

TRANSPORTATION PROVIDER PROFILE (create one for each project)

1. Organization/Agency Information

Name of agency/organization: _____

Type of organization: Public Private Nonprofit

Name of transportation program: _____

Address: _____

Telephone: _____ TTY: _____ Fax: _____

Website: _____

Member of Local/national chamber of commerce Better Business Bureau
 Professional membership organization (e.g., CTAA, TLPA, APTA)
Org. name: _____

Receives federal funding state funding local funding private funding

Contact name: _____ Title: _____

Telephone: _____ E-mail: _____

Schedules: Published schedules/ride guide on Internet
 Recorded information number: _____

Where updates during inclement weather are posted: _____

2. Service Characteristics

Service area: local long distance commuter/express shuttle/feeder route

Areas served in the community: _____

Days/hours of operation: Monday Hours: _____
 Tuesday Hours: _____
 Wednesday Hours: _____
 Thursday Hours: _____
 Friday Hours: _____
 Saturday Hours: _____
 Sunday Hours: _____
 Holidays Hours: _____

Provides ADA-complementary service? Yes No

Type of route: fixed route deviated fixed route demand-response
 flexible route shuttle/circulator other: _____

Type of schedule: fixed stops demand-response scheduling

Type of service: transit stop door-through-door door-to-door curb-to-curb

Service fee: sliding scale \$ _____ discounts available
 flat rate \$ _____ free
 mileage rate \$ _____ donations accepted
 in-kind payment other: _____



Form of payment accepted: cash token only smart card
 debit/credit card transfer coupon voucher
 transit pass ID only (e.g., military, work ID)
 contract only direct billing to agency

Reservations: no reservations needed same day reservations
 schedule _____ hours/days in advance
 Cancellation policy: _____

3. Vehicles

Average age of fleet: _____ **Size of fleet:** _____

Insurance? Yes No **Exp. date:** _____
State/local certification? Yes No
Head Start compliant? Yes No

Type of vehicles: bus (capacity: _____)
 taxi van (capacity: _____)
 private vehicle other

Features: low-floor talking signs visual display
 wheelchair ramp wheelchair lift (weight limit: _____)
 bike rack wheelchair securement system
 seat belts # of wheelchair spaces: _____
 4-wheel drive accommodates scooters/oversize wheelchairs
 other _____

4. Drivers

Type of drivers: paid, regular employees volunteer drivers
Driver training: first aid/CPR wheelchair securement
 CDL medical emergency procedures
 sensitivity/awareness training PASS (Passenger Service and Safety)
 child passenger safety defensive driving
Driver testing: Drug/alcohol Motor vehicle record
 Criminal background Other: _____

Languages spoken (incl. sign language): _____

5. Riders

Riders served: general public people w/disabilities
 adults only teens children
 older adults veterans other: _____

Rider eligibility criteria: _____

Purpose of rides: medical/health care religious events childcare
 employment social/recreational activities shopping
 volunteer activities any purpose

Escorts: escorts provided escorts NOT provided
 escorts ride for free escorts pay fare \$ _____ (amount)

Policy on animals: _____

6. Other Features

Travel orientation Travel training Guaranteed ride home program
Other: _____