

June 2010



TO: Agency/ Organization Representative  
FROM: Beth Kranda, SANBAG Transit Analyst  
SUBJECT: Public Transit – Bus and Rail – Network  
*Updating Your Agencies' **PUBLIC TRANSIT NETWORK** Listing*

San Bernardino Associated Governments [SANBAG] maintains a listing of agency representatives concerned with public transit and other mobility needs of seniors, persons with disabilities and persons of limited means. This listing called the **PUBLIC TRANSIT NETWORK**, formerly contained within the *San Bernardino County Public and Specialized Transportation Directory*, is used for various purposes.

We may provide those on the Network with notices regarding any of the following during the year:

- Public hearings about transit fare changes and other initiatives;
- Bus routing or other operational changes;
- Emergency planning for transit and human services;
- New services such as van pools, specialized shuttles or other new transportation-related programs;
- Bi-monthly PASTACC meetings, the San Bernardino County's *Public and Specialized Transportation Advisory and Coordination Council*;
- Grant opportunities:  
Including vehicle grants (Section 5310) and operating project grants (Section 5316, Job Access & Reverse Commute, and Section 5317, New Freedom);
- Information about special transportation coordination opportunities;
- Transit-related training and scholarship opportunities:  
Including University of the Pacific-*Transit Management Certificate* program and the Rural Transportation Assistance Program (RTAP) training workshops.

Enclosed is a short survey asking questions about your organization, the consumers you serve, and any transportation services you provide. We also ask about needs and improvements.

These continue to be challenging times for public service delivery, whether offered by public transit, human service agencies or municipalities. We believe that we can respond most effectively by increasingly working together. This **PUBLIC TRANSIT NETWORK** is one tool to help us continue to do so, working together to move as many people around this vast county as we possibly can.

You may fax or mail the completed survey to us or you may complete it online at: [sbinventory.tk](http://sbinventory.tk)

*Thank you very much!*

**RETURN THE SURVEY IN THE ENCLOSED, ADDRESSED ENVELOPE TO:**  
c/o A-M-M-A Transit Planning 393 Two Trees Road, Riverside, CA. 92507  
FAX: (951) 784-1212 or EMAIL: [mail@ammtransitplanning.com](mailto:mail@ammtransitplanning.com)

# San Bernardino County Public and Specialized Transportation Organization and Agency Survey



**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Agency Name:** \_\_\_\_\_ **(Dept.)** \_\_\_\_\_  
**Secondary Contact Name:** \_\_\_\_\_ **Site Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**1. Briefly describe your organizational mission:**

**2. Your Agency Type (Check one best answer only):**

- Private, for profit       Public agency  
 Private, non-profit       Faith-based organization

**3. Number of active clients on your agency department's roster living within San Bernardino County:**

\_\_\_\_\_ # Total clients / consumers enrolled or on caseload lists  
 \_\_\_\_\_ # Average daily attendance  
 \_\_\_\_\_ # Est. daily who require transportation assistance  
 \_\_\_\_\_ # Est. daily in wheelchairs

**4. Please identify the primary client population your agency serves: (Check all that apply)**

- Seniors, able-bodied       Persons with physical disabilities  
 Seniors, frail       Person with behavioral disabilities  
 Persons of low income       Persons with sensory impairments  
 Persons with cognitive disabilities; e.g. brain injury or Alzheimer's       Youth  
 Other \_\_\_\_\_       General Public

**5. What information items most interest your agency/organization? (Check all that apply)**

- Public transit hearing notices  
 Public transit fares, routing, and services changes  
 Special transit workshops/local meetings  
 Emergency Planning (transit & human services)  
 Grant opportunities  
 Bi-monthly PASTACC meetings  
 Training opportunities  
 Coordination opportunities with other agencies  
 Other \_\_\_\_\_

**6. Indicate public transit service areas of greatest interest to your organization: (Check all that apply)**

- San Bernardino Valley - Omnitrans       Barstow Area (BAT)  
 Victor Valley - Victor Valley Transit Authority (VVTA)       Countywide  
 Mountain Area - Mountain Area Regional Transit Authority (MARTA)       Other  
 Needles Area - Needles Area Transit (NAT)

**7. Which best describes any transportation services provided by your agency: (Check all that apply)**

- No Transportation** operated, contracted, or arranged  
 **Operate** transportation with full responsibility for the transportation provided by your agency  
 **Contract** for transportation; services provided by another entity under contract to your agency  
 **Subsidize** transportation through agency purchase of bus passes, fares, mileage reimbursement or taxi voucher  
 **Arrange for** trips by assisting with information; clients responsible for follow-up  
 **Arrange for** trips using volunteer drivers or private car  
 **Other** (Please specify) \_\_\_\_\_

**8. Is your organization interested in expanding existing or initiating new support to specialized transportation?**

- Yes, my agency is potentially very interested.  
 Yes, possibly but we need more information.  
 No, not at this time; possibly later.  
 No, not compatible with our programs or disinterested for other reasons.

**9. What is your greatest consumer transportation need?**

**10. Do you have any coordinated transportation arrangements with other agencies?**

- Yes       No

**10a. If yes, with which agencies?**

**If you answered NO TRANSPORTATION to #7, please go to #18 then return survey. Otherwise, please complete the following questions and return to us as indicated. Thank you!**

**11. How many agency owned vehicles are available to provide your clients transportation?**

- # \_\_\_\_\_ Total agency owned vehicles       Not known  
 # \_\_\_\_\_ Agency vehicles that are wheelchair lift-equipped       Not known

**12. Drivers for transportation program:**

- # \_\_\_\_\_ Paid drivers (exclusively driving)
- # \_\_\_\_\_ Paid drivers who are program staff (e.g. other duties)
- # \_\_\_\_\_ Volunteer driver
- # \_\_\_\_\_ Contractor drivers

**13. Passenger Trips:**

\_\_\_\_\_ Est. Average # of all one-way passenger trips per Week.

*Count each round-trip as two (2) one-way passenger trips; count as one trip each time a passenger boards the vehicle.*

**14. Briefly describe where you provide transportation:**

**15. Which days do you provide client transportation:**

- Monday       Tuesday       Wednesday       Thursday
- Friday       Saturday       Sunday

**16. Transportation Budget:** (Current fiscal year)

\$ \_\_\_\_\_ Operations budget only

*Are there additional vehicle costs (capital) not included in the budget because vehicles are provided by grant sources not in budget?*

- Yes       No       Not known

**17. Funding sources for transportation budget:**

*(Indicate source and identify other as appropriate)*

**County/Local Funding**

- General Funds
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Federal Funding**

- FTA section 5307
- FTA section 5310 (vehicles)
- FTA section 5311
- FTA Section 5316 (JARC)
- FTA Section 5317 (New Freedom)
- FTA Section 5311 (Rural)
- Comm. Dev. Block Grants
- Health and Human Services.
- Other \_\_\_\_\_

**State Funding**

- Transp. Development Act (LTF)
- Education Department
- Dept. Developmental Services
- Dept. of Aging
- Dept. of Rehabilitation
- Dept. of Health Services
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Other Funding**

- Client Fees
- Private Donations / Grants
- United Way
- Passenger Fares
- Fundraising
- Other \_\_\_\_\_

**18. What comments do you wish to offer about improving public transportation in your area?**

*Thank you very much!*

**THIS SURVEY MAY ALSO BE FILLED OUT ONLINE AT: [www.sbinventory.tk](http://www.sbinventory.tk)**

**OR RETURN THE SURVEY IN THE ENCLOSED, ADDRESSED ENVELOPE TO:**

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