

Questions marked with a \* are required

Transit Coordination Plan: Transportation Provider Survey

You are invited to participate in the *Southwest Missouri Council of Government's* Transit Coordination Plan: Transportation Provider Survey. This survey will provide insights into how area transportation providers serve the transportation needs of seniors and individuals who have disabilities or who are impoverished. The results of this survey will be combined with the results of a *human service agencies* survey and a *transportation user* survey to provide information for an updated Transit Coordination Plan. It will take approximately 15 to 20 minutes to complete the questionnaire.

This survey is intended for transportation providers and human service agencies that provide transportation services for their clientele. If you do not own or operate vehicles for the purposes of transporting seniors and individuals who have disabilities or who are impoverished, please take our human service agency survey.

Your participation in this study is completely voluntary. There are no foreseeable risks associated with this project. However, if you feel uncomfortable answering any questions, you can withdraw from the survey at any point. It is very important for us to learn your opinions. If you have questions at any time about the survey or the procedures, you may contact Megan Clark (MeganClark@missouristate.edu) or by phone at (417)836-6900.

Thank you very much for your time and support.

Return completed surveys to:

CRPM/SMCOG  
901 S National Ave.  
Springfield, MO 65897

The following questions will ask for basic information about your organization, including contact information, clientele served, and geographic service area.

Contact Information

Name of Organization \* :

Person Completing Survey \* :

Phone :

Email Address \* :

What type of transportation provider are you (Select all that apply)? \*

- Private/Commercial provider with handicapped accessibility
- Taxi Service
- Public Transit System
- Government Human Service Agency
- Private Non-Profit Human Service Agency
- Private Non-Profit Transportation Provider
- Private For-Profit Provider
- Other

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Please describe your geographic service area (Include names of cities and counties served). \*

Please provide a mission statement for your organization or general description of services provided. \*

The following questions will ask about the services you provide and efforts at coordinating with area agencies.

What services do you provide (Select all that apply)? \*

- Fixed Route with Fixed Schedule
- Door-to-Door
- Thru-the-door
- Demand Response/On Demand
- Same-day service
- Other

What types of trips do you provide (medical, general transportation, social)? \*

What destinations or areas do you serve most frequently? \*

This free survey is powered by **When is your service available (Select all that apply)? \***

- Weekdays
- Weekends
- Evenings
- 24/7
- Holidays
- Selected Days Only

**Are your transportation services restricted in any way (i.e. medical visits only, job training only, geographic restriction)? \***

- Yes
- No

**Please describe any coordination you have with other organizations regarding your transportation services. \*****The following question will ask about the individuals that utilize your transportation services.****For what age groups are your transportation services designed (Select all that apply)? \***

- Under 18
- 18-54
- 55-65
- Over 65
- Any Age
- Other

**Are your transportation services specifically targeted towards low-income individuals? \***

- Yes
- No
- Other

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Are your transportation services specifically targeted towards individuals with disabilities? \*

- Yes
- No
- Other

Please describe any eligibility requirements users must meet to utilize your transportation services? \*

In what ways are you unable to meet know needs of your users/clients? \*

The following questions will ask about the type and condition of vehicles in your transportation fleet.

What types of do you own (Select all that apply)? \*

- Cars
- Trucks
- Van
- Light Duty Buses
- Medium Duty Buses
- Other

Please indicate how many vehicles of each type your organization owns.

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Cars \* XTR

Trucks \* XTR

Van \* XTR

Light Duty Buses \* XTR

Medium Duty Buses \* XTR

Other \* XTR

On average, how many miles do each type of vehicle owned by your organization have?

Cars \* XTR

Trucks \* XTR

Van \* XTR

Light Duty Buses \* XTR

Medium Duty Buses \* XTR

Other \* XTR

How many people to you have the capacity to transport with each type of vehicle in your fleet?

Cars \* XTR

Trucks \* XTR

Van \* XTR

Light Duty Buses \* XTR

Medium Duty Buses \* XTR

Other \* XTR

This free survey is powered by  QuestionPro**The following questions will ask about how your transportation services are funded and your transportation budget.**

How are your transportation services funded (Select all that apply)? \*

- Charging Clients
- State Funds
- Federal Funds
- Donations/Fundraising/Volunteers
- City/County/Special transportation district funding
- Other

Do you provide services for those unable to pay? \*

- Yes
- No

Please provide your agency's annual transportation revenues.


Fares \*

FTA Grants \*

Other Sources of Revenue (please break down by source) \*

**The following questions will ask about your organization's short-term and long-term needs.**

Please list specific planned projects and costs related to your transportation services (i.e. replacement of 2 vans : \$50,000) \*

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What do you think the needs of your transportation services are in the short term (1–6 years)? Please be as specific as possible. \*

What do you think the needs of your transportation services are in the long-term (7–15 years)? \*

Are you interested in expanding your specialized transportation services (Select all that apply)? \*

- |   |  |
|---|--|
| <input type="checkbox"/> No                             | <input type="checkbox"/> Geographic coverage |
| <input type="checkbox"/> Evening service                | <input type="checkbox"/> Weekend service     |
| <input type="checkbox"/> Handicapped-accessible service | <input type="checkbox"/> Door-to-door        |
| <input type="checkbox"/> Lower fares                    | <input type="checkbox"/> Medical trips       |
| <input type="checkbox"/> Non-medical trips              | <input type="checkbox"/> Employment trips    |
| <input type="checkbox"/> Inter-agency coordination      | <input type="checkbox"/> Other               |

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Southwest Missouri Council of Governments  
Springfield, MO

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