

2019 Coordinated Public Transit-Human Services Transportation Plan for Boone, Clay, Kanawha, and Putnam Counties, WV

Draft Report

May 2019



Prepared by: RLS & Associates, Inc.

Table of Contents

I. Introduction	1
Purpose.....	1
Methodology.....	1
II. Transportation and Mobility Needs Assessment.....	3
Community Meeting and Public Survey Results	3
Previous Relevant Plans and Studies	8
Kanawha Putnam Regional Transportation Plan	8
Bike & Trail Master Plan	10
Conclusion	10
III. Transportation Provider Inventory	11
Public Transit – Open to the General Public.....	11
Human Service Agencies and/or Senior Services – Open to a segment of the population based on eligibility criteria	11
Private Transportation Services.....	11
Other Transportation Services.....	12
Major Trip Generators	12
IV. Review of Progress Since 2013 Coordinated Plan Update.....	15
Conclusion	18
V. Goals, Strategies and Implementation	19
Goals and Strategies	19
Goal #1: Improve Communication Among Transportation Providers and Other Stakeholders in the Region and Throughout West Virginia.....	19
Goal #2: Maintain Current Levels of Transportation Services for Older Adults, Individuals with Disabilities, and People with Low Incomes.	21
Goal #3: Develop Coordinated Outreach Strategies.....	23
Goal #4: Develop Coordinated Outreach Strategies.....	25
Goal #5: Implement a Centralized “Call Center” for Trip Scheduling.	26
Goal #6: Achieve Multi-County Regional Connectivity and Develop New Transportation Services in Rural Areas.....	29
Goal #7: Implement Formal Transfer Points at the Kanawha County lines.....	31
Summary of Goals and Priorities	33
Appendix A: Public and Stakeholder Outreach	34
Appendix B: Public Survey Data	35
Appendix C: Transportation Provider Inventory	36
Organizational Characteristics.....	42
Appendix D: Demographics.....	48
Appendix E: Relevant Terms.....	55
Glossary of Terms.....	55

I. INTRODUCTION

PURPOSE

This plan updates the West Virginia Region III Coordinated Public Transit-Human Services Transportation Plan for Boone, Clay, Kanawha, and Putnam Counties. The plan was initially developed in 2011 and updated in 2013. The Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU) was the Federal surface transportation authorization at the time of the initial report. The 2013 update was developed in response to requirements set forth by Moving Ahead for Progress in the 21st Century Act (MAP-21).

On December 4, 2015, the Fixing America’s Surface Transportation (FAST) Act, was signed into law as a reauthorization of surface transportation programs through Fiscal Year 2020. The FAST Act applied new program rules to all Fiscal Year 2016 funds and authorizes transit programs for five years. According to FAST Act requirements, locally-developed, coordinated public transit-human services transportation plans must be updated to reflect the changes established by the FAST Act Federal legislation.

Funding to update this locally-developed Public Transit-Human Services Transportation plan was provided by the West Virginia Department of Transportation, Division of Public Transit. The planning process involved active participation from local transportation providers and human service agencies, as well as members of the general public, senior citizens, and individuals with disabilities.

Some human service agencies directly operate or contract transportation operations to a third party. Transportation providers have eligibility restrictions based on age and disability status, income and/or registered clients only, while others serve the general public. In an era of increasing need and demand for shared-ride and non-motorized transportation and stable or declining local revenue, organizational partnerships must be explored and cost-saving measures must be made to best serve the Region’s changing transportation demands. Interactive coordinated transportation planning provides the best opportunity to accomplish this objective.

METHODOLOGY

The fundamental element of the planning process is the identification and assessment of existing transportation resources and local/regional unmet transportation needs and gaps in service. This was accomplished by receiving input from stakeholders through community meetings open to the public, in-person interviews, telephone calls, email conversations, and completion of a public survey.

The coordination plan update incorporated the following planning elements:

1. Review of the previous Coordinated Public Transit-Human Services Transportation Plan to develop a basis for evaluation and recommendations;
2. Evaluation of existing economic/demographic conditions in each county using U.S. Census data and other data resources approved by West Virginia Department of Transportation and/or the local planning agency;
3. Conduct of a general public survey. The combination of demographic data, survey input, and input gathered during interviews and meetings will provide a sufficient depth of understanding about transportation need;
4. Conduct of local meetings for stakeholders and the general public for the purpose of updating transportation needs, and service gaps, and developing goals, objectives, and implementation strategies;
5. Update of the inventory of existing transportation services provided by public, private and non-profit organizations;
6. Update of the summary of vehicle use for the purpose of determining where or how existing vehicle fleets can be better used to meet transportation needs; and
7. Development of an updated implementation plan that includes current goals, strategies, responsible parties, and performance measures.

Needs

II. TRANSPORTATION AND MOBILITY NEEDS ASSESSMENT

COMMUNITY MEETING AND PUBLIC SURVEY RESULTS

Community meetings were promoted to the public in local newspapers, websites, and through emails and word-of-mouth. There were two rounds of meetings. During the first round, participants discussed the unmet transportation needs for each county and community within the Region, as well as needs and gaps in services that cross jurisdictional boundaries. Meeting participants were also invited to discuss preliminary coordinated transportation goals and strategies that could be implemented to address the identified needs. This meeting was held at Kanawha Valley Regional Transportation Authority (KRT) in Charleston, a central location in the Region. The second meeting was also facilitated at KRT and representatives from all stakeholder organizations and the public were invited to attend. Participation included senior citizens and organizations that represent individuals with disabilities and people with low incomes.

The public survey was distributed on-line and in hard copy format. The survey was promoted in local media, on websites, at public meetings, and through emails and word-of-mouth with local stakeholders. The survey was available for three months. There were approximately 183 survey responses from Region III – 33.33% of survey respondents were age 65 and older and 30.51% had a disability that limits his or her mobility or ability to drive or use available transportation services.

Detailed public survey results, demographic analysis and public and stakeholder meeting materials are included in Appendix A. A summary of the information is provided here.

Meeting participants and survey respondents were asked to identify unmet transportation needs and gaps in available services in the Region. Results are summarized in the following table and charts.

Table II.1: 2019 Needs Assessment
Many people cannot afford to ride public or private transit options. Transportation options that offer free or reduced fares are needed to improve access to community resources for people of all ages with low incomes.
Access to grocery stores with fresh produce and meat is a challenge for urban and rural communities throughout the Region. Dollar Stores sell some groceries, but not fresh food. Senior centers are working to help seniors by providing transportation to Walmart or another grocery store once a week.
In Putnam County, particularly, access to grocery stores is a challenge for people who do not drive or have access to a vehicle. Human service agency transportation providers in Putnam County often receive requests to stop at a grocery store on the trip home from a medical appointment. This is a challenge for the provider and the passenger because if the trip was paid with Medicaid funding, a stop at the grocery store is not an eligible expense.

Table II.1: 2019 Needs Assessment

<p>Multi-county trips are needed to connect people with community resources including medical, health, counseling, shopping, employment and entertainment. Due to service area restrictions (such as service only within a single county) of many transportation funding sources, most public, senior program, and human service agency transportation providers are unable to cross county lines.</p>
<p>People who are recovering from addiction and need to rejoin the workforce struggle to gain/maintain employment if they have had their driver’s license suspended or revoked. Employers and recovery programs need to work together with transportation providers to help overcome this gap in access to employment created by lack of transportation.</p>
<p>Programs to educate transportation providers, including drivers/operators, about transporting people with dementia are needed to improve safety and security of passengers and potential passengers.</p>
<p>Many veterans must travel one to two hours to appointments at Veterans Affairs (VA). While the VA provides some transportation using volunteer drivers and VA vehicles, the demand exceeds the VA’s transportation resources. The VA works to transport multiple passengers on each vehicle, but due to the long distances, this is difficult. At times, the VA driver spends an entire day for one round trip.</p>
<p>KRT and rural transportation providers including public, senior programs, and human service agencies, see a need to educate local, state and Federal funders about the significant need to find a way to remove or relax certain eligibility and service area restrictions on transportation services so that trips can be coordinated with other local transportation providers and passengers better served by local and multi-county trips.</p>
<p>Transportation stakeholders recognize a growing trend that 16-year-old children do not want to get their driver’s license. These youth will need transportation services for all types of trip purposes and at all times of the day/days of the week. Transportation providers and community planners must start planning for the changing demand of future generations and continue to make the Charleston area a location where the next generations will want to live and work.</p>
<p>Transportation options must be improved to bring the rural population into Charleston for all purposes.</p>
<p>Marketing and advertisements are needed to let everyone know about the public, private, and human service agency transportation services that are available. One avenue is to continue to update transportation provider data in 211. Other avenues such as printed and on-line directories or apps are also needed to ensure comprehensive outreach to include choice riders as well as people who rely on transportation services.</p>
<p>People who do not meet the eligibility requirements for senior or human service agency transportation services based on age, income, or disability status fall through the cracks in the transportation network. Support for transportation services, such as those offered by C&H Taxi, is needed for individuals who ‘fall through the gaps’ in eligibility.</p>
<p>Transportation operators that use wheelchair accessible vehicles need different options for vehicle procurement. The ramp limits seating capacity on vehicles when a passenger with a wheelchair is not riding. Vehicles designed with a ramp in the floor (and not standing upright inside the vehicle) would allow operators more flexibility when scheduling trips and more capacity per vehicle for ambulatory passengers.</p>

Table II.1: 2019 Needs Assessment

<p>Transportation service to the new YMCA facility downtown continues to be important. KRT stops near the YMCA location, but many passengers are not aware of it. It is possible the need pertains to educating and improving public awareness of transportation services for people who live on the KRT bus line and enhancing connections to KRT for people who live outside of the KRT service area.</p>
<p>There is a shortage of qualified drivers for public and human service agency services, especially in rural areas. Rural public transit providers cannot expand service to meet demand, even if funding was available, because there are not enough drivers.</p>
<p>Bus routes or other connector services to connect Charleston with other West Virginia cities and rural areas are needed. As the State capital, Charleston is a destination for residents throughout the state for government services and Regional medical facilities.</p>
<p>Montgomery, West Virginia is located in both Kanawha and Fayette Counties, however, most of the city is in Fayette County. KRT stops on the Kanawha County side of the city but there is no KRT service or connection to the KRT stop from the Fayette County side. Access to KRT from Fayette County would improve the opportunity for Fayette County residents (at least those in Montgomery) to access services, jobs, and employment in Charleston. If connector service existed, KRT passengers would have access to services, jobs, and employment in Montgomery, other Fayette County communities, and possibly the Beckley area.</p>
<p>Sustaining the existing transportation services for the general public, seniors, and human service agencies is necessary for addressing the ongoing transportation needs throughout the Region. These existing services provide the basis for growth and development of an improved network of services.</p>
<p>The Charleston area needs to continue development of multi-modal designs through the Complete Streets vision and other plans to connect bicycle and pedestrian access with motorized transportation options (transit, taxis, app-based services, etc.). Continuing these plans could lead to opportunities for bike-share and scooter-share, and similar options for Charleston.</p>
<p>Transportation stakeholders expressed the need to advance Regional mobility management efforts to incorporate all current and potential future modes of transportation. Enhanced mobility management tools, if effectively applied, will create a platform for multi-modal coordination of trips and potentially attract new riders and/or partnerships with employers, hospitals and clinics, and transportation operators. As new partnerships are developed, diversity of local funding resources for transportation will expand, strengthening the capacity for transit services.</p>
<p>Demographics:</p> <ul style="list-style-type: none"> • Highest densities of older adults are in St. Albans, Dunbar, South Charleston and Charleston. • Kanawha County has high density areas of zero vehicle households. Most are found in the Charleston. Clay County has an area of high zero vehicle households as well. • Single vehicle households with multiple people throughout the Region need public, agency and/or private transportation options to supplement the availability of their personal vehicle.
<p>Public Survey Results – Region III – 183 Responses 33.33% of respondents were age 65+ 30.51% have a mobility limitation or someone in their family has a mobility limitation 19.87% are unable to run errands because of a lack of reliable transportation</p>

Table II.1: 2019 Needs Assessment

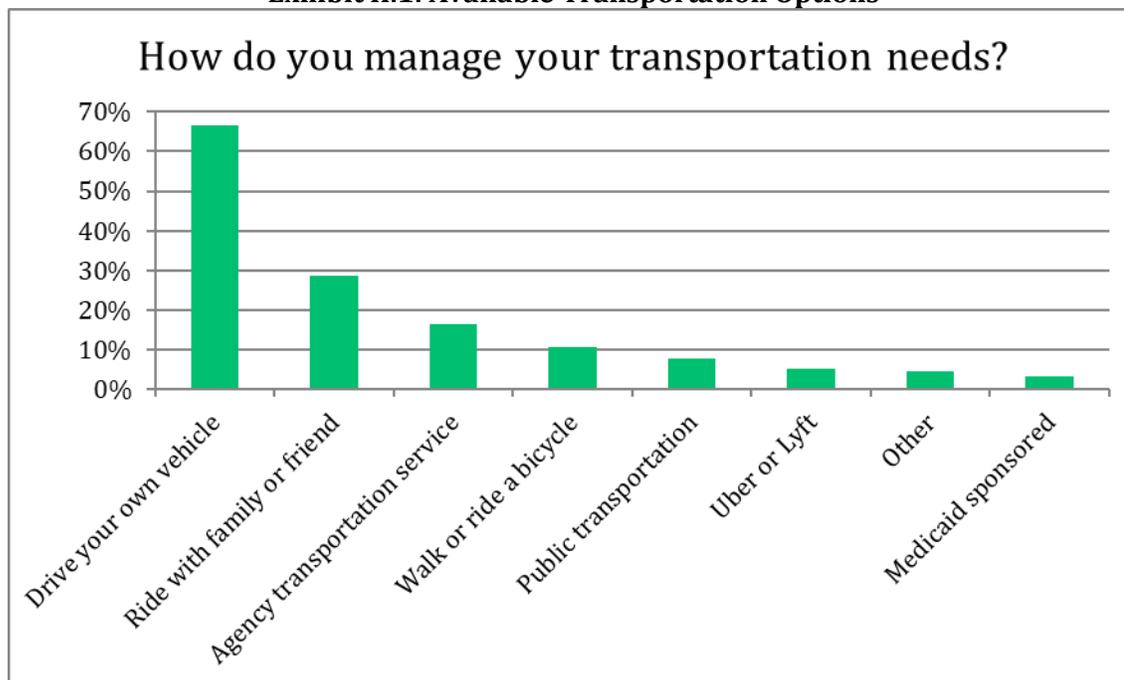
17.31% are unable to go to agency appointments because of a lack of transportation.
13.46% cannot attend Sunday religious services because of a lack of transportation.
14.10% do not go to medical appointments because they do not have reliable transportation.
9.62% find it difficult to feed themselves or their family because of a lack of transportation.
5.13% have difficulty getting to work because of a lack of reliable transportation.

- 2.56% are not able to further their education due to a lack of transportation.

32.75% of respondents do not use public transit because it is not available where they live.
13.45% of respondents do not use public transit because it does not go where they need to go.
12.28% of respondents do not use public transit because it takes too long to get where they want to go.

The majority (66.48%) of public survey respondents indicated they drive their own vehicle. The public survey asked people to identify all of the ways they manage transportation needs. Exhibit II.1 illustrates that while the majority of respondents drive a car, over 28% ride with a family member or friend and 16.48% use human service agency-sponsored transportation services (i.e., senior centers, Department of Health and Human Services, non-profit agencies, etc.). Another portion of respondents, 10.44%, also indicated they walk or ride a bike as a means of transportation. Over 7% of respondents use public transportation while just under 5% use Transportation Network Companies (TNCs, e.g., Uber/Lyft), and 3.3% use Medicaid-sponsored transportation services for medical appointments.

Exhibit II.1: Available Transportation Options

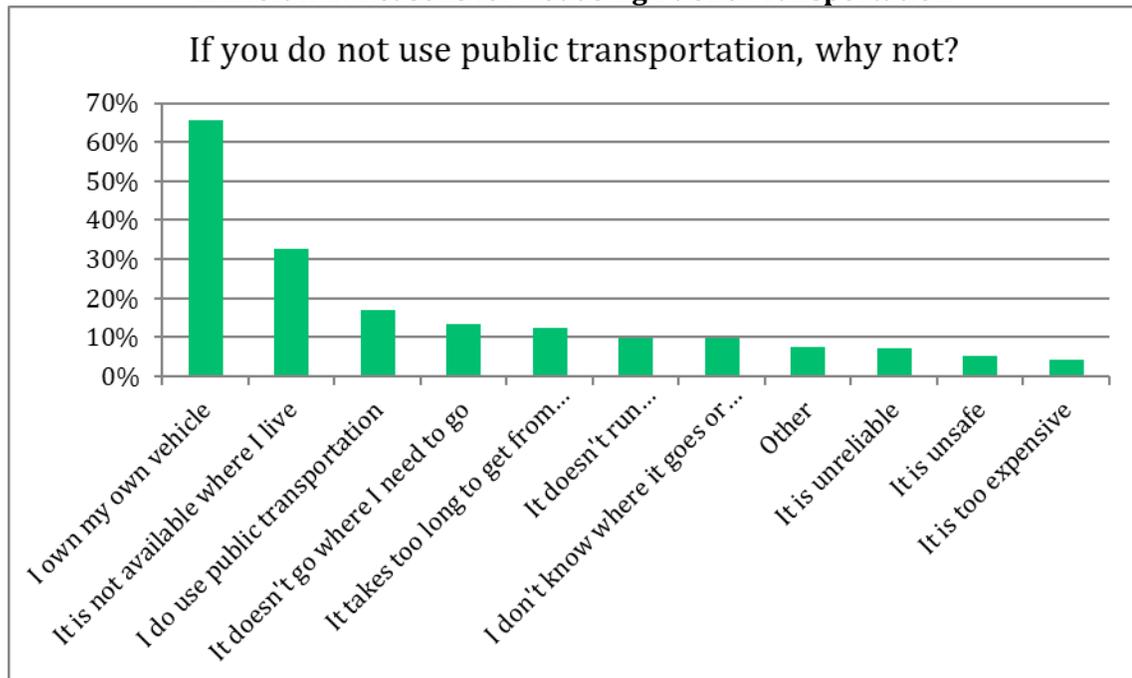


Note: Response totals are more than 100% because respondents could select multiple answers.

Survey respondents were asked to identify why they do not use public transportation. Most of those who own a vehicle listed that as their reason for not riding transit. Approximately 32.75% of respondents stated that they do not use public transit because it is not available where they live. Another 13.45% stated that public transit does not go where they need to go. These reasons indicate spatial gaps between origin and destination that are not filled by public transit.

Approximately 12.28% indicated that it takes too long to get from origin to destination using transit. Fewer than 10% cited other reasons for not using public transit including reliability issues, affordability, and safety. Some or all of these reasons reveal challenges with the public transportation network and indicate a need for additional education and outreach about the available service alternatives that exist.

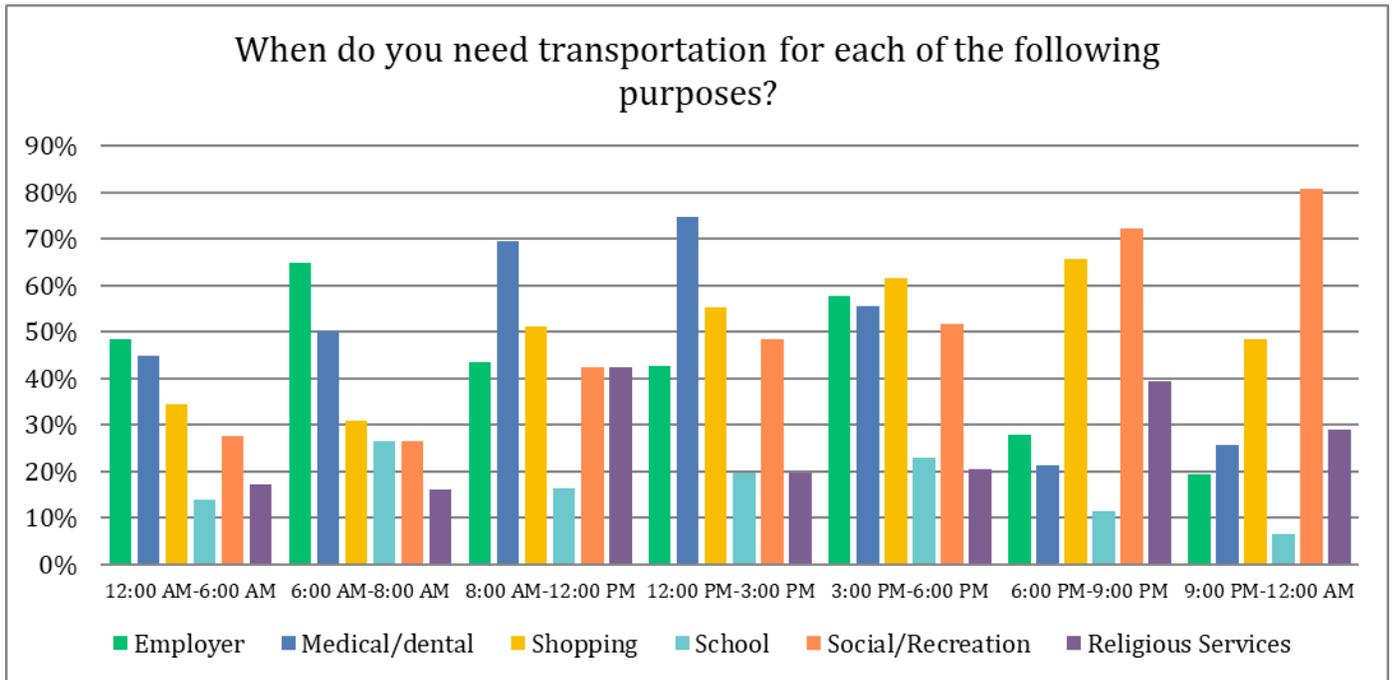
Exhibit II.2: Reasons for Not using Public Transportation



Note: Response totals are more than 100% because respondents could select multiple answers.

To understand when transportation is needed and not available (temporal gaps), survey respondents were asked when they need transportation for various trip purposes. As illustrated in the following chart, transportation needs for employment peak between 6:00 AM and 8:00 AM and again between 3:00 PM and 6:00 PM – traditional working hours. However, between 42% and 49% of respondents also need employment-related transportation before 6:00 AM and during the mid-day. Shopping and social/recreational transportation needs occur more often between 3:00 PM and 9:00 PM. Medical/dental trip needs occurred more often between 8:00 AM and 3:00 PM. School-related trip needs occur most often between 6:00 AM and 8:00 AM and through traditional business day hours. As indicated in the assessment of existing services, transportation resources are minimal during early morning and late evening hours.

Exhibit II.3: Temporal Needs for Transportation



PREVIOUS RELEVANT PLANS AND STUDIES

Kanawha Putnam Regional Transportation Plan

The Kanawha Putnam Regional Transportation Plan is the Region’s Long Range Transportation Plan. It was completed by the Regional Intergovernmental Council (RIC). The plan involves all aspects of transportation ranging from highways and transit to bicycles and pedestrian access. The complete plan is available on the RIC website (www.region3wv.org). Sections of the plan that are most relevant to coordinated transportation are discussed in the following paragraphs.

The Transit Element of the plan focuses on KRT, the public transit provider for Kanawha County and portions of Putnam County. KRT routes extend into small portions of Putnam and Fayette Counties. Similar to input received during the Coordinated Public Transit-Human Services Transportation Plan Update, there are ongoing requests for KRT to expand its routes throughout Putnam County. The Kanawha Putnam Regional Transportation Plan revealed that there is insufficient interest and funding available to implement the expansion.

The plan also explored interest in re-initiating the commuter bus service between Charleston and Huntington, WV. The former commuter route started in January 2009 with the purpose of

controlling the volume of commuter traffic between the two cities by offering an affordable alternative to driving. The primary funding source for the route was Congestion Mitigation and Air Quality Act funding (CMAQ), a Federal funding program intended for new programs that improve air quality. When CMAQ grant funding was finished in 2012, the passenger fare was increased and the operating costs were shared by KRT, the State of West Virginia, and Tri-State Transit Authority (TTA). The combination of increased fares and decreasing gas prices brought about declining ridership on the route. The service was discontinued in 2015 due to low productivity.

The Long Range Plan also explores the valuable Amtrak Cardinal route providing service from Chicago, IL to New York, NY and stops in Charleston, Huntington, and other West Virginia communities. In 2016, local communities, universities, and other public and private interests built a coalition to seek improvements for the Cardinal route – including daily service. According to the West Virginia State Rail Plan, at the time of the report, daily service would depend upon ridership and revenue increases as well as improved connectivity to significant passenger trip generators, such as universities, hotels, and ski resorts. Improved connectivity could be shared by public, private, or non-profit transportation providers in the Charleston area. As of May 2019, daily service on the Cardinal route had not been implemented.

The Long Range Plan also included an analysis to address the increasing volume of bicycle and pedestrian travel in the Region. Non-motorized transportation is a common alternative for residents of all ages for travel between residential and commercial locations.

In 2013, with the passage of Senate Bill 158, West Virginia created the Complete Streets Advisory Board composed of various agencies including the West Virginia Department of Transportation (WVDOT). Locally, in 2016, RIC formed a Bicycle and Pedestrian Advisory Committee in collaboration with local community members and bicycle activists. The committee convenes several times per year and promotes widespread participation.

The RIC Bicycle and Pedestrian Advisory Committee and Steering Committee developed the following Long Range Plan goals:¹

- ◆ Increase bicycle and pedestrian connectivity between population centers and educational institutions, public recreational areas, and retail/entertainment activity centers in Kanawha and Putnam Counties.
- ◆ Improve safety and user comfort levels on all bicycle and pedestrian facilities.
- ◆ Increase public awareness of bicycle and pedestrian facility locations.
- ◆ Promote education of bicycle safety among both motorized and non-motorized users.
- ◆ Promote the adoption and implementation of Complete Streets concept within each community in Kanawha and Putnam Counties. The Complete Streets Initiative promotes safer streets designed to serve all citizens, including motorized and non-motorized transportation.

¹ Kanawha Putnam Regional Transportation Plan, Regional Intergovernmental Council.

Bike & Trail Master Plan

In 2016, Charleston released its Bike & Trail Master Plan that describes an expanded network of bikeways and trails connecting all parts of the city, and supports multi-modal travel choices. Ten priority projects are included in the plan.

CONCLUSION

While survey results and socio-economic Census data indicate that many households have access to a personal vehicle and can drive, there are high densities of zero-vehicle households throughout the Region. Survey results reveal that 17% to 20% of respondents are unable to run daily errands or attend agency appointments due to a lack of reliable transportation. Others are missing medical appointments because of a lack of transportation. Residents use public transit, human service agency transportation, ride with family members/friends, walk or bike to access necessary resources. Approximately 7% of respondents reported that they use public transportation. When asked why they do not ride public transit, the most frequent responses indicated spatial gaps – that is, no transportation service is available to/from where they live or where they need to go.

Further analysis of temporal gaps in transportation indicated there are transportation needs during early morning and evening hours when public, private, and human service agency transportation may not be available in rural areas and in Charleston.

The Region has many important and effective transportation resources that are vital to the local population. Ongoing studies recognize the need for maintaining a network of services that incorporates motorized and non-motorized modes of transportation. Residents and stakeholders have expressed goals of improving connectivity without barriers at community or county lines. Stakeholders also recognized the need for ensuring that affordable transportation services are available for individuals who cannot afford the full fare of necessary trip. When discussing the possible strategy for addressing the identified transportation needs, the stakeholders discussed the potential impact of advancing the current mobility management efforts with a trip planning and scheduling platform designed specifically for the Region. These and other goals will be discussed in Chapter V.

Providers

III. TRANSPORTATION PROVIDER INVENTORY

This chapter provides a list of Region III transportation providers. Human service transportation provides rides to specific segments of the population, such as seniors, individuals with disabilities, people with low incomes, or veterans. Many human service transportation agencies are social services organizations that provide transportation as an ancillary service to their clients only. Some human service transportation and NEMT providers are regional, offering service in multiple counties.

Basic information about the transportation providers is listed below. Public transit providers are listed first, followed by the Region's senior services and other human service transportation providers. Appendix C includes each provider's mission, transportation service type, contact information, service area, days and hours of service and eligibility requirements.

Public Transit – Open to the General Public

Kanawha Valley Regional Transportation Authority (KRT)
Tri-River Transit

Human Service Agencies and/or Senior Services – Open to a segment of the population based on eligibility criteria

Appalachian Center for Independent Living
Boone County Community Organization
Clay Senior and Community Services, Inc.
Hansford Senior Services (Friends of Hansford)
John Henson Senior Center
Kanawha Valley Senior Services (KVSS)
Kanawha County Emergency Ambulance Authority
Mountain State Centers for Independent Living
Non-Emergency Medical Transportation (NEMT)
Prestera Center
Putnam Aging Program
United Way of Central West Virginia Retired and Senior Volunteer Program
Veterans Administration
YMCA

Private Transportation Services

C&H Taxi
Elite Limousine
Ready Transport Services
Teays Valley Taxi

Other Transportation Services

Amtrak

Barons Bus

Greyhound

Yeager Airport

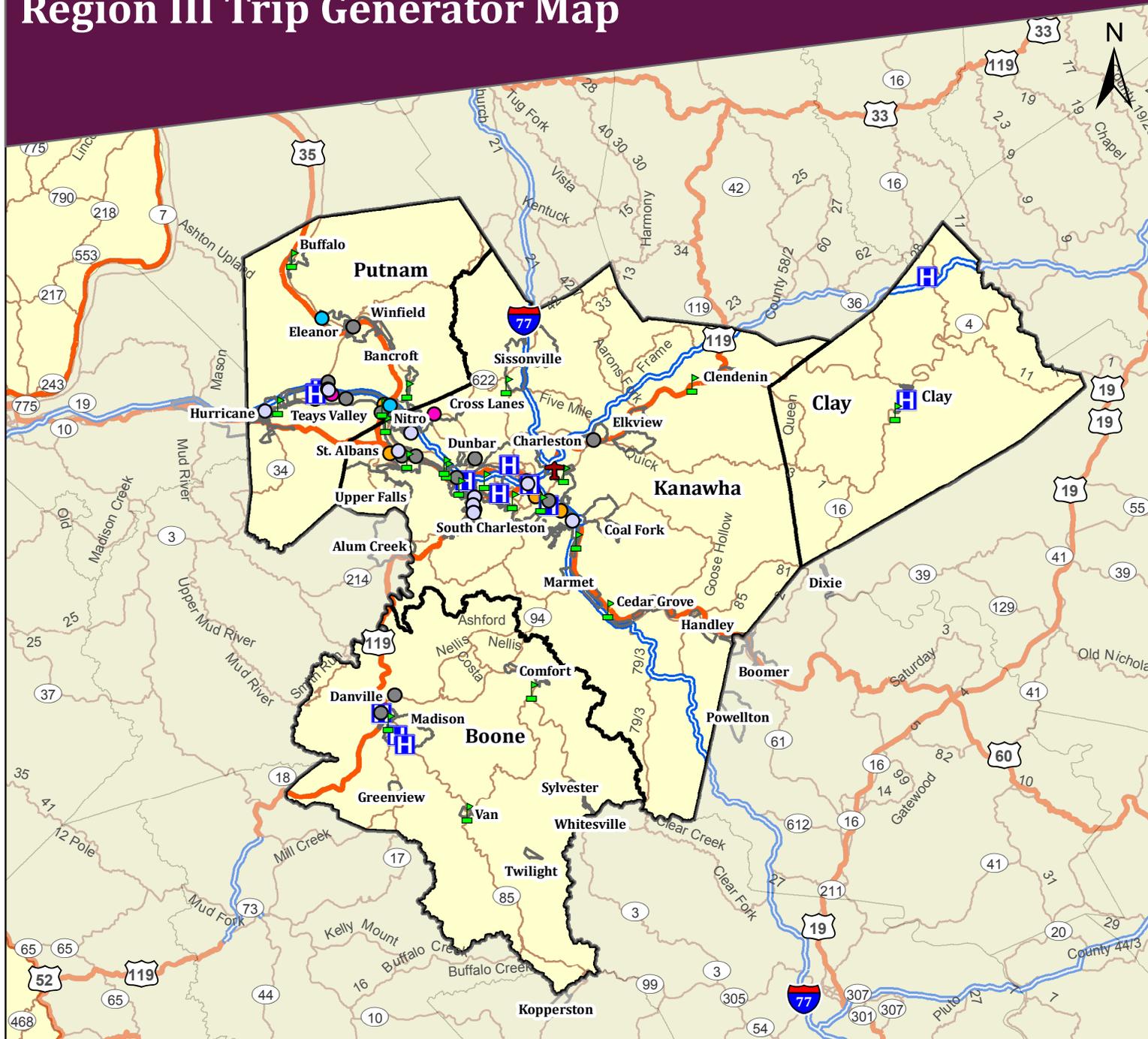
Transportation Network Companies (app-based transportation services)

Major Trip Generators

Major trip generators are destinations frequently served by public, human service agency and/or senior transportation providers such as medical facilities, nutrition sites, apartment complexes, senior centers, employers, shopping and entertainment venues. Each transportation provider that participated in the coordinated transportation plan effort provided a list of the top destinations served or are requested to serve. Exhibit III.1 depicts the location of major trip generators throughout the Region. As illustrated in the map, most trip generators are located in Charleston and South Charleston. The destinations include medical facilities, human service agencies, shopping areas, schools, and apartment complexes.

It is important to understand that while many of the major trip generators are located in the larger communities of Boone, Kanawha and Putnam Counties, the individuals needing a ride to and from those destinations live outside of the core area and beyond the KRT fixed route service area (including the $\frac{3}{4}$ mile service area boundary for TTA ADA paratransit). There are limited trip generators in Clay County. Transportation providers are challenged by providing effective and efficient transportation to a large service area that has relatively low population density outside the corridor between South Charleston and Teays Valley. Furthermore, hours of operation for public and human service agency transportation services are not as extensive as KRT and the private taxi operators, further limiting access to major destinations for individuals living in the rural portions of the Region. Therefore, access to services is limited both geographically and temporally. Exhibit III.2 outlines the hours of operation for the public and human service agency transportation providers. Private operators may have more extensive hours of operation.

Region III Trip Generator Map



West Virginia Region III Coordinated HSTP Update

Trip Generator Category

- Airport
- Education
- Human Service
- Industrial
- Medical
- Recreation
- Residential
- Shopping
- Region III Counties
- Region III Cities
- Limited Access
- Highway
- Major Road

Counties: Boone,
Clay, Kanawha,
Putnam



Hours of operation table

Progress

IV. REVIEW OF PROGRESS SINCE 2013 COORDINATED PLAN UPDATE

The 2015 Plan Update included the goals and objectives listed in the following tables. In 2015, the primary focus for addressing unmet needs and gaps in services was improving communication and controlling costs so that services could be extended to meet more needs for medical, human service agency appointment, education, and employment-related trip purposes.

During the 2019 Plan Update process, the transportation providers indicated that progress has been made in addressing the 2015 coordination goals. The following tables display the 2015 goals and objectives and progress made in achieving these goals.

2015 Goal #1: Expand the Service Area for Transportation. Especially for Boone and Clay Counties.	
Action Steps	1. Implement a Voucher Program.
	2. Establish additional Non-Emergency Medical Transportation providers.
	3. Increase vehicle availability.
Progress:	
<ul style="list-style-type: none"> • Availability of non-emergency medical services has increased. • KRT donates its older vehicles to the YMCA so that the YMCA can provide transportation to their consumers for programs. • Publicly funded agencies have implemented and maintained a Transit Asset Management Plan (TAM) to ensure that the vehicle replacement schedule is maintained. Providers also plan for fleet expansions, as appropriate. 	
Challenges:	
<ul style="list-style-type: none"> • Transportation providers have difficulty hiring qualified drivers. Without drivers, vehicle availability cannot be increased. • Successful vehicle sharing agreements between agencies has been limited by insurance and funding regulations. 	

2015 Goal #2: Develop a Method of Effective Communication.	
Action Steps	1. Use technology such as Facebook to communicate between stakeholders.
	2. Join State Transit and Taxi Associations.
	3. Make in-person contact with community leaders and decision makers.
Progress:	
<ul style="list-style-type: none"> • KRT and C&H Taxi actively participate in transit/taxi associations which has strengthened awareness of unmet transportation needs and gaps in services. Activities have also informed the local providers of successful practices in mobility management throughout the nation. • The RIC maintains a list of available transportation services in each county. 	
Challenges:	
<ul style="list-style-type: none"> • Without a designated leader to promote communication with all transportation providers in the Region, it is difficult to make significant advancements in communication. • Without guidance or a requirement to participate in coordinated transportation efforts from state-level offices, human service agencies do not prioritize efforts to improve communication about transportation challenges and opportunities. 	

2015 Goal #3: Remove Barriers to Transportation.	
Action Steps	1. Work with potential funders to raise awareness. 2. Establish contracts with Vocational Rehabilitation, aging programs, and human service agencies. 3. Establish Medicaid broker agreements.
Progress:	
<ul style="list-style-type: none"> • Local providers have successfully communicated the benefit of entering into purchase of service agreements. • As the Medicaid brokerage system in West Virginia becomes more established over time, it has successfully advanced the network of providers in the Region. The program continues to work toward providing the most cost effective services. 	
Challenges:	
<ul style="list-style-type: none"> • The Region’s transportation providers do not have an individual who is dedicated to working toward these goals. Therefore, progress has been incremental. 	

2015 Goal #4: Establish a Central Trip Coordination Center for All Transportation Providers in the Region.	
Action Steps	1. Establish a central trip coordination center for all transportation providers.
Progress:	
<ul style="list-style-type: none"> • Public and private transportation stakeholders have developed a stronger vision for the most appropriate platform for a centralized trip coordination center. • KRT intends to hire a Regional mobility manager and is developing a job description. 	
Challenges:	
<ul style="list-style-type: none"> • Limited funding for planning and technology to develop a centralized trip coordination platform. • Limited funding to hire a mobility manager. • Limited understanding of the appropriate roles and responsibilities for the mobility manager. 	

2015 Goal #5: Public Transit Providers Will Be Exempted from the Medicaid Brokerage.	
Action Steps	1. Establish a State-level advocacy network.
Progress:	
<ul style="list-style-type: none"> • Regional Transportation providers and WVDOT continue to communicate about coordinated transportation challenges and goals. 	
Challenges:	
<ul style="list-style-type: none"> • Declining participation in the West Virginia State Coordinating Council and limited involvement from State-level agencies outside of WVDOT. 	

2015 Goal #6: Increase Resources that Support Mobility and Transportation.	
Action Steps	1. Advocate for grants and dedicated funding sources for coordinated transportation.
	2. Advocate for grants and dedicated funding sources for employment or education-related trips.
Progress:	
<ul style="list-style-type: none"> • KRT intends to hire a mobility manager and funding has been identified. • C&H Taxi and KRT have explored potential technology platforms that will promote mobility management and coordination of resources. 	
Challenges:	
<ul style="list-style-type: none"> • Limited funding for mobility management activities and staff. • Transportation providers are focused on serving existing needs and sustaining services and have not had the staff capacity to expand upon mobility management opportunities. 	

CONCLUSION

The local transportation stakeholders have made commendable progress toward addressing the needs identified in 2015 and many of the mobility management goals will begin to be realized with the creation of a Regional mobility manager position. Chapter V describes the goals, strategies and actions steps identified by the participating stakeholders to continue progress in developing effective coordination and mobility management structures.

Strategies

V. GOALS, STRATEGIES AND IMPLEMENTATION

This chapter updates the goals, strategies, and implementation steps for coordinated transportation in Region III to address the unmet transportation needs and gaps in services identified by the public, local stakeholders, senior citizens, and individuals with disabilities. The following goals and strategies outline an approach to working together for the best use of existing resources and to plan for future changes and expansions. These strategies were refined during the second Regional meeting and through feedback from participating stakeholders. Appendix A contains notes and sign-in sheets from all Regional meetings.

Each goal includes a strategy and action steps. Parties responsible for leading and supporting the action steps are identified, but could change as partners make progress in coordinating services. A potential implementation timeline is included as a target that will, in most cases, be largely dependent upon identification of additional funding.

GOALS AND STRATEGIES

Goal #1: Improve Communication Among Transportation Providers and Other Stakeholders in the Region and Throughout West Virginia.

Goal #1 focuses on engaging state agencies and other interested parties such as public transportation providers and senior services transportation providers to enhance mobility management and coordinated transportation opportunities for Region III and throughout all of West Virginia.

The opportunities for developing and using mobility management and coordinated transportation structures in West Virginia are much different today compared to previous years. Emerging technology, new transportation modes (i.e., Transportation Network Companies, bike-share, scooter-share, motorized bikes, car-sharing, and autonomous vehicles), and the rise of coordinated transportation success stories in West Virginia and across the country are new influences that are occurring in the State. A statewide organization such as the West Virginia Transit Association or the West Virginia Transportation Coordinating Council (WVTCC) is in a position to act as an advisory body and/or forum for agencies concerned with providing services that improve the mobility of older adults, individuals with disabilities, people with low incomes, and the general public.

As an urbanized area, Region III should have representatives from its transportation providers and users attend at least one annual statewide meeting per year to share ideas and to help structure mobility management concepts that are appropriate and beneficial to the Region and West Virginia. Region III stakeholders should also meet together, at the Regional level, at least one time per year to discuss transportation successes, challenges, and changes.

Goal #1: Improve Communication Among Transportation Providers and Other Stakeholders in the Region and Throughout West Virginia.

<p>Strategy</p>	<p>Establish a method of effective communication between human service agencies, public transit providers, and community leaders. The method should involve active participation in Regional meetings as well as statewide venue such as the West Virginia Transit Association.</p>
<p>Action Steps</p>	<ol style="list-style-type: none"> 1. Distribute the Coordinated Public Transit – Human Service Agency Transportation Plan Update to Directors of human service agency programs including programs for seniors, individuals with disabilities and people with low incomes. Also share the plan with local elected officials, non-profit organizations, and other interested parties. 2. Establish an effective communication network among Regional coordination partners. Start this network with the development and/or update of a Regional transportation resource guide available in print and electronic versions. Consider making a poster that explains the purpose of the resource guide, how to use it, and where to get additional information. Put the poster in waiting areas at human service agencies and in other places where the public might gather or read a bulletin board. 3. Facilitate annual Regional public and stakeholder input meetings with the mobility manager. Stakeholders provide updates on progress toward meeting all of the goals and challenges to successfully implementing the action steps. Also, discuss amendments to the plan such as adding new transportation providers/programs or updating the goals and priorities.
	<ol style="list-style-type: none"> 4. Active regional representation in one or more statewide committees or councils such as the West Virginia Transit Association as an opportunity to share information about mobility management and coordination goals, successes, and challenges with other transportation providers.
<p>Parties Responsible for Leading Implementation</p>	<ul style="list-style-type: none"> • KRT • Regional Intergovernmental Council (RIC) • Regional Mobility Manager (when hired)
<p>Parties Responsible for Supporting Implementation</p>	<p>Regional agencies/organizations that provide and/or fund transportation services for older adults, individuals with disabilities, and/or people with low incomes:</p> <ul style="list-style-type: none"> • Local offices of human service agencies • Non-profit organizations • Faith-based organizations • Public transportation providers • Private transportation partners
<p>Resources Needed</p>	<ul style="list-style-type: none"> • Staff time for leading and supporting organizations • Mobility Manager
<p>Potential Cost Range</p>	<p>\$300 or more per year (approximately) for staff time dedicated to actively attending meetings. Time can be counted as an in-kind contribution to mobility management for the Region. Staff time should be dedicated as part of an existing employee’s job duties</p>
<p>Potential Funding Sources</p>	<ul style="list-style-type: none"> • Section 5310 Program funding for Mobility Management • Existing budgets for partner agencies

Performance Measures or Targets	<ul style="list-style-type: none"> • Innovations are presented to the statewide committees or councils in a meaningful way and considered for implementation • Local stakeholders report (in surveys or customer feedback) that they have a better understanding and more direct involvement in statewide and regional efforts to improve coordination of resources and mobility management among multiple types of agencies and operators (private, public, volunteer, veterans, etc.) • New funding sources or changes in funding sources are identified and secured by local transportation providers as a result of more open communication with state-level agencies and programs
Needs or Gaps Addressed	<ul style="list-style-type: none"> • Improve awareness of transportation options • Funding sources are identified and/or opportunities to more effectively use existing funding sources are discovered to allow providers to enhance existing services • Coordinated planning with partner organizations for the purpose of reducing gaps in mobility for target populations and the general public
Priority Level and/or Timeframe	<ul style="list-style-type: none"> • Short-Term and ongoing implementation • Moderate priority

Goal #2: Maintain Current Levels of Transportation Services for Older Adults, Individuals with Disabilities, and People with Low Incomes.

Maintaining the existing level of transportation services for targeted populations is an important step toward continuing to address transportation needs. Feedback from local stakeholders indicates that the services provided today are a vital resource. While efforts to expand and enhance services are important, stakeholders also will strive to sustain the effectiveness of current services.

Providers will maintain vehicle fleets that are appropriate for all types of rural roadways and comfortable for people with disabilities as well as passengers that do not need a ramp for boarding or exiting the vehicle. Fleets must include wheelchair accessible vehicles as part of the replacement and expansion schedules in Transit Asset Management Plans (TAM). Stakeholders described the need to explore vehicles with the ramp stored under the floor of the vehicle rather than storing it upright inside the vehicle. Ramps that are stored upright rattle and unnecessarily take up space that could otherwise be used for passenger seating when passengers with wheelchairs are not riding.

Plans for ensuring maintenance is available and affordable for all transportation providers must also be in place. It was noted that agencies, private transportation providers, and contracted drivers for Transportation Network Companies that are using their personal vehicles need affordable and reliable maintenance resources and mechanics.

Goal #2: Maintain Current Levels of Transportation Services for Older Adults, Individuals with Disabilities, and People with Low Incomes. Ensure that Vehicles are Equipped to Provide Safe, Accessible Transportation Service

<p align="center">Strategy</p>	<p>Existing transportation services for the target populations are important and the quality of service from those organizations must be maintained. Transportation providers will work together to provide safe vehicles that are in good condition and a high standard of customer service. Providers will acquire vehicles that can safely transport individuals on all types of rural roadways and comfortably accommodate people with mobility challenges.</p>
<p align="center">Action Steps</p>	<p>1. Transportation providers will inform WVDOT about vehicle specification preferences so that the selection of vehicles to be purchased from the WVDOT contract will be appropriate for local transportation needs. Vehicles will be appropriate and user friendly for people with disabilities as well as those who do not need a ramp or lift.</p>
	<p>2. Acquire vehicles that are equipped with ramps to accommodate ambulatory individuals who use walkers or canes, through WVDOT grant applications or local funding sources. Explore vehicle specifications where ramps are stored under the floor rather than upright inside the vehicle.</p>
	<p>3. Collaborate to ensure that affordable and qualified maintenance technicians are available to all transportation providers, including public, volunteer, private and non-profit organizations as well as for contracted drivers working for app-based transportation companies.</p>
	<p>4. Seek wheelchair lift maintenance training for local vehicle maintenance shops to increase the availability of lift maintenance in the Region.</p>
<p>Parties Responsible for Leading Implementation</p>	<ul style="list-style-type: none"> • C&H Taxi • KRT • Regional Mobility Manager (when hired) • Section 5310 program operators
<p>Parties Responsible for Supporting Implementation</p>	<ul style="list-style-type: none"> • Transportation providers • Agencies and organizations that serve older adults, individuals with disabilities, and people with low incomes
<p>Resources Needed</p>	<p>Maintenance facilities and training programs</p>
<p>Potential Cost Range</p>	<ul style="list-style-type: none"> • Training funds could range from \$2,000 to \$10,000 depending upon the program's scope • Share an existing maintenance facility that is owned by a partner organization
<p>Potential Funding Sources</p>	<ul style="list-style-type: none"> • FTA Section 5311 Rural Transit Program • Local grants and contributions from agencies and organizations that benefit from training and/or maintenance services provided • Minimal fees paid by training participants and/or patrons of the maintenance program

Performance Measures or Targets	<ul style="list-style-type: none"> • Vehicles are replaced on schedule and vehicle conditions are monitored on an annual basis (i.e., through the Transit Asset Management Plan) • Number of maintenance training courses provided • Number of organizations using the shared maintenance facility and program • Condition of vehicles used in public, agency, and private transportation is sustained or improved at equal or less expense to the agency (identified in the Transit Asset Management plan)
Needs or Gaps Addressed	<ul style="list-style-type: none"> • Agencies are able to schedule more passengers per vehicle because the capacity for ambulatory passengers is expanded because the ramp can be stored in a more convenient place when not in use • Agencies and drivers utilizing the new maintenance program spend less of their annual budget on maintenance so that more funding can be dedicated to service • Quality of vehicle maintenance for all participating organizations improves
Priority Level and Timeframe	<ul style="list-style-type: none"> • Moderate priority • Ongoing implementation

Goal #3: Develop Coordinated Outreach Strategies.

Communicating to current and potential riders about when, where, and how to use available transportation resources is an ongoing challenge for public transportation providers. It is not uncommon, for example, during the coordinated plan public outreach meetings for people to learn for the first time about transportation options that have been in operation for months or even years. Goal #3 outlines a concentrated effort to improve access to information about available transportation resources and to use that information to assist passengers with building trips that may involve multiple transportation providers. Phase 1 is informational and stops short of scheduling the trip and does not involve fare collection.

Goal #3: Develop Coordinated Outreach Strategies.	
Strategy	Educate the public about public, private, and agency transportation options. Hire a Mobility Manager to coordinate available services, support statewide and/or regional coordinated transportation activities, and assist transit dependent individuals.
Action Steps	1. Apply to WVDOT for funding to support a Mobility Manager for the Region.

	<p>2. Collaborate to develop shared marketing and outreach opportunities and approaches to educate the public about transportation options.</p> <p>3. Create a printed resource with complete information about all transportation options.</p> <p>4. Provide up-to-date information to WVDOT for the online Statewide Transportation Directory and to 211 for phone-based referrals.</p> <p>5. Plan and design an app for access to transportation information, trip planning, and potentially trip scheduling.</p>
Parties Responsible for Leading Implementation	<ul style="list-style-type: none"> • KRT will apply for funding to hire a Mobility Manager • The Mobility Manager will lead implementation of action steps • A designated host agency for the transportation app must be identified
Parties Responsible for Supporting Implementation	<ul style="list-style-type: none"> • Transportation providers are responsible for providing and updating data • Local agencies and government organizations are responsible for promoting the resources on websites and/or hard copy
Resources Needed	<ul style="list-style-type: none"> • Staff time to develop and manage the resource information • Funding to develop the application if a local on-line Ride Guide is created
Potential Cost Range	<ul style="list-style-type: none"> • Up to \$2,000 for printing if the Ride Guide is distributed in hard copy • \$10,000 to \$50,000 to develop an on-line app for trip planning and scheduling • Minimal cost to provide information to gohiocommute.com
Potential Funding Sources	<ul style="list-style-type: none"> • Section 5310 Program, for Mobility Manager and mobility management technology
Performance Measures or Targets	<ul style="list-style-type: none"> • Ride Guide is developed, produced and distributed • Number of calls providers receive after a person finds the provider on the Ride Guide • Number of shared-rides arranged (including transfers between multiple providers) • Spatial gaps in transportation are reduced as providers become more aware of opportunities to share rides or coordinate transfers
Needs or Gaps Addressed	<ul style="list-style-type: none"> • Improved Regional or multi-county transportation • Improved information and awareness of transportation services
Priority Level and Timeline	<ul style="list-style-type: none"> • High priority • Implementation timeframe of 2020

Goal #4: Develop Coordinated Outreach Strategies.

Communicating to current and potential riders about when, where, and how to use available transportation resources is an ongoing challenge for public transportation providers. It is not uncommon, for example, during the coordinated plan public outreach meetings for people to learn for the first time about transportation options that have been in operation for months or even years. Goal #3 outlines a concentrated effort to improve access to information about available transportation resources and to use that information to assist passengers with building trips that may involve multiple transportation providers.

Goal #4: Develop Coordinated Outreach Strategies.	
Strategy	Educate the public about public, private, and agency transportation options that are available and how to use them. Hire a Mobility Manager to coordinate available services, support statewide and/or regional coordinated transportation activities, and assist transit dependent individuals.
Action Steps	1. Collaborate to develop shared marketing and outreach opportunities and approaches to educate the public about transportation options.
	2. Create a printed resource with complete information about all transportation options.
	3. Provide up-to-date information to WVDOT for the online Statewide Transportation Directory and to 211 for phone-based referrals.
	4. Plan and design an app for access to transportation information, trip planning, and potentially trip scheduling.
Parties Responsible for Leading Implementation	<ul style="list-style-type: none"> The Mobility Manager will lead implementation of action steps
Parties Responsible for Supporting Implementation	<ul style="list-style-type: none"> Transportation providers are responsible for providing and updating data Local agencies and government organizations are responsible for promoting the resources on websites and/or hard copy
Resources Needed	<ul style="list-style-type: none"> Staff time to develop and manage the resource information Funding to develop the application for trip planning and/or coordinated scheduling
Potential Cost Range	<ul style="list-style-type: none"> Up to \$2,000 for printing if the Ride Guide is distributed in hard copy \$10,000 to \$50,000 to develop an on-line app for trip planning and scheduling Minimal cost to provide information to gohiocommute.com
Potential Funding Sources	<ul style="list-style-type: none"> Section 5310 Program, for Mobility Manager and mobility management technology

	<ul style="list-style-type: none"> Local match which can be derived from local funds and/or most non-U.S. DOT Federal programs with transportation eligibility (including some Health and Human Services programs, Veterans Affairs, Title III-B of the Older American’s Act, and others).
Performance Measures or Targets	<ul style="list-style-type: none"> Ride Guide is developed, produced and distributed Number of calls providers receive after a person finds the provider on the Ride Guide Number of shared-rides arranged (including transfers between multiple providers) Spatial gaps in transportation are reduced as providers become more aware of opportunities to share rides or coordinate transfers
Needs or Gaps Addressed	<ul style="list-style-type: none"> Improved regional or multi-county transportation Improved information and awareness of transportation services
Priority Level and Timeline	<ul style="list-style-type: none"> Moderate priority Implementation timeframe of 2020 or later

Goal #5: Implement a Centralized “Call Center” for Trip Scheduling.

Building upon the success of developing an app for trip planning (Goal #4), Goal #5 incorporates the capability for passengers to schedule a ride that includes one or more transportation providers using the app. Goal #5 requires a lead agency to develop and host the app, and build trip schedules with multiple participating transportation providers. The participating providers must also have staffing capacity and/or compatible software to accept trip assignments. Trip scheduling could involve multiple modes of transportation (e.g., transit, ride-sharing, bike-share) as well as partnerships between public, private and non-profit transportation operators.

For example, a passenger needing transportation from his home in Teays Valley to a medical appointment in Charleston may schedule his entire trip with one click using the app. The app will provide a range of options, such as taxi, Transportation Network Company, public transit, human service agency, or some combination of providers. The rider will select the desired providers and pick-up times/locations. The selected providers will receive the trip request and provide the trip. Technology exists for this software application, but significant planning on the part of the transportation providers is necessary to make it a success for the Region.

Goal #5: Implement a Centralized “Call Center” for Trip Scheduling.

<p>Strategy</p>	<p>The local organization intending to host the trip planning and scheduling app will apply for mobility management funding to assist with development and implementation of the app. The same agency should apply for mobility management funding to lead the effort of developing contracts with various transportation providers that will provide the services to be scheduled through the app. Planning assistance may also be required.</p> <p>Spatial gaps where there are limited or no transportation services that would connect rural areas with KRT have been identified. Transportation providers will work together to develop new services such as community circulators that will fill the gaps without creating unnecessary duplication of existing services. All services will consider the needs of older adults, individuals with disabilities, and people with low incomes, as well as the general public.</p>
<p>Action Steps</p>	<ol style="list-style-type: none"> 1. An eligible organization will develop and submit an application for funding to design, develop and implement an app for coordinated trip scheduling. Eligible organizations have the option to partner with private organizations in an effort to design the most cost-efficient and effective program. 2. The lead agency will develop formal contractual agreements with partner organizations that will participate in the trip sharing by providing service information and accepting trip requests at a mutually agreed upon price. 3. Transportation providers and other community partners will develop new services that will connect existing rural transit and human service agency transportation service areas with KRT. These programs could be any mode of service and may include community-based circulators, scooters or bike-share (where appropriate infrastructure is available), or other “first/last mile” shuttles that bring passengers to the nearest KRT bus stop. 4. Once funding is secured, create and submit an RFP for a vendor to set-up the app. 5. Implement and market the new app and services.
<p>Parties Responsible for Leading Implementation</p>	<ul style="list-style-type: none"> • KRT • C & H Taxi
<p>Parties Responsible for Supporting Implementation</p>	<ul style="list-style-type: none"> • Other local public, private, and non-profit transportation providers that will provide trips • Regional Intergovernmental Council

Resources Needed	<ul style="list-style-type: none"> • Lead and supporting agency staff time for procurement, design, implementation, and management • Memoranda of Understanding between partnering organizations • Funding for a consultant to assist with design and implementation of the app • Funding for purchase and maintenance of the software app
Potential Cost Range	<p>Costs vary depending upon the capabilities and scope of the app and the use of consultants. Consultant contracts could range from \$10,000 to \$100,000. Software costs may be additional or included in consulting costs</p> <p>Costs to implement new services will vary depending upon the mode of service and operating characteristics (days and hours of operation, frequency)</p>
Potential Funding Sources	<ul style="list-style-type: none"> • FTA Section 5307 or 5310 grant programs • Potential new FTA programs that support mobility management • Foundation grants or local, state, or federal (non-US DOT) funding programs
Performance Measures or Targets	<ul style="list-style-type: none"> • Number of passenger trips scheduled through the app or call center • Percentage increase in productivity of participating providers (e.g., passenger boardings per revenue service hour) • Number of riders using new services that are implemented to connect with KRT • Level of satisfaction of providers with technology as measured through surveying
Needs or Gaps Addressed	<ul style="list-style-type: none"> • Creating connections between rural areas and KRT • Trip sharing and new connector services will improve multi-county trips • Improved access to fresh food if community circulator services are implemented
Priority Level and/or Timeline	<ul style="list-style-type: none"> • Low priority • Implementation will require significant funding and staff resources and therefore may not be implemented until 2022 or later.

Goal #6: Achieve Multi-County Regional Connectivity and Develop New Transportation Services in Rural Areas.

Successful implementation of multi-modal trips that cross county lines will involve development of new services, such as feeder routes, that will connect rural areas and KRT. Multi-county connections also involve development of formal transfers between providers. These new services could be operated by public, private, and/or human service agency providers and must be developed in a coordinated manner without creating unnecessary duplication of existing services.

Goal #6: Achieve Multi-County Regional Connectivity and Develop New Transportation Services in Rural Areas.	
Strategy	<p>Transportation providers will work together to develop new services such as community circulators and formal transfer points that will fill the gaps between available transportation services without creating unnecessary duplication of existing services.</p> <p>All services will consider the needs of older adults, individuals with disabilities, and people with low incomes, as well as the general public.</p> <p>New services will consider cost-efficiency and effectiveness for the transportation provider so that the most cost-effective service is implemented.</p>
Action Steps	<ol style="list-style-type: none"> 1. KRT and private and human service agency transportation providers in Montgomery will work together to implement a connection/transfer point in Montgomery to connect Fayette County with Charleston. 2. Implement transportation services to operate one-to-two days per week in Putnam and Clay Counties to improve access to grocery stores and pharmacies for older adults, people with disabilities, and individuals with low incomes. <p>Consider implementing the service under an organization that is eligible to apply for Federal Transit Administration funding and contracting the service to a private operator. Contracted service that meet the definition of <i>Capital Cost of Contracting</i> are eligible as a capital cost and requires only a 20% local match (as opposed to a 50% local match for operating dollars).</p>

	<p>3. Transportation providers and other community partners will develop new services that will connect existing rural transit and human service agency transportation service areas with KRT. These programs could be any mode of service and may include community-based circulators, scooters or bike-share (where appropriate infrastructure is available), or other “first/last mile” shuttles that bring passengers to the nearest KRT bus stop.</p>
Parties Responsible for Leading Implementation	<ul style="list-style-type: none"> • KRT • Private, public and human service agency transportation providers • Human service agencies in Putnam and Clay Counties
Parties Responsible for Supporting Implementation	<ul style="list-style-type: none"> • Human service agencies in Putnam and Clay Counties will assist with service design recommendations based on client needs
Resources Needed	<ul style="list-style-type: none"> • Funding to implement and sustain new transportation sources • Expansion vehicles to operate service in Putnam and Clay Counties • Drivers to operate the new services
Potential Cost Range	Costs to implement new services will vary depending upon the mode of service and operating characteristics (days and hours of operation, frequency)
Potential Funding Sources	<ul style="list-style-type: none"> • FTA Section 5307, Section 5311, or 5310 grant programs • Foundation grants or local, state, or Federal (non-US DOT) funding programs to provide up to 50% of the local match for operating costs <ul style="list-style-type: none"> ○ If the service is operated in compliance with Capital Cost of Contracting requirements, local match of 20% (not 50%) is required
Performance Measures or Targets	<ul style="list-style-type: none"> • Transportation services are implemented in Putnam and Clay Counties • Montgomery is connected with KRT so that passengers can travel to and from Charleston • Number of trips provided per year on each service • Health conditions of residents in Clay and Putnam Counties improve (as reported in medical research studies)
Needs or Gaps Addressed	<ul style="list-style-type: none"> • Creating connections between rural areas and KRT • Improved access to fresh food from rural areas
Priority Level and/or Timeline	<ul style="list-style-type: none"> • Moderate priority • Implementation will require significant funding and staff resources and therefore may not be implemented until 2022 or later.

Goal #7: Implement Formal Transfer Points at the Kanawha County lines.

Transfer points will help to reduce the amount of time a vehicle is out of its primary county of service and improve productivity for rural transportation providers and agencies such as Veterans Affairs that are currently completing lengthy long-distance multi-county trips to and from Charleston.

Transfers are not optimal for all passengers, such as those with medical or other conditions that would make it difficult to transfers from one vehicle to another. However, the option to transfer and have the flexibility to visit multiple locations using the local transportation services in Kanawha County will also be viewed as a benefit and new level of freedom for passengers who are capable of making the trip.

Goal #7: Implement Formal Transfer Points at the Kanawha County Lines.	
Strategy	<p>Transportation providers will work together to develop new services such as community circulators and formal transfer points that will fill the gaps between available transportation services without creating unnecessary duplication of existing services.</p> <p>All services will consider the needs of older adults, individuals with disabilities, and people with low incomes, as well as the general public.</p> <p>New services will consider cost-efficiency and effectiveness for the transportation provider so that the most cost-effective service is implemented.</p>
Action Steps	<ol style="list-style-type: none"> 1. KRT and private and human service agency transportation providers in Montgomery will work together to implement a connection/transfer point in Montgomery to connect Fayette County with Charleston. 2. Implement transportation services to operate one-to-two days per week in Putnam and Clay Counties to improve access to grocery stores and pharmacies for older adults, people with disabilities, and individuals with low incomes. <p>Consider implementing the service under an organization that is eligible to apply for Federal Transit Administration funding and contracting the service to a private operator. Contracted service that meet the definition of <i>Capital Cost of Contracting</i> are eligible as a capital cost and requires only a 20% local match (as opposed to a 50% local match for operating dollars).</p>

	<p>3. Transportation providers and other community partners will develop new services that will connect existing rural transit and human service agency transportation service areas with KRT. These programs could be any mode of service and may include community-based circulators, scooters or bike-share (where appropriate infrastructure is available), or other “first/last mile” shuttles that bring passengers to the nearest KRT bus stop.</p>
Parties Responsible for Leading Implementation	<ul style="list-style-type: none"> • KRT • Private, public and human service agency transportation providers • Human service agencies in Putnam and Clay Counties
Parties Responsible for Supporting Implementation	<ul style="list-style-type: none"> • Human service agencies in Putnam and Clay Counties will assist with service design recommendations based on client needs
Resources Needed	<ul style="list-style-type: none"> • Funding to implement and sustain new transportation sources • Expansion vehicles to operate service in Putnam and Clay Counties • Drivers to operate the new services
Potential Cost Range	Costs to implement new services will vary depending upon the mode of service and operating characteristics (days and hours of operation, frequency)
Potential Funding Sources	<ul style="list-style-type: none"> • FTA Section 5307, Section 5311, or 5310 grant programs • Foundation grants or local, state, or Federal (non-US DOT) funding programs to provide up to 50% of the local match for operating costs <ul style="list-style-type: none"> ○ If the service is operated in compliance with Capital Cost of Contracting requirements, local match of 20% (not 50%) is required
Performance Measures or Targets	<ul style="list-style-type: none"> • Transportation services are implemented in Putnam and Clay Counties • Montgomery is connected with KRT so that passengers can travel to and from Charleston • Number of trips provided per year on each service • Health conditions of residents in Clay and Putnam Counties improve (as reported in medical research studies)
Needs or Gaps Addressed	<ul style="list-style-type: none"> • Creating connections between rural areas and KRT • Improved access to fresh food from rural areas
Priority Level and/or Timeline	<ul style="list-style-type: none"> • High priority • Implementation will require significant funding and staff resources and therefore may not be fully implemented until 2020 or later.

SUMMARY OF GOALS AND PRIORITIES

Transportation stakeholders in Region 3 are dedicated to continuing their long-standing cooperative partnerships and building new relationships with partners. Efforts to preserve successes and facilitate progress toward meeting the unmet needs and gaps in transportation services for older adults, individuals with disabilities, people with low incomes, and the general public will require ongoing active involvement and creative planning from all existing and newly identified partners. The following table provides a summary of the implementation timeline for meeting the coordinated transportation goals and addressing identified needs. Implementation timelines are targets established for planning purposes and are highly contingent upon available funding resources.

Outreach

APPENDIX A: PUBLIC AND STAKEHOLDER OUTREACH

Will be included in the final

Surveys

APPENDIX B: PUBLIC SURVEY DATA

To be provided in final

Providers

APPENDIX C: TRANSPORTATION PROVIDER INVENTORY

This chapter provides a description of each public transit, senior, and human service transportation, non-emergency medical transportation (NEMT) provider, and private transit provider that operate in each county in the Region. Human service transportation provides rides to specific segments of the population, such as seniors, individuals with disabilities, people with low incomes, or veterans. Many human service transportation agencies are social services organizations that provide transportation as an ancillary service to their clients only. Some human service transportation and NEMT providers are regional, offering service in multiple counties.

Basic information is provided for each transportation provider. For each county, public transit providers are listed first, followed by the Region’s senior and other human service transportation providers. This section lists each provider’s mission, transportation service type, contact information, service area, days and hours of service, and eligibility requirements. The Pretera Center has locations in all four counties in the region, although it is only listed once with Kanawha County providers.

Kanawha County Transportation Providers

Kanawha Valley Regional Transportation Authority	
Transportation Service Type	Fixed Route and Paratransit
Other Services Provided/Agency Mission	Transportation
Contact Information	304-343-3840
Hours	4:15 AM to 12:45 AM, 7 days a week
Service Area	Charleston, Montgomery, Dunbar, Nitro, St. Albans, Cross Lanes, Clendenin, South Charleston, East Bank and Belle
Eligibility Requirements	General Public
Website	https://rideonkrt.com/

C&H Taxi	
Transportation Service Type	Taxi
Other Services Provided/Agency Mission	Transportation

Contact Information	304-344-4902
Hours	24/7
Service Area	Kanawha County
Eligibility Requirements	General Public
Website	https://www.chtaxi.com/

Hansford Senior Center	
Transportation Service Type	Demand Response
Other Services Provided/Agency Mission	Health and Wellness Education, Nutrition, Senior Recreational Activities
Contact Information	304-722-4621
Hours	7:30 AM to 4:00 PM, Monday - Friday
Service Area	Kanawha County, although most transportation provided outside of medical transportation is to/from the Senior Center or for weekly/monthly grocery trips
Eligibility Requirements	60+, individuals with disabilities
Website	http://www.hansfordcenter.com/transportation.html

Kanawha Valley Senior Services, Inc.	
Transportation Service Type	Demand Response
Other Services Provided/Agency Mission	In-Home Care, Adult Day Care, Nutrition, Senior Recreation
Contact Information	606-327-2025
Hours	8:00 AM to 4:30 PM, weekdays
Service Area	Kanawha County

Kanawha Valley Senior Services, Inc.	
Eligibility Requirements	60+
Website	https://www.kvss.org/transportation.php

Prestera Center	
Transportation Service Type	Demand Response
Other Services Provided/Agency Mission	Transportation, adult services, addiction recovery, child services, intellectual rehabilitation, and crisis support
Contact Information	Karen Yost
	877-399-7776
Hours	6:30 AM to 7:00 PM, Monday - Friday
Service Area	Statewide Centers; found in Kanawha, Boone, Putnam, and Clay Counties
Eligibility Requirements	Individuals with mental health disorders and individuals in addiction recovery
Website	http://www.prestera.org/

Putnam County Transportation Providers

Putnam Aging Program, Inc.	
Transportation Service Type	Demand Response
Other Services Provided/Agency Mission	Homecare, Nutrition
Contact Information	Karen Smith
	304-755-2385
Hours	4:30 AM to 5:00 PM, Monday - Friday
Service Area	Putnam County, WV residents, travel into Cabell County, WV
Eligibility Requirements	60+ and disabled
Website	http://putnamaging.com/transportation/

John Henson Senior Center	
Transportation Service Type	Demand Response; only provides trips to and from the center for meals
Other Services Provided/Agency Mission	Homecare, Nutrition
Contact Information	Barb Lambert (304) 562-9451
Hours	8:00 AM to 4:00 PM, Monday - Friday
Service Area	Putnam County, WV
Eligibility Requirements	60+
Website	https://putnamaging.com/putnam/john-henson-senior-center/

Clay County Transportation Providers

Clay Senior and Community Services, Inc.	
Transportation Service Type	Demand Response
Other Services Provided/Agency Mission	Transportation, Nutrition
Contact Information	304-587-2468
Hours	8:00 AM to 4:00 PM, Monday - Friday
Service Area	Clay County, WV
Eligibility Requirements	60+
Website	None available

Boone County Transportation Providers

Tri-River Transit	
Transportation Service Type	Deviated Fixed Route Service
Other Services Provided/Agency Mission	Transportation
Contact Information	1-877-212-0815
Hours	7 AM to 7 PM, Monday - Friday
Service Area	Lincoln, Logan and Boone Counties
Eligibility Requirements	General Public
Website	www.tririver.org

Boone County Community Organization	
Transportation Service Type	Demand Response
Other Services Provided/Agency Mission	Human service agency
Contact Information	304-369-0451
Hours	8:00 AM to 4:00 PM, Monday - Friday
Service Area	Boone County
Eligibility Requirements	60+
Website	None

Organizational Characteristics

The table below provides a summary of the characteristics of the participating transportation providers. The rightmost column describes whether the provider is “open door” or “closed door.” Providers operate “closed door” service if transportation is provided to agency clients only. If transportation is open to the public, or to a segment of the population (such as older adults) without the requirement that the individual be an agency client, then the service is “open door.” The Prestera Center has locations in all 4 counties, however, is only listed once with Kanawha County providers.

Agency	Directly Operates Transportation (Yes/No)	Purchases Transportation from Another Agency (if Yes, Who?)	Legal Authority (Private Non-Profit, Private For-Profit, Public Non-Profit,)	Are Vehicles Only Available for Human Service Agency Clients? (Y/N) *
Kanawha County				
Kanawha Valley Regional Transportation Authority	Yes	No	Public Non-Profit	No
C&H Taxi	Yes	No	Private For-Profit	No
Hansford Senior Center	Yes	No	Private Non-Profit	Yes
Prestera Center	Yes	No	Private Non-Profit	Yes
Kanawha Valley Senior Services	Yes	No	Private Non-Profit	Yes
Putnam County				
Putnam Aging Program	Yes	No	Private Non-Profit	Yes
John Henson Senior Center	Yes	No	Private Non-Profit	Yes
Clay County				
Clay Senior and Community Services, Inc.	Yes	No	Private Non-Profit	Yes

Agency	Directly Operates Transportation (Yes/No)	Purchases Transportation from Another Agency (if Yes, Who?)	Legal Authority (Private Non-Profit, Private For-Profit, Public Non-Profit,)	Are Vehicles Only Available for Human Service Agency Clients? (Y/N) *
Boone County				
Tri-River Transit	Yes	No	Public Non-Profit	No
Boone County Community Organization	Yes	No	Private Non-Profit	Yes

Fleet, Service and Budget Characteristics

The following table provides data that describe the basic fleet, staffing, and financial characteristics of each transportation provider.

Agency	Accessible Vehicles?	Number of Vehicles in Daily Operation	Number and Type of Vehicles in Total Fleet	Number and Type of Drivers	Annual Expenses	Items included in Annual Expenses
Kanawha County						
Kanawha Valley Regional Transportation Authority	Yes	47	47	Full-time drivers	\$12,065,501 in 2017	All eligible operating expenses
C&H Taxi (Wave Service)	Yes	30	30	Full-time drivers	Not available	Not available
Hansford Senior Center	Yes	3	3	3 Part-Time	\$50,000 estimated	All eligible operating expenses

Agency	Accessible Vehicles?	Number of Vehicles in Daily Operation	Number and Type of Vehicles in Total Fleet	Number and Type of Drivers	Annual Expenses	Items included in Annual Expenses
Prestera Center	Yes	Not provided	Not provided	Not provided	Not broken out by County	N/A
Kanawha Valley Senior Services	Yes	9	9	6 Full-Time drivers	\$150,000	All eligible operating expenses
Putnam County						
Putnam Aging Program	Yes	7	7	Not provided	Not provided	Staff time, fuel, insurance, vehicle maintenance
John Henson Senior Center	Yes	1	1	1 Part-Time	Not provided	Not provided
Clay County						
Clay Senior and Community Services, Inc.	Yes	1	1	2 Part-Time Drivers	Not provided	Not provided
Boone County						
Tri-River Transit	Yes	29 (for all counties served)	29 (for all counties served)	Full-time drivers	\$1,440,788 in 2017 (for all counties served)	All eligible operating expenses
Boone County Community Organization	Yes	1	1	3 Part-Time drivers	\$7,200 estimate	Fuel, preventive maintenance

Trip Scheduling, Fares and Productivity Information

The following table describes what trip purposes are allowed by each provider, the fares or donations that are paid by riders, and the process to request rides on each service (if applicable). Annual ridership and service hours estimates were provided by most agencies. The final column provides the productivity of each service, calculating the number of trips provided for each hour of vehicle service.

Agency	Trip Purposes Allowed	Fares or Donations	Ride Request Process	Annual one-way passenger trips	Estimated Annual Service Hours	Estimated Productivity (Trips per Service Hour)
Kanawha County						
Kanawha Valley Regional Transportation Authority	Any	<u>Fixed Route</u> \$1.50 for Adults \$0.75 for Seniors and Disabled <u>Paratransit</u> \$3.00 fare	Paratransit customers must reserve a ride the day before their desired trip	1,679,686	154,242	78.22
C&H Taxi	Any	Fares are based on distance and time	Rides are scheduled on a first-come, first-served basis	Not available	Not available	Not available
Hansford Senior Center	Medical, trips to/from center, grocery trips	Donation for senior center trips; medical	First-come, first-served but encouraged to	6,500	Not available	Not available

Agency	Trip Purposes Allowed	Fares or Donations	Ride Request Process	Annual one-way passenger trips	Estimated Annual Service Hours	Estimated Productivity (Trips per Service Hour)
		trips are charged according to distance	schedule as soon as possible			
Prestera Center	Any	\$2.00 one way	Call ahead	Don't track; serves 75 clients	2,178	Not available
Kanawha Valley Senior Services	Non-emergency medical, to/from senior center, shopping, nutrition sites	Donations are accepted	Call 48 hours in advance	Approximately 10,000	Not available	Not available
Putnam County						
Putnam Aging Program	Medical	None	Request 2 week notice	Not provided	3,300	Not available
John Henson Senior Center	Trips to/from services	None	Call in advance	Not provided	Not provided	Not provided
Clay County						
Clay Senior and Community Services, Inc.	Trips to/from services	None	Call the center for rides; accommodated as possible	N/A	N/A	N/A
Boone County						

Agency	Trip Purposes Allowed	Fares or Donations	Ride Request Process	Annual one-way passenger trips	Estimated Annual Service Hours	Estimated Productivity (Trips per Service Hour)
Tri-River Transit	Any	<u>Non-deviated trips</u> \$1.00 per boarding, plus an additional \$1.00 per additional zone <u>Deviated Trips</u> \$2.00 per boarding, plus an additional \$1.00 per additional zone <u>NEMT</u> Based on income and mileage	Requested 24-hour notice for route deviations	111,116 (for all counties served)	35,395 (for all counties served)	3.1
Boone County Community Organization	Any, although mainly medical	None	On demand	24,000 estimated	Not available	Not available

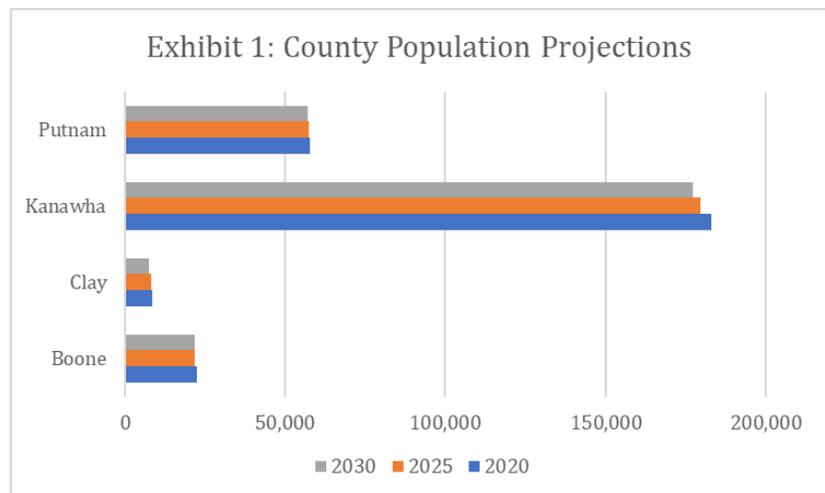
Appendix D: Demographics

The demographics of an area are a strong indicator of demand for public transportation service. Relevant demographic data was collected and is summarized here.

The data provided in the following section has been gathered from multiple sources including the U.S. Census Bureau’s American Community Survey and the West Virginia University Bureau of Business and Economic Research. Census data is used to ensure that the most current and accurate information is presented. It is important to note that the American Community Survey (ACS) five-year estimates have been used to supplement census data that is not available through the 2010 Census. As a five-year estimate, the data represent a percentage based on a national sample and does not represent a direct population count.

Population Projections

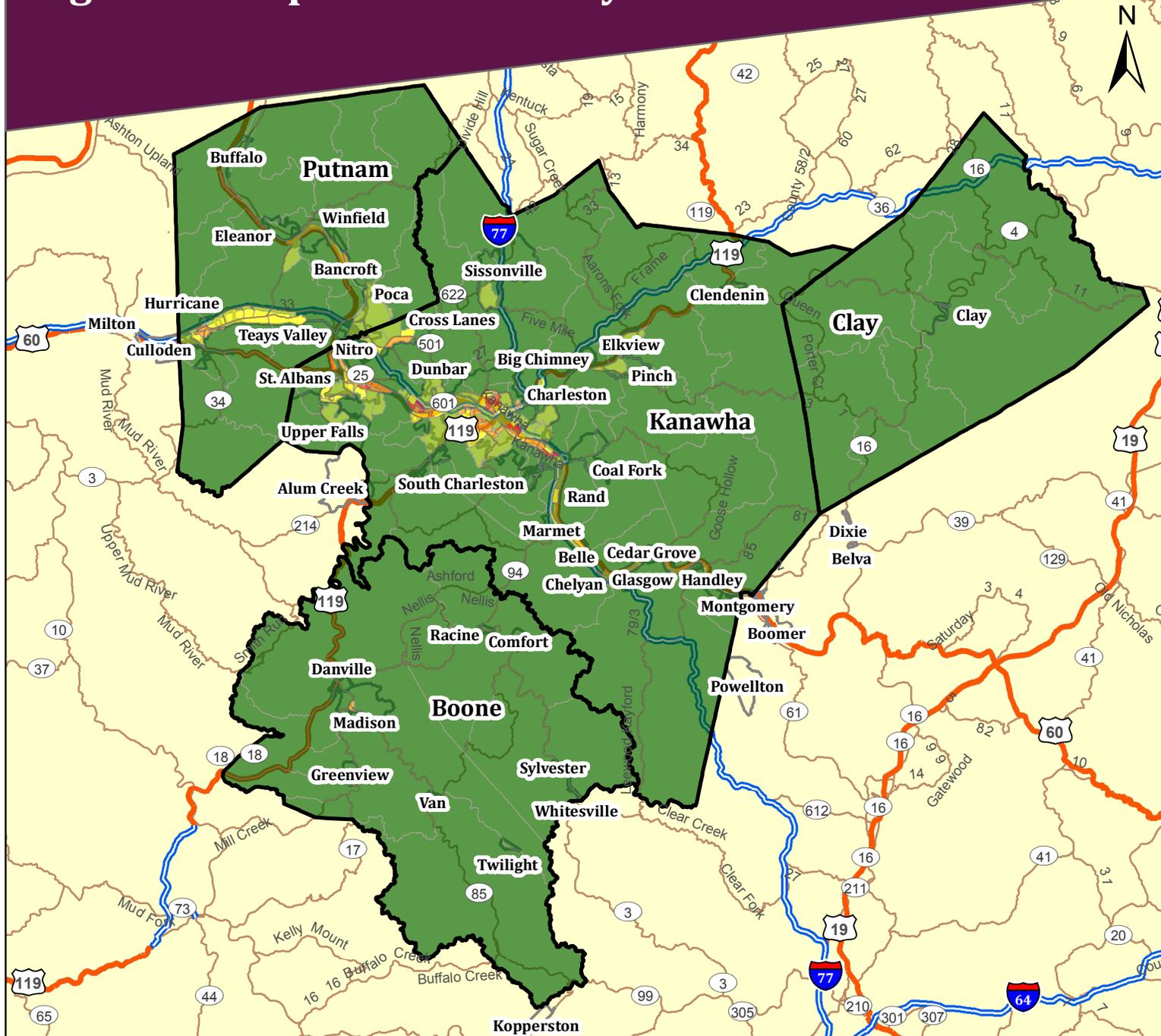
Region III’s population is projected to decline to 263,601 by 2030, a 3% decrease over the year 2020. Boone, Kanawha, and Putnam Counties are all projected to have slight decreases in population (below 3.2%). Clay County is projected to have an 11.2% decrease in population from 2020. Exhibit 1 shows population trends between 2020-2030 for each county in Region III. (Source: West Virginia Bureau of Business and Economic Research)



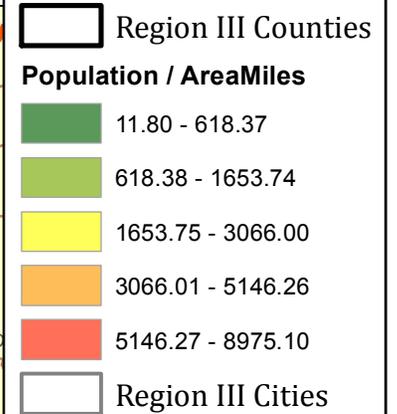
Population Density

Exhibit 2 illustrates a comparison of population densities for Census block groups in Region III. The most densely populated areas are around Interstate 64 throughout Kanawha County and portions of Putnam County. Areas of lower densities are scattered throughout the outlying areas of the Region. Population density is a factor in transportation planning because it helps transportation operators understand the most appropriate mode of service for an area. For example, in less densely populated areas with fewer clusters of trip generators, demand response transportation is typically more effective than fixed route services. Conversely, fixed route services are more appropriate for high density areas.

Region III: Population Density



West Virginia Region III Coordinated HSTP Update



Counties: Boone,
Clay, Kanawha,
Putnam

Source: 2016 ACS
Five-Year Estimates

Population per
square mile



Population Projection for Older Adults

Older adults are most likely to use public transportation when they are unable to drive themselves or choose not to drive. Older adults also tend to be on limited incomes and, therefore, public transportation is a more economical option to owning a vehicle. For these reasons, the older adult population in an area is an indicator of potential transit demand.

Exhibit 3 illustrates the population density of persons over 65 years of age by block group. Concentrations of this age group are similar to the overall population and located around Interstate 64 in Kanawha and Putnam Counties.

The older adult population in the Region is projected to increase in each county by as much as 70% (Putnam County) and as little as 32% (Clay County) over the 2010 Census estimates by 2030. An increase in the older adult population will place additional pressure on transportation resources.

Individuals with Disabilities

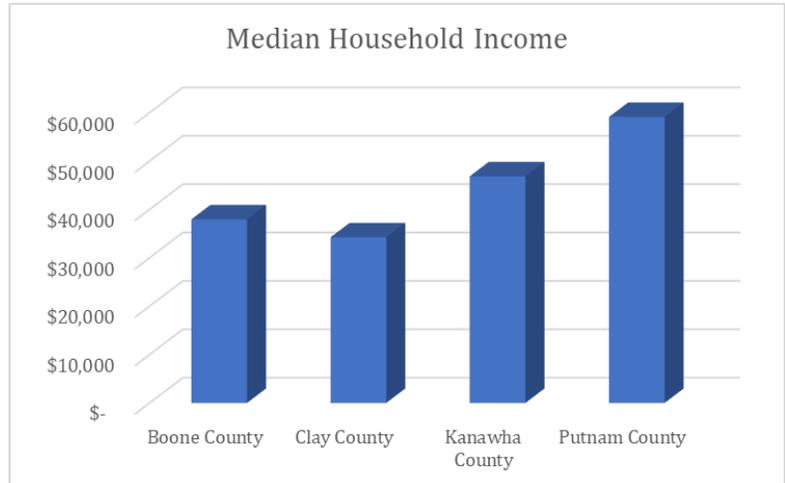
Individuals with disabilities are also likely to use public or human service agency transportation services. In Region III, approximately 19% to 26% of each county's population reported having a disability. However, not all disabilities involve mobility limitations that prevent a person from driving or using non-accessible transportation resources. While it would be a more accurate statistic for transportation planning, no reliable data is available from the U.S. Census Bureau to define individuals with mobility limitations that prevent them from traveling independently outside of the home.

Exhibit 4: Individuals with Disabilities	
County	Percent of Population with a Disability
Boone	29.3%
Clay	28.8%
Kanawha	18.9%
Putnam	12.3%

Source: 2013-2017 American Community Survey 5-Year Estimates

Household Incomes

Exhibit 5 illustrates the household incomes for Region III. There are approximately 114,664 households in Region III. Of those, 41% earn less than \$35,000 annually. Of the households earning less than \$35,000, 9.7% earned less than \$10,000 per year. (Source: 2013-2017 American Community Survey 5-Year Estimates)

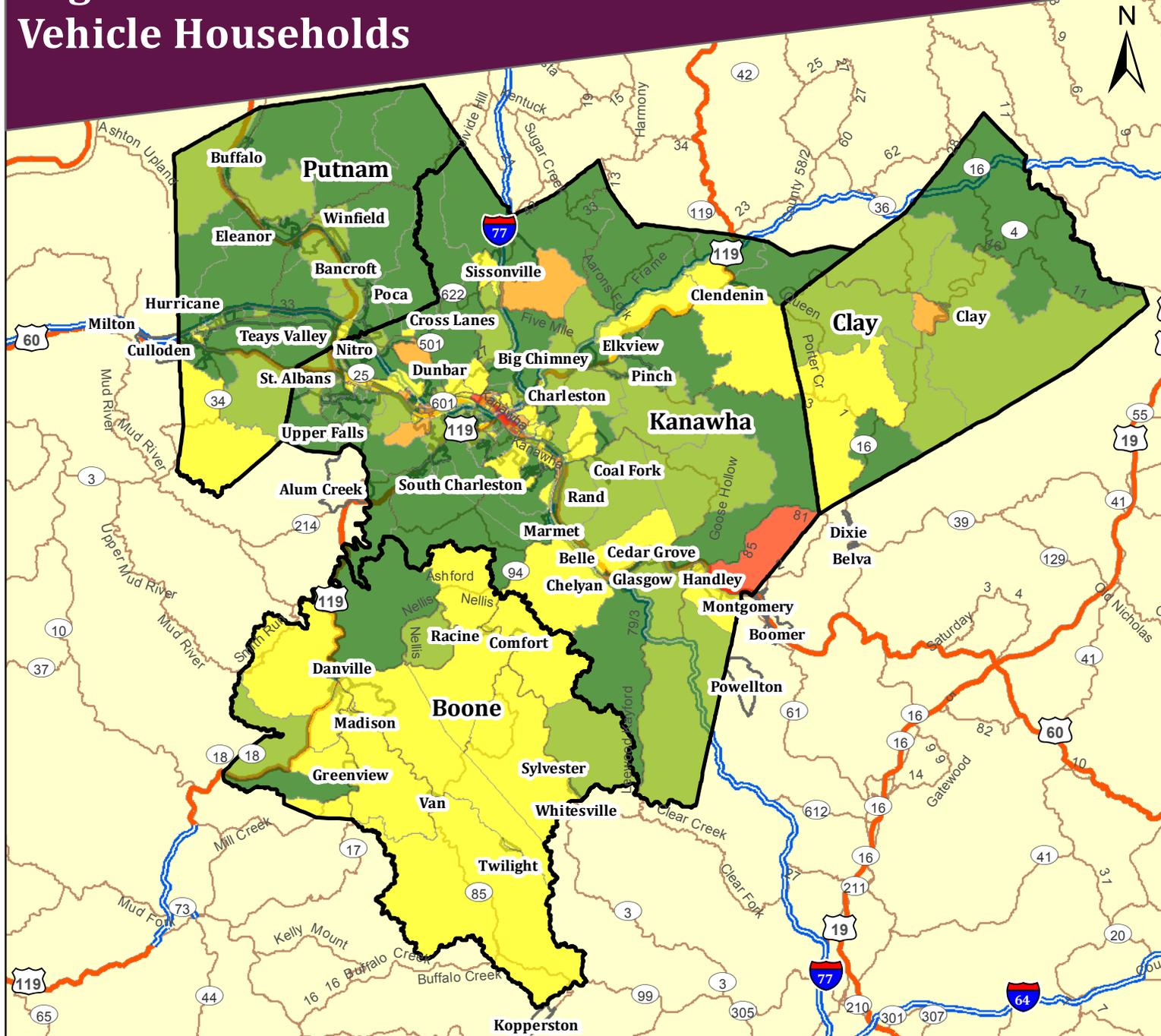


Zero Vehicle Households

The number of vehicles available to a household is also used as an indicator of demand for transit service. There are 10,354 households in Region III that have no available vehicle. This is 8.9% of all households in the Region.

Exhibit 6 illustrates the percentage of households that have no available vehicle. The block groups with the darkest shading have the highest percentage of households with no available vehicles (34.53% - 61.75%). The block group locations with the highest concentration of these households are within Charleston. Areas with a moderately high density of zero vehicle households can be found in Charleston, Dunbar, Clay, Sissonville, and Handley.

Region III: Zero Vehicle Households



West Virginia Coordination Plan Region III

Legend

-  Region III Counties
- Region III Blockgroups**
-  0% - 1.89%
-  1.9% - 4.79%
-  4.8% - 8.99%
-  9% - 15.93%
-  15.94% - 39.02%
-  Region III Cities

Counties: Boone, Clay, Kanawha, Putnam

Source: 2016 ACS Five-Year Estimates

Percent of Blockgroup Population

0 3.5 7 14 Miles



Minority and Limited English Proficiency (LEP) Population

Approximately 87% to 98% of the population in each county in Region III is white (Exhibit 7). Black or African American is the second most common race, followed by two or more races, then Hispanic or Latino individuals. The majority of the population speaks only English (Exhibit 8).

Exhibit 7: Race				
Race	Boone	Clay	Kanawha	Putnam
White	97.8%	97.7%	87.8%	95.5%
Black or African American	0.8%	0.0%	6.9%	1.2%
Two or more races	0.6%	1.3%	3.0%	1.3%
Some other race	0.0%	0.1%	0.1%	0.2%
Hispanic or Latino (of any race)	0.6%	0.3%	1.1%	1.1%
American Indian and Alaska Native	0.0%	0.5%	0.1%	0.1%
Asian	0.2%	0.0%	1.0%	0.6%
Native Hawaiian and Other Pacific Islander	0.0%	0.1%	0.0%	0.0%

Source: 2013-2017 American Community Survey 5-Year Estimates

Exhibit 8: Limited English Proficiency								
Language	Boone	%	Clay	%	Kanawha	%	Putnam	%
		22,585		8,591		180,040		53,254
Speak only English	22,491	99.6%	8,515	99.1%	175,984	97.7%	52,520	98.6%
Spanish or Spanish Creole:	58		18		1,059		309	
Speak English less than "very well"	32	0.1%	0	0.0%	226	0.1%	68	0.1%
Chinese	0		0		362		35	
Speak English less than "very well"	0	0.0%	0	0.0%	253	0.1%	0	0.0%
Vietnamese	0		0		162		0	
Speak English less than "very well"	0	0.0%	0	0.0%	121	0.1%	0	0.0%
Other Indicated languages	0		0		185		0	
Speak English less than "very well"	0	0.0%	0	0.0%	86	0.1%	0	0.0%

Source: 2015 American Community Survey

Terms

APPENDIX E: RELEVANT TERMS

Federal Section 5310 – Enhanced Mobility of Seniors and Individuals with Disabilities: Section 5310 is a formula grant program administered by the West Virginia Department of Transportation/Division of Public Transit for rural areas. The Section 5310 Program for Region 3 is administered by Region 3 Intergovernmental Council. The program is intended to enhance the 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. Capital grants require a 20% local match. Local match may be derived from any non-U.S. Department of Transportation Federal program, State programs, or local contributions or grants. Mobility Management and purchase of capital equipment is eligible for 80% funding through the Section 5310 program.

Eligible Recipients:

- ◆ States (for all areas under 200,000 in population) and designated recipients.
- ◆ Subrecipients: States or local government authorities, private non-profit organizations, or providers of public transportation that receive a grant indirectly through a recipient.

Glossary of Terms

Closed Door Transportation Service – Closed-door service is not open to the general public but rather is available only to clients or members of a particular agency. The funding provided by designated recipients for these projects allows Section 5310 grant subrecipients to provide services to seniors and individuals with disabilities as defined by the subrecipient’s mission. As a result, these subrecipients are not providing services on behalf of the designated recipient. (FTA Circular 4710.1 Americans with Disabilities Act (ADA): Guidance.)

Fixing America’s Surface Transportation (FAST) Act – On December 4, 2015, President Obama signed the Fixing America’s Surface Transportation (FAST) Act, reauthorizing surface transportation programs through Fiscal Year 2020. Details about the Act are available at www.transit.dot.gov/FAST.

Grants for Buses and Bus Facilities Formula Program (Section 5339) – The Grants for Buses and Bus Facilities Formula Program (49 U.S.C. 5339) makes Federal resources available to states and direct recipients to replace, rehabilitate and purchase buses and related equipment and to construct bus-related facilities, including technological changes or innovations to modify low or no emission vehicles or facilities. Funding is provided through formula allocations and competitive grants. Eligible recipients include direct recipients that operate fixed route bus service or that allocate funding to fixed route bus operators; state or local governmental entities; and Federally recognized Indian tribes that operate fixed route bus service eligible to receive direct grants under Sections 5307 and 5311. Subrecipients may allocate amounts from the grant to subrecipients that are public agencies or private nonprofit organizations engaged in public transportation.

Individuals with Disabilities – This document classifies individuals with disabilities based on the definition provided in the Americans with Disabilities Act implementing regulations, which is found in 49 CFR Part 37.3. This definition, when applied to transportation services applications, is designed to permit a functional approach to disability determination rather than a strict categorical definition. In a functional approach, the mere presence of a condition that is typically thought to be disabling gives way to consideration of an individual’s abilities to perform various life functions.

Local Matching Funds – These are the portion of project costs not covered by the Federal share. Non-federal shares or non-Federal funds include the following sources of funding, or in-kind property or services, used to match the Federal assistance awarded for the Grant or Cooperative Agreement: (a) Local funds; (b) Local-in-kind property or services; (c) State funds; (d) State in-kind property or services; and (e) Other Federal funds that are eligible, under Federal law, for use as cost-sharing or matching funds for the Underlying Agreement. For the Section 5310 and Section 5311 Programs, local match can come from other Federal (non-DOT) funds. This can allow local communities to implement programs with 100% federal funding. One example is Older Americans Act (OAA) Title III-B Support Services.

Open-Door Transportation Services – Open-door service includes service that is open to the general public or a segment of the general public defined by age, disability, or low-income, and thus includes public transportation service, as well as alternatives to public transportation that may require a passenger to be a senior or person with a disability but is not limited to clients or members of a particular agency. (FTA Circular 4710.1 Americans with Disabilities Act (ADA): Guidance.)

Transportation Management Area – A Transportation Management Area (TMA) is an area designated by the Secretary of Transportation, having an urbanized area population of over 200,000, or upon special request from the Governor and the Metropolitan Planning Organization for the area.

Transit Demand – Transit demand is a quantifiable measure of passenger transportation services and the level of usage likely to be generated if passenger transportation services are provided. Refer to the following website for a toolkit and more information on methods for forecasting demand in rural areas www.trb.org/Publications/Blurbs/168758.aspx.

Urbanized Area – Urbanized area means a geographic area with a population of 50,000 or more, as designated by the Bureau of Census.

Urbanized Area Formula Grants (Section 5307) – The Urbanized Area Formula Funding program (49 U.S.C. 5307) makes Federal resources available to urbanized areas and to governors for transit capital and operating assistance in urbanized areas and for transportation-related planning. An urbanized area is an incorporated area with a population of 50,000 or more that is designated as such by the U.S. Department of Commerce, Bureau of the Census. Funding is made available to designated recipients that are public bodies with the legal authority to receive and dispense Federal funds. Eligible activities include planning, engineering, design, and evaluation of transit projects and other technical transportation-related studies; capital investments in new and existing fixed guideway systems including rolling stock, overhaul and rebuilding of computer hardware, software,

and vehicles; and more. Additional information is available at <https://www.transit.dot.gov/funding/grants/urbanized-area-formula-grants-5307>.

Zero Vehicle Households – No vehicles available to a housing unit, according to U.S. Census data. This factor is an indicator of demand for transit services.