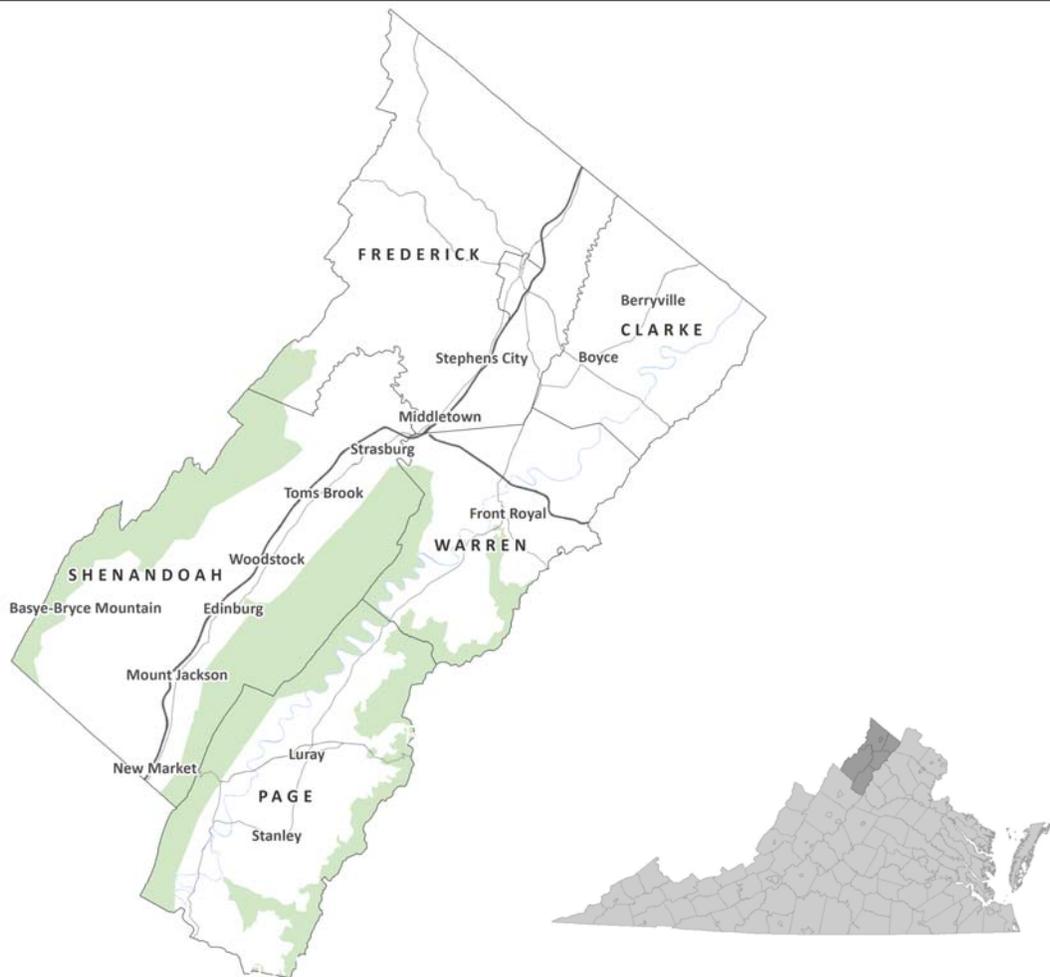


# Northern Shenandoah Valley Regional Commission (PDC 7) Coordinated Human Service Mobility Plan

GYdhYa VYf 2013

*Counties: Clarke, Frederick, Page, Shenandoah, and Warren  
Cities: Winchester*



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

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



**Northern Shenandoah Valley Regional Commission (PDC 7)  
Coordinated Human Service Mobility Plan  
September 2013**

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# Introduction

On July 6, 2012, President Obama signed into law *Moving Ahead for Progress in the 21st Century (MAP-21)* that went into effect on October 1, 2012. The program changes in this legislation included the repeal of the Federal Transit Administration's (FTA) Section 5316 (Job Access and Reverse Commute - JARC Program) and Section 5317 (New Freedom Program) and the establishment of an enhanced Section 5310 that serves as a single formula program to support the mobility of seniors and individuals with disabilities.

This legislation continued the coordinated transportation planning requirements established in previous law. Specifically, the current Federal legislation notes that the projects selected for funding through the Section 5310 Program must be "included in a locally developed, coordinated public transit-human services transportation plan" and this plan must be "developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other members of the public."

In 2008, the Virginia Department of Rail and Public Transportation (DRPT) worked with rural and small urban areas around the Commonwealth to develop Coordinated Human Service Mobility (CHSM) Plans that met the coordinated transportation planning requirements, and DRPT supported the development of such plans in large urban areas. The CHSM Plans are organized geographically around 21 Planning District Commissions (PDC's) throughout the Commonwealth. The PDC's have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional basis.

With the enactment of the MAP-21 legislation, DRPT began a process of consultation with local stakeholders to update the CHSM Plans for their respective regions. This process included extensive discussion of MAP-21 changes to human service transportation funding and careful review and updating of local and regional transportation needs and issues.

Through a series of initial regional meetings held from September through November 2012, and series of a follow up meetings conducted in June and July 2013 to review plan revisions and gather additional input, Virginia's CHSM planning effort provided a structure and process intended to:

- Provide a forum to gain consensus on the transportation priorities in the region and facilitate input from seniors, individuals with disabilities, representatives of

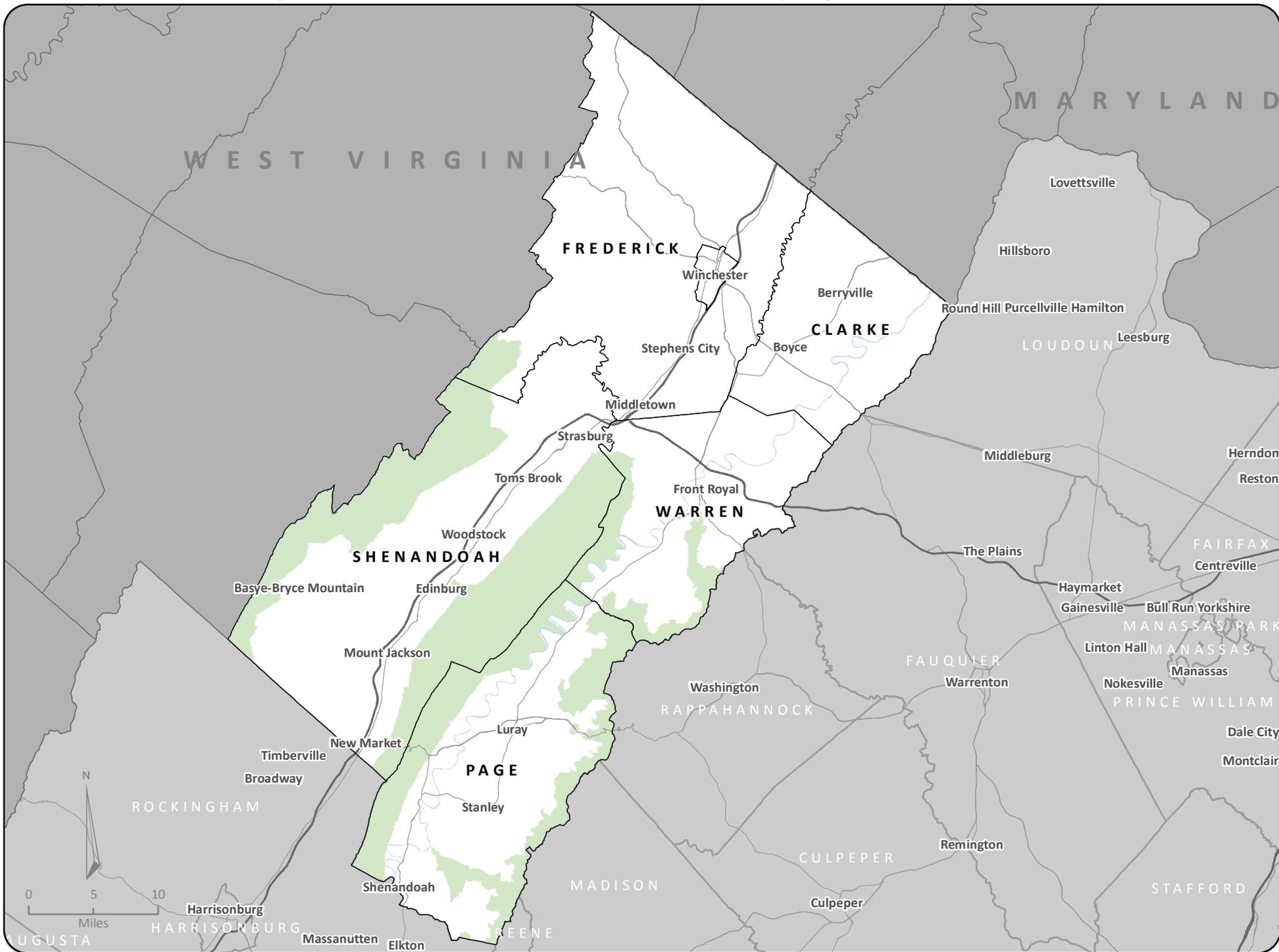
public, private, and non-profit transportation and human services providers, and others.

- Take into account previous transportation planning efforts,
- Foster local partnerships and provide an opportunity for the development of new ones,
- As appropriate, identify examples of projects and programs initiated since issuance of 2008 plans which demonstrate human service transportation enhancements and coordination efforts, i.e. mobility management efforts and new services,
- Continue an ongoing structure to support coordination efforts or help establish new coordination structures,
- Serve as a tool for educating local decision makers, elected officials, and other stakeholders on unmet transportation needs in the region.

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

This CHSM Plan is for the Northern Shenandoah Valley Regional Commission (PDC 7). As shown in Figure 1, PDC 7 is located in the northern region of the Commonwealth, and includes Clarke, Frederick, Page, Shenandoah, and Warren Counties and the City of Winchester. Aside from a few major towns, PDC 7 is largely rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

Figure 1: Base Map for the Northern Shenandoah Valley Regional Commission (PDC 7)



# Background/Requirements

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

## Coordinated Plan Elements

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

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

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

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

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

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

### *Funding*

Funds through the Section 5310 Program are apportioned for urbanized and rural areas based on the number of seniors and individuals with disabilities, with 60 percent of the funds apportioned to designated recipients in urbanized areas with populations larger than 200,000, 20 percent to states for use in urbanized areas of fewer than 200,000 persons, and 20 percent to states for use in rural areas. The federal share for capital projects is 80 percent, and for operating grants is 50 percent. (Note: designated recipients in large urban areas can include the state. By mutual agreement, DRPT will serve as the designated recipient for Hampton Roads, Richmond/Petersburg, and Roanoke).

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

### *Eligible Subrecipients*

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

### *Eligible Activities*

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

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

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

# Outreach Efforts and Plan Development

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

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

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

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

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

With the enactment of MAP-21 in mid-2012, DRPT began working with stakeholders in each PDC, including participants in initial plan development meetings, to update the existing CHSM plans. Throughout the fall of 2012, DRPT hosted fourteen local planning sessions with diverse groups of stakeholders in communities across the Commonwealth, with the goal of gathering up-to-date data and information, including perspectives from local seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other transportation providers and organizations and agencies.

In the fall meetings, participants reviewed the issues and strategies included in the original CHSM Plans, and discussed how transportation needs, gaps, and services have changed in their communities over the last five years. Participants identified current services and resources, shared best practices, and prioritized strategies and potential projects going forward.

In the spring and summer of 2013 DRPT conducted 12 follow-up meetings to gather additional input and finalize the draft updated plans. In correspondence and communications announcing the fall and spring stakeholder meetings (a total of 26 meetings were held), and in post meeting follow up activities, DRPT emphasized the importance of soliciting and incorporating perspectives from local seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers, and other transportation providers, and encouraged all recipients to broadly disseminate meeting notices and encourage community participation.

Participant comments and recommendations were extensively discussed during the regional meetings, and consensus was developed regarding specific additions and amendments to each plan. Incorporating such feedback into each plan was a crucial component in updating and improving the plans and the willingness of stakeholders to participate in this process and share their perspectives is sincerely appreciated.

# Demographic Analysis

The following section provides an extensive overview of the demographic composition of PDC 7. It examines population density as well as data on potentially transit dependent populations, including older adults, individuals with disabilities, those living below the federal poverty level, and autoless households. It also presents two indices based on the density and percentage of transit dependent persons.

The analysis in this section draws on recent data from American Community Survey five-year estimates (2005 - 2009) and the 2010 Decennial Census. The underlying data, at the block group level, are included in Appendices C and D. For each potentially transit dependent population, block groups are classified relative to the PDC as a whole, using a five-tiered scale of very low to very high. Mapped and summarized below, the results of the analysis highlight those geographic areas of the PDC with the greatest transportation need.

## **Population Density**

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. While fixed-route transit is more practical and successful in areas with 2,000 or more persons per square mile, specialized transportation services are typically a better fit for rural areas with less population density. As shown in Figure 2, the highest density areas of PDC 7 occur in and around the PDC's major city (Winchester) and towns (Shenandoah, Luray, Front Royal, Strasburg, Stephens City, and Berryville). Woodstock and Stanley also have block groups with more than 500 persons per square mile.

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

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

As shown in Figure 3, the block groups classified as having a very high number of older adults are located near Basye-Bryce Mountain, Luray, and along I-81 by Strasburg, Stephens City, and Winchester. Figure 4 displays the relative number of individuals with disabilities. Frederick and Shenandoah Counties have the most block groups classified as very high, as well as one block group in northeastern Warren

County. As shown in Figure 5, block groups with the highest relative number of low-income persons are clustered near Stanley, Mount Jackson, Woodstock, Front Royal, and along the eastern and southwestern edges of Frederick County.

<b>Number/Percentage of Vulnerable Persons or Households</b>	<b>Score Based on Potential Transit Dependence</b>
<= the PDC average	1 (Very Low)
> average and <= 1.33 times average	2 (Low)
> 1.33 times average and <= 1.67 times average	3 (Moderate)
> 1.67 times average and <= 2 times average	4 (High)
> 2 times the PDC average	5 (Very High)

### **Autoless Households**

Households without at least one personal vehicle are more likely to depend on the mobility offered by public transit and human service organizations than those households with access to a car. Figure 6 displays the relative number of autoless households for the PDC. Block groups with a classification of very high are found throughout the PDC.

### **Transit Dependence Indices**

For each block group in the PDC, the socioeconomic characteristics described above were combined into aggregate measures of transportation need: the Transit Dependence Index (TDI) and the Transit Dependence Index Percentage (TDIP). Both measures are based on the prevalence of the vulnerable populations in the PDC (older adults, youth, individuals with disabilities, low-income persons, and autoless households). However, the TDI accounts for population density and the TDIP does not. By removing the persons per square mile factor, the TDIP measures degree rather than amount of vulnerability. Both the TDI and the TDIP follow the same “very low” to “very high” classification scale as the maps described above.

Figures 7 and 8 display the overall TDI and TDIP rankings for the PDC. As shown in Figure 7, the block groups that have a TDI classification of very high are located in the population centers of Winchester, Front Royal, and Stephens City. Figure 8 displays the TDIP. Those block groups classified as having high to moderate need are more dispersed, though they again occur in Winchester and Front Royal.

Figure 2: 2010 Population Density for PDC 7

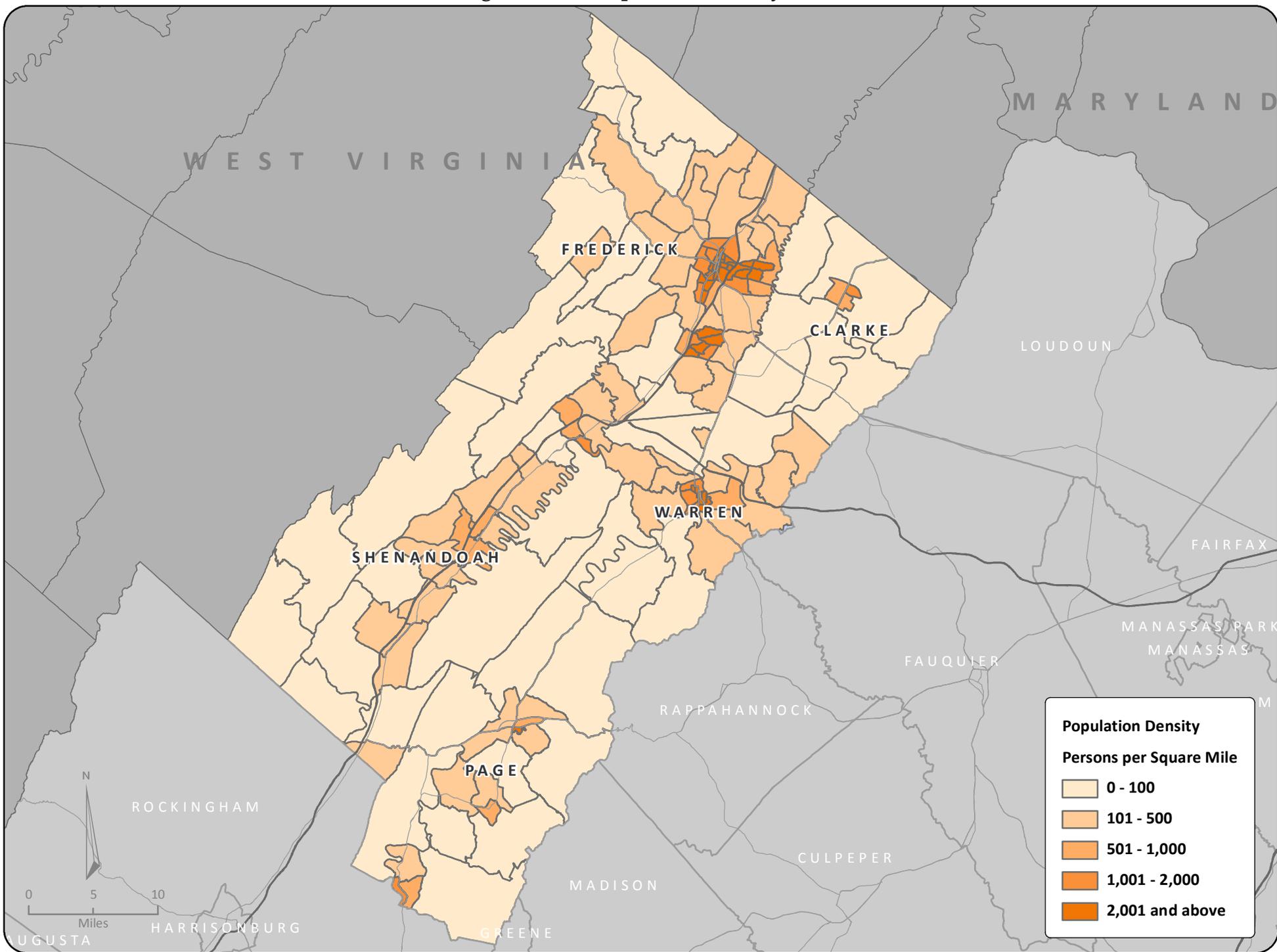


Figure 3: Relative Number of Senior Adults (65+) for PDC 7

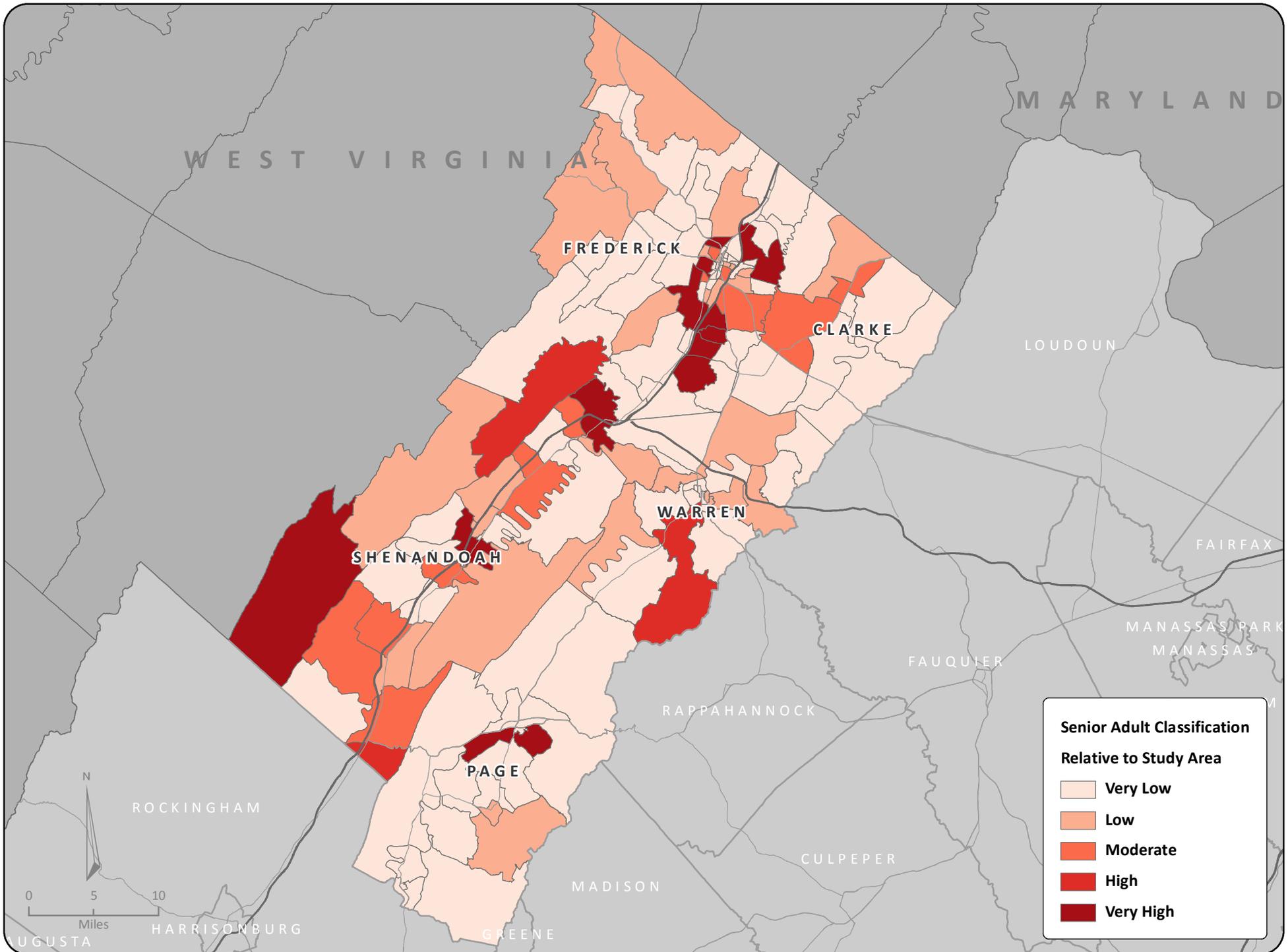


Figure 4: Relative Number of Disabled Persons for PDC 7

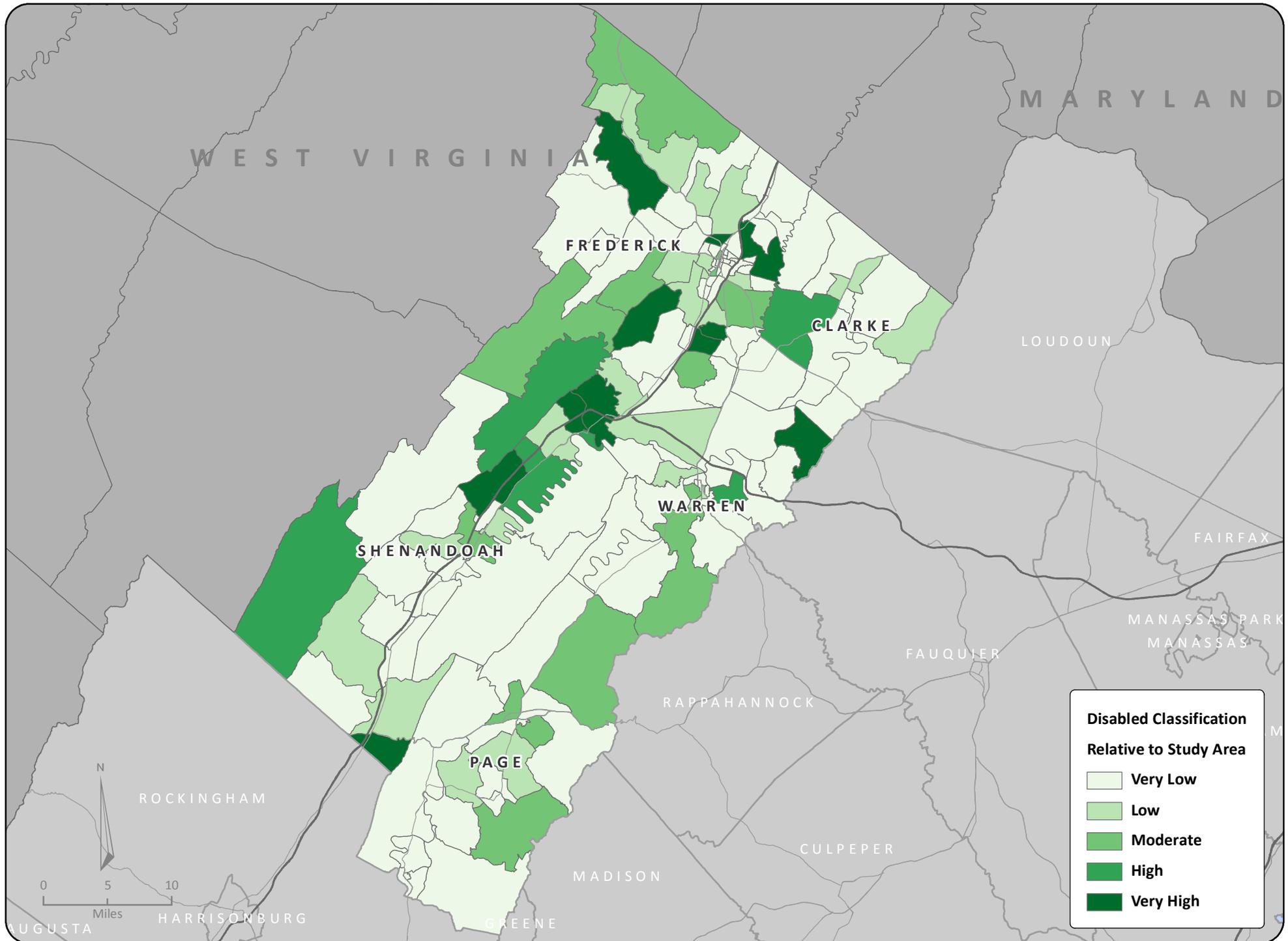


Figure 5: Relative Number of Below Poverty Residents for PDC 7

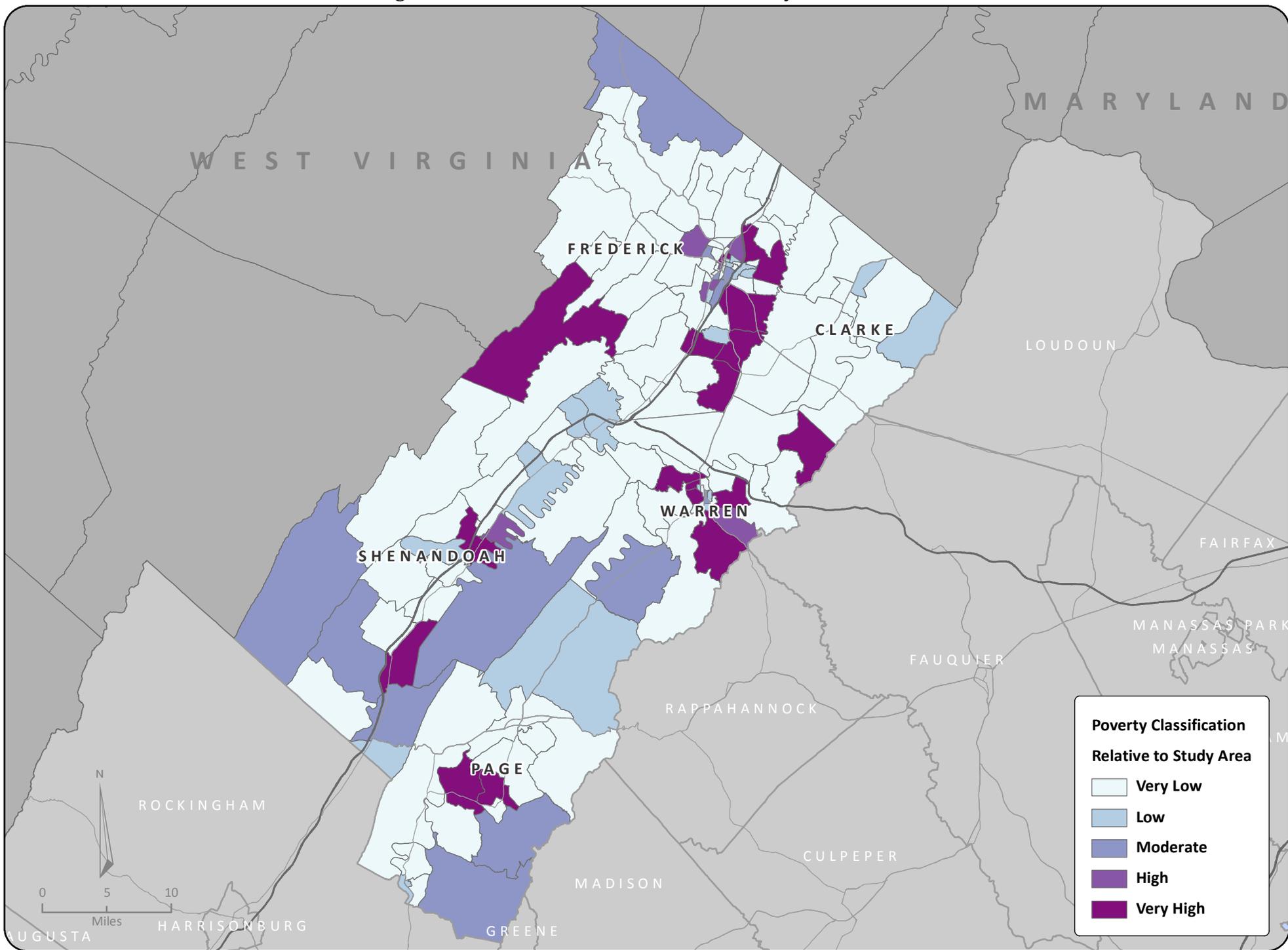


Figure 6: Relative Number of Autoless Households for PDC 7

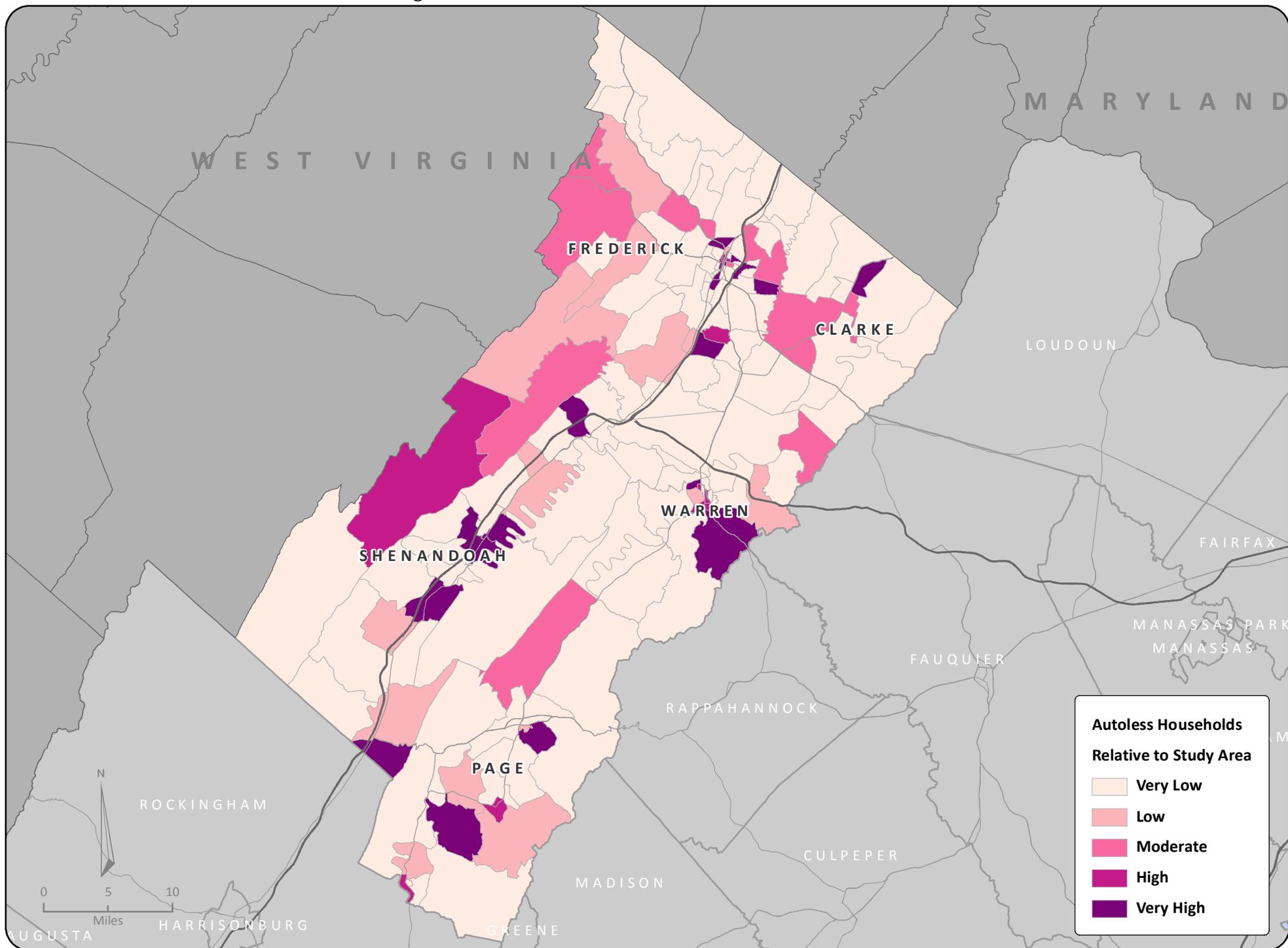


Figure 7: Transit Dependence Index for PDC 7

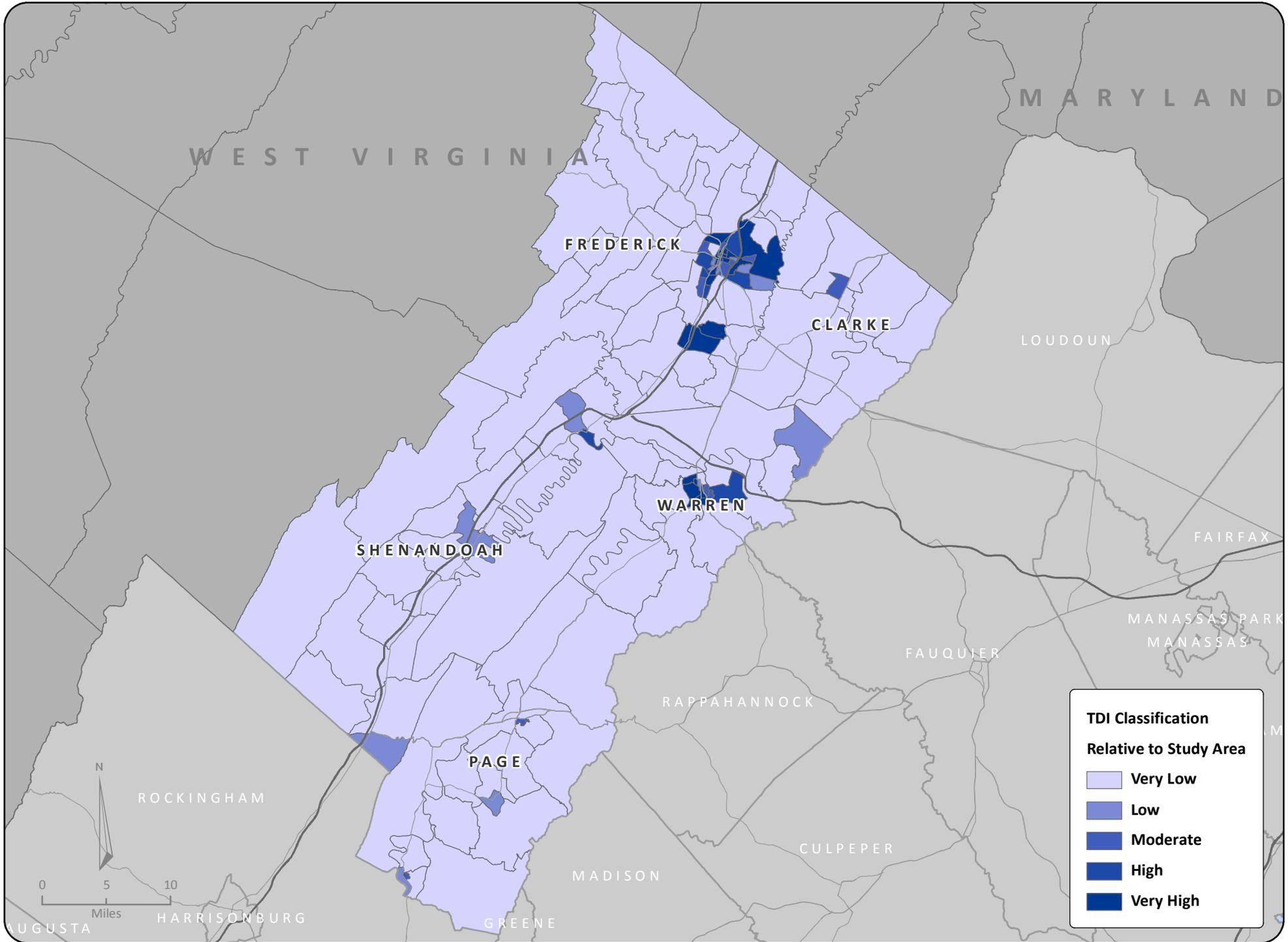
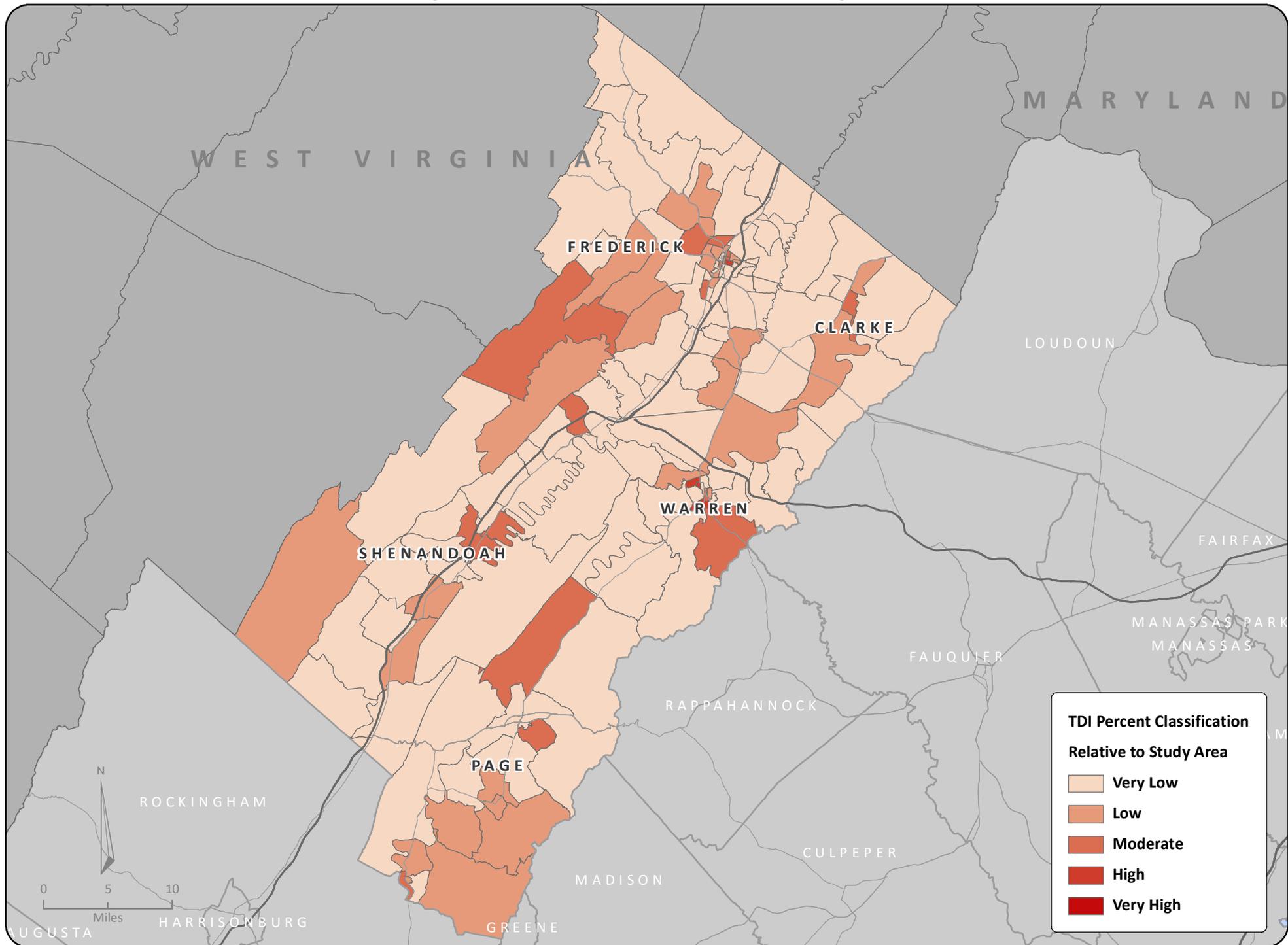


Figure 8: Transit Dependence Index Percentage for PDC 7



# Assessment of Available Transportation Services and Resources

In planning for the development of future strategies to address service gaps, it is important to first perform an assessment of the transportation services available in PDC 7. This process included collection of basic descriptive and operational data for the various programs during the initial workshop. It was achieved through a facilitated session where participants were guided through a catalog of questions.

The table below highlights the identified public transit, human service transportation, and private transportation providers in the region:

## Available Transportation Services and Resources

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Access Independence	Adults and children with disabilities	No longer provides transportation directly	Provides independent living skills training and referrals for clients. Conducts travel training for clients who can use Well Tran or Winchester Transit. Works with AAA and Logisticare to provide transportation for clients.	NA	Clarke, Frederick, Page, Shenandoah, and Warren Counties, and the City of Winchester	No	Phone: (540) 662-4452  Website: <a href="http://www.accessindependence.org/">www.accessindependence.org/</a>
Blue Ridge Opportunities	Adults with disabilities	1 vehicle	Transportation for day support/employment programs.	1,608 (FY13)	Warren County		Phone: (540) 636-4960  Website: <a href="http://www.broportunities.org/">www.broportunities.org/</a>

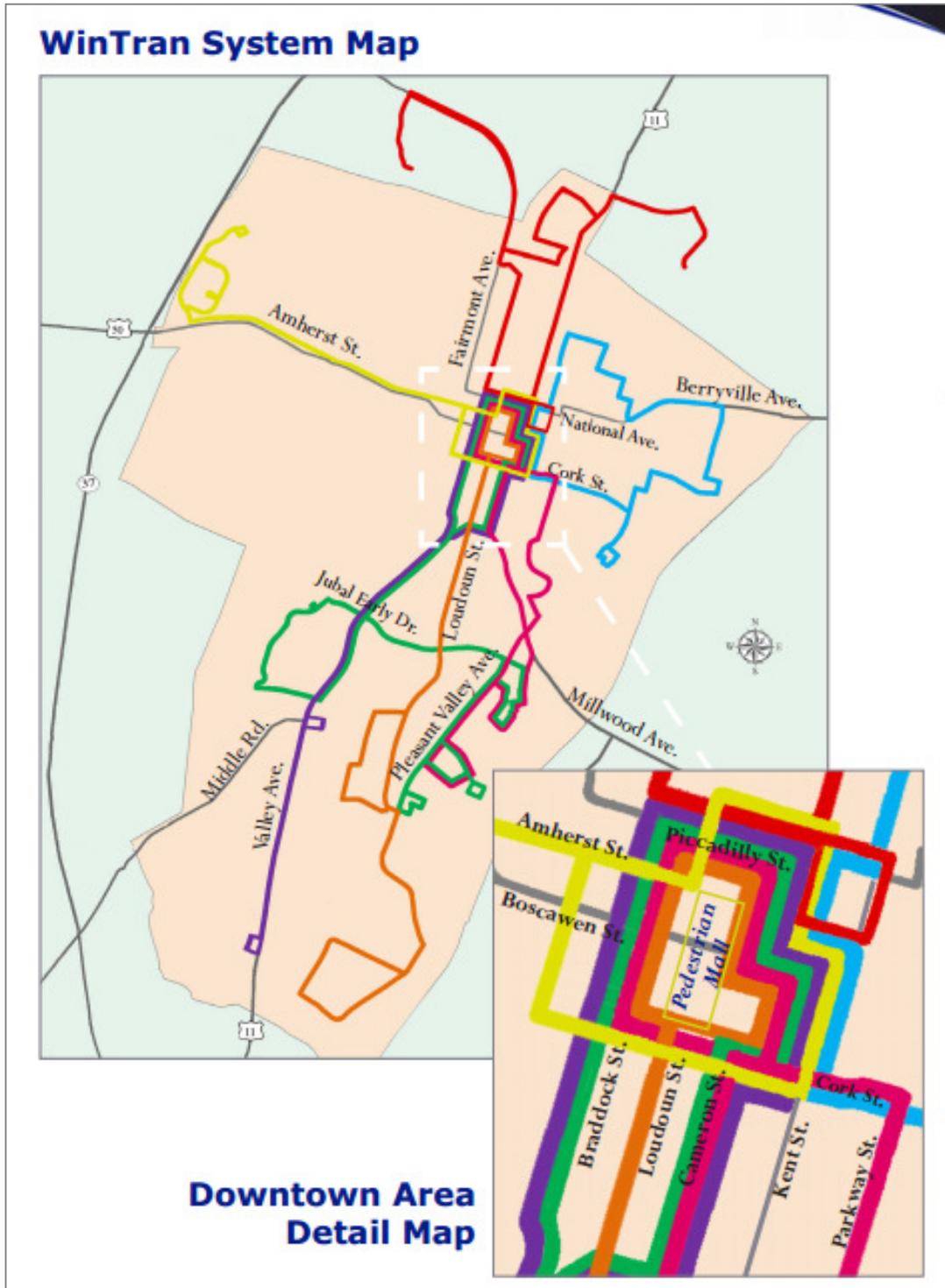
Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Faith in Action (Valley Health Link)	Ambulatory adults who are Medicaid ineligible but lack other transportation	Volunteer owned vehicles (approx. 50)	Volunteer drivers for medical appointments only. Monday – Friday, 2 weeks advanced notice requested. Van service to UVA in Charlottesville once per month.	3,000 per year (average)	Clarke, Frederick, and Shenandoah Counties; parts of Warren County; City of Winchester		Phone: (540) 536-1006
Grafton Integrated Health Network	Adults and children with disabilities/ emotional and behavioral challenges	10 vans through the 5310 Program	Transportation for clients within the facility campus to medical appointments, community outings, etc.	About 10-15,000 per year	Multiple locations, including the City of Winchester		Phone: (888) 955-5205  Website: <a href="http://www.grafton.org/">www.grafton.org/</a>
Heart Havens, Inc.	Adults with disabilities	1 vehicle per group home for a total of 12; They are expecting one more vehicle through 5310 for Winchester	Trips for program participants (medical appointments, outings, shopping, etc).	# unknown	Operates 12 homes in Virginia (based in Richmond), including one in the City of Winchester		Phone: (804) 237.6097  Website: <a href="http://www.hearthavens.org">www.hearthavens.org</a>
LogistiCare  (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible Medicaid recipients and some Medicare		Reservations 24/7 by call center.	# unknown	Statewide	Yes	Website: <a href="http://www.logisticare.com">www.logisticare.com</a>
Northern Shenandoah Valley Regional Commission	Commuters	N/A- does not provide transportation directly	Oversees RideSmart commuter assistance/ride matching program for commuters to the greater DC-Northern Virginia metropolitan area.	N/A	Clarke, Frederick, Page, Shenandoah, and Warren Counties, and the City of Winchester		Phone: (540) 635-4146  Website: <a href="http://www.ridesmartva.org/">www.ridesmartva.org/</a>

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Northwestern Community Services (CSB)	Children and adults affected by emotional/behavioral disorders, mental illness, substance use, and developmental disabilities		Provides rehabilitation/ support services (including transportation) for clients.	# unknown	Clarke, Frederick, Page, Shenandoah, and Warren Counties, and the City of Winchester		Phone: (540) 636-4250  Website: www.nwcsb.com
NW Works	Adults with disabilities		Transportation for clients from NW Works to job sites.	# unknown	City of Winchester		Phone: (540) 667- 0809  Website: www.nwworks.com/
Shenandoah Area Agency on Aging – Senior Center Transportation	Seniors	Eighteen vehicles (11 accessible)	Transportation to and from 7 Active Living Centers in the PDC. Flexible routes based on attendance. Pick-ups begin at 8:30AM; drop-offs in the afternoon.	29,000 trips per year	Clarke, Frederick, Page, Shenandoah, and Warren Counties, and the City of Winchester		Phone: (540) 635-7141  Website: www.shenandoahaaa.com
Shenandoah Area Agency on Aging – Well Tran	Adults with disabilities	11 vehicles (6 accessible)	Demand response non-emergency medical trips (primarily chemotherapy and dialysis) for individuals ineligible for Medicaid. Some exceptions for grocery trips. Three day advance notice required. Monday –Friday, 8AM to 5PM.  Also transportation for students to Lord Fairfax Community College three times per week.	Approx. 6,000 trips in 2012, 6,500 in 2011	75 mile radius (all of PDC, plus Charlottesville or Harrisonburg if needed)		Phone: (540) 635-7141  Website: www.shenandoahaaa.com

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Fees, etc.)	(4) # of Trips	(5) Service Area	(6) Provide Medicaid Trips?	(7) Contact Information
Shen-Paco Industries	Adults with disabilities		Provides vocational, developmental, educational, and rehabilitative services (including transportation) for clients. Transportation provided is for people going to their workplace exclusively.	# unknown	Shenandoah and Page Counties	1,245 (FY10)	Phone: (540) 477-2049  Website: www.shenpaco.com/
Veterans Transportation Service (US Dept. of Veterans Affairs)	Veterans		Volunteer driver vans to the Martinsburg VA Medical Center in West Virginia. Reservations and scheduled appointment required. Serves Woodstock M/W/F. Primarily focuses on providing transportation for veterans in the I-81 corridor.	# unknown	Multiple origin points, including Woodstock		Phone: (304) 263-0811 x3732  Website: www.martinsburg.va.gov/giving/Veterans_Transportation_Network.asp
Virginia Regional Transit (VRT)	General public	Clarke County: one 20-passenger vehicle; Royal Trolley: one vehicle (both accessible)	Demand response service for Clarke County. Monday - Friday, 9AM to 1PM. Service to the Winchester Wal-Mart once per week.  Royal Trolley (formerly FRAT) fixed route service. Monday - Thursday, 8:30AM to 5PM. Friday 8:30AM to 8PM; Saturday/Sunday 1PM to 6PM. \$.50 fare. Friday evening and weekend service funded by Randolph Macon Academy.	Clarke County - 2,010 (FY10)  Royal Trolley- 12,614 (FY10)	Clarke County and Town of Front Royal (limited service to Target/Wal-Mart in Warren County)		Phone: (540) 943-9302  Website: www.vatransit.org

<b>Agency/ Provider</b>	<b>(1) Client Type</b>	<b>(2) # of Vehicles</b>	<b>(3) Trip Characteristics (Times, Fees, etc.)</b>	<b>(4) # of Trips</b>	<b>(5) Service Area</b>	<b>(6) Provide Medicaid Trips?</b>	<b>(7) Contact Information</b>
Winchester Transit	General public	11 vehicles (all accessible)	Six fixed routes with ADA paratransit, plus a trolley route. Monday – Friday, 6AM to 8PM; Saturday 9AM to 5PM. Trolley service M/W/F, 8AM to 6PM; Saturday 10AM to 4PM. \$1 fare for all services (\$.50 reduced fare).	135,000 trips per year (average)	City of Winchester		Phone: (540) 667-1815  Website: <a href="http://www.winchestervt.gov/transit/">www.winchestervt.gov/transit/</a>

Winchester Transit and VRT's Royal Trolley both serve the general public. System maps are included below.



[www.winchesteroa.gov/sites/default/files/documents/transit/guides/WinTran-Guide-to-Bus-Trolley-Service.pdf](http://www.winchesteroa.gov/sites/default/files/documents/transit/guides/WinTran-Guide-to-Bus-Trolley-Service.pdf)



[www.discoverfrontroyal.com/docs/Royal%20Trolley%20Schedule.pdf](http://www.discoverfrontroyal.com/docs/Royal%20Trolley%20Schedule.pdf)

## Private Transportation Providers

The following private transportation providers were identified:

- A 1 Taxi, Front Royal, VA
- Apple Taxi, Winchester, VA
- Colonial Taxi Services, Woodstock, VA
- County Cab Co., Mount Jackson, VA
- Elwood's Cab Co., Front Royal, VA
- LC Cab Company, Inc., Front Royal, VA
- Pat's Cab, Winchester, VA
- Polly's Cab Inc., Winchester, VA [[www.pollyscabinc.com](http://www.pollyscabinc.com)]
- Taxi USA, Winchester, VA [<http://taxiusainc.com>]
- Yellow Cab, Front Royal and Winchester, VA

# Assessment of Unmet Transportation Needs and Gaps

While an analysis of demographic data is important for understanding the overall mobility needs in PDC 7, it is vital to gain the insight of local stakeholders who are acutely aware of the transportation challenges faced by residents. Participants from the initial CHSM planning process provided input on specific unmet needs in the region. This information was gained by focusing on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, people with lower incomes) and specific need characteristics (trip purpose, time, place/destination, information/ outreach, travel training/orientation, or others). The vast majority of needs identified were described as “cross-cutting” – a need of all three population groups.

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

## *Trip Purpose*

- Transportation services beyond a specific agency’s program criteria.
- Transportation for social trips.
- Access to evening GED, ESL, and college classes.
- Transportation to access employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.
- Lack of transportation options for veterans (e.g., trips to VA Medical Centers).

## *Time*

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

## *Place/Destination*

- Transportation services from remote areas of the region to employment and shopping destinations.

- Expanded transportation services to locations outside the immediate service area, especially medical facilities.
- Transportation options for people with disabilities living in rural areas.

#### *Information/Outreach*

- Mobility manager to provide information on available transportation options and facilitate trips.
- Reduce liability issues that hinder coordination efforts, including working with insurance companies and informing providers of the Community Transportation Association of Virginia (CTAV) insurance program.
- Use of one coordinated system to provide information on available transportation services.
- Marketing campaigns to educate the general public on the need for non-auto transportation options and to reduce stigmatization of transit users.

#### *Travel Training/Orientation*

- Expand travel training services to help people unsure of how to use available transportation services.
- Expand marketing for existing travel training programs.

#### *Other*

- Increased funding for operating costs.
- Improved technology to facilitate coordination of services among providers, and technical training for staff on the use this technology.
- Formalized structure to improve coordination of funding and expand services.
- Expanded use of volunteer drivers through formalized programs, i.e. that provide tax credits for volunteer drivers.
- Fares may be prohibitive for individuals with limited incomes.

# Identified Strategies

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

As noted in the previous version of this CHSM Plan, these strategies are intended to broadly describe how needs and gaps could be addressed. Specific project proposals would require identification of agency sponsors, specific expenditures, etc., and therefore more details would be provided through the application process for appropriate funding.

1. Continue to support capital needs of coordinated human service/public transportation providers.
2. Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, veterans, and people with lower incomes.
3. Build coordination among existing public transportation and human service transportation providers.
4. Expand outreach and information on available transportation options in the region, including establishment of a central point of access, which this region currently lacks.
5. Provide flexible transportation options and more specialized transportation services or one-to-one services through expanded use of volunteers.
6. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
7. Establish a ride-sharing program for long-distance medical transportation and other trip purposes.
8. Expand access to taxi and other private transportation operators.

9. Implement new public transportation services or operate existing public transit services on a more frequent basis.
10. Bring new funding partners to public transit/human service transportation.
11. Provide targeted shuttle services to access employment opportunities.
12. Establish a regular coordination meeting between stakeholders after the CHSM planning process is over.

# Priorities for Implementation and Potential Projects

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

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

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

Unmet Need/Issue Strategy Will Address:

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

Potential Projects:

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

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

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

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

Unmet Needs/Issues Strategy Will Address:

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.
- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED, ESL, and college classes.
- Transportation to access employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Same-day transportation service for spontaneous travel needs.
- Transportation services from remote areas of the region to employment and shopping destinations.

Potential Projects:

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

**Strategy: Build Coordination Among Existing Public Transportation and Human Service Transportation Providers**

CHSM planning participants acknowledged that there are opportunities to improve coordination of services and improve connections between providers to 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:

- Transportation services beyond a specific agency's program criteria.
- Same-day transportation service for spontaneous travel needs.
- Expanded transportation services to locations outside the immediate service area, especially medical facilities.
- Transportation options for people with disabilities living in rural areas.
- Mobility manager to provide information on available transportation options and facilitate trips.
- Reduce liability issues that hinder coordination efforts, including working with insurance companies and informing providers of the Community Transportation Association of Virginia (CTAV) insurance program.
- Improved technology to facilitate coordination of services among providers, and technical training for staff on the use this technology.
- Formalized structure to improve coordination of funding and expand services.

Potential Projects:

- Implement mobility management programs -- to facilitate cooperation between transportation providers, arrange trips for customers as needed, conduct marketing efforts, explore technologies that simplify access to information on services, etc.
- Implement voucher programs through which human service agencies are reimbursed for trips provided for other agencies based on pre-determined rates or contractual arrangements.

**Strategy: Expand Outreach and Information on Available Transportation Options in the Region, Including Establishment of a Central Point of Access**

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

#### Unmet Needs/Issues Strategy Will Address:

- Mobility manager to provide information on available transportation options and facilitate trips.
- Use of one coordinated system to provide information on available transportation services.
- Marketing campaigns to educate the general public on the need for non-auto transportation options and to reduce stigmatization of transit users.

#### Potential Projects:

- Mobility manager to facilitate access to transportation services and serve as information clearinghouse on available public transit and human services transportation in region.
- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate programs to connect current riders with potential customers for training in use of services.

<b>Strategy: Provide Flexible Transportation Options and More Specialized or One-To-One Services Through Expanded Use of Volunteers</b>
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A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, veterans, and people with lower incomes. Customers may need more specialized services beyond those typically provided through general public transit services, especially in rural portions of the region. The use of volunteers may offer transportation options that are difficult to otherwise provide. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

#### Unmet Needs/Issues Strategy Will Address:

- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.
- Expanded use of volunteer drivers through formalized programs, i.e. that provide tax credits for volunteer drivers.
- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Transportation to recreation (i.e. parks, sports facilities).

- Same-day transportation service for spontaneous travel needs.
- Transportation options for people with disabilities living in rural areas.

Potential Projects:

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

<p><b>Strategy: Establish or Expand Programs that Train Customers, Human Service Agency Staff, Medical Facility Personnel, and Others in the Use and Availability of Transportation Services</b></p>
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In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure people helping others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Unmet Needs/Issues Strategy Will Address:

- Expand travel training services to help people unsure of how to use available transportation services.
- Transportation for non-medical related social trips.
- Mobility manager to provide information on available transportation options and facilitate trips.

Potential Projects:

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

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

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

Unmet Needs/Issues Strategy Will Address:

- Transportation for job opportunities that require late shifts.
- Expanded transportation services to locations outside the immediate service area, especially medical facilities.
- Lack of transportation options for veterans (e.g., trips to VA Medical Centers).

Potential Projects:

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

**Strategy: Expand Access to Taxi and Other Private Transportation Operators**

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

Unmet Needs/Issues Strategy Will Address:

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.

- Transportation for non-medical related social trips.
- Access to evening GED, ESL, and college classes.
- Transportation to access employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Same-day transportation service for spontaneous travel needs.

Potential Projects:

- Implement voucher programs to subsidize rides for taxi trips or trips provided by private operators.
- Implement guaranteed ride home programs to enable transit customers to get home quickly in case of unexpected emergencies.
- Purchase a certain number of taxi trips (by contract) to cover service 24/7.
- Purchase accessible vehicles for use in taxi services.

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

Public transit services in the PDC are discussed in a previous section of this CHSM Plan. New or expanded services in the evenings and weekends should be considered to expand mobility options in the region, especially to work locations.

Unmet Needs/Issues Strategy Will Address:

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

Potential Projects:

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

**Strategy: Bring New Funding Partners to Public Transit/Human Service Transportation**

The demand for public transit-human service transportation is growing daily. One of the key obstacles the industry faces is how to pay for additional service. This strategy

would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets, and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses.

Unmet Needs/Issues Strategy Will Address:

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

Potential Projects:

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

<b>Strategy: Provide Targeted Shuttle Services to Access Employment Opportunities</b>
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Limited transportation services to employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

Unmet Needs/Issues Strategy Will Address:

- Expanded transportation services to locations outside the immediate service area, especially medical facilities.

Potential Projects:

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

# Coordinated Human Service Mobility Projects

Over the past five years, PDC 7 has embraced the opportunities and funding support outlined in the 2008 CHSM Plan. Recent projects are listed below, with a short description for insight on best practices.

- **Capitol Health Care Network Rural Initiative**

Commissioned by the Department of Veterans Affairs and completed in December 2009, this transportation study focused on the Veterans Integrated Service Network (VISN) 5. The I-81 corridor of the Shenandoah Valley was one region within VISN 5 selected for assessing the quality of health care available to veterans. The study included a variety of recommendations to improve transportation options for rural veterans. These included:

- Employing VISN 5 transportation champion(s) to oversee and coordinate transportation options for veterans.
- Developing and implementing a concerted outreach program to inform veterans of the transportation service available to them.
- Establishing payment mechanisms with public transit providers to increase access to local transportation options.
- Developing feeder systems that transport veterans from remote areas to established transportation routes that serve VA health care facilities.
- Developing initiatives aimed specifically at providing transportation for homeless veterans.
- Expanding Veteran Service Organization transportation programs.
- Creating new VA transportation capacity.

- **Northern Shenandoah Valley Regional Mobility Coordination Study**

Completed in December 2010 with funding from the Section 5317 New Freedom program, this study was intended to address unmet transit needs through public mobility coordination and expansion of service capacity. Building on the 2008 CHSM Plan, the study identified the following strategies and next steps:

- Work with the Town of Strasburg to initiate local transit service (with connections to Woodstock, Front Royal, and Winchester).
- Work with Winchester Transit to expand services into Frederick County.
- Work with Front Royal Transit to expand services into Warren County.
- Work with Lord Fairfax Community College to establish partnerships with transit services providers to serve as a regional transit hub.

- Work with VDOT, VDRPT, the Town of Front Royal, and Warren County to develop a transit service center at the Front Royal park and ride.
- Provide periodic training to transit service providers in order to enhance best practices sharing and network coordination.
- Continue and expand marketing campaign.
- Update demographic/socioeconomic information using Census 2010 data when available.
- Purchase route matching hardware and software.

- **Shenandoah Area Agency on Aging (AAA) Well Tran Program**

Well Tran is the transportation arm of the Shenandoah AAA. Well Tran provides demand respond service for persons with disabilities, including non-emergency medical trips. Fares are assessed on a sliding scale based upon household income. Well Tran partners with local hospitals, family practices, dialysis centers, volunteer transportation organizations (Faith in Action), and most recently with the Yellow Cab Company to make the best use of its resources and address the needs of a larger number of eligible passengers.

# Appendix A – FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the [U.S. DOT/FTA - Proposed Circular: Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions - FTA C 9070.1 G](#) – posted by FTA on 7/9/13. (Note: At the time of CHSM plan publication, the Proposed Circular had not been finalized. The following proposed language represents the most current FTA guidance available, as of the CHSM plan publication date).

## COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by MAP-21, requires that projects selected for funding under the Section 5310, program be “included in a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and non-profit transportation and human services providers and other members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310 program. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5310.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.
  - a. Overview. A locally developed, coordinated public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, seniors, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient, and the MPO, where applicable. The agency leading the planning

process is decided locally and does not have to be the State or designated recipient.

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

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

communities have conducted assessments of transportation needs and resources regarding individuals with disabilities and seniors. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans, and action items. As new Federal requirements must be met, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

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

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

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration:
  - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation, or

coordination, with the applicable metropolitan or statewide planning process.

- (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at [www.unitedweride.gov](http://www.unitedweride.gov), helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.
- (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the Internet, literacy levels, and limited English proficiency.
- (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, Geographic Information Systems (GIS) mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed and approved through a process that included

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

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

The projects selected for funding under the Section 5310 program must be "included in a locally developed, coordinated public transit-human services transportation plan" that was "developed through a process that included participation by seniors, individuals with disabilities, representatives of public,

private, and non-profit transportation and human services providers and participation by other members of the public.” The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities and seniors. Therefore, individuals, groups, and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

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

(2) Passengers and advocates:

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

(3) Human service partners:

- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services, Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
  - (b) Non-profit human service provider organizations that serve the targeted populations;
  - (c) Job training and placement agencies;
  - (d) Housing agencies;
  - (e) Health care facilities; and
  - (f) Mental health agencies.
- (4) Other:
- (a) Security and emergency management agencies;
  - (b) Tribes and tribal representatives;
  - (c) Economic development organizations;
  - (d) Faith-based and community-based organizations;
  - (e) Representatives of the business community (e.g., employers);
  - (f) Appropriate local or State officials and elected officials;
  - (g) School districts; and
  - (h) Policy analysts or experts.

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

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local

level. FTA expects that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

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

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

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

#### 4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

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

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

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

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

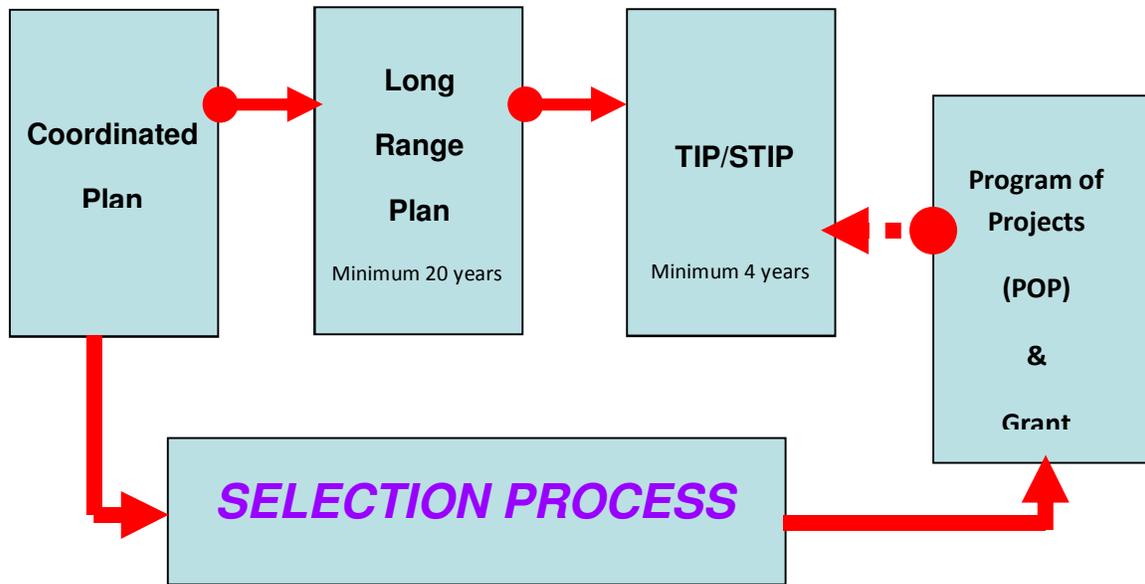
- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. Title 49 U.S.C. 5303(i)(6) and 5304(f)(3), as amended by MAP-21, require MPOs and States to engage interested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

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still

provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

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

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



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

## ***FEDERAL PROGRAMS AVAILABLE FOR USE IN COORDINATED TRANSPORTATION ARRANGEMENTS***

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

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

In reviewing and updating this table, these points emerge:

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

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

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

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

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

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

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

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

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

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

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

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

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**APPENDIX, PAGE 11**

<i>Agency &amp; Program</i>	<i>FY2010 Funding (&amp; transportation amount, if known)</i>	<i>Primary Target Population</i>	<i>Who are the main direct recipients of Federal funds?</i>	<i>Statewide and/or Metropolitan (or equiv) Planning?</i>	<i>Is Mobility Management Eligible?</i>	<i>Can One-Call Services be Funded?</i>	<i>Can Transit Fares/ Vouchers be Purchased?</i>	<i>Can Vehicles be Purchased?</i>
<p>Special Diabetes Program for Indians  <a href="http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI">http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI</a>                      This is a program to treat and prevent diabetes among American Indians and Alaska Natives. Grants are provided on a discretionary basis to IHS, tribal and urban Indian Health programs to provide community-based diabetes treatment and prevention services, including the transportation aspects of diabetes countermeasures such as physical fitness and access to nutrition</p>	<p>\$112m  Transport: \$359K</p>	Other	IHS facilities and programs	N	Y	N	Y	N
<b>Substance Abuse and Mental Health Services Administration</b>								
<p>Community Mental Health Services Block Grant  <a href="http://www.samhsa.gov/about/cmhs.aspx">http://www.samhsa.gov/about/cmhs.aspx</a>                      The Community Mental Health Services Block Grant is a formula grant awarded to states and territories to improve access (including transportation, if necessary) to community-based health care delivery systems for adults with serious mental illnesses and children with serious emotional disturbances.</p>	\$400m	Other	States	State	Y	Y	N	N
<p>Substance Abuse Prevention and Treatment Block Grants  <a href="http://www.samhsa.gov/grants/blockgrant/">http://www.samhsa.gov/grants/blockgrant/</a>                      States receive these formula-based grants to address substance abuse prevention, treatment, recovery supports and other services (sometimes including transportation) that will supplement services covered by Medicaid, Medicare and private insurance.</p>	\$1.8b	Other	States	N	Y	Y	N	N
<p>Comprehensive Community Mental Health Services Program for Children and Their Families  <a href="http://www.samhsa.gov/grants/">http://www.samhsa.gov/grants/</a>                      Under this program, competitively selected communities provide coordinated mental health services to children and families through a system of care that is not limited to traditional mental health services, but may also offer services such as respite care, tutoring, vocational counseling, legal services, peer-to-peer and family-to-family support systems, and therapeutic recreation, along with the possibility of necessary transportation for these services.</p>	\$85m	Other	Local entities	N	N	N	Y	N
<p>Access to Recovery  <a href="http://www.atr.samhsa.gov/">http://www.atr.samhsa.gov/</a>                      Access To Recovery (ATR) is a program of three-year competitive grants program funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. ATR provides vouchers to clients for purchase of substance abuse clinical treatment and recovery support services. The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community based providers for clinical treatment and recovery support services, including transportation.</p>	<p>\$95m  Transport: \$3.0m</p>	Other	Local entities	N	N	N	Y	N
<b>DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</b>								

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

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

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

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

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

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

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

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

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

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

# Appendix C – Population Statistics

PDC 7 Demographics (Census 2010)

County/City	Block Group Number	Area (Sq. Miles)	2010 Population	2010 Persons/ Sq. Mile
Clarke	510430101001	20.85	1259	60.38
Clarke	510430101002	17.20	1151	66.93
Clarke	510430101003	2.12	2061	970.36
Clarke	510430101004	28.27	1677	59.33
Clarke	510430101005	1.11	730	657.30
Clarke	510430101006	0.81	1440	1767.83
Clarke	510430102001	22.73	1560	68.64
Clarke	510430102002	18.76	755	40.24
Clarke	510430102003	21.05	740	35.15
Clarke	510430103001	16.47	1413	85.77
Clarke	510430103002	26.80	1248	46.57
Frederick	510690501001	6.75	1240	183.75
Frederick	510690501002	10.73	1117	104.14
Frederick	510690501003	2.85	934	327.68
Frederick	510690501004	4.47	798	178.39
Frederick	510690502001	11.87	1494	125.90
Frederick	510690502002	5.73	694	121.14
Frederick	510690502003	12.39	1692	136.61
Frederick	510690503001	51.33	1903	37.07
Frederick	510690503002	22.17	1195	53.90
Frederick	510690503003	19.92	2901	145.61
Frederick	510690504001	41.28	1864	45.16
Frederick	510690504002	6.57	1846	281.16
Frederick	510690504003	15.86	1151	72.59
Frederick	510690504004	49.76	1887	37.93
Frederick	510690505001	7.97	960	120.40
Frederick	510690505002	6.20	862	139.07
Frederick	510690505003	3.93	744	189.23
Frederick	510690505004	6.24	1139	182.62
Frederick	510690505005	12.72	1254	98.55
Frederick	510690506001	12.61	1552	123.10
Frederick	510690506002	16.97	1568	92.42
Frederick	510690506003	1.47	1319	899.13
Frederick	510690507001	8.29	1624	195.83
Frederick	510690507002	11.72	1116	95.25

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Sq. Mile</b>
Frederick	510690508011	7.11	2673	375.83
Frederick	510690508012	7.13	1213	170.07
Frederick	510690508021	6.42	892	138.85
Frederick	510690508022	0.92	1435	1554.86
Frederick	510690508023	0.78	2754	3516.42
Frederick	510690508024	0.59	2193	3711.71
Frederick	510690508031	1.10	3135	2848.65
Frederick	510690508032	1.16	2814	2426.83
Frederick	510690508033	0.64	972	1507.14
Frederick	510690509001	10.77	2659	246.95
Frederick	510690509002	9.93	1698	171.03
Frederick	510690510001	0.37	1095	2986.69
Frederick	510690510002	0.88	2762	3147.82
Frederick	510690510003	0.66	1430	2163.24
Frederick	510690510004	1.74	3023	1735.62
Frederick	510690510005	1.84	1081	588.47
Frederick	510690511011	0.88	2634	2979.45
Frederick	510690511012	0.92	2080	2250.22
Frederick	510690511013	3.39	2391	705.66
Frederick	510690511021	3.41	1607	471.06
Frederick	510690511022	1.79	2893	1615.72
Frederick	510690511023	1.27	2017	1582.47
Page	511390301001	1.14	821	720.67
Page	511390301002	4.48	620	138.29
Page	511390301003	45.92	1141	24.85
Page	511390302001	31.18	1038	33.29
Page	511390302002	4.25	1176	276.40
Page	511390302003	4.64	1120	241.37
Page	511390302004	27.81	843	30.31
Page	511390303001	27.02	1136	42.04
Page	511390303002	14.75	1201	81.45
Page	511390303003	4.66	1731	371.64
Page	511390303004	0.37	937	2561.61
Page	511390304001	9.87	1617	163.91
Page	511390304002	5.23	1368	261.56
Page	511390304003	1.91	1133	593.90
Page	511390304004	26.25	1267	48.27
Page	511390304005	13.56	936	69.01
Page	511390305001	38.08	1345	35.32
Page	511390305002	5.95	917	154.24
Page	511390305003	40.16	1144	28.49

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Sq. Mile</b>
Page	511390305004	2.72	1553	570.45
Page	511390305005	0.92	998	1086.93
Shenandoah	511710401001	11.60	4184	360.81
Shenandoah	511710401002	1.11	1596	1433.87
Shenandoah	511710401003	4.69	2348	500.51
Shenandoah	511710401004	10.42	940	90.19
Shenandoah	511710402011	36.71	1027	27.98
Shenandoah	511710402012	39.35	1553	39.46
Shenandoah	511710402021	68.46	1598	23.34
Shenandoah	511710402022	39.62	1532	38.67
Shenandoah	511710403001	16.17	2121	131.15
Shenandoah	511710403002	12.52	1616	129.10
Shenandoah	511710404001	36.01	880	24.44
Shenandoah	511710404002	71.84	1547	21.53
Shenandoah	511710405001	2.29	1405	614.51
Shenandoah	511710405002	3.94	1257	319.17
Shenandoah	511710405003	6.60	3597	545.33
Shenandoah	511710405004	7.30	1019	139.58
Shenandoah	511710405005	9.58	1169	122.02
Shenandoah	511710406001	8.28	1094	132.20
Shenandoah	511710406002	5.63	1449	257.44
Shenandoah	511710406003	16.61	1076	64.79
Shenandoah	511710407001	10.45	1431	136.88
Shenandoah	511710407002	10.98	1257	114.47
Shenandoah	511710407003	30.03	1576	52.48
Shenandoah	511710408001	7.38	2043	276.80
Shenandoah	511710408002	20.40	1622	79.50
Shenandoah	511710408003	20.82	1056	50.73
Warren	511870201001	11.33	3415	301.52
Warren	511870201002	8.89	1848	207.91
Warren	511870201003	11.57	2718	234.96
Warren	511870202001	21.30	1561	73.29
Warren	511870202002	1.31	149	114.10
Warren	511870202003	23.59	1056	44.76
Warren	511870203001	2.15	990	460.79
Warren	511870203002	4.18	1409	337.03
Warren	511870203003	9.75	1158	118.73
Warren	511870203004	17.49	1227	70.16
Warren	511870203005	10.18	1609	158.04
Warren	511870204001	0.18	740	4022.23
Warren	511870204002	0.12	680	5706.80

<b>County/City</b>	<b>Block Group Number</b>	<b>Area (Sq. Miles)</b>	<b>2010 Population</b>	<b>2010 Persons/ Sq. Mile</b>
Warren	511870204003	0.55	964	1759.77
Warren	511870204004	1.08	1757	1620.05
Warren	511870204005	0.53	623	1175.40
Warren	511870205001	0.50	952	1890.76
Warren	511870205002	0.28	1043	3676.11
Warren	511870205003	0.31	1059	3465.43
Warren	511870205004	0.29	955	3264.42
Warren	511870206011	6.08	1693	278.53
Warren	511870206012	4.32	2858	661.94
Warren	511870206013	0.32	1011	3165.88
Warren	511870206021	5.73	1364	238.10
Warren	511870206022	12.48	1522	121.96
Warren	511870207001	31.83	1853	58.21
Warren	511870207002	27.13	1361	50.17
Winchester	518400001001	0.19	556	2982.70
Winchester	518400001002	0.14	957	7000.19
Winchester	518400001003	0.08	830	10369.15
Winchester	518400001004	0.29	1303	4526.80
Winchester	518400001005	0.17	936	5518.16
Winchester	518400001006	0.18	855	4875.98
Winchester	518400001007	0.20	1220	5994.93
Winchester	518400002011	0.59	746	1254.83
Winchester	518400002012	0.69	777	1132.90
Winchester	518400002013	0.17	795	4606.44
Winchester	518400002014	0.22	1099	5087.50
Winchester	518400002021	0.14	836	6146.56
Winchester	518400002022	0.19	636	3404.62
Winchester	518400002023	0.13	693	5356.93
Winchester	518400002024	1.33	1521	1145.95
Winchester	518400002025	0.35	2050	5919.79
Winchester	518400003011	0.12	806	6968.96
Winchester	518400003012	0.74	2236	3031.67
Winchester	518400003013	0.17	643	3800.86
Winchester	518400003014	0.24	1381	5757.79
Winchester	518400003021	0.47	1320	2806.15
Winchester	518400003022	0.73	1369	1866.36
Winchester	518400003023	0.41	1500	3637.04
Winchester	518400003024	1.32	1138	862.15

# Appendix D- Demographics of Potentially Transit Dependent Persons

PDC 7 Demographics (American Community Survey 2005-2009)  
 Classifications: 1= Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless House holds	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDI%	TDI
510430101001	Clarke	29	1	178	1	0	1	0	1	1	1
510430101002	Clarke	24	1	239	2	0	1	61	1	1	1
510430101003	Clarke	88	2	286	3	13	1	131	1	1	3
510430101004	Clarke	27	1	113	1	40	3	132	1	3	1
510430101005	Clarke	33	1	165	1	0	1	20	1	1	1
510430101006	Clarke	91	2	326	3	68	5	158	2	2	1
510430102001	Clarke	132	4	279	3	39	3	71	1	1	1
510430102002	Clarke	76	1	180	1	21	1	12	1	2	1
510430102003	Clarke	42	1	84	1	0	1	0	1	1	1
510430103001	Clarke	79	2	127	1	10	1	157	2	1	1
510430103002	Clarke	30	1	101	1	0	1	61	1	1	1
510690501001	Frederick	77	1	115	1	0	1	57	1	1	1
510690501002	Frederick	75	1	172	1	19	1	66	1	1	1
510690501003	Frederick	39	1	158	1	11	1	59	1	1	1
510690501004	Frederick	25	1	83	1	0	1	49	1	1	1
510690502001	Frederick	84	2	240	2	0	1	26	1	1	1
510690502002	Frederick	72	1	78	1	0	1	92	1	1	1
510690502003	Frederick	93	2	146	1	0	1	17	1	2	1
510690503001	Frederick	109	3	214	2	8	1	184	3	1	1
510690503002	Frederick	97	2	175	1	0	1	49	1	1	1
510690503003	Frederick	172	5	235	2	29	2	127	1	1	1

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless House holds	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDI%	TDI
510690504001	Frederick	61	1	247	2	35	3	0	1	1	1
510690504002	Frederick	66	1	84	1	0	1	102	1	1	1
510690504003	Frederick	54	1	122	1	26	2	134	1	2	1
510690504004	Frederick	112	3	130	1	28	2	278	5	3	1
510690505001	Frederick	108	3	96	1	0	1	124	1	2	1
510690505002	Frederick	71	1	94	1	0	1	93	1	1	1
510690505003	Frederick	29	1	138	1	34	3	68	1	2	1
510690505004	Frederick	64	1	81	1	21	1	257	4	3	1
510690505005	Frederick	82	2	163	1	17	1	78	1	1	1
510690506001	Frederick	163	5	219	2	0	1	8	1	2	1
510690506002	Frederick	58	1	144	1	30	2	15	1	1	1
510690506003	Frederick	72	1	131	1	25	2	280	5	1	5
510690507001	Frederick	99	2	199	1	6	1	112	1	1	1
510690507002	Frederick	26	1	135	1	21	1	13	1	1	1
510690508001	Frederick	252	5	436	5	43	4	155	2	1	5
510690508002	Frederick	429	5	426	5	84	5	538	5	1	5
510690508003	Frederick	119	3	414	5	9	1	83	1	1	1
510690508004	Frederick	63	1	65	1	11	1	344	5	2	1
510690508005	Frederick	78	1	177	1	0	1	456	5	2	1
510690509001	Frederick	118	3	282	3	18	1	358	5	1	1
510690509002	Frederick	97	2	453	5	19	1	29	1	1	1
510690510001	Frederick	75	1	121	1	14	1	25	1	1	3
510690510002	Frederick	43	1	139	1	60	5	145	2	1	5
510690510003	Frederick	57	1	228	2	14	1	155	2	1	2
510690510004	Frederick	99	2	232	2	21	1	102	1	1	4
510690510005	Frederick	48	1	157	1	50	5	41	1	1	2
510690511001	Frederick	365	5	645	5	36	3	1335	5	1	5
510690511002	Frederick	70	1	89	1	14	1	243	4	1	4

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless House holds	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDI%	TDI
510690511003	Frederick	215	5	495	5	144	5	105	1	3	5
511390301001	Page	66	1	168	1	14	1	61	1	1	1
511390301002	Page	59	1	84	1	0	1	98	1	1	1
511390301003	Page	115	3	147	1	0	1	157	2	1	1
511390302001	Page	68	1	152	1	35	3	169	2	3	1
511390302002	Page	121	3	197	1	22	1	71	1	1	1
511390302003	Page	56	1	467	5	14	1	91	1	1	1
511390302004	Page	64	1	159	1	0	1	13	1	1	1
511390303001	Page	56	1	174	1	13	1	51	1	1	1
511390303002	Page	103	2	156	1	0	1	15	1	1	1
511390303003	Page	124	3	555	5	84	5	108	1	3	1
511390303004	Page	28	1	174	1	29	2	0	1	1	3
511390304001	Page	101	2	183	1	28	2	779	5	1	1
511390304002	Page	56	1	96	1	7	1	329	5	2	1
511390304003	Page	68	1	242	2	44	4	133	1	2	2
511390304004	Page	121	3	202	2	26	2	212	3	2	1
511390304005	Page	71	1	164	1	53	5	106	1	2	1
511390305001	Page	73	1	196	1	0	1	84	1	1	1
511390305002	Page	58	1	184	1	29	2	53	1	2	1
511390305003	Page	61	1	46	1	0	1	202	3	2	1
511390305004	Page	43	1	151	1	18	1	13	1	1	1
511390305005	Page	53	1	67	1	7	1	150	2	2	3
511390305006	Page	45	1	112	1	43	4	166	2	3	2
511710401001	Shenandoah	180	5	450	5	12	1	150	2	1	1
511710401002	Shenandoah	140	4	238	2	12	1	74	1	1	4
511710401003	Shenandoah	177	5	287	3	91	5	158	2	3	2
511710401004	Shenandoah	88	2	177	1	0	1	46	1	1	1
511710402001	Shenandoah	136	4	343	4	39	3	100	1	2	1

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless House holds	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDI%	TDI
511710402002	Shenandoah	70	1	244	2	47	4	120	1	1	1
511710402003	Shenandoah	140	4	831	5	16	1	197	3	2	1
511710403001	Shenandoah	146	4	301	3	33	2	145	2	1	1
511710403002	Shenandoah	187	5	267	2	11	1	132	1	1	1
511710404001	Shenandoah	36	1	71	1	17	1	8	1	1	1
511710404002	Shenandoah	76	1	262	2	16	1	192	3	1	1
511710405001	Shenandoah	58	1	240	2	23	1	11	1	1	1
511710405002	Shenandoah	91	2	174	1	58	5	256	4	3	1
511710405003	Shenandoah	116	3	718	5	169	5	310	5	3	2
511710405004	Shenandoah	90	2	144	1	18	1	140	2	1	1
511710405005	Shenandoah	49	1	111	1	16	1	11	1	1	1
511710406001	Shenandoah	65	1	138	1	52	5	40	1	2	1
511710406002	Shenandoah	66	1	299	3	22	1	63	1	1	1
511710406003	Shenandoah	45	1	161	1	0	1	16	1	1	1
511710407001	Shenandoah	78	1	207	2	14	1	475	5	2	1
511710407002	Shenandoah	56	1	322	3	25	2	134	1	1	1
511710407003	Shenandoah	82	2	312	3	24	1	224	3	1	1
511710408001	Shenandoah	157	5	348	4	51	5	144	2	1	2
511710408002	Shenandoah	92	2	316	3	29	2	198	3	1	1
511710408003	Shenandoah	60	1	108	1	0	1	39	1	1	1
511870201001	Warren	224	5	126	1	37	3	331	5	1	2
511870201002	Warren	69	1	48	1	8	1	0	1	1	1
511870201003	Warren	59	1	204	2	31	2	42	1	1	1
511870202001	Warren	96	2	196	1	12	1	123	1	1	1
511870202002	Warren	74	1	260	2	23	1	22	1	2	1
511870203001	Warren	66	1	26	1	0	1	33	1	1	1
511870203002	Warren	101	2	214	2	0	1	398	5	2	1
511870203003	Warren	37	1	218	2	13	1	86	1	1	1

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless House holds	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDI%	TDI
511870203004	Warren	59	1	265	2	0	1	58	1	1	1
511870203005	Warren	75	1	142	1	0	1	0	1	1	1
511870204001	Warren	40	1	78	1	8	1	10	1	1	2
511870204002	Warren	24	1	159	1	48	4	157	2	4	5
511870204003	Warren	70	1	56	1	53	5	350	5	4	5
511870204004	Warren	106	3	116	1	28	2	286	5	1	5
511870204005	Warren	86	2	335	4	42	4	85	1	4	5
511870205001	Warren	72	1	124	1	19	1	72	1	1	1
511870205002	Warren	67	1	214	2	17	1	157	2	2	3
511870205003	Warren	79	2	108	1	44	4	199	3	3	5
511870205004	Warren	73	1	117	1	49	4	158	2	4	5
511870206001	Warren	61	1	105	1	83	5	501	5	3	1
511870206002	Warren	49	1	196	1	55	5	239	4	3	1
511870206003	Warren	153	4	266	2	11	1	277	5	1	4
511870206004	Warren	20	1	206	2	0	1	14	1	1	3
511870206005	Warren	27	1	97	1	0	1	47	1	1	1
511870207001	Warren	67	1	198	1	0	1	213	3	1	1
511870207002	Warren	116	3	359	4	17	1	115	1	1	1
518400001001	Winchester	36	1	64	1	100	5	127	1	3	5
518400001002	Winchester	77	1	31	1	6	1	569	5	3	5
518400001003	Winchester	7	1	93	1	44	4	143	2	3	5
518400001004	Winchester	54	1	117	1	81	5	171	2	2	5
518400001005	Winchester	47	1	107	1	0	1	83	1	2	2
518400001006	Winchester	50	1	203	2	21	1	93	1	1	3
518400001007	Winchester	71	1	202	2	41	3	181	2	4	5
518400002011	Winchester	41	1	260	2	3	1	190	3	2	3
518400002012	Winchester	35	1	323	3	16	1	0	1	2	1
518400002013	Winchester	78	1	75	1	31	2	124	1	2	3

Block Group Number	County/City	Disabled (16+)	Disabled Classification	Older Adults (65+)	Older Adult Classification	Autoless House holds	Autoless Household Classification	Below Poverty	Below Poverty Classification	TDI%	TDI
518400002014	Winchester	111	3	258	2	45	4	340	5	1	5
518400002021	Winchester	73	1	91	1	95	5	253	4	3	5
518400002022	Winchester	10	1	85	1	0	1	0	1	1	2
518400002023	Winchester	39	1	124	1	0	1	37	1	1	2
518400002024	Winchester	84	2	513	5	0	1	19	1	2	4
518400002025	Winchester	101	2	326	3	16	1	93	1	1	4
518400003011	Winchester	52	1	51	1	0	1	73	1	1	2
518400003012	Winchester	76	1	312	3	9	1	217	3	1	3
518400003013	Winchester	21	1	58	1	11	1	0	1	1	2
518400003014	Winchester	112	3	158	1	120	5	183	3	2	5
518400003021	Winchester	75	1	174	1	143	5	264	4	2	5
518400003022	Winchester	57	1	166	1	20	1	228	4	3	3
518400003023	Winchester	48	1	212	2	0	1	146	2	1	4
518400003024	Winchester	33	1	230	2	23	1	213	3	1	1