

TRANSIT COORDINATION PLAN OUTLINE

Fiscal Year 2007



This outline and planning worksheets are designed to assist agencies in the development of local coordination plans. The planning worksheets are for your use and do not need to be submitted with your plan.

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TRANSIT COORDINATION PLAN OUTLINE

- I. Existing Services Attachment #1**
 - a. Identify current passenger transportation providers within your service area including contact information.
 - b. Once you have identified the providers and contact persons, you should include them in the development of your Coordination Plan.

- II. Data Gathering Attachment#2**
 - a. Document the hours of operation for each transportation provider and answer the questions on the Attachment. You should use one form for each provider.
 - b. What transportation needs in your service area have not been met?
 - c. Are there other organizations or businesses in the service area that are potential users such as work locations or shopping malls?

- III. Description of Coordinated Service Plan Attachment#3**
 - a. Using the information you gathered from each transportation provider on Attachment#2, you can develop a schedule of service by combining the information to help map out the hours and type of service that each community in your service area will need.
 - i. Some riders need transit service to the same location at the same time every day. Others may need demand/response service.
 - b. Describe how the new coordinated transportation service will be managed.
 - c. Have any organizations in your service area chosen NOT to be a part of this Coordination Plan?
 - d. Describe your Transportation Advisory Committee (TAC). Identify the (TAC) members and their involvement in the development of your Coordination Plan.
 - e. Describe how you developed your plan and who was involved in the process including riders (elderly, low income, persons with disabilities) and minority population groups.

IV. The Service Provider

- a. Describe the status of your organization: City, County, Private non-profit, Indian Nation
- b. Describe the organizational structure of the service provider.
 - i. Board of Directors, Transit Coordinator, office help, dispatchers, drivers, mechanic
- c. Who is in charge of record keeping/financial?
- d. Describe or attach a copy of your preventive maintenance plan for your vehicles, lifts and other ADA equipment.

V. Cooperative Agreements

- a. Attach copies of the service agreements between agencies. These agreements can be as simple as a letter describing the contract amount and the type of service, or more complex if more detail is needed to insure quality service.

Attachment #1

Local Transportation Provider Summary

Identify all possible transportation providers in your area.

Minorities Served Provider Type Organization Name Contact Person Phone Number Address

Yes No

Elderly Groups

Senior Citizen Centers

Nursing Homes

Retirement Homes

Nutrition Centers

Vocational Rehab

Mental Health

Group Homes

Day Programs

Head Start

HRDC's

United Way

Easter Seals

Boys and Girls Club

Attachment #1

Minorities Served Provider Type Organization Name Contact Person Phone Number Address

Yes No

Church Groups

Veterans Administration

Taxi Company

Fixed Route Service

Demand Responsive Services

Intercity bus provider

University Transportation

Private for profit company

Hospital

Doctor Offices

Diagnostic Centers

Rehab Centers

Therapy Facility

Independent Living Centers

Low Income Housing

Attachment #1

Minorities Served Provider Type

Yes No

Organization Name

Contact Person

Phone Number

Address

Labor/Employment Programs

Major Work Centers

Attachment #2

Agency Name: _____

Day	Hours of Operation												
	6:00A	7:00A	8:00A	9:00A	10:00A	11:00A	12:00P	1:00P	2:00P	3:00P	4:00P	5:00P	6:00P
Sunday													
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													

1. Show the hours of service.
2. How many vehicles are used for passenger transportation?
3. What is their capacity? (e.g. 10 passenger + 2 wheelchairs)
4. List types of specialty equipment? (e.g. wheelchair lift, mobile 2-way radio, etc.)
5. What type of service is provided? (e.g. demand/response, medical appointments, work/school, etc.)
6. Identify the riders. (e.g. elderly, disabled, headstart, or general public)
7. Are there unmet transportation needs for this organizations?

