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:** | |