategies for improving coordination of transportation services for people with limited mobility options. The majority of time dedicated to each workshop offered local stakeholders the opportunity to provide input on the local transportation needs of older adults, people with disabilities and people with lower incomes, and available transportation resources.

4.1 Invitations to Participate in Plan Development

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council that includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; Aging; Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; Health; Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work with. In addition, special contacts by DRPT were made with each PDC Executive Director regarding the need for PDC participation, leadership and involvement in the regional CHSM workshops. A presentation was also made during a conference of PDC staff to obtain input on the CHSM workshops and encourage involvement by the PDCs.

Key stakeholders throughout the Commonwealth also received digital invitations from Matthew Tucker, Director of DRPT. The invitation was forwarded to the Executive Director of all primary agencies responsible for providing or arranging human service transportation, and any entity that has previously participated in the Section 5310 Program.

Overall, eight broad categories of agencies received invitations:

- 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. (40 total)
- Employment Support Organizations (ESOs). These organizations provide employment services for persons with disabilities within localities around the State. (48 total)
 - 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. (22 total)
 - 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. (50 total)
 - Disability Services Boards. These boards provide information and resources 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. (41 total)
 - Centers for Independent Living (CILs). These organizations serve as educational/resource centers for persons with disabilities. (16 total)
 - Brain Injury Programs that serve as clubhouses and day programs for persons with brain injuries. (12 total)
 - Other appropriate associations and organizations, including Alzheimer's Chapters, AARP, and the VA Association of Community Services Boards (VACSB).

4.2 Regional Workshops

DRPT conducted an initial round of regional workshops throughout Virginia, and representatives of Crater Planning District (PDC 19) participated in the Richmond workshop held on May 2, 2007. This workshop included an overview of the new Federal requirements and Virginia's approach; information on the Section 5310, JARC, and New Freedom Programs; and a presentation of the Census-based demographic data for the region. The workshop also included the

opportunity to gain input from participants on unmet transportation needs and gaps. The majority of time in the workshop was dedicated to obtaining input on the local transportation needs of older adults, people with disabilities, and people with lower incomes, and on available transportation resources.

Participants from PDC 19 were invited to a subsequent workshop, held in Farmville, VA on December 5, 2007. This workshop focused on potential strategies and projects to meet the needs identified in this Plan, and the priorities for implementation. Participants provided comments on the proposed strategies, and approved the ones included in Section VIII.

A third workshop for PDC 19 was held in Farmville, VA on June 18, 2008. This workshop included a review of the April 2008 CHSM Plan and final agreement on the components of this June 2008 version. The coordinated planning participants also provided a more formal endorsement of the CHSM Plan that is detailed in Section X. The workshop also featured an announcement from DRPT regarding the next application cycle.

A full listing of workshop participants is included in Appendix D.

4.3 Opportunities to Comment on Plan

In addition to the comments obtained during the regional workshops, local stakeholders received preliminary portions of this plan to review, as well as draft versions of the entire plan. Their comments were incorporated into this CHSM Plan.

V. Demographics and Potential Destinations

To provide an informational framework for the Crater Coordinated Human Service Mobility plan, data on the three potentially transit dependent populations and on potential destinations were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

5.1 Methodology

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the potential destinations, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and older), persons below the poverty level, as well as autoless households, were mapped. Autoless households are a helpful indicator of areas that are more likely to need transportation options because residents do not have access to a personal vehicle or cannot drive for various reasons.

The underlying data at the block group level is shown in Appendix E. Mapping the geographic distribution of each group allowed a visual representation of the analysis of high, medium, and low levels of transportation need throughout the region. Figures for these four groups were then combined into aggregate measures of transportation need, allowing evaluation of need by both density and percentage of potentially transit-dependent persons. This population profile was used to identify areas of the PDC that have either high densities of persons in need of transportation services or high percentages of the population with such needs. General population density was also mapped to give an idea of the PDC's density compared to the maps of the numbers of people in each key population segment.

The results of the process are summarized as follows and are intended to help identify: 1) those geographic areas of the PDC that have high relative transportation needs and whether these areas are served by existing transportation services, and 2) the potential destinations that older adults, people with disabilities, and people with lower incomes need transportation to access.

5.2 Demographics

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:

- The vast majority of the region has a low-density population, with a few areas including City of Petersburg and cities in Chesterfield County to the north, and City of Emporia in the south, having some medium and high density clusters.
- The cities of Colonial Heights, Hopewell, Petersburg, Bensley, Chester, and Chesterfield have population densities in the high range, over 2,000 persons per square mile.
- The Counties of Greenville (with the exception of the City of Emporia), Sussex, Surry, and Dinwiddie (with the exception of a small corner in the northeast) have a population density in the very low range, between 0 and 500 persons per square mile.

Number of Older Adults, People with Disabilities, and People with Lower Incomes

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 1, 4, and 5, respectively. While these Figures are helpful indicators of the physical distribution of these population segments, it is important to remember that these numbers cover large areas; therefore, density or a lack thereof will be important in considering the types of transportation that can best serve these populations.

As shown in Figure 3:

- Sussex County has the largest area of adjoining block groups with a low range of older adults with 0 to 100 persons age 60 and older per Census block group.

- In contrast, Greenville and Surry Counties are entirely covered by block groups that fall in either the medium to high range, spanning from 100 to over 200 older persons per Census block group.
- Chesterfield County has several non-adjointing clusters of block groups characterized by a low range of older persons, from 0 to 100 persons per Census block group.

As shown in Figure 4:

- Greenville, Surry, and Prince George Counties have the largest areas marked by high densities of persons with disabilities, measured by over 200 persons per Census block group.
- The remaining counties—all have some clusters of block groups marked by a high density of individuals with disabilities. Sussex County is the only exception; it has block groups in the medium range (100 to 200 persons per block group) in its eastern portion, while the rest of its area is low density (less than 100 persons with disabilities per block group).

As shown in Figure 5:

- Greenville County is prominent in terms of large number of persons below poverty per Census block group; nearly all of its area is characterized by block groups that fall in the high range (over 200 persons per block group).
- The Cities of Fort Lee, Bensley, Petersburg and Matoaca also have high densities of persons below poverty.
- In contrast, Chesterfield County has the largest area marked by a low range of persons below poverty per Census block group, measuring 0 to 100 persons per block group.

Autoless Households

Persons who have limited access to or ability to use a car rely on other transportation options, including public transit services operated in the region and on human service organization-provided transportation that is generally restricted to agency clients.

As shown in Figure 6:

- Greenville County has the highest number of block groups marked by autoless households; nearly the entire county area is marked by either a medium to high range, measuring between 50 to over 100 autoless households per Census block group.
- In contrast, Chesterfield and Dinwiddie Counties are comprised of largely low density block groups of autoless households, followed by Prince George County.

Ranked Density and Percentage

As described earlier, the numbers of older adults, persons with disabilities, and persons below poverty, along with the number of autoless households were combined into an aggregate measure for transportation need. Because an individual may belong to more than one of the key population segments, the absolute numbers of these populations cannot simply be added together to obtain a total number of transportation dependent persons. To minimize counting such individuals multiple times when considering all the population segments together, each population segment is ranked. Then all the rankings are summarized to ascertain the block groups' overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

- The highest concentrations of potentially transit dependent persons are in the cities of Emporia, Waverly, Petersburg, Matoaca, Hopewell, Colonial Heights, Ettrick, Chester, Chesterfield Courthouse, Bensley, Bellwood and Bonair. A majority of these cities lie in the south and northeastern portions of Chesterfield County.
- All block groups in Surry County are marked by a low relative transit need; the majority of all counties with the exception of Chesterfield also have low relative transit needs.

The block groups were also ranked overall by percentage. Unlike the density ranking that portrays the concentration of transportation dependent persons, the percentage ranking captures the proportion of people within a block group that likely has transportation needs. The percentage ranking indicates that there are potentially transit dependent persons throughout the region who may not live in dense clusters.

As shown in Figure 8:

- Sussex County has a majority of its area covered by block groups that are characterized by high relative transit needs, although it also has a wide band of block groups which show a low need.
- The southern portion of Greensville County shows a high need, while the northern portion shows a medium need. Various portions of Surry County also show medium to high needs, as do Dinwiddie and Prince George Counties (although the latter two have areas of low need as well).
- Chesterfield County has much smaller areas showing a high transit need in comparison to the other counties, although it has much larger areas showing low to medium needs. The high transit need in this county are clustered around the Cities of Bellwood, Bensley, and Colonial Heights.

Figure 2. Population Density

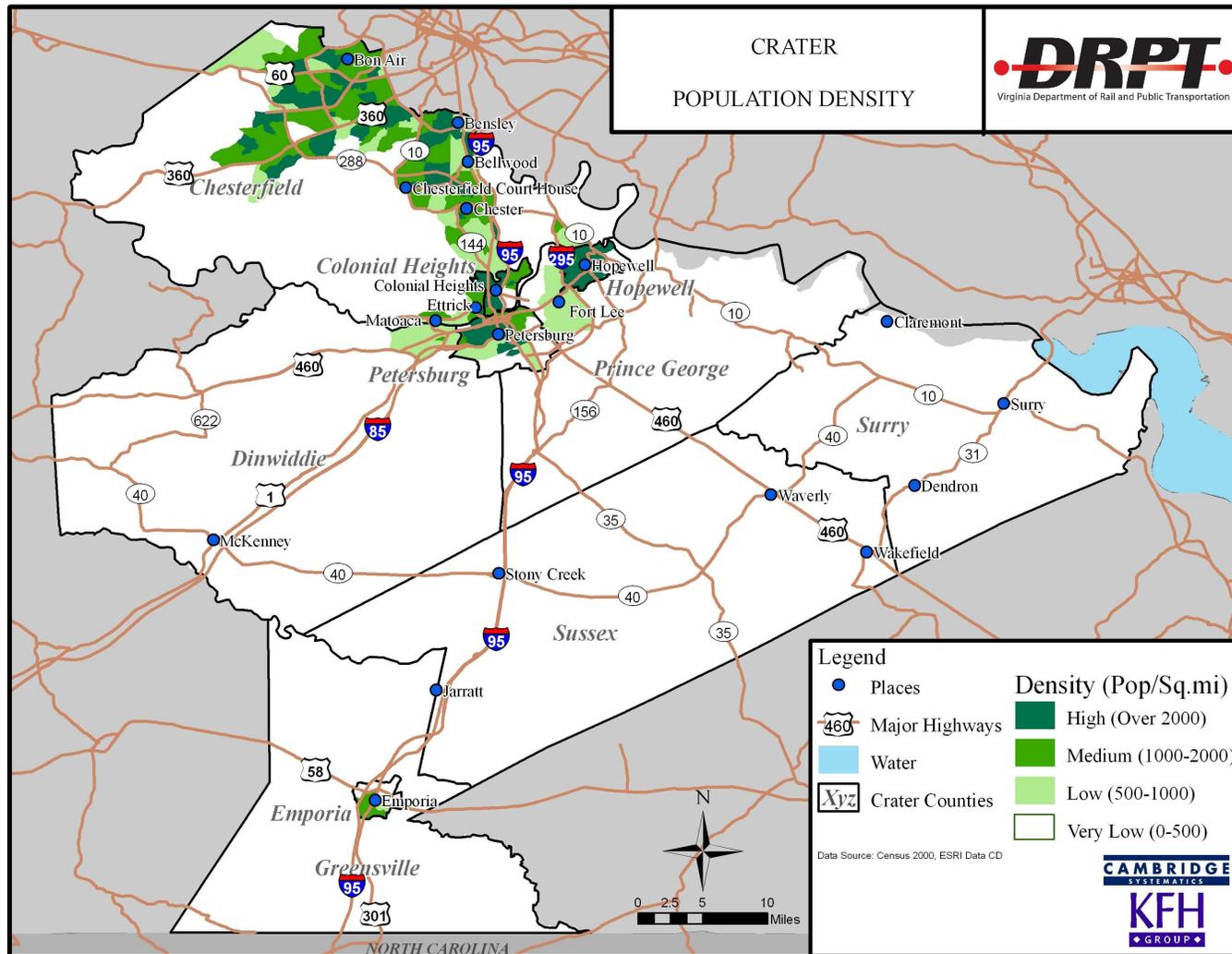


Figure 3. Persons Age 60 and Older Per Census Block Group

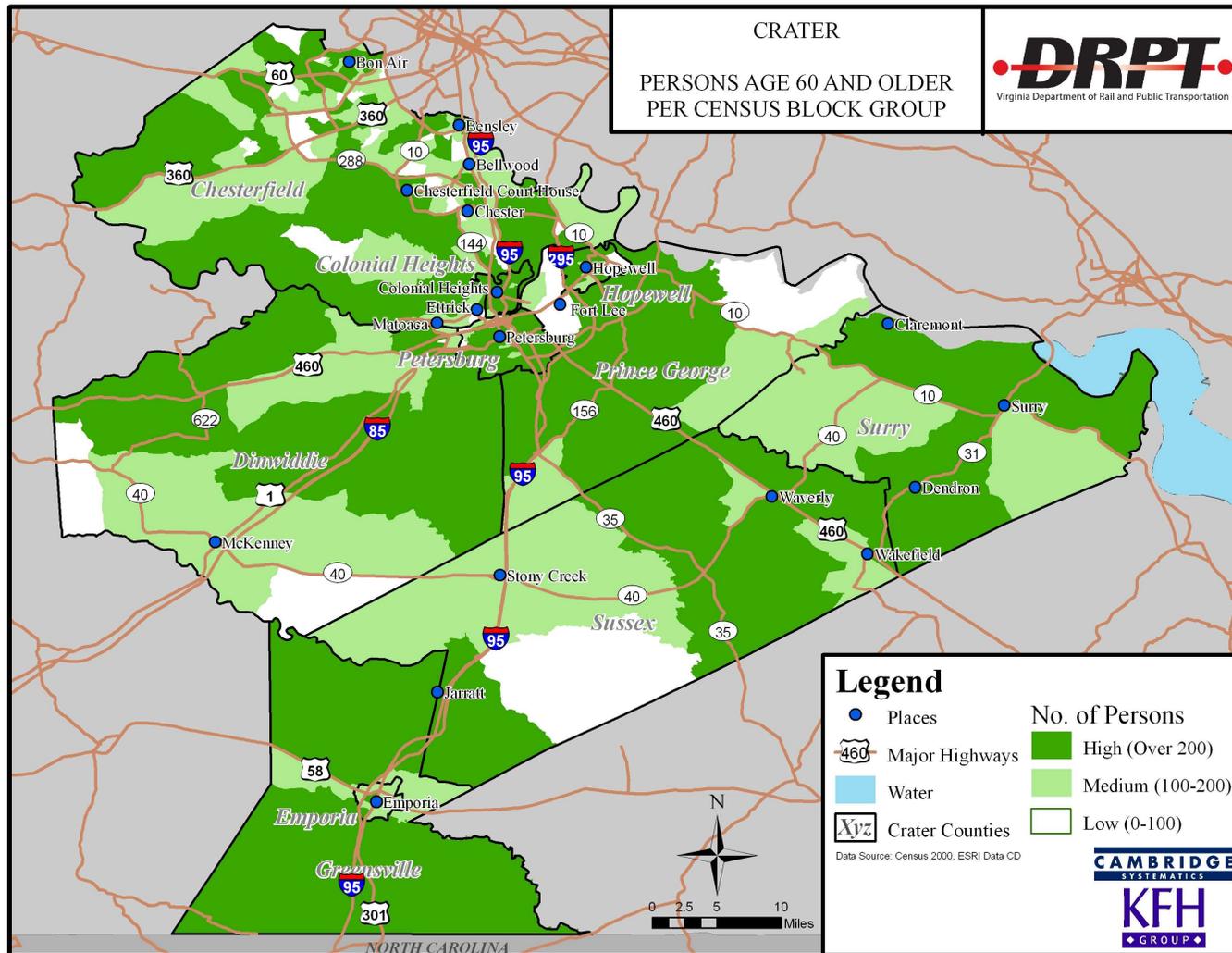


Figure 4. Persons With Disabilities Per Census Block Group

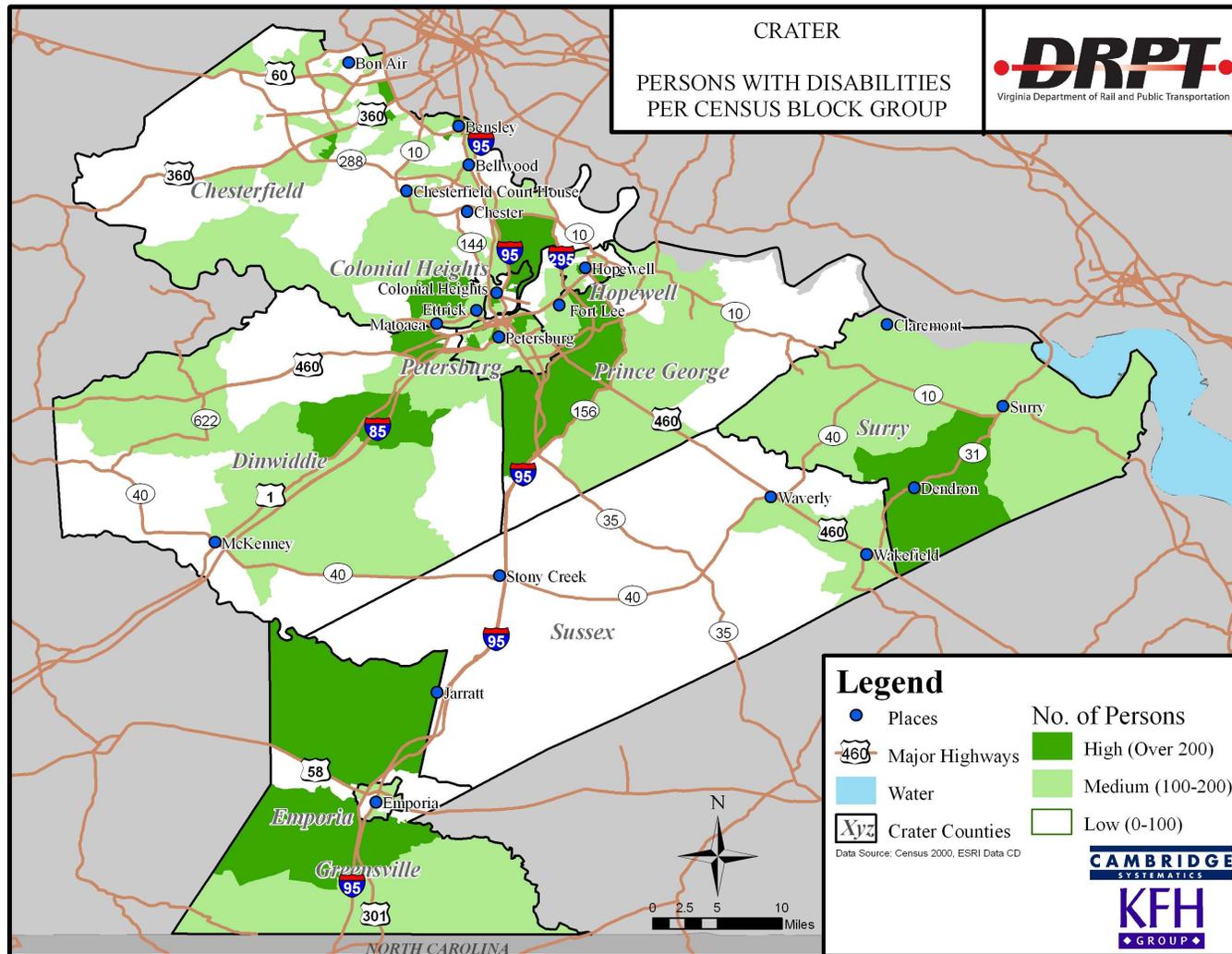


Figure 5. Persons Below Poverty Per Census Block Group

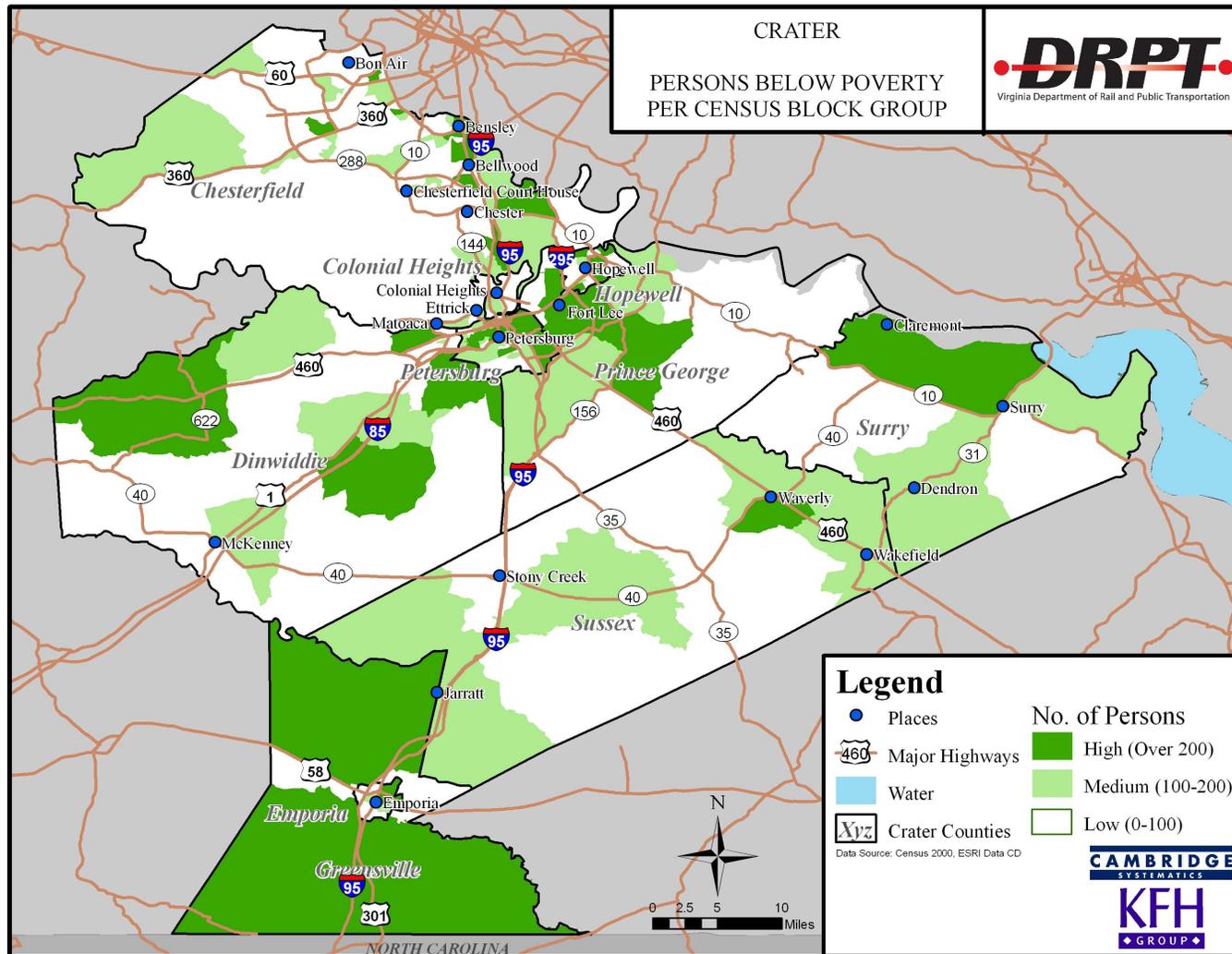


Figure 6. Autoless Households Per Census Block Group

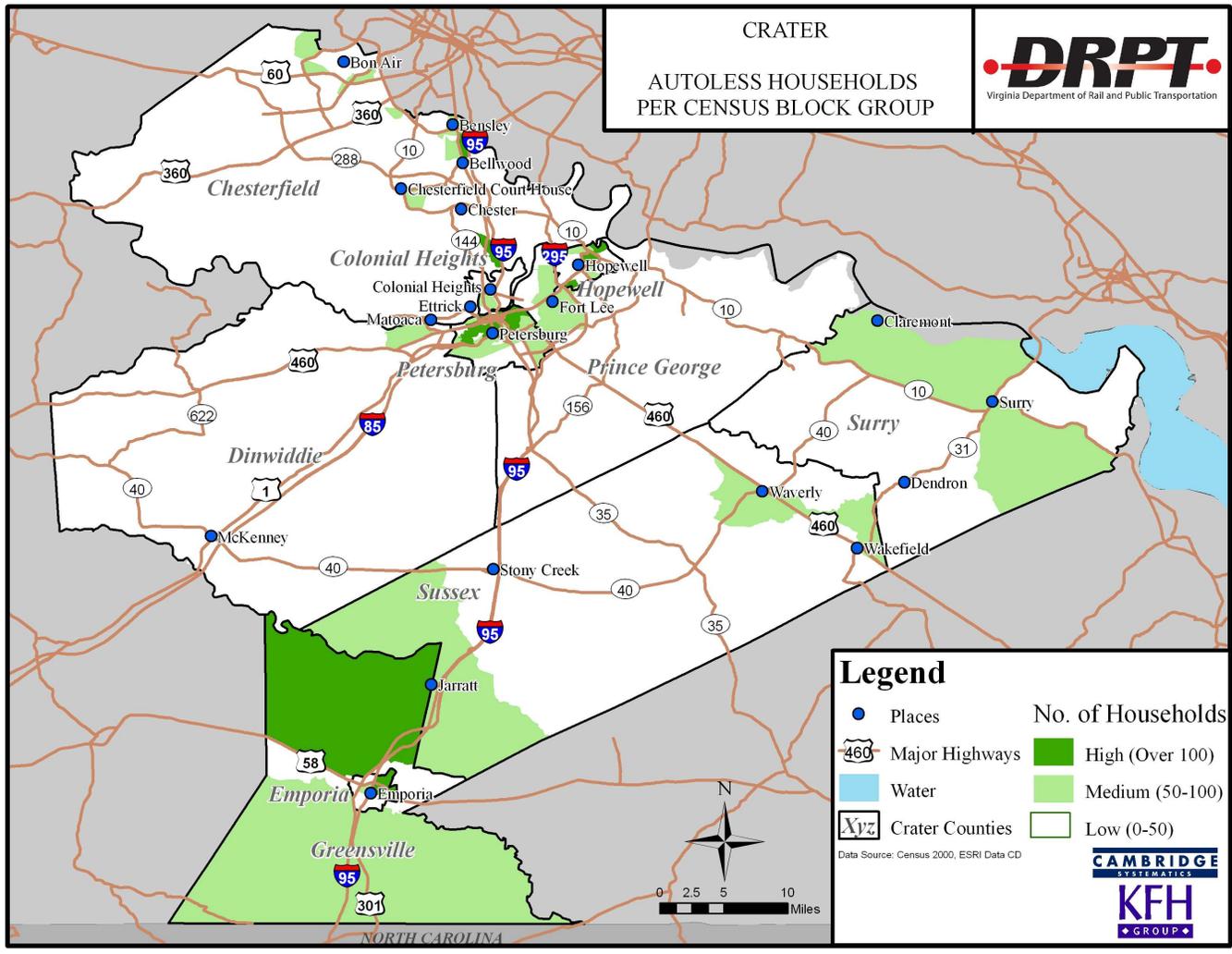


Figure 7. Transit Need by Ranked Density of Transit Dependent Persons

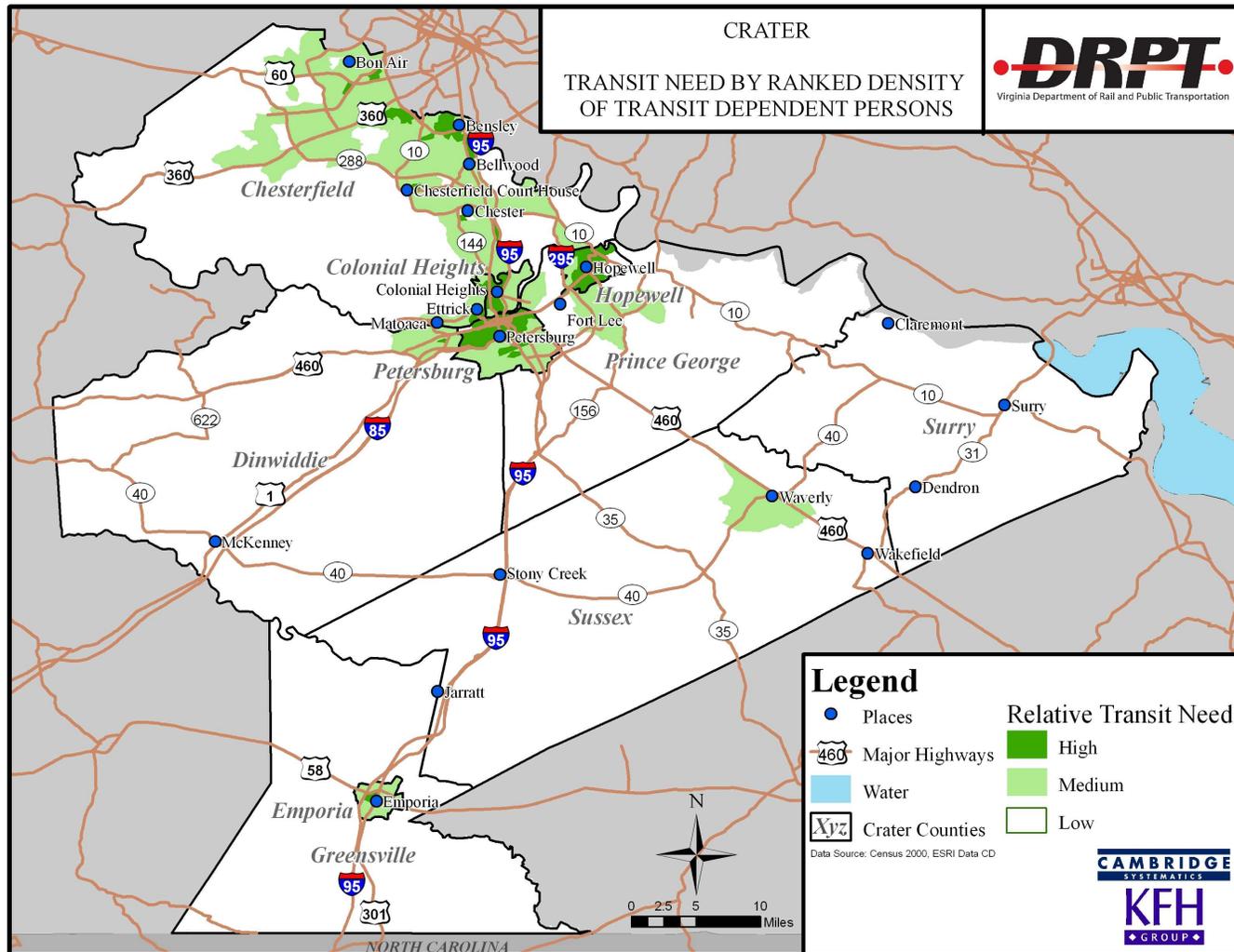
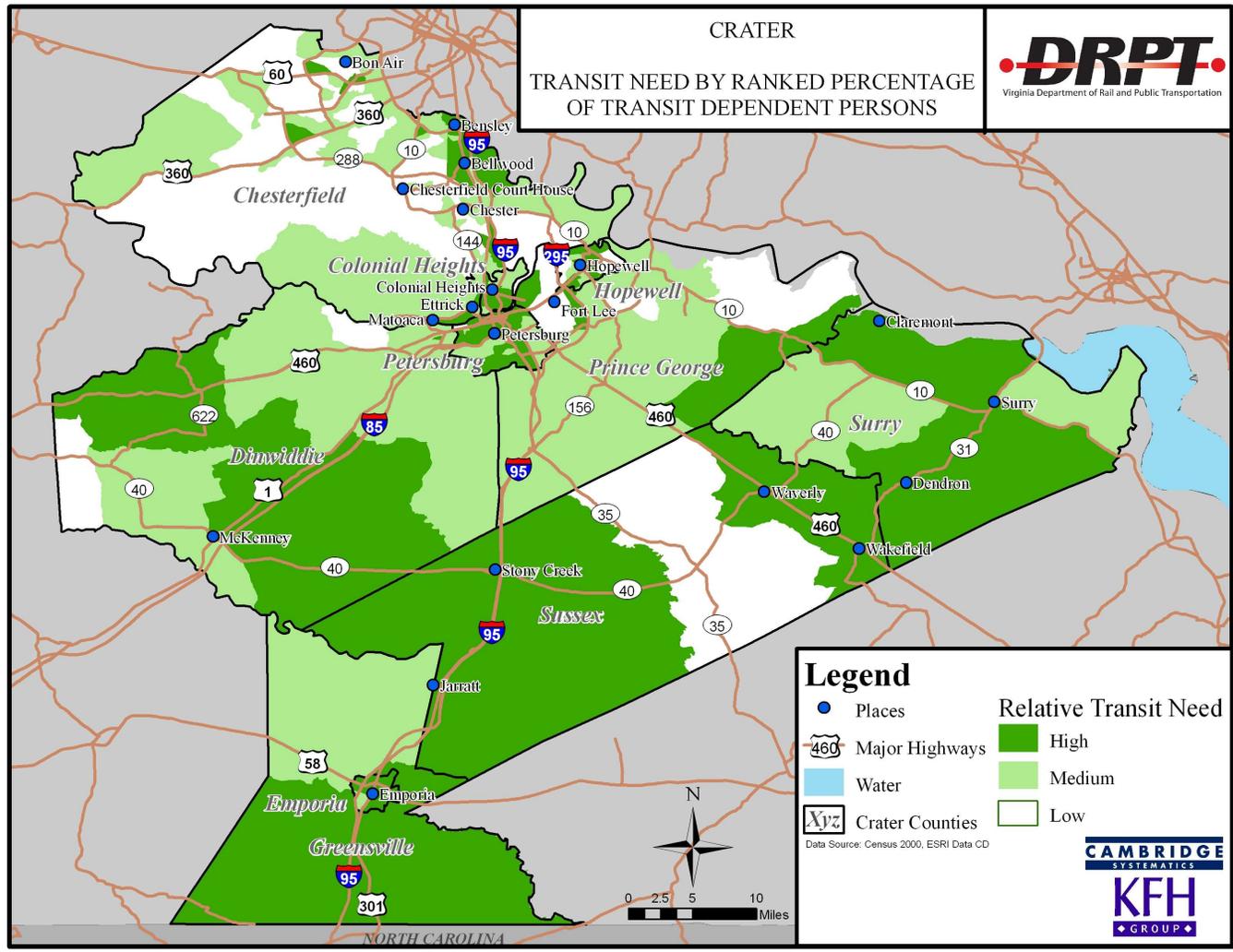


Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons



5.3 Potential Destinations

Potential destinations are places that residents are attracted to for business, medical services, education, community services, and recreation. They include major employers, medical facilities, educational facilities, human services agencies, and shopping destinations. These destinations were identified using local websites and resources and supplemented with research through online search engines such as Google. The potential destinations were then mapped with GIS to give a visual representation of popular places to which transportation may be requested by older adults, people with disabilities, and people with lower incomes. The potential destinations were mapped in Figure 9, and are listed by type and location in Table 2.

As shown in Figure 9:

- The largest clusters of potential destinations include Petersburg City (including several major employers, medical facilities, college/vocational schools, and human service agencies); Emporia City (medical, shopping, human service agency, and college/vocational school destinations); and Hopewell City (major employer, human service agency, and medical destinations)
- Large shopping centers such as Wal-Mart and Target are found in the Cities of Midlothian, Colonial Heights, Chester, and Emporia.

Figure 9. Potential Destinations

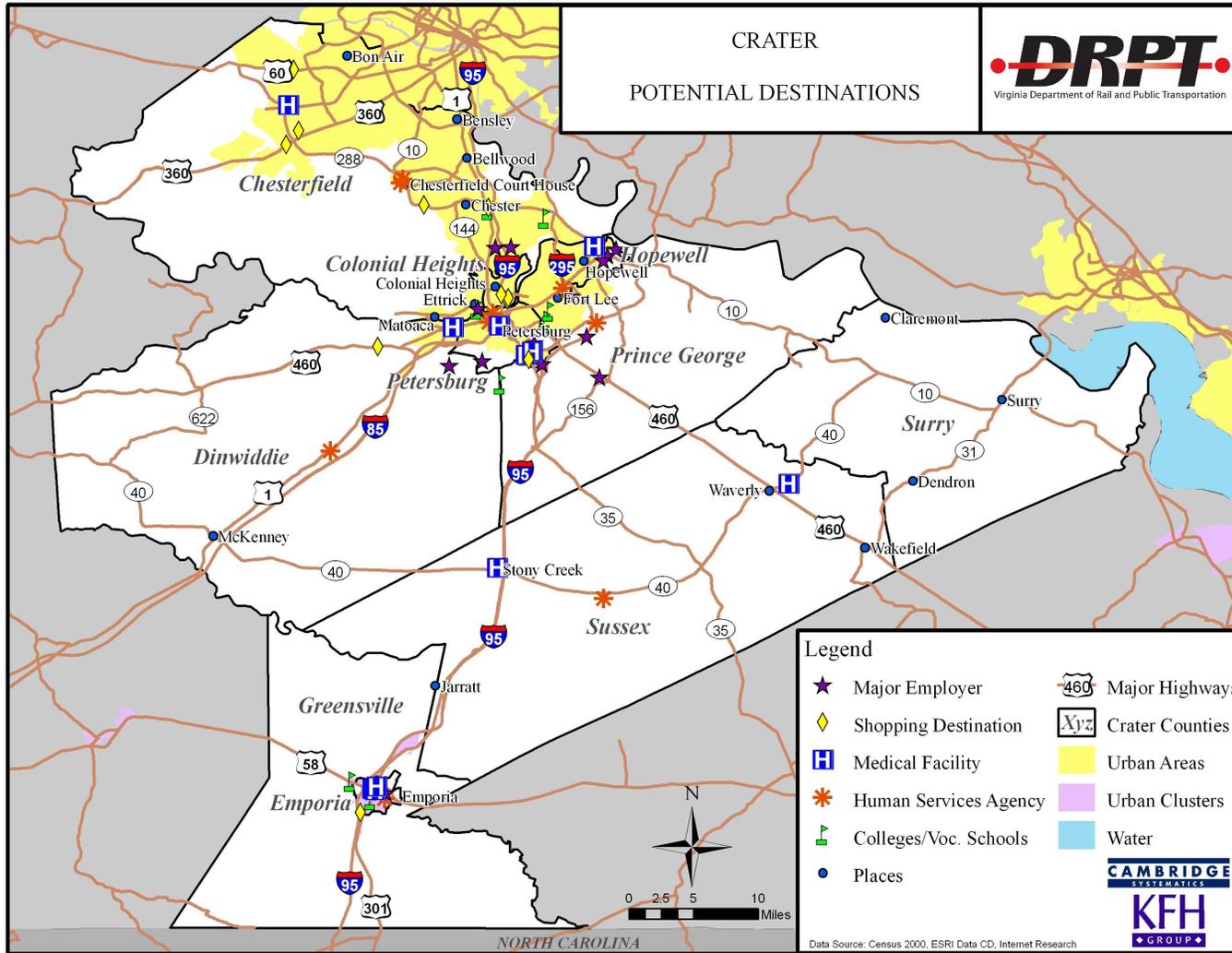


Table 2. Potential Destinations

| Destinations | | Crater | | |
|-----------------------|---|---------------------------|---------------|---------------|
| Type | Name | Address | City | County |
| College/Voc School | Virginia State University | 1 Hayden Dr | Petersburg | Petersburg |
| College/Voc School | Florida Institute of Technology | 2401 Quarters Rd | Fort Lee | Prince George |
| College/Voc School | Richard Bland College | 11301 Johnson Rd | Petersburg | Dinwiddie |
| College/Voc School | J Sergeant Reynolds Community College | 201 S Main St | Emporia | Greensville |
| College/Voc School | Atlantic Baptist Bible College | 500 Baptist Ln | Chester | Chesterfield |
| College/Voc School | Saint Leo University | 961 Bishop Loop Rd | Fort Lee | Prince George |
| College/Voc School | Central Texas College | 961 Bishop Loop Rd | Fort Lee | Prince George |
| College/Voc School | Old Dominion University | 13101 Jefferson Davis Hwy | Chester | Chesterfield |
| College/Voc School | John Tyler Community College: Teletechnet Chester Campus | 13101 Jefferson Davis Hwy | Chester | Chesterfield |
| College/Voc School | Southside Community College | 184 Pleasant Shade Dr | Emporia | Greensville |
| Human Services Agency | Chesterfield Community Services Board | 9901 Lori Rd | Chesterfield | Chesterfield |
| Human Services Agency | Chesterfield/Colonial Heights Department of Social Services (DSS) | 9501 Lucy Corr Circle | Chesterfield | Chesterfield |
| Human Services Agency | Dinwiddie Department of Social Services (DSS) | 14012 Boydton Plank Rd | Dinwiddie | Dinwiddie |
| Human Services Agency | Prince George Department of Social Services (DSS) | 6450 Administration Dr | Prince George | Prince George |
| Human Services Agency | Sussex Department of Social Services (DSS) | 20103 Princeton Rd | Sussex | Sussex |
| Human Services Agency | Greensville/Emporia Department of Social Services (DSS) | 1748 E Atlantic St | Emporia | Emporia City |
| Human Services Agency | Emporia VEC Field Office | 1746 East Atlantic St | Emporia | Emporia City |
| Human Services Agency | Hopewell Department of Social Services (DSS) | 256 E Cawson St | Hopewell | Hopewell City |

Crater

Destinations (Continued)

| Type | Name | Address | City | County |
|------------------------|--|---------------------------------------|--------------------------|---------------------------------|
| Human Services Agency | Tri-Cities VEC Field Office | 5240 Oaklawn Blvd | Hopewell | Hopewell City |
| Human Services Agency | Crater District Area Agency on Aging (AAA) | 23 Seyler Dr | Petersburg | Petersburg City |
| Human Services Agency | District 19 Community Services Board | 20 West Bank St | Petersburg | Petersburg City |
| Human Services Agency | Petersburg Department of Social Services (DSS) | 400 Farmer St | Petersburg | Petersburg City |
| Major Employer | Honeywell Technical Center | 15801 Woods Edge Rd | Chesterfield | Chesterfield |
| Major Employer | Ace Hardware Corp. Distribution Center | 6062 Quality Way | Prince George | Prince George |
| Major Employer | Food Lion, Inc. Distribution Center | 6500 Enterprise Dr | Prince George | Prince George |
| Major Employer | Hill PHONEX, Inc | 1925 Ruffin Mill Rd | Colonial Heights | Colonial Heights City |
| Major Employer | Honeywell Performance Fibers Technical Center | 15801 Woods Edge Rd | Colonial Heights | Colonial Heights City |
| Major Employer | Perdue Farms | 180 Poultry Dr | Richmond | Emporia City |
| Major Employer | Georgia Pacific Corporation | 634 Davis St | Emporia | Emporia City |
| Major Employer | Degussa Goldschmidt Chemical | 914 E Randolph Rd | Hopewell | Hopewell City |
| Major Employer | Hercules, Inc. Aqualon Division | 1111 Hercules Rd | Hopewell | Hopewell City |
| Major Employer | Smurfit-Stone Container Corp. | 910 Industrial St | Hopewell | Hopewell City |
| Major Employer | B.I. Chemicals Inc | 2820 Normandy Dr | Petersburg | Petersburg City |
| Major Employer | Boars Head Provisions Company, Inc | 1950 Industrial Rd | Petersburg | Petersburg City |
| Major Employer | Brenco Incorporated | 2580 Frontage Rd | Petersburg | Petersburg City |
| Major Employer | Chaparral Virginia Inc | 25801 Hofheimer Way | Petersburg | Dinwiddie |
| Major Employer | Central State Hospital | 26317 W Washington St | Petersburg | Dinwiddie |
| Major Employer | Fort Lee Army Base | off I-295 Exit 9B and Lee Ave | Petersburg | Petersburg City |
| Major Employer | Southside Regional Medical Center | 801 S Adams St | Petersburg | Petersburg City |
| Major Employer Medical | Virginia State University Bon Secours St. Francis Medical Center | 1 Hayden Dr 13710 St. Francis Blvd | Petersburg Midlothian | Petersburg City Chesterfield |
| Medical | Greensville Memorial Hospital | 214 Weaver Avenue | Emporia | Emporia City |
| Medical | Meherrin Dialysis Center | 201-A Weaver Avenue | Emporia | Emporia City |

Crater

Destinations (Continued)

| Type | Name | Address | City | County |
|----------|---|-------------------------------|-----------------------|-----------------------|
| Medical | Southern Virginia Regional Medical Center | 727 North Main Street | Emporia | Emporia City |
| Medical | John Randolph Hospital | 411 West Randolph Road | Hopewell | Hopewell City |
| Medical | Central State Hospital | 26317 West Washington Street | Petersburg | Dinwiddie |
| Medical | HEALTHSOUTH Rehabilitation Hospital of Petersburg | 95 Pinehill Boulevard | Petersburg | Petersburg City |
| Medical | Hiram W. Davis Medical Center | Albemarle and Seventh Streets | Petersburg | Dinwiddie |
| Medical | Poplar Springs Hospital | 350 Poplar Drive | Petersburg | Petersburg City |
| Medical | Southside Regional Medical Center | 801 South Adams Street | Petersburg | Petersburg City |
| Medical | Stony Creek Community Health Center | 12454 Harley Street | Stony Creek | Sussex |
| Medical | Waverly Health Care Center | 456 East Main Street | Waverly | Sussex |
| Shopping | Wal-Mart Supercenter Store | 12000 Iron Bridge Rd | Chester | Chesterfield |
| Shopping | Target | 2530 Weir Rd | Chester | Chesterfield |
| Shopping | Wal-Mart Supercenter Store | 900 Wal-Mart Way | Midlothian | Chesterfield |
| Shopping | Wal-Mart Supercenter Store | 12200 Chattanooga Plaza | Midlothian | Chesterfield |
| Shopping | Target | 4601 Commonwealth Center Pkwy | Midlothian | Chesterfield |
| Shopping | Wal-Mart Supercenter Store | 671 Southpark Blvd | Colonial Heights | Colonial Heights City |
| Shopping | Target | 721 Southpark Blvd | Colonial Heights | Colonial Heights City |
| Shopping | Southpark Mall | 230 Southpark Cir | Colonial Heights City | Colonial Heights City |
| Shopping | Wal-Mart Supercenter Store | 303 Market Dr | Emporia | Emporia City |
| Shopping | Wal-Mart Supercenter Store | 3500 South Crater Rd | Petersburg | Petersburg City |
| Shopping | Wal-Mart Distribution Center | 21504 Cox Rd | Sutherland | Dinwiddie |

VI. Assessment of Available Transportation Services and Resources

This section of the Plan provides an inventory and rudimentary description of transportation services available in the Crater Planning District Commission (PDC 19) region. In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of current services. The process included identifying all of the public transit, human service transportation, and private transportation services in PDC 19.

The process to identify the various transportation resources available in the region was based on:

- Prior knowledge of transportation services in the region; and
- Collection of basic descriptive and operational data for the various programs.

In the collection of this information, various issues and constraints were evident:

- Fixed routes (where available) cover areas with higher populations densities and major trip destinations, but many people who are transit dependent live in lower density areas with no general public service for these pockets of transit-dependent populations.
- Services generally are available weekdays.
- Demand-responsive service is generally available weekdays only – constrained by capacity and funding.
- Funds for out-of-region travel is confined to Medicaid-eligible customers and for long distance medical trips.
- Agency services are typically available only for agency clients for specific agency-related trips.

To gain a complete picture as to the breadth of transportation services available within PDC 19, an inventory of providers (both traditional and non-traditional) was undertaken during the workshop. This was achieved through a facilitated session where participants were guided through a catalog of questions. Also, a brief, two-page questionnaire was used to assist in the data collection effort, and was distributed at regional workshops. Participants who provide transportation service were

requested to complete the survey and send them back for additional documentation.

Table 3 highlights the inventory of available services by provider as identified at the workshop. In some cases, an agency/provider was recognized as a transportation provider in the region but not in attendance. These providers are listed and their associated information is presented by using other sources, including website information and/or via phone interview.

Table 3. Inventory of Available Services

| Agency/ Provider | (1) Client Type | (2) # of Vehicles | (3) Trip Characteristics (Times, Destinations, etc.) | (4) # of Trips |
|--|---|--|---|---------------------------------|
| a) Adult Activity Services | (S. 5310) Consumers with developmental disabilities and physical handicaps; Medicaid reimbursement trips through Logisticare | 6 buses, maximum 15; 2 with wheelchair tie-downs | 5310; fixed route; 7:00am – 5:00pm; transport to Greensville, Sussex, Surry, Emporia City | 2,000 trips per month |
| b) Logisticare (serves all of VA through 7 regions)* | Broker for non-emergency transportation for Medicaid; Only transports eligible for Medicaid recipients and some Medicare General public | | Reservations 27/7 by call center | 60,000 trips per week Statewide |
| c) Petersburg Area Transit (PAT)* | | | Fixed-route and demand response services within City of Petersburg; M-Th 5:45am-7pm, F 5:45am-8pm, Sat 6:45am-8pm | |

* Note: Not present at workshop

Figure 10 portrays the service area of public transit providers in PDC 19. Petersburg Area Transit (PAT) is the only provider that serves the general public; its service area is the City of Petersburg. More information regarding PAT can be found at its website:

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

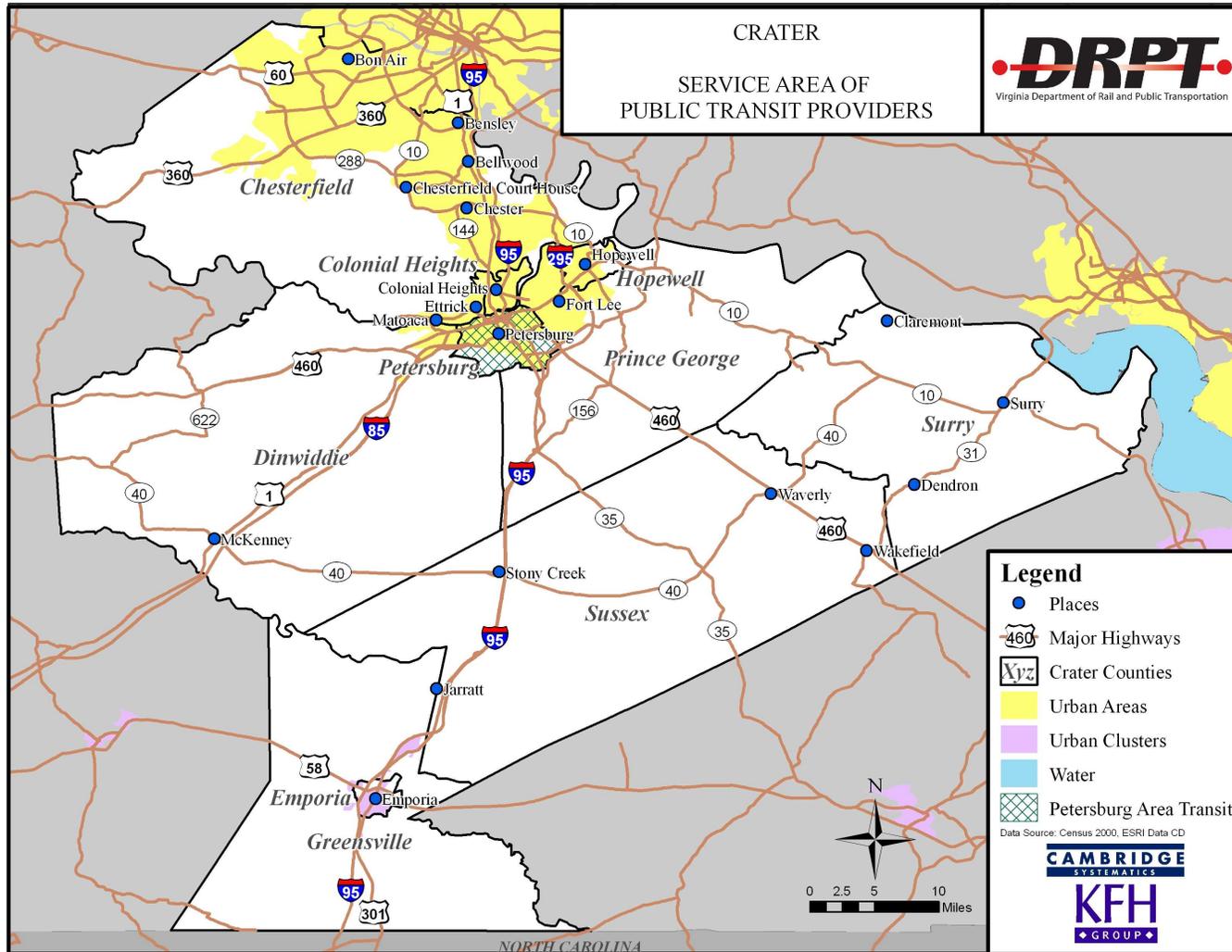
Private Transportation Providers:

In addition, the following private transportation providers were identified:

- A Rainbow Taxi Co. Prince George, VA

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

Figure 10. Service Area of Public Transit Providers



VII. Assessment of Unmet Transportation Needs and Gaps

Participants from the Richmond workshop that included the Crater Planning District (PDC 19), along representatives of the Commonwealth Regional Council (PDC 14) and the Southside Planning District (PDC 13), jointly provided input on specific unmet transportation 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 by workshop participants were described as “cross-cutting” – a need of all three population groups. Unless otherwise noted, each of the following was identified as a cross-cutting need:

Trip Purpose

- For older adults, a need for transportation to medical appointments, shopping, church, synagogue, and social events
- Additionally, there is a growing need for transportation to dialysis clinics (especially for non-Medicaid customers)
- Transportation on weekends for caregivers to get to residences
- For persons with lower incomes and people with disabilities, the primary need is work-related transportation

Time

- Elderly patients going to dialysis cannot sit for long periods; timing issues with pick-ups exist
- For persons with lower incomes, transportation needs are more variable (e.g. to accommodate various work shifts)

Place/Destination

- For older adults, trips to various shopping destinations
- Also, trips to dialysis centers (there is only one hospital in PDC of 7 counties)
- For people with lower incomes, there is a need to get into town for work; many people live outside the town/transit service area
- For persons with disabilities, transport to work, especially for those who live outside the ¾ mile fixed route

Information/Outreach

- Clients need to communicate with provider/ Logisticare that they need door-through-door service
- Case workers should let customers know that hand-to-hand service is available
- Need for greater marketing of existing services
- Educating decision-makers at the local and State levels regarding funding issues
- Need for a Mobility Manager; system should be user-friendly; one phone number to call about transportation options
- One-stop shopping for transportation information in an accessible format (e.g. Aging/Disability Resource Centers)

Travel Training/Orientation

- Train groups to ride public transportation to expand people riding public transportation

Other

- Need for affordable door-through-door service (accessible vehicles are limited)

- Need to provide funding for a variety of vehicles- 5310s (accessible sedans, vehicles, vans)
- Expand service and fill in the gaps for those people who live outside the $\frac{3}{4}$ mile of fixed-route
- For rural counties, it is difficult to obtain a local match; address the funding formula using a sliding scale
- Need connectivity between transit systems and an expanded regional service
- Need weekend, evening service (e.g. night shifts); more drivers on Sundays
- Need volunteer driver programs (some faith-based ones already exist)
- Need to fill gaps where customers don't qualify for programs

VIII. Identified Strategies

Coupled with the need to identify service gaps is the need to identify corresponding strategies intended to address service deficiencies. Based on the assessment of demographics and potential destinations, and especially the unmet transportation needs obtained from key local stakeholders in the region, a preliminary list of strategies was generated. These “strategies” differ from specific projects in that they may not be fully defined – projects would require an agency sponsor, specific expenditures, etc. The strategies were then presented at the second workshop for input and ownership. The workshop participants endorsed the following strategies, as listed below:

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

10. Bring new funding partners to public transit/human service transportation.

IX. Priorities for Implementation and Potential Projects

Identification of priorities for implementation was based on feasibility for implementing the specific strategies. All of the strategies discussed during the second workshop that are eligible for funding from Section 5310, 5316, or 5317 programs are considered priorities. Based on this process, ten specific strategies to meet these needs in PDC 19 were identified (as noted in Section VIII) as the priorities and included in the region's CHSM Plan.

These strategies are detailed in this section to include the multiple unmet transportation needs or issues that each address, potential projects that correspond to each strategy, and potential funding sources through the three programs that require the coordinated plan.

While potential projects that could be implemented to fulfill these strategies are included, please note that this list is not comprehensive and other projects that meet the strategy would also be considered.

Strategy: Continue to support and maintain capital needs of coordinated human service/public transportation providers.

To implement strategies to expand mobility options for older adults, people with disabilities, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. This strategy involves appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support development of a coordinated transportation system.

Unmet Needs/Issues Strategy Will Address:

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

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Potential Projects:

- Capital expenses to support the provision of coordinated transportation services for older adults, people with disabilities and people with lower incomes, including ensuring appropriate back-up vehicles and operational wheelchair lift equipment.
- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Expand availability of demand-response and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.

The expansion of current demand-response and specialized transportation services operated in the region is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs, as listed below. The primary expense for vehicle expansion would be operating costs—including driver salaries, fuel, and vehicle maintenance. Additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Expanded service for people who live outside the ¼ mile of fixed route or public transit service area.
- Transportation to medical appointments, shopping, church, synagogue, and social events.
- Transportation services on weekends.
- Transportation to accommodate various work shifts.
- Need to fill transportation gaps where customers do not qualify for programs.

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Potential Projects:

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

Strategy: Build coordination among existing public transportation and human service transportation providers.

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

Unmet Needs/Issues Strategy Will Address:

- Funding for a variety of vehicles, especially accessible vehicles.
- Limited number and availability of accessible vehicles.
- Need connectivity between transit systems (Blackstone Area Bus, Farmville Area Bus, etc.) and an expanded regional transportation services.
- Difficulty in obtaining local match.
- Need for a mobility manager, with a user friendly system with one phone number to call about transportation options.
- One-stop shopping for transportation information in an accessible format (e.g. Aaina/Disability Resource Centers).

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

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

Strategy: Provide targeted shuttle services to access employment opportunities.

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

Unmet Needs/Issues Strategy Will Address:

- Transportation to accommodate various work shifts.
- Need for people with lower incomes to have access to jobs in towns.
- Need for transportation to access industrial parks and job opportunities in Farmville, South Hill, Clarkesville, Charlotte County, Charlottesville, Petersburg, and other work locations.

Potential Funding Sources:

- JARC

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, including the establishment of a centralized point of access.

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

Unmet Needs/Issues Strategy Will Address:

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

Potential Funding Sources:

- New Freedom
- JARC

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 information on available transportation services.
- Procure technology to establish an information clearinghouse.

Strategy: Implement new public transportation services or operate existing public transit services on more frequent basis.

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

Unmet Needs/Issues Strategy Will Address:

- Need transportation services in evenings and on weekends.
- Transportation to accommodate various work shifts.
- Need to fill transportation gaps where customers do not qualify for programs.

Potential Funding Sources:

- JARC

Potential Projects:

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

Strategy: Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel that work with older adults, people with disabilities, and people with low incomes, are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure that those who assist 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:

- Train groups to ride public transportation to expand the number of people using public transit.
- Need for caseworkers to help educate and inform customers regarding the transportation services available to them.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

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

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

Unmet Needs/Issues Strategy Will Address:

- Need for affordable door-through-door services.
- Need volunteer driver programs (some faith-based ones exist).

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement new or expanded volunteer driver program to meet specific geographic, trip purpose, or timeframe needs.
- Implement escort/aide program for customers who may need additional assistance to travel.

Strategy: Expand access to taxi services and other private transportation operators.

While taxi service and private transportation providers in the region are either non-existent or extremely limited, these services may be the best options for area residents for evenings and for same-day transportation needs; albeit they are much more costly. 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:

- Accommodate variable transportation needs.
- Work-related trips for persons with lower incomes and people with disabilities.
- Transportation to medical appointments, shopping, church, synagogue, and social events.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement voucher program to subsidize rides for taxi trips or trips provided by private operators.
- Purchase accessible vehicles for use in taxi services.

Strategy: Bring new funding partners to public transit/human service transportation.

The demand for public transit-human service transportation is constantly growing, and 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 these riders to their sites.

Unmet Needs/Issues Strategy Will Address:

- Educating decision makers at the local and State levels regarding funding issues.
- For rural counties, it is difficult to obtain local match.
- Work-related trips for persons with lower incomes and people with disabilities.

Potential Funding Sources:

- JARC

Potential Projects:

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

X. Plan Adoption Process

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and revised and commented on initial drafts that included the assessment of transportation services, assessment of transportation needs and gaps, and proposed strategies and potential projects. Ultimately, these coordinated planning participants formally discussed and agreed upon the identified strategies in this plan.

At the third workshop, a more formal endorsement process was discussed with workshop participants. Ultimately, each plan will become a section within the PDC's Regional Rural Long Range Plan (RLRP) which is required by the Virginia Department of Transportation (VDOT). The intent is a regional transportation plan in rural areas that complements those in the metropolitan areas of the state. The development and components of each RLRP will include public outreach and recommendation development, as well as public endorsement and regional adoption.

XI. Ongoing and Future Arrangements for Plan Updates

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, DRPT will be working with the region to develop an ongoing structure to serve as the foundation for future coordinated transportation planning efforts.

While formal responsibilities and organizational roles will be determined locally in the future, it is anticipated that this ongoing structure will:

- Lead updates for the *Coordinated Human Service Mobility Plan* for PDC 19 based on local needs (but at the minimum FTA required cycle);
- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to community transportation services
- Review and discuss coordination strategies in the region and provide recommendations for potential improvements to help expand mobility options in the region.
- Provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.

Appendix A – Final FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the final guidance from the Federal Transit Administration (FTA) on the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access Reverse Commute (JARC – Section 5316) and New Freedom (Section 5317) programs. (Effective May 1, 2007)

Final Circulars: http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html

Final Register Notices: http://www.fta.dot.gov/laws/leg_reg_federal_register.html

COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by SAFETEA-LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by 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, JARC and New Freedom Programs. 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. 5317.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.

Overview. A locally developed, coordinated, public transit-human services transportation plan (“coordinated plan”) 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. 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 metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the 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 competitive 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 representatives of public and

private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

Required Elements. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

An assessment of available services that identifies current transportation providers (public, private, and non-profit);

An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. 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 (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);

Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and

Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

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 agency that will serve as the designated

recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. 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 all new Federal requirements must be met, however, 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 three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), 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.

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.

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.

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.

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.

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.

Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, 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 through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by 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 (e.g., individuals with disabilities, older adults, and individuals with low incomes) 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:

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.

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 , JARC, and New Freedom Programs must be “derived from a locally developed, coordinated public transit-human services transportation plan” that was “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by 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, older adults, and individuals with low incomes. 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:

Transportation partners:

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;

Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);

Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;

Non-profit transportation providers;

Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and

Human service agencies funding, operating, and/or providing access to transportation services.

Passengers and advocates:

Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);

Protection and advocacy organizations;

Representatives from independent living centers; and

Advocacy organizations working on behalf of targeted populations.

Human service partners:

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;

Non-profit human service provider organizations that serve the targeted populations;

Job training and placement agencies;

Housing agencies;

Health care facilities; and

Mental health agencies.

Other:

Security and emergency management agencies;

Tribes and tribal representatives;

Economic development organizations;

Faith-based and community-based organizations;

Representatives of the business community (e.g., employers);

Appropriate local or State officials and elected officials;

School districts; and

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 competitive 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).

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. It is expected 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.

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 designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application 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.

Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can 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 through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive 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 competitively 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.

Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. SAFETEA-LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA-LU, require MPOs and States to engage the public and stakeholder groups 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.

Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. 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.

Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula 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(c)(5) requires that, “Each recipient of a grant shall ensure that the proposed program of projects (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 the 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.

Appendix B – Mobility Management – Eligible Activities and Potential Projects

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation is an eligible project through the Federal Transit Administration's (FTA) Section 5317 (New Freedom) and Section 5316 (Job Access and Reverse Commute – JARC) Programs. Mobility management is considered an eligible capital cost. Therefore, the federal share of eligible project costs is 80 percent (as opposed to 50 percent for operating projects).

The following excerpt on mobility management activities is included in the FTA guidance for the New Freedom and JARC Programs:

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive New Freedom funding to support the administrative costs of sharing services it provides to its own clientele with other individuals with disabilities and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:

The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;

Support for short term management activities to plan and implement coordinated services;

The support of State and local coordination policy bodies and councils;

The operation of transportation brokerages to coordinate providers, funding agencies and customers;

The provision of coordination services, including employer-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;

The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and

Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

A Mobility Manager can be the centerpiece of an effort to coordinate existing services to maximize efficiency and effectiveness. This entity can be designed to:

- Plan and identify needs and solutions, with an emphasis on work, school and training trips.
- Continue to seek greater efficiencies and reduce duplication through coordination.
- Coordinate and seek public and private funding – including New Freedom, JARC, and sponsorships.
- Coordinate human service transportation with workforce boards, social service agencies, etc.
- Conduct marketing efforts, developing schedules and how to ride guides.
- Serve as One Stop Information Center.
- Function as a rideshare coordinator.
- Develop a mentoring function.

Appendix C – Potential Non-DOT Federal Program Guide

Source – United We Ride website
http://www.unitedweride.gov/1_691_ENG_HTML.htm

U.S. Department of Agriculture

- [Food and Nutrition Service](#)

U.S. Department of Education

- [Office of Elementary and Secondary Education](#)
- [Office of Innovation and Improvement](#)
- [Office of Special Education and Rehabilitative Services](#)

U.S. Department of the Interior

- [Bureau of Indian Affairs](#)

U.S. Department of Health and Human Services

- [Health Resources and Services Administration](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration on Aging](#)
- [Substance Abuse and Mental Health Services](#)
- [Administration for Children and Families](#)

U.S. Department of Housing and Urban Development

U.S. Department of Labor

- [Employment Standards Administration](#)
- [Veterans' Employment and Training Service](#)
- [Employment and Training Administration](#)

U.S. Department of Veterans Affairs

- [Veterans Benefits Administration](#)
- [Veterans Health Administration](#)

Appendix D – Workshop Attendees

1st Workshop – PDCs 13, 14, 19

| Name | Organization | Type | County | Phone | E-mail |
|----------------------|-------------------------------------|---------------------------------|--------|--------------|---|
| Ed Taylor | Lake Country AAA | Mecklenburg | AAA | 434-447-7661 | lakecaaa@lcaaa.org |
| Johnny Cleaton | Lake Country AAA | Mecklenburg | AAA | 434-447-7661 | lakecaaa@lcaaa.org |
| Ellie Jacobs | Southside Community Service Board | Halifax, Brunswick, Mecklenburg | CSB | 434-572-6916 | ejacobs@sscsb.org |
| Debra Smith | Crossroads CSB | Region IV | CSB | 434-983-9634 | dsmith@crossroadscsb.org |
| Ron Lucas | Hanover County CSB | Hanover | CSB | 804-365-4216 | rglucas@co.hanover.va.us |
| Jessie R. Evans, JR. | Disability Service Board | Henrico | DSS | 804-755-6751 | jevans@jecarrass.net |
| Shel Douglas | Dinwiddie Social Services | Dinwiddie | DSS | 804-469-4524 | sbd053@central.dss.state.va.us |
| James P. Scott III | Adult Activity Services, Inc. | Greensville | HS | 434-634-2124 | sgeaas@verizon.net, sgeaas@3rddoor.com |
| Ryan Follett | STEPS | Southside area | HS | 434-696-1117 | rfollett@steps-inc.org |
| Kim Marshall | STEPS | Southside area | HS | 434-696-1117 | kmarshall@steps-inc.org |
| Judy Jarratt | Logisticare | Statewide | MTP | 804-263-1570 | judyj@logisticare.com |
| Melody Foster | Commonwealth Regional Council | CRC | PDC | 434-392-6104 | mfostercrc@ntelos.net |
| Julie Adams | Farmville Area Bus | Prince Edward | PT | 434-392-RIDE | fab@moonstar.com |
| Beverly Dunnivant | DRS - Farmville | Prince Edward | SD | 434-342-8189 | beverly.dunnivant@drs.virginia.gov |
| Angela Edmonds | Dept. of Rehab Services - Farmville | Prince Edward | SD | 434-392-8189 | angela.edmonds@drs.virginia.gov |
| Kathy Miller | Va Dept. for the Aging | | SD | 804-662-9341 | kathy.miller@vda.virginia.gov |
| Pam Smith | CARE | Prince Edward | | 434-392-8618 | |
| Jennifer Beck | Town of Blackstone | Nottoway | | 434-292-3550 | jhouseman@hovac.com |

'Type' Key:

CD = County Department
 CSB = Community Service Board
 HS = Human Services
 JT = Job Training Center
 MTP = Medicare Transportation Provider
 PDC = PDC Planning Office
 PT = Public Transit
 SD = Statewide Department

2nd Workshop – PDCs 13, 14, 19

| Name | Organization | County | Phone | E-mail |
|-------------------|---|-------------------|--------------|--|
| Ellie Jacobs | Southside Community Services Board | Halifax | 434-572-6916 | ejacobs@sscsb.org |
| Jim Scott | Sussex-Greenville-Emporia Adult Activity Services, inc. | Dist 19 | 434-634-2124 | sgeaas@verizon.net |
| Johnny Cleaton | Lake Country Area Agency on Aging (AAA) | Meck/13 | 434-447-7661 | transportation@lcaaa.org |
| Julie Adams | Farmville Area Bus | Prince Edward | 434-392-7433 | fab@moonstar.com |
| Joe Hubbard | District 19 SCB | Dist 19 | 804-862-8054 | Jhubbard@d19csb.com |
| Deb Smith | Crossroads CSB | PDC 14 | 434-392-5920 | dsmith@crossroadscsb.org |
| Ben Dunnavant | Dept. of Rehabilitative Services | PDC 14 | 434-392-8189 | BeverlyDunnav@drs.va.gov |
| Melody Foster | Commonwealth Regional Council | PDC 14 | 434-392-6104 | mfostercrc@ntelos.net |
| Judith C. Johnson | Brain Injury Association of VA | City of Lynchburg | 540-525-4515 | judith@biav.net |
| Donna Shaunessey | JAUNT, Inc. | Buckingham | 434-296-3184 | donnas@ridejaunt.org |
| Andy Sorrel | Cumberland County | Commonwealth | 804-492-3520 | asorrell@cumberlandcounty.virginia.gov |
| Kimberly Marshall | STEPS, Inc. | Southside | 434-696-1117 | kmarshall@STEPS-Inc.org |
| Will Rogers | Crossroads Community Services | Commonwealth | 434-382-7049 | wrogers@crossroadscsb.org |
| Neil Sherman | DRPT | | 804-786-1154 | Neil.sherman@drpt.virginia.gov |

3rd Workshop – PDCs 13, 14, 19

| Name | Organization | County/PDC | Phone | E-mail |
|-------------------|--|-------------------|------------------------------|--------------------------------|
| Joe Vinsh | Crater Planning District | PDC 19 | 804-861-1666 | jvinsh@cad.state.va.us |
| Johnny Cleaton | Lake Country Area Agency on Aging (AAA) | Meck/13 | 434-447-7661 | transportation@lcaaa.org |
| Julie Adams | Farmville Area Bus | Prince Edward | 434-392-7433 | fab@moonstar.com |
| Joe Hubbard | District 19 SCB | PDC 19 | 804-862-8054 | Jhubbard@d19csb.com |
| Debbie Taylor | JAUNT, Inc. | Buckingham | 343-296-6174 | debbiet@ridejaunt.org |
| Jim Scott | Adult Activity Services | | 434-634-2124 | sgeqas@verizon.net |
| Shel Douglas | Dinwiddie Social Services | Dinwiddie | 804-469-4524 | Sbd053@central.dss.state.va.us |
| Melody Foster | Commonwealth Regional Council | PDC 14 | 434-392-6104 | mfostercrc@ntelos.net |
| Jack Smith | VA Department of Rehabilitative Services | PDC 14 | 434-315-5905 | jacksmith@drs.virginia.gov |
| Kimberly Marshall | STEPS, Inc. | Southside | 434-315-5905 434-696-1117 | kmarshall@STEPS-Inc.org |
| Debra A Smith | Crossroads CSB | Commonwealth | 434-392-5920 | dsmith@crossroadscsb.org |

Appendix E – Demographics of Potentially Transit Dependent Persons

Crater

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

| Block Group Number | County | Land Area (Sq Miles) | Households | Population | Population Density (Persons/SqMi) | Elderly | Mobility Disabled | Below Poverty | Autoless Households |
|--------------------|--------------|----------------------|------------|------------|-----------------------------------|---------|-------------------|---------------|---------------------|
| 510411002074 | Chesterfield | 0.8 | 589 | 1,638 | 1,935.2 | 103 | 102 | 62 | 8 |
| 510411002075 | Chesterfield | 1.3 | 625 | 1,424 | 1,093.6 | 175 | 230 | 113 | 31 |
| 510411002081 | Chesterfield | 0.9 | 443 | 1,163 | 1,283.7 | 178 | 27 | 63 | 13 |
| 510411002082 | Chesterfield | 0.6 | 370 | 1,041 | 1,769.7 | 125 | 62 | 0 | 5 |
| 510411002083 | Chesterfield | 0.2 | 215 | 509 | 2,849.2 | 114 | 38 | 52 | 0 |
| 510411003001 | Chesterfield | 1.6 | 686 | 1,625 | 993.4 | 242 | 248 | 287 | 82 |
| 510411001061 | Chesterfield | 0.6 | 318 | 1,043 | 1,874.6 | 161 | 40 | 34 | 5 |
| 510411001062 | Chesterfield | 1.7 | 829 | 1,987 | 1,152.4 | 450 | 105 | 24 | 24 |
| 510411001071 | Chesterfield | 0.5 | 865 | 1,624 | 3,358.2 | 117 | 62 | 221 | 61 |
| 510411001072 | Chesterfield | 0.5 | 305 | 538 | 981.7 | 38 | 67 | 56 | 20 |
| 510411002051 | Chesterfield | 0.4 | 281 | 656 | 1,619.3 | 193 | 28 | 9 | 8 |
| 510411002052 | Chesterfield | 0.4 | 413 | 1,035 | 2,522.2 | 145 | 86 | 93 | 17 |
| 510411002053 | Chesterfield | 0.4 | 864 | 1,959 | 5,501.7 | 164 | 90 | 276 | 62 |
| 510411002054 | Chesterfield | 0.3 | 1,120 | 2,591 | 7,413.9 | 152 | 117 | 196 | 73 |
| 510411002061 | Chesterfield | 0.4 | 323 | 736 | 1,687.5 | 52 | 50 | 48 | 18 |
| 510411002062 | Chesterfield | 0.9 | 420 | 981 | 1,037.6 | 243 | 93 | 31 | 7 |
| 510411002063 | Chesterfield | 1.3 | 886 | 2,670 | 2,030.1 | 135 | 118 | 71 | 0 |
| 510411002064 | Chesterfield | 0.5 | 526 | 1,544 | 3,121.5 | 127 | 204 | 65 | 16 |
| 510411002071 | Chesterfield | 0.7 | 545 | 1,174 | 1,686.5 | 165 | 116 | 125 | 32 |
| 510411002072 | Chesterfield | 0.5 | 387 | 1,029 | 1,878.7 | 183 | 34 | 112 | 9 |
| 510411002073 | Chesterfield | 0.9 | 968 | 2,615 | 2,781.9 | 396 | 46 | 65 | 0 |
| 510411003002 | Chesterfield | 0.4 | 389 | 895 | 2,086.0 | 137 | 153 | 141 | 29 |
| 510411004031 | Chesterfield | 12.7 | 240 | 623 | 49.1 | 109 | 66 | 22 | 17 |
| 510411004032 | Chesterfield | 5.7 | 1,133 | 2,632 | 463.7 | 315 | 157 | 218 | 18 |
| 510411004033 | Chesterfield | 6.2 | 243 | 548 | 88.9 | 109 | 53 | 124 | 33 |
| 510411004041 | Chesterfield | 1.0 | 1,010 | 2,162 | 2,261.9 | 182 | 183 | 293 | 141 |
| 510411004051 | Chesterfield | 0.3 | 311 | 801 | 3,040.3 | 156 | 23 | 63 | 21 |
| 510411004052 | Chesterfield | 0.4 | 545 | 1,291 | 2,940.5 | 160 | 145 | 228 | 53 |
| 510411004061 | Chesterfield | 1.4 | 375 | 966 | 692.4 | 70 | 68 | 326 | 59 |
| 510411004071 | Chesterfield | 1.0 | 268 | 643 | 649.8 | 103 | 27 | 25 | 17 |
| 510411004072 | Chesterfield | 1.3 | 337 | 805 | 635.0 | 114 | 114 | 75 | 30 |
| 510411004073 | Chesterfield | 1.4 | 701 | 1,763 | 1,290.3 | 281 | 186 | 263 | 50 |
| 510411004081 | Chesterfield | 0.8 | 390 | 856 | 1,060.5 | 92 | 48 | 45 | 40 |
| 510411004082 | Chesterfield | 1.0 | 879 | 2,483 | 2,384.5 | 184 | 65 | 67 | 0 |
| 510411004083 | Chesterfield | 0.8 | 540 | 1,581 | 1,940.8 | 127 | 62 | 17 | 22 |

Crater

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS (CONTINUED)

| Block Group Number | County | Land Area (Sq Miles) | Households | Population | Population Density (Persons/SqMi) | Elderly | Mobility Disabled | Below Poverty | Autoless Households |
|--------------------|--------------|----------------------|------------|------------|-----------------------------------|---------|-------------------|---------------|---------------------|
| 510411004084 | Chesterfield | 1.0 | 610 | 1,450 | 1,403.0 | 189 | 167 | 131 | 45 |
| 510411004085 | Chesterfield | 1.1 | 506 | 1,248 | 1,158.1 | 267 | 51 | 32 | 28 |
| 510411005011 | Chesterfield | 12.5 | 1,455 | 4,318 | 345.4 | 335 | 301 | 124 | 0 |
| 510411005012 | Chesterfield | 0.6 | 398 | 1,077 | 1,924.8 | 96 | 19 | 53 | 10 |
| 510411005013 | Chesterfield | 2.0 | 698 | 1,789 | 901.6 | 286 | 99 | 85 | 0 |
| 510411005041 | Chesterfield | 2.1 | 831 | 2,004 | 949.6 | 265 | 147 | 104 | 48 |
| 510411005042 | Chesterfield | 2.1 | 629 | 1,576 | 734.5 | 181 | 31 | 127 | 24 |
| 510411005043 | Chesterfield | 1.9 | 892 | 2,658 | 1,367.4 | 239 | 134 | 60 | 16 |
| 510411005044 | Chesterfield | 1.1 | 602 | 1,715 | 1,532.6 | 142 | 97 | 23 | 17 |
| 510411005051 | Chesterfield | 0.6 | 311 | 735 | 1,171.2 | 151 | 56 | 73 | 0 |
| 510411005052 | Chesterfield | 1.4 | 385 | 990 | 707.4 | 208 | 62 | 53 | 18 |
| 510411005053 | Chesterfield | 1.2 | 448 | 1,206 | 1,002.1 | 151 | 66 | 60 | 20 |
| 510411005054 | Chesterfield | 0.2 | 531 | 1,108 | 4,817.3 | 62 | 28 | 80 | 8 |
| 510411005055 | Chesterfield | 0.5 | 290 | 727 | 1,495.4 | 152 | 6 | 3 | 0 |
| 510411005061 | Chesterfield | 0.3 | 232 | 611 | 1,791.0 | 129 | 39 | 28 | 0 |
| 510411005062 | Chesterfield | 2.0 | 514 | 1,455 | 738.5 | 53 | 187 | 554 | 113 |
| 510411005063 | Chesterfield | 1.5 | 473 | 1,337 | 863.2 | 141 | 76 | 11 | 6 |
| 510411005064 | Chesterfield | 0.5 | 537 | 1,253 | 2,551.2 | 131 | 151 | 238 | 39 |
| 510411006001 | Chesterfield | 0.5 | 337 | 756 | 1,458.7 | 262 | 108 | 61 | 5 |
| 510411006002 | Chesterfield | 0.4 | 165 | 2,112 | 5,962.0 | 51 | 106 | 121 | 19 |
| 510411006003 | Chesterfield | 0.4 | 260 | 596 | 1,545.2 | 81 | 119 | 86 | 27 |
| 510411007011 | Chesterfield | 1.0 | 648 | 1,667 | 1,692.9 | 147 | 164 | 57 | 12 |
| 510411007012 | Chesterfield | 1.0 | 405 | 958 | 921.7 | 186 | 103 | 73 | 11 |
| 510411007013 | Chesterfield | 1.1 | 453 | 1,159 | 1,051.9 | 164 | 102 | 38 | 6 |
| 510411007014 | Chesterfield | 1.4 | 482 | 1,061 | 775.7 | 163 | 143 | 115 | 35 |
| 510411007021 | Chesterfield | 10.6 | 603 | 1,585 | 149.0 | 264 | 263 | 93 | 14 |
| 510411007031 | Chesterfield | 8.6 | 263 | 711 | 82.9 | 99 | 62 | 35 | 18 |
| 510411007032 | Chesterfield | 16.8 | 518 | 1,282 | 76.5 | 179 | 124 | 37 | 8 |
| 510411007033 | Chesterfield | 8.2 | 658 | 1,805 | 221.2 | 248 | 85 | 89 | 22 |
| 510411007034 | Chesterfield | 19.3 | 642 | 1,744 | 90.4 | 201 | 118 | 57 | 32 |
| 510411008041 | Chesterfield | 0.8 | 863 | 1,835 | 2,300.5 | 388 | 154 | 61 | 44 |
| 510411008042 | Chesterfield | 0.4 | 406 | 1,171 | 2,943.7 | 129 | 81 | 80 | 7 |
| 510411008043 | Chesterfield | 0.8 | 526 | 1,301 | 1,601.3 | 389 | 109 | 9 | 4 |
| 510411008051 | Chesterfield | 0.5 | 381 | 886 | 1,743.3 | 275 | 90 | 7 | 31 |
| 510411008052 | Chesterfield | 1.3 | 965 | 2,769 | 2,072.3 | 156 | 170 | 53 | 7 |
| 510411008053 | Chesterfield | 0.3 | 342 | 853 | 2,809.2 | 64 | 123 | 125 | 18 |
| 510411008061 | Chesterfield | 0.2 | 876 | 2,007 | 10,080.4 | 61 | 216 | 296 | 52 |
| 510411008062 | Chesterfield | 0.6 | 692 | 1,938 | 2,985.3 | 227 | 68 | 110 | 19 |
| 510411008071 | Chesterfield | 1.3 | 559 | 1,392 | 1,051.3 | 280 | 68 | 20 | 21 |

Crater

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS (CONTINUED)

| Block Group Number | County | Land Area (Sq Miles) | Households | Population | Population Density (Persons/SqMi) | Elderly | Mobility Disabled | Below Poverty | Autoless Households |
|--------------------|--------------|----------------------|------------|------------|-----------------------------------|---------|-------------------|---------------|---------------------|
| 510411008091 | Chesterfield | 4.0 | 585 | 1,646 | 413.3 | 129 | 78 | 148 | 21 |
| 510411008092 | Chesterfield | 13.4 | 676 | 2,125 | 158.8 | 265 | 64 | 27 | 8 |
| 510411008093 | Chesterfield | 11.4 | 780 | 2,193 | 192.9 | 231 | 54 | 44 | 14 |
| 510411008111 | Chesterfield | 1.7 | 429 | 1,160 | 669.5 | 181 | 51 | 23 | 17 |
| 510411008112 | Chesterfield | 15.5 | 997 | 2,779 | 178.9 | 296 | 106 | 68 | 26 |
| 510411008113 | Chesterfield | 2.3 | 1,150 | 2,878 | 1,265.4 | 341 | 115 | 50 | 65 |
| 510411008121 | Chesterfield | 3.0 | 411 | 1,050 | 351.7 | 243 | 67 | 55 | 13 |
| 510411008122 | Chesterfield | 1.1 | 817 | 2,479 | 2,355.8 | 105 | 72 | 30 | 0 |
| 510411008123 | Chesterfield | 1.5 | 439 | 1,079 | 698.9 | 314 | 104 | 35 | 0 |
| 510411008131 | Chesterfield | 0.8 | 491 | 1,361 | 1,619.1 | 92 | 28 | 31 | 0 |
| 510411008132 | Chesterfield | 1.1 | 397 | 882 | 837.4 | 295 | 66 | 7 | 15 |
| 510411008133 | Chesterfield | 2.6 | 952 | 2,652 | 1,004.8 | 293 | 162 | 72 | 40 |
| 510411008134 | Chesterfield | 1.5 | 493 | 1,375 | 897.6 | 102 | 101 | 0 | 9 |
| 510411008141 | Chesterfield | 0.8 | 587 | 1,686 | 2,093.6 | 115 | 74 | 96 | 0 |
| 510411008142 | Chesterfield | 1.8 | 729 | 1,956 | 1,112.0 | 86 | 134 | 70 | 10 |
| 510411008151 | Chesterfield | 1.0 | 499 | 1,433 | 1,444.3 | 182 | 65 | 0 | 9 |
| 510411008152 | Chesterfield | 1.2 | 835 | 2,469 | 2,010.9 | 158 | 135 | 81 | 0 |
| 510411008161 | Chesterfield | 0.5 | 400 | 1,097 | 2,112.4 | 141 | 29 | 4 | 0 |
| 510411008162 | Chesterfield | 0.7 | 784 | 2,391 | 3,468.2 | 91 | 119 | 141 | 12 |
| 510411008163 | Chesterfield | 0.4 | 337 | 932 | 2,259.3 | 77 | 86 | 75 | 6 |
| 510411008171 | Chesterfield | 0.4 | 754 | 2,022 | 4,861.2 | 119 | 113 | 127 | 44 |
| 510411008172 | Chesterfield | 1.3 | 386 | 1,516 | 1,127.7 | 299 | 29 | 25 | 9 |
| 510411009021 | Chesterfield | 0.4 | 316 | 748 | 1,994.4 | 191 | 53 | 21 | 0 |
| 510411009022 | Chesterfield | 1.1 | 808 | 2,053 | 1,812.9 | 455 | 84 | 75 | 20 |
| 510411009023 | Chesterfield | 0.5 | 459 | 1,113 | 2,349.4 | 332 | 30 | 30 | 5 |
| 510411009071 | Chesterfield | 1.2 | 603 | 1,749 | 1,404.8 | 277 | 99 | 46 | 8 |
| 510411009072 | Chesterfield | 0.6 | 358 | 692 | 1,089.2 | 186 | 61 | 10 | 66 |
| 510411009101 | Chesterfield | 0.3 | 367 | 1,121 | 3,387.4 | 66 | 87 | 6 | 0 |
| 510411009102 | Chesterfield | 0.7 | 582 | 1,541 | 2,124.0 | 175 | 95 | 176 | 7 |
| 510411009103 | Chesterfield | 1.0 | 578 | 1,373 | 1,394.8 | 303 | 122 | 21 | 13 |
| 510411009104 | Chesterfield | 0.5 | 413 | 1,100 | 2,157.2 | 150 | 45 | 4 | 0 |
| 510411009121 | Chesterfield | 1.0 | 883 | 1,977 | 1,965.0 | 410 | 53 | 38 | 7 |
| 510411009122 | Chesterfield | 0.4 | 548 | 1,323 | 2,944.9 | 196 | 11 | 50 | 13 |
| 510411009123 | Chesterfield | 1.0 | 423 | 1,119 | 1,129.3 | 131 | 18 | 41 | 0 |
| 510411009124 | Chesterfield | 0.7 | 408 | 1,115 | 1,698.7 | 153 | 9 | 5 | 0 |
| 510411009131 | Chesterfield | 1.5 | 1,230 | 3,367 | 2,268.2 | 148 | 130 | 97 | 47 |
| 510411009132 | Chesterfield | 1.1 | 705 | 1,694 | 1,499.8 | 87 | 69 | 57 | 8 |
| 510411009133 | Chesterfield | 1.2 | 969 | 2,520 | 2,112.3 | 148 | 221 | 113 | 42 |
| 510411009151 | Chesterfield | 0.8 | 733 | 1,327 | 1,663.0 | 221 | 76 | 82 | 38 |

Crater

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS (CONTINUED)

| Block Group Number | County | Land Area (Sq Miles) | Households | Population | Population Density (Persons/SqMi) | Elderly | Mobility Disabled | Below Poverty | Autoless Households |
|--------------------|--------------|----------------------|------------|------------|-----------------------------------|---------|-------------------|---------------|---------------------|
| 510411009152 | Chesterfield | 1.1 | 1,047 | 2,584 | 2,273.9 | 430 | 155 | 65 | 0 |
| 510411009191 | Chesterfield | 1.2 | 476 | 1,322 | 1,091.6 | 56 | 102 | 83 | 18 |
| 510411009192 | Chesterfield | 1.6 | 1,016 | 2,671 | 1,652.9 | 253 | 150 | 204 | 41 |
| 510411009193 | Chesterfield | 1.9 | 191 | 508 | 265.9 | 99 | 86 | 41 | 35 |
| 510411009194 | Chesterfield | 1.1 | 569 | 1,562 | 1,465.6 | 86 | 76 | 62 | 15 |
| 510411009201 | Chesterfield | 1.3 | 484 | 958 | 750.5 | 272 | 78 | 14 | 53 |
| 510411009211 | Chesterfield | 0.3 | 324 | 997 | 3,493.3 | 76 | 68 | 0 | 7 |
| 510411009212 | Chesterfield | 0.5 | 830 | 2,101 | 4,204.0 | 223 | 55 | 0 | 0 |
| 510411009213 | Chesterfield | 0.2 | 367 | 1,053 | 4,791.1 | 101 | 119 | 24 | 0 |
| 510411009214 | Chesterfield | 0.4 | 806 | 1,719 | 4,129.6 | 183 | 122 | 0 | 26 |
| 510411009221 | Chesterfield | 0.8 | 730 | 1,843 | 2,253.0 | 349 | 129 | 37 | 8 |
| 510411009222 | Chesterfield | 1.3 | 956 | 2,378 | 1,796.4 | 216 | 123 | 193 | 16 |
| 510411009223 | Chesterfield | 0.3 | 377 | 1,048 | 3,050.3 | 140 | 156 | 50 | 58 |
| 510411009231 | Chesterfield | 0.6 | 574 | 1,386 | 2,272.7 | 187 | 59 | 26 | 25 |
| 510411009232 | Chesterfield | 0.7 | 345 | 949 | 1,391.2 | 76 | 73 | 39 | 17 |
| 510411009241 | Chesterfield | 4.9 | 875 | 2,777 | 568.0 | 184 | 116 | 154 | 0 |
| 510411009251 | Chesterfield | 1.0 | 477 | 1,308 | 1,252.5 | 208 | 26 | 37 | 0 |
| 510411009252 | Chesterfield | 1.5 | 887 | 2,882 | 1,931.4 | 404 | 129 | 49 | 7 |
| 510411009253 | Chesterfield | 2.9 | 966 | 2,870 | 995.5 | 378 | 14 | 0 | 7 |
| 510411009261 | Chesterfield | 3.0 | 351 | 1,098 | 363.5 | 91 | 22 | 0 | 9 |
| 510411009262 | Chesterfield | 3.0 | 1,267 | 3,316 | 1,120.9 | 601 | 134 | 71 | 54 |
| 510411009271 | Chesterfield | 1.2 | 984 | 2,495 | 2,156.2 | 167 | 84 | 81 | 16 |
| 510411009272 | Chesterfield | 0.5 | 684 | 1,773 | 3,620.3 | 363 | 114 | 0 | 48 |
| 510411009273 | Chesterfield | 8.6 | 226 | 602 | 69.9 | 118 | 41 | 0 | 0 |
| 510411009281 | Chesterfield | 7.6 | 532 | 1,092 | 144.2 | 282 | 36 | 75 | 19 |
| 510411009291 | Chesterfield | 0.9 | 289 | 780 | 821.6 | 64 | 14 | 38 | 0 |
| 510411009292 | Chesterfield | 1.0 | 448 | 966 | 939.0 | 108 | 25 | 57 | 13 |
| 510411009293 | Chesterfield | 0.9 | 713 | 2,284 | 2,445.3 | 138 | 72 | 10 | 0 |
| 510411009301 | Chesterfield | 0.4 | 291 | 916 | 2,090.4 | 37 | 18 | 18 | 0 |
| 510411009302 | Chesterfield | 0.9 | 828 | 2,861 | 3,069.2 | 93 | 67 | 0 | 10 |
| 510411009311 | Chesterfield | 0.7 | 289 | 808 | 1,105.3 | 154 | 16 | 0 | 0 |
| 510411009312 | Chesterfield | 1.5 | 623 | 1,799 | 1,199.0 | 248 | 58 | 36 | 0 |
| 510411009313 | Chesterfield | 1.1 | 917 | 2,769 | 2,575.6 | 136 | 54 | 16 | 0 |
| 510411009321 | Chesterfield | 1.0 | 913 | 2,648 | 2,585.5 | 181 | 99 | 10 | 0 |
| 510411010031 | Chesterfield | 45.4 | 749 | 2,101 | 46.3 | 268 | 90 | 133 | 41 |
| 510411010041 | Chesterfield | 27.9 | 329 | 878 | 31.5 | 130 | 60 | 16 | 0 |
| 510411010042 | Chesterfield | 29.1 | 915 | 2,742 | 94.2 | 203 | 126 | 45 | 0 |
| 510411010051 | Chesterfield | 6.1 | 1,016 | 2,221 | 365.6 | 112 | 138 | 30 | 23 |
| 510411010052 | Chesterfield | 3.1 | 595 | 1,617 | 524.9 | 145 | 70 | 23 | 7 |

Crater

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS (CONTINUED)

| Block Group Number | County | Land Area (Sq Miles) | Households | Population | Population Density (Persons/SqMi) | Elderly | Mobility Disabled | Below Poverty | Autoless Households |
|--------------------|---------------|----------------------|------------|------------|-----------------------------------|---------|-------------------|---------------|---------------------|
| 510411010053 | Chesterfield | 4.7 | 722 | 2,165 | 463.5 | 126 | 58 | 0 | 0 |
| 510411010061 | Chesterfield | 1.5 | 994 | 2,401 | 1,608.2 | 107 | 139 | 121 | 48 |
| 510411010062 | Chesterfield | 1.9 | 1,471 | 4,561 | 2,357.3 | 122 | 173 | 88 | 18 |
| 510411010063 | Chesterfield | 4.3 | 703 | 2,038 | 474.6 | 188 | 102 | 0 | 9 |
| 510411010071 | Chesterfield | 0.7 | 585 | 1,822 | 2,673.8 | 94 | 24 | 20 | 0 |
| 510411010072 | Chesterfield | 0.5 | 594 | 1,878 | 3,951.0 | 79 | 49 | 24 | 0 |
| 510411010073 | Chesterfield | 1.5 | 1,107 | 2,858 | 1,930.7 | 450 | 57 | 40 | 23 |
| 510411010081 | Chesterfield | 2.6 | 1,239 | 3,929 | 1,518.1 | 176 | 89 | 103 | 18 |
| 510538401001 | Dinwiddie | 50.3 | 360 | 844 | 16.8 | 162 | 115 | 70 | 32 |
| 510538401002 | Dinwiddie | 27.6 | 133 | 320 | 11.6 | 78 | 69 | 57 | 16 |
| 510538401003 | Dinwiddie | 24.8 | 352 | 818 | 33.0 | 175 | 113 | 101 | 34 |
| 510538401004 | Dinwiddie | 21.1 | 298 | 742 | 35.1 | 144 | 100 | 41 | 8 |
| 510538401005 | Dinwiddie | 43.4 | 314 | 680 | 15.7 | 147 | 37 | 47 | 17 |
| 510538401006 | Dinwiddie | 67.4 | 675 | 1,527 | 22.7 | 318 | 145 | 236 | 47 |
| 510538401007 | Dinwiddie | 20.5 | 3 | 6 | 0.3 | 0 | 0 | 0 | 0 |
| 510538402001 | Dinwiddie | 7.2 | 360 | 990 | 137.9 | 131 | 91 | 9 | 0 |
| 510538402002 | Dinwiddie | 4.3 | 218 | 491 | 113.0 | 137 | 51 | 18 | 0 |
| 510538402003 | Dinwiddie | 31.5 | 552 | 1,475 | 46.8 | 210 | 92 | 155 | 5 |
| 510538402004 | Dinwiddie | 27.2 | 413 | 1,013 | 37.3 | 178 | 68 | 64 | 23 |
| 510538403001 | Dinwiddie | 4.1 | 1,229 | 3,202 | 772.8 | 369 | 269 | 284 | 66 |
| 510538403002 | Dinwiddie | 2.5 | 751 | 1,835 | 738.1 | 337 | 232 | 85 | 8 |
| 510538403003 | Dinwiddie | 0.2 | 133 | 329 | 1,971.8 | 63 | 62 | 137 | 38 |
| 510538404001 | Dinwiddie | 1.9 | 147 | 1,177 | 616.6 | 178 | 33 | 64 | 17 |
| 510538405001 | Dinwiddie | 9.8 | 447 | 979 | 99.7 | 131 | 124 | 94 | 7 |
| 510538405002 | Dinwiddie | 16.5 | 845 | 1,909 | 115.7 | 257 | 144 | 203 | 22 |
| 510538406001 | Dinwiddie | 46.7 | 538 | 1,288 | 27.6 | 250 | 89 | 63 | 43 |
| 510538406002 | Dinwiddie | 30.3 | 844 | 2,145 | 70.7 | 431 | 218 | 138 | 24 |
| 510538406003 | Dinwiddie | 31.9 | 601 | 1,511 | 47.4 | 306 | 191 | 226 | 39 |
| 510538406004 | Dinwiddie | 34.3 | 494 | 1,252 | 36.5 | 230 | 171 | 93 | 18 |
| 510818801001 | Greensville | 93.5 | 1,232 | 5,829 | 62.3 | 567 | 306 | 314 | 111 |
| 510818801002 | Greensville | 11.2 | 328 | 761 | 67.8 | 183 | 95 | 97 | 17 |
| 510818801003 | Greensville | 9.6 | 267 | 597 | 62.5 | 156 | 32 | 54 | 0 |
| 510818802001 | Greensville | 65.2 | 1,199 | 2,809 | 43.1 | 521 | 291 | 469 | 98 |
| 510818802002 | Greensville | 115.9 | 739 | 1,564 | 13.5 | 340 | 191 | 313 | 60 |
| 511498501001 | Prince George | 3.1 | 291 | 620 | 201.9 | 102 | 82 | 77 | 26 |
| 511498502001 | Prince George | 0.8 | 0 | 0 | 0.0 | 0 | 0 | 0 | 0 |
| 511498502002 | Prince George | 8.5 | 1,465 | 7,324 | 858.0 | 23 | 177 | 345 | 70 |
| 511498502003 | Prince George | 1.8 | 8 | 18 | 9.9 | 0 | 0 | 0 | 0 |
| 511498503001 | Prince George | 2.7 | 816 | 1,947 | 719.0 | 216 | 244 | 307 | 54 |

Crater

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS (CONTINUED)

| Block Group Number | County | Land Area (Sq Miles) | Households | Population | Population Density (Persons/SqMi) | Elderly | Mobility Disabled | Below Poverty | Autoless Households |
|--------------------|-----------------------|----------------------|------------|------------|-----------------------------------|---------|-------------------|---------------|---------------------|
| 511498503002 | Prince George | 7.2 | 1,265 | 3,260 | 453.6 | 312 | 269 | 296 | 19 |
| 511498503003 | Prince George | 6.4 | 781 | 2,115 | 332.1 | 276 | 81 | 143 | 20 |
| 511498503004 | Prince George | 9.6 | 656 | 1,702 | 178.2 | 294 | 121 | 122 | 20 |
| 511498504001 | Prince George | 35.4 | 149 | 2,512 | 71.0 | 94 | 19 | 25 | 0 |
| 511498504002 | Prince George | 37.8 | 267 | 652 | 17.3 | 121 | 52 | 53 | 37 |
| 511498504003 | Prince George | 32.1 | 743 | 1,875 | 58.4 | 340 | 110 | 60 | 9 |
| 511498504004 | Prince George | 21.4 | 627 | 1,538 | 71.7 | 255 | 134 | 292 | 15 |
| 511498505001 | Prince George | 19.4 | 1,443 | 3,906 | 201.6 | 474 | 285 | 170 | 26 |
| 511498505002 | Prince George | 24.1 | 1,128 | 2,820 | 117.2 | 624 | 237 | 177 | 22 |
| 511498505003 | Prince George | 37.3 | 622 | 1,628 | 43.7 | 258 | 153 | 92 | 6 |
| 511498505004 | Prince George | 18.2 | 465 | 1,130 | 62.2 | 120 | 42 | 75 | 38 |
| 511818601001 | Surry | 34.2 | 707 | 1,456 | 42.6 | 226 | 117 | 117 | 5 |
| 511818601002 | Surry | 54.7 | 1,137 | 1,807 | 33.0 | 421 | 184 | 261 | 83 |
| 511818602001 | Surry | 46.0 | 429 | 1,009 | 21.9 | 185 | 138 | 95 | 60 |
| 511818602002 | Surry | 67.2 | 590 | 1,503 | 22.4 | 280 | 202 | 171 | 34 |
| 511818602003 | Surry | 77.0 | 431 | 1,054 | 13.7 | 186 | 104 | 90 | 6 |
| 511838701001 | Sussex | 39.5 | 346 | 681 | 17.2 | 166 | 47 | 83 | 19 |
| 511838701002 | Sussex | 42.8 | 395 | 839 | 19.6 | 160 | 82 | 139 | 59 |
| 511838701003 | Sussex | 51.4 | 534 | 1,116 | 21.7 | 273 | 84 | 126 | 67 |
| 511838701004 | Sussex | 30.7 | 156 | 301 | 9.8 | 88 | 42 | 83 | 13 |
| 511838702001 | Sussex | 49.8 | 213 | 467 | 9.4 | 99 | 13 | 72 | 22 |
| 511838702002 | Sussex | 67.3 | 346 | 773 | 11.5 | 127 | 56 | 142 | 42 |
| 511838702003 | Sussex | 133.6 | 442 | 3,248 | 24.3 | 238 | 66 | 57 | 27 |
| 511838703001 | Sussex | 7.0 | 349 | 789 | 113.4 | 148 | 91 | 182 | 73 |
| 511838703002 | Sussex | 10.2 | 600 | 1,477 | 144.9 | 236 | 146 | 323 | 87 |
| 511838703003 | Sussex | 29.5 | 388 | 959 | 32.5 | 297 | 42 | 106 | 39 |
| 511838704001 | Sussex | 11.2 | 520 | 1,051 | 93.6 | 234 | 121 | 170 | 75 |
| 511838704002 | Sussex | 17.6 | 364 | 803 | 45.6 | 158 | 105 | 114 | 38 |
| 515708301001 | Colonial Heights city | 1.8 | 1,281 | 3,390 | 1,895.2 | 663 | 234 | 96 | 35 |
| 515708301002 | Colonial Heights city | 0.1 | 210 | 502 | 3,741.8 | 180 | 52 | 0 | 0 |
| 515708301003 | Colonial Heights city | 1.6 | 338 | 792 | 498.0 | 279 | 58 | 48 | 19 |
| 515708302001 | Colonial Heights city | 0.8 | 741 | 1,884 | 2,292.5 | 557 | 70 | 77 | 33 |
| 515708302002 | Colonial Heights city | 0.4 | 592 | 1,205 | 3,304.9 | 258 | 177 | 98 | 44 |

Crater

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS (CONTINUED)

| Block Group Number | County | Land Area (Sq Miles) | Households | Population | Population Density (Persons/SqMi) | Elderly | Mobility Disabled | Below Poverty | Autoless Households |
|--------------------|-----------------------|----------------------|------------|------------|-----------------------------------|---------|-------------------|---------------|---------------------|
| 515708303001 | Colonial Heights city | 0.5 | 592 | 1,364 | 2,562.6 | 478 | 68 | 9 | 12 |
| 515708303002 | Colonial Heights city | 0.4 | 597 | 1,176 | 2,690.3 | 206 | 116 | 75 | 27 |
| 515708304001 | Colonial Heights city | 0.4 | 879 | 1,976 | 4,477.0 | 345 | 148 | 182 | 88 |
| 515708304002 | Colonial Heights city | 0.3 | 276 | 648 | 1,856.5 | 133 | 59 | 6 | 0 |
| 515708305001 | Colonial Heights city | 0.5 | 820 | 1,738 | 3,343.9 | 392 | 201 | 131 | 74 |
| 515708305002 | Colonial Heights city | 0.5 | 1,014 | 2,222 | 4,475.9 | 502 | 186 | 191 | 82 |
| 515958901001 | Emporia city | 2.4 | 466 | 1,160 | 486.3 | 174 | 106 | 311 | 146 |
| 515958901002 | Emporia city | 0.8 | 326 | 808 | 974.2 | 145 | 70 | 195 | 46 |
| 515958901003 | Emporia city | 0.8 | 367 | 888 | 1,076.6 | 161 | 111 | 99 | 25 |
| 515958902001 | Emporia city | 0.6 | 345 | 982 | 1,652.4 | 361 | 85 | 167 | 65 |
| 515958902002 | Emporia city | 0.5 | 311 | 619 | 1,201.9 | 179 | 64 | 10 | 12 |
| 515958902003 | Emporia city | 0.5 | 342 | 716 | 1,495.7 | 201 | 14 | 41 | 14 |
| 515958902004 | Emporia city | 1.3 | 255 | 492 | 388.9 | 192 | 101 | 46 | 29 |
| 516708201001 | Hopewell city | 0.5 | 768 | 1,515 | 3,282.9 | 245 | 79 | 258 | 142 |
| 516708203001 | Hopewell city | 0.3 | 348 | 842 | 2,886.1 | 254 | 49 | 86 | 53 |
| 516708203002 | Hopewell city | 0.8 | 846 | 1,836 | 2,241.3 | 257 | 153 | 531 | 199 |
| 516708204001 | Hopewell city | 0.5 | 732 | 1,563 | 3,010.9 | 388 | 143 | 325 | 64 |
| 516708204002 | Hopewell city | 0.8 | 550 | 1,037 | 1,242.1 | 331 | 69 | 18 | 29 |
| 516708204003 | Hopewell city | 1.1 | 1,078 | 2,692 | 2,384.0 | 374 | 128 | 94 | 17 |
| 516708205001 | Hopewell city | 0.3 | 570 | 1,282 | 3,998.1 | 257 | 81 | 104 | 46 |
| 516708205002 | Hopewell city | 0.2 | 516 | 1,198 | 5,393.1 | 192 | 141 | 189 | 22 |
| 516708205003 | Hopewell city | 0.3 | 483 | 1,152 | 3,750.5 | 271 | 207 | 45 | 9 |
| 516708205004 | Hopewell city | 0.3 | 593 | 1,377 | 4,119.7 | 322 | 107 | 94 | 8 |
| 516708206001 | Hopewell city | 0.3 | 406 | 975 | 3,475.6 | 133 | 61 | 137 | 34 |
| 516708206002 | Hopewell city | 0.3 | 500 | 1,222 | 4,811.5 | 197 | 48 | 96 | 46 |
| 516708206003 | Hopewell city | 0.5 | 511 | 1,249 | 2,271.4 | 316 | 135 | 135 | 36 |
| 516708206004 | Hopewell city | 0.4 | 518 | 1,213 | 3,273.7 | 167 | 169 | 458 | 108 |
| 516708206005 | Hopewell city | 0.4 | 408 | 1,032 | 2,308.0 | 145 | 89 | 78 | 21 |
| 516708207001 | Hopewell city | 0.8 | 920 | 2,164 | 2,693.2 | 308 | 346 | 615 | 99 |
| 516708208001 | Hopewell city | 2.3 | 2 | 5 | 2.2 | 0 | 0 | 0 | 0 |
| 517308101001 | Petersburg city | 0.8 | 571 | 1,078 | 1,309.8 | 218 | 154 | 221 | 190 |
| 517308101002 | Petersburg city | 1.4 | 821 | 1,966 | 1,371.4 | 201 | 247 | 701 | 248 |

Crater

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS (CONTINUED)

| Block Group Number | County | Land Area (Sq Miles) | Households | Population | Population Density (Persons/SqMi) | Elderly | Mobility Disabled | Below Poverty | Autoless Households |
|--------------------|-----------------|----------------------|------------|------------|-----------------------------------|---------|-------------------|---------------|---------------------|
| 517308102001 | Petersburg city | 0.2 | 265 | 340 | 1,383.7 | 122 | 78 | 143 | 136 |
| 517308102002 | Petersburg city | 0.1 | 55 | 90 | 1,040.4 | 18 | 11 | 17 | 25 |
| 517308103001 | Petersburg city | 0.3 | 495 | 836 | 2,621.0 | 132 | 71 | 243 | 143 |
| 517308103002 | Petersburg city | 0.3 | 269 | 538 | 2,095.2 | 102 | 111 | 177 | 55 |
| 517308103003 | Petersburg city | 0.3 | 17 | 36 | 105.4 | 4 | 4 | 0 | 0 |
| 517308103004 | Petersburg city | 0.1 | 254 | 563 | 4,261.9 | 115 | 44 | 31 | 14 |
| 517308103005 | Petersburg city | 0.2 | 366 | 804 | 4,453.9 | 154 | 146 | 137 | 47 |
| 517308104001 | Petersburg city | 0.3 | 799 | 1,499 | 4,467.1 | 304 | 203 | 174 | 203 |
| 517308104002 | Petersburg city | 0.1 | 59 | 102 | 1,350.9 | 17 | 19 | 35 | 14 |
| 517308105001 | Petersburg city | 0.4 | 541 | 1,301 | 3,398.3 | 256 | 155 | 269 | 106 |
| 517308105002 | Petersburg city | 0.7 | 1,025 | 2,246 | 3,208.1 | 304 | 252 | 715 | 133 |
| 517308105003 | Petersburg city | 0.2 | 271 | 594 | 2,652.2 | 229 | 67 | 56 | 54 |
| 517308105004 | Petersburg city | 0.5 | 483 | 828 | 1,832.7 | 84 | 98 | 179 | 71 |
| 517308106001 | Petersburg city | 0.3 | 589 | 1,122 | 3,758.5 | 274 | 161 | 365 | 188 |
| 517308106002 | Petersburg city | 0.2 | 412 | 829 | 4,709.1 | 241 | 134 | 123 | 43 |
| 517308107001 | Petersburg city | 0.2 | 749 | 1,329 | 5,424.9 | 420 | 299 | 583 | 335 |
| 517308107002 | Petersburg city | 0.3 | 642 | 1,262 | 4,300.1 | 322 | 202 | 279 | 222 |
| 517308108001 | Petersburg city | 0.6 | 730 | 1,645 | 2,984.4 | 279 | 162 | 288 | 118 |
| 517308108002 | Petersburg city | 0.2 | 289 | 626 | 3,004.9 | 109 | 88 | 203 | 61 |
| 517308109001 | Petersburg city | 0.5 | 587 | 1,419 | 2,758.7 | 305 | 133 | 217 | 71 |
| 517308109002 | Petersburg city | 0.2 | 426 | 1,068 | 4,666.8 | 205 | 191 | 132 | 62 |
| 517308109003 | Petersburg city | 0.5 | 462 | 1,172 | 2,588.5 | 260 | 118 | 92 | 59 |
| 517308110001 | Petersburg city | 3.1 | 1,026 | 2,110 | 691.7 | 350 | 155 | 199 | 56 |
| 517308110002 | Petersburg city | 0.2 | 355 | 799 | 3,699.4 | 169 | 43 | 50 | 0 |
| 517308110003 | Petersburg city | 0.6 | 793 | 1,474 | 2,561.7 | 397 | 117 | 226 | 63 |
| 517308111001 | Petersburg city | 3.8 | 683 | 1,612 | 428.5 | 482 | 163 | 83 | 26 |
| 517308111002 | Petersburg city | 0.3 | 404 | 869 | 2,624.8 | 167 | 54 | 118 | 22 |
| 517308112001 | Petersburg city | 4.6 | 1,017 | 2,255 | 493.9 | 271 | 165 | 268 | 88 |
| 517308112002 | Petersburg city | 1.4 | 500 | 1,328 | 933.3 | 237 | 138 | 137 | 31 |
| | | 2,307.8 | 165,308 | 427,032 | 459,358.8 | 59,016 | 29,469 | 31,089 | 9,535 |