Transportation Services Inventory

# 2024 – 2028 Coordinated Plan

The purpose of this worksheet is to provide a detailed inventory of the transportation services provided in each county. ***Add additional pages as needed.***

|  |  |
| --- | --- |
| **Program Name / Sponsoring Agency/ Transit System** |  |
| **Contact Information**  | Name: Phone:Email: |
|  |  |
| **Website Address** |  |
|  |
| **System Type** |[ ]  **Fixed Route** |
|  |[ ]  **Demand Response** |
|  |[ ]  **Other (explain below)** |
|  |  |
|  |  |
| **Service Area**  |  |
|  |
| **Hours of Operations** |
| **Days** | [ ]  Mon [ ]  Tues [ ]  Wed [ ]  Thur [ ]  Fri [ ]  Sat [ ]  Sun |
| **General Start Time** |  **\_\_\_\_\_AM \_\_\_\_\_AM \_\_\_\_\_AM \_\_\_\_\_AM \_\_\_\_\_AM \_\_\_\_\_AM \_\_\_\_\_AM**  |
|  **General End Time** |  **\_\_\_\_\_PM \_\_\_\_\_PM \_\_\_\_\_PM \_\_\_\_\_PM \_\_\_\_\_PM \_\_\_\_\_PM \_\_\_\_\_PM** |
|  |  |
| **How to access rides?** |[ ]  **Fixed Route** |
|  |[ ]  **Call for Each Ride** |
|  |[ ]  **Subscription**  |
|  |[ ]  **Other (explain below)** |
|  |  |
|  |
| **Eligibility Restrictions** |  |
|  |  |  |
| **Vehicle Type - Bus** |  | **Total Number of Vehicles****\_\_\_\_\_Own \_\_\_\_\_Lease** |
|  |  | **Number of Vehicles with Lifts****\_\_\_\_\_ Own \_\_\_\_\_Lease** |
|  |  | **Number of Vehicles with Ramps****\_\_\_\_\_ Own \_\_\_\_\_Lease** |
|  |
| **Vehicle Type - Van** |  | **Total Number of Vehicles****\_\_\_\_\_ Own \_\_\_\_\_Lease** |
|  |  | **Number of Vehicles with Lifts****\_\_\_\_\_ Own \_\_\_\_\_Lease** |
|  |  | **Number of Vehicles with Ramps****\_\_\_\_\_ Own \_\_\_\_\_Lease** |
|  |
| **Volunteers**  |  | **Number of Volunteer Drivers** |
|  |  |
| **Funding Sources** |[ ]  **5310** |
|  |[ ]  **5311** |
|  |[ ]  **5307** |
|  |[ ]  **85.21** |
|  |[ ]  **85.20** |
|  |[ ]  **85.215** |
|  |[ ]  **Medical Assistance** |
|  |[ ]  **Veterans Assistance** |
|  |[ ]  **Older Americans Act** |
|  |[ ]  **Other:** |
|  |[ ]  **Other:** |
|  |[ ]  **Other:** |
|  |[ ]  **Other:** |