

**NATIONAL CAPITAL REGION TRANSPORTATION PLANNING BOARD**  
**777 North Capitol Street, N.E.**  
**Washington, D.C. 20002**

**RESOLUTION APPROVING THE COORDINATED HUMAN SERVICES  
TRANSPORTATION PLAN FOR THE NATIONAL CAPITAL REGION**

**WHEREAS**, the National Capital Region Transportation Planning Board (TPB), the metropolitan planning organization (MPO) for the Washington Region, has the responsibility under the provisions of the Safe, Accountable, Flexible, and Efficient Transportation Equity Act - A Legacy for Users (SAFETEA-LU) for developing and carrying out a continuing, cooperative and comprehensive transportation planning process for the Metropolitan Area; and

**WHEREAS**, under SAFETEA-LU projects funded by three Federal Transit Administration (FTA) human services transportation programs: Elderly and Persons with Disabilities (Section 5310), Job Access and Reverse Commute (JARC) (Section 5316), and New Freedom (Section 5317) must be derived from a "locally developed, coordinated public transit-human services transportation plan" and JARC and New Freedom projects must be selected on a competitive basis; and

**WHEREAS**, in July 2006 the TPB established the Human Services Transportation Coordination Task Force to oversee the development of the Coordinated Human Services Transportation Plan and a competitive selection process for identifying projects for JARC and New Freedom funding in the National Capital region; and

**WHEREAS**, the membership of the task force includes representation from public, private and non profit-transportation providers, human service agencies and representatives of the public including individuals with disabilities, older adults and people with low-incomes; and

**WHEREAS**, in August 2006 the TPB was designated by the Mayor of the District of Columbia, the Governor of Maryland, and the Governor of Virginia as the recipient to administer the JARC and New Freedom programs in the Washington DC-VA-MD Urbanized Area; and

**WHEREAS**, the Coordinated Plan was developed under the guidance of the task force which included the active participation from representatives of public, private and non-profit transportation and human services providers and participation by membership of the public who provided insight into local transportations needs and strategies for improvement; and

**WHEREAS**, the Coordinated Plan is based on previous TPB Access for All Advisory Committee studies which identified transportation needs and concerns of minority populations, low-income populations and persons with disabilities; and

**WHEREAS**, feedback on the Coordinated Plan was gathered from other COG/TPB committees and interested groups including:

- COG Human Services Policy Committee (April 21, October 20, 2006 and February 16, 2007),
- TPB Access for All Committee (May 25, September 28, 2006 and January 25, 2007),
- TPB Citizens Advisory Committee (July 13, 2006 and January 11, 2007),
- Washington Regional Aging Network (November 2, 2006 and February 1, 2007); and

**WHEREAS**, two focus groups were conducted with persons with disabilities, older adults and individuals with lower incomes to ensure the Plan had adequate feedback from consumers (the JARC focus group with low-income individuals was held on February 24, 2007 and the New Freedom focus group with persons with disabilities and older adults was held March 8, 2007); and

**WHEREAS**, the Coordinated Plan includes the following elements required by SAFETEA-LU:

- An assessment of available services that identifies current transportation providers (Appendix 5),
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes (Section 3 and Appendix 4),
- Strategies, activities and/or projects to address the identified gaps between current services and needs (Section 5),
- Priorities for implementation (Section 6); and

**WHEREAS**, the Coordinated Plan also includes the selection criteria to be used in the competitive selection process of JARC and New Freedom projects and to inform the selection of Elderly and Disabled Individual Program (Section 5310) projects administered by the District of Columbia, Maryland and Virginia Department's of Transportation; and

**WHEREAS**, the TPB Human Services Transportation Coordination Task Force endorsed the Coordinated Plan for release for public comment and presentation to the TPB on March 8, 2007;

**WHEREAS**, on March 15, 2007 the Coordinated Plan was released for a 30-day public comment period which ended on April 14, 2007; and

**WHEREAS**, the comments and staff responses were reviewed and accepted for inclusion in the Coordinated Plan by the TPB on April 18, 2007; and the final version of the Coordinated Plan document will include summaries of the comments and the responses;

**NOW, THEREFORE, BE IT RESOLVED THAT** the NATIONAL CAPITAL REGION TRANSPORTATION PLANNING BOARD approves the Coordinated Human Services Transportation Plan for the National Capital Region.

Adopted by the Transportation Planning Board at its regular meeting on April 18, 2007.

# COORDINATED HUMAN SERVICES TRANSPORTATION PLAN FOR THE NATIONAL CAPITAL REGION

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April 18, 2007

NATIONAL CAPITAL REGION TRANSPORTATION PLANNING BOARD  
METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS

## **ACKNOWLEDGEMENTS**

### **DIRECTOR, DEPARTMENT OF TRANSPORTATION PLANNING**

Ronald F. Kirby

### **CHIEF, PROGRAM COORDINATION**

Gerald K. Miller

### **PLAN AUTHORS**

Beth A. Newman  
Wendy K. Klancher

### **Special Thanks To:**

Honorable Kathryn Porter, Task Force Chair  
Task Force Members

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## SECTION 1: INTRODUCTION

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Approximately five million people choose to live, work, learn and play in the Washington, DC region. Efficient transportation plays a major role in supporting travel to and from the many activities that make the region the vibrant and dynamic area that it is. Facilitating the movement of residents and visitors requires a complex transportation infrastructure of various modes supported by a substantial network of public and private providers. This transportation system must serve equally the needs of all who rely on it. Some transportation-disadvantaged groups – persons with disabilities, individuals with income limitations or with limited English proficiency and older adults with limited incomes or mobility impairments – have specialized needs that necessitate distinct planning and coordination efforts.

### *What Is Coordination?*

Coordination is a difficult term to define, and means different things to different people. Within the context of Human Service Transportation, the term refers to agencies, jurisdictions and non-profit organizations working together to maximize transportation services for people with disabilities, low-income populations and older adults and the elimination of service gaps. Various state and federal funding streams have different administrative and eligibility requirements, which complicate the coordination of public and human service transportation. In its recent Report 91, the Transit Cooperative Research Project defined coordination as:

Coordination is a technique for better resource management. It means working together with people from different agencies and backgrounds. It requires shared power: shared responsibility, management, and funding. Many transportation functions, including planning, purchasing, vehicle operations, maintenance, and marketing, can be coordinated...

Coordinating transportation services offers substantial benefits to many communities, but significant investments of time and energy may be required before the desired results are achieved...

Coordinating transportation functions is best understood as a political process, which, like many other political processes, may involve changing environments, conflicts regarding power and control over resources, and competing goals or personalities...<sup>1</sup>

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<sup>1</sup> Executive Summary. *Economic Benefits of Human Service Transportation and Transit Services*. TCRP Report 91. Transportation Research Board, 2003.

### *Purpose of the Coordinated Plan*

The purpose of this first Coordinated Plan for the National Capital Region is to guide funding decisions for three FTA programs, the Job Access Reverse Commute (JARC) Program, the New Freedom Program and the Elderly and Disabled Individuals Program commonly known as Section 5310.

This Coordinated Plan is also intended to broaden the dialogue and support further collaboration between human service agencies and transportation providers to better serve persons with disabilities, individuals with limited incomes and older adults. The Plan will be a “living document” and will evolve to support greater coordination and collaboration efforts within the region.

The Coordinated Plan covers the jurisdictions of the multi-state region that is the National Capital Region Transportation Planning Board’s (TPB’s) planning area. Figure 1 shows a map of the TPB planning area and the Washington DC-VA-MD Urbanized Area. The TPB also serves as the designated recipient for the JARC and New Freedom programs for the Washington DC-VA-MD Urbanized Area.

### *What is the TPB?*

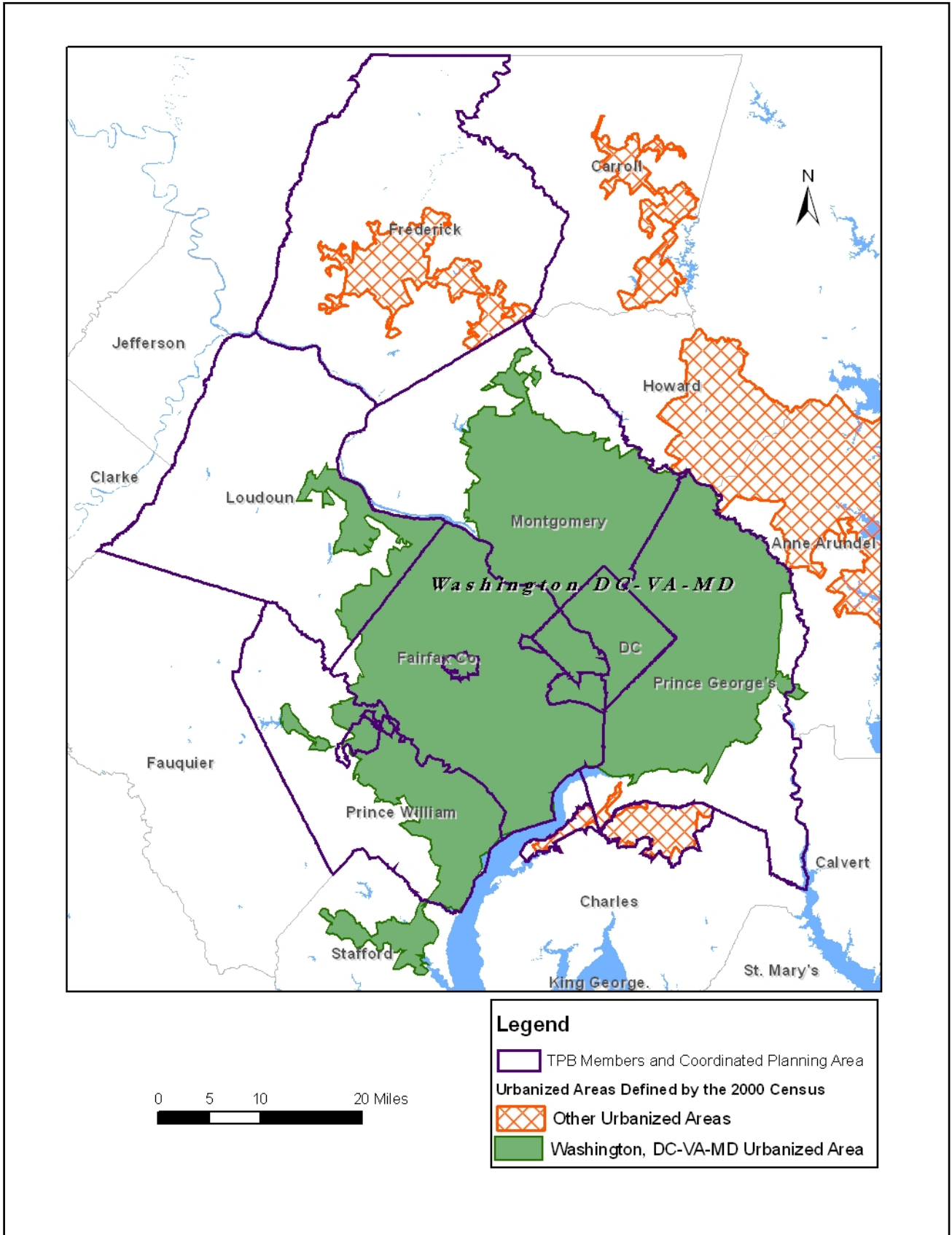
As the metropolitan planning organization for the Washington, DC-VA-MD Urbanized Area, the Transportation Planning Board (TPB) has the privilege of preparing this Coordinated Human Services Transportation Plan. The TPB is the federally designated Metropolitan Planning Organization (MPO) for the region, and plays an important role as the regional forum for transportation planning. The TPB prepares plans and programs that the federal government must approve in order for federal-aid transportation funds to flow to the Washington region.

Members of the TPB include representatives of local governments; state transportation agencies; the Maryland and Virginia General Assemblies; the Washington Metropolitan Area Transit Authority; and non-voting members from the Metropolitan Washington Airports Authority and federal agencies. The TPB has an extensive public involvement process, and provides a 30-day public comment period before taking action on plans and programs.

The TPB's planning area, shown in Figure 1, covers the District of Columbia and surrounding jurisdictions. In Maryland these jurisdictions include Frederick County, Montgomery County, Prince George's County and the St. Charles urbanized area of Charles County, plus the cities of Bowie, College Park, Gaithersburg, Greenbelt, Rockville, and Takoma Park. In Virginia, the planning area includes Alexandria, Arlington County, the City of Fairfax, Fairfax County, Falls Church, Loudoun County, Manassas, and Prince William County.

For more information on the National Capital Region Transportation Planning Board, including a list of TPB members, visit [www.mwcog.org/transportation](http://www.mwcog.org/transportation).

**Figure 1: The TPB Planning Area and the Washington DC-VA-MD Urbanized Area**



*SAFETEA-LU*

The Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU) is the reauthorization of federal transportation legislation enacted in August 2005. SAFETEA-LU mandates greater coordination of funding and services for human service transportation through three programs.

As mentioned earlier, the TPB is the designated recipient for two FTA programs: Job Access and Reverse Commute (JARC) and New Freedom. Table 1 describes the two programs in greater detail as well as the Elderly and Persons with Disabilities (5310) program, which is administered by the states. The programs require a local match – 80/20 for capital projects and 50/50 for operating projects. Non-DOT federal funds can be used for the match, so long as the federal share of the project does not exceed 95% of the total project cost. Federal funds for JARC and New Freedom will continue yearly for six years.

**Table 1 – SAFETEA-LU Programs**

<b>Program</b>	<b>Designated Recipient</b>	<b>Purpose</b>	<b>Federal FY2006 Funding</b>	<b>Total Funding with Match</b>
<b>Job Access Reverse Commute (Section 5316)</b>	TPB	Assist low-income commuters getting to job sites	\$1,192,035.00	\$2.2 Operating (50/50) \$1.3 Capital (80/20)
<b>New Freedom (Section 5317)</b>	TPB	Transportation for people with disabilities that goes above and beyond the ADA	\$1,017,837.00	\$2.0 Operating (50/50) \$1.25 Capital (80/20)
<b>Elderly and Persons with Disabilities (Section 5310)</b>	State/District DOTs	Provide formula funding to increase mobility for the elderly and persons with disabilities	Differs by State/D.C.	Only capital projects are eligible (80/20)

## ***Description of Programs***

### *Job Access Reverse Commute*

The JARC program existed under the previous transportation legislation, the Transportation Equity Act for the 21<sup>st</sup> Century (TEA-21). SAFETEA-LU has changed the funding from an earmark to a formula program based on the number of low-income individuals. The JARC program is designed to assist low-income commuters in getting to job sites. SAFETEA-LU requires that JARC recipients be selected on a competitive basis, and allows other, non-DOT federal funds to be used as matching funds, so long as the federal share does not exceed 95% of the total project cost.

### *New Freedom*

This program is new under SAFETEA-LU, and its purpose is to encourage services and facility improvements for addressing the transportation needs of people with disabilities, above and beyond what is required by the transportation section of the Americans with Disabilities Act. New Freedom funds may cover capital or operating costs, and like the JARC program, grantees must be selected on a competitive basis.

### *Section 5310 – Elderly Persons and Persons with Disabilities*

This program existed under the previous transportation legislation. The 5310 program provides funds for capital costs associated with providing services to older adults and people with disabilities; generally, accessible vehicles are purchased for non-profit organizations. Additional requirements under SAFETEA-LU include the provision that projects funded under this program must be included in a locally-developed human service transportation coordinated plan.

#### **Private Provider Involvement**

“It has been the experience of private providers nationwide that Section 5310 vehicles have been placed into operation in direct competition with private, unsubsidized transportation providers. Private providers must capitalize their equipment at 100 % of cost. Section 5310 allows for private non-profit organizations to receive 80% of the total capital cost of equipment.

Private operators must have a seat at the table in order to comment on coordination and allocation of funding for 5310 vehicles, JARC and New Freedom. 5310, New Freedom or JARC should not duplicate services being offered by private providers or directly compete with operators who must procure equipment using 100 % financing.”

-- Robert M. Werth  
*Diamond Transportation Services Inc.*

## ***Relationship of the Plan to the Section 5310 Program***

In the Washington, D.C. region, the 5310 programs are administered by the Maryland Transit Administration, the Virginia Department of Rail and Public Transportation, and the District of Columbia Department of Transportation for their respective jurisdictions.

To ensure compliance with SAFETEA-LU requirements<sup>2</sup>, this Coordinated Human Services Transportation Plan will inform the funding of projects within Maryland, Virginia, and the District of Columbia's 5310 programs. Applications for 5310 funding within the TPB Planning Area should meet a need identified by this Coordinated Plan. The applications submitted to the three states for 5310 funding will be provided to the TPB for evaluation at the same time that other state agencies are asked to review the applications. Each state has different deadlines for 5310 applications and decisions; TPB staff and the Task Force will work closely with the States to ensure deadlines can be met. To ensure consistency with the TPB Coordinated Plan, 5310 applications will be evaluated based on the competitive selection criteria listed in Appendix 6. This evaluation will also ensure that projects submitted for 5310 funding are consistent with this Coordinated Plan. Applications for JARC and New Freedom funding submitted to the states that involve service in the Washington DC Urbanized Area should also be reviewed to ensure consistency with the Coordinated Plan. As the plan continues to guide projects in successive years, this review process will be evaluated and refined as necessary to ensure that projects funded under the three separate programs are complementary to one another and fit into the vision and goals of the Coordinated Plan.

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<sup>2</sup> SAFETEA-LU requires that projects funded under the three funding programs be derived from a locally developed, coordinated plan.

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## SECTION 2: PLAN DEVELOPMENT

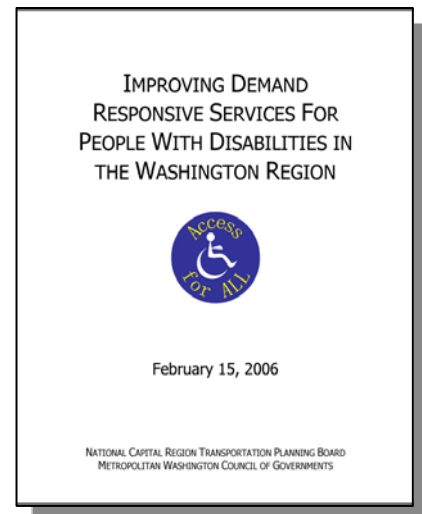
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### ***Previous TPB Studies and Reports***

The Coordinated Plan was developed within the context of several TPB studies and reports, including the TPB's JARC Plan (January 2004), and three reports from TPB's Access for All Advisory Committee<sup>3</sup>. The *Improving Demand Responsive Services for People with Disabilities* report from February 2006 identified existing specialized transportation services, gaps and shortcomings in those services, and recommendations for transit improvements and coordination opportunities in the region. This report is described in more detail below. The other two AFA reports are *Transportation Issues for Low-Income Populations, Findings and Recommendations, July 19, 2006* and *Report on Major Findings and Recommendations to Improve Transit Information for Limited English Proficiency (LEP) Customers*. In addition, the development of the plan was aided by a WMATA study conducted by KFH Group, Inc entitled *Specialized Transportation Study*; March, 2004.

#### *The MetroAccess Study*

In its 2006 report "Improving Demand Responsive Services for People with Disabilities in the Washington Region", the TPB made 15 recommendations for improving paratransit service and identified opportunities for coordination. MetroAccess is the curb-to-curb paratransit service provided by the Washington Metropolitan Area Transit Authority (WMATA) to customers who cannot use the fixed-route service because of a disability. The study was guided by a steering committee chaired by TPB member Kathy Porter and included AFA members including persons with disabilities who use paratransit; human service agencies; WMATA MetroAccess representatives and local paratransit providers; and representatives from two national organizations: Easter Seals Project ACTION and the Community Transportation Association. The study was also supported by a consultant, Russell Thatcher of TranSystems, Inc. The entire study can be found at [www.mwcog.org/transportation](http://www.mwcog.org/transportation).



The study found that in addition to MetroAccess, more than 60 local government and non-profit programs provide specialized transportation services for people with disabilities. Medicaid is the

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<sup>3</sup> The Access for All (AFA) Advisory Committee advises the TPB on transportation issues, programs, policies, and services that are important to low-income communities, minority communities and people with disabilities. The mission of this committee is to identify concerns of low-income and minority populations and persons with disabilities, and to determine whether and how these issues might be addressed within the TPB process. Membership includes community leaders from transportation-disadvantaged groups from around the region. More info at: [www.mwcog.org/transportation/committee/afa](http://www.mwcog.org/transportation/committee/afa)



second largest provider of specialized transportation services, next to MetroAccess. The study identified over ten opportunities for coordination in the region which are summarized below:

- 1) Local jurisdictions should explore opportunities for collaboration. In addition to the coordination that is already occurring at the local level, human service agencies and transit providers could consider coordinating regularly scheduled paratransit trips and broadening local alternatives to MetroAccess; and
- 2) The region should explore additional opportunities, such as a regional information clearinghouse and an accessible taxi program, through regional Human Service Transportation Coordination planning efforts.

The study consultant, TranSystems, Inc., conducted telephone interviews in December 2005 with human service agencies that provide transportation. The purpose was to identify currently available services, unmet needs, existing coordination efforts and opportunities. The key issues and unmet needs identified by human service agencies are summarized below.

Key issues:

- **Funding:** By far, the most common transportation issue facing human service agencies and transportation providers is adequate funding. Funding was mentioned in relation to expansion of services to meet growing demand and fill in service gaps, such as evenings and weekends.
- **Vehicles:** Vehicle availability and accessibility were also high on the list of issues for survey participants from non-profit organizations.
- **Taxis:** Many participants described issues relating to taxi services, the primary concerns being driver training and attitude.
- **Other:** Other issues that were frequently mentioned include scarcity of drivers due to competition with other transportation services; infrastructure with poor accessibility (including fixed route service and housing); and service reliability and timeliness.

Unmet needs:

- Same day service and greater service areas were the top two unmet needs mentioned in the phone interviews. The participants described their clients needing day of transportation for medical trips due to sudden illnesses and other short-notice trips. Additionally, many transportation services are only provided in a limited service area, which may not include a client's doctor's office or necessary destination. There seems to be several options for seniors and persons with disabilities to travel to medical appointments but few for shopping and social activities. The need for additional trip types was followed by the need for expanded operational hours.

- The next three unmet needs that were identified include reliable service, companion services, and door-to-door service. Under service reliability, several survey respondents indicated that their clients were frequently left waiting for rides.
- Essentially, no survey participants indicated major significant overlap in services, or the need to significantly expand coordination efforts. There already seems to be some degree of coordination between organizations at the municipal and county level.

***The TPB Human Services Transportation Coordination Task Force***

In July 2006, the TPB formed the Task Force to oversee the development of the Coordinated Plan and to steer coordination efforts in the region. In September 2006, the TPB approved the membership for a Task Force. TPB member and Takoma Park Mayor Kathy Porter chairs the Task Force, and its membership is comprised of public transit agencies, state departments of transportation, private and nonprofit transportation providers, human service agencies, and users of specialized transit services from jurisdictions across the region. A complete list of Task Force members is included in Appendix 1. The Task Force met from October 2006 to February 2007 to develop this first Coordinated Plan.

**Table 2: Task Force Composition**

<i>Stakeholder Group</i>	<i>Number of Representatives</i>
Public Transit	12
State Public Transit / DOTs	3
Private Providers	3
Non-Profit Providers	6
Human Service Agencies	10
Users/Customers	8
Total	43 (with the Chair)

## ***Guiding Principles***

SAFETEA-LU intensifies the need for regional coordination of human service transportation. As the metropolitan planning organization and the designated recipient of Job Access and Reverse Commute (JARC) and New Freedom funds, the TPB has a unique opportunity to develop a plan that addresses the unmet needs of people with disabilities, low-income individuals and older adults to support their independence and mobility. With that in mind, the TPB has established Guiding Principles for its Coordinated Human Service Transportation Plan. These principles build upon each other, and are reflected throughout this Coordinated Plan in the strategies and priorities described here.

### ***The Right to Mobility***

People with specialized transportation needs have a right to mobility<sup>4</sup>. Individuals with limited incomes and people with disabilities rely heavily, sometimes exclusively, on public and specialized transportation services to live independent and fulfilling lives. These services are essential for travel to work and medical appointments, to run essential errands, or simply to take advantage of social or cultural opportunities.

The costs of providing human service transportation are indeed rising. However, cost containment should not be achieved at the expense of service delivery. Fortunately, coordination of human service transportation offers the potential to improve service delivery by reducing duplication, making use of available capacity elsewhere in the system, and achieving economies of scale in providing these services.

### ***Customer Service Focus***

In providing public transportation, the transportation needs of the customer should always be kept at the forefront. The abilities of individual riders vary in different aspects of the transportation experience, from accessing program information, to trip scheduling, to route navigation. Policies and procedures should be clear and flexible enough to allow for different abilities, and to provide support as needed. The goal of every transportation provider should be to facilitate a safe, courteous and timely trip every time.

### ***Elimination of Service Gaps***

While there are many providers serving a numerous and diverse clientele, significant gaps exist in human service transportation, which limits the mobility of the individuals who rely on it. Across the region, users of specialized transportation programs live and work in different areas and have different travel patterns. To the maximum extent feasible, gaps in human service transportation services should be eliminated to ensure individuals have a viable transportation option when they need it.

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<sup>4</sup> Right to mobility is defined as getting from the door of where you are through the door of where you need to go.

### ***Maximize Efficiency of Service Delivery***

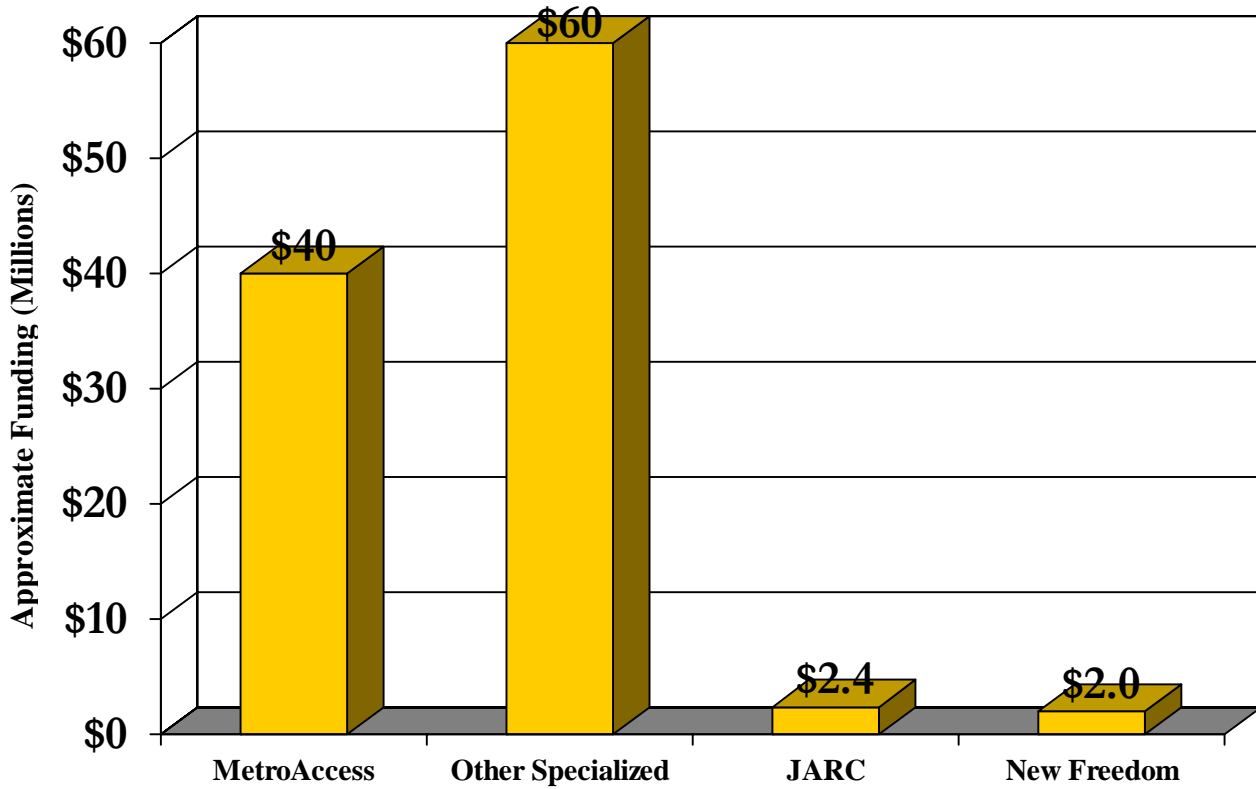
Accessible vehicles are expensive to acquire and maintain. Maximizing the efficiency of human service transportation vehicles helps to reduce program costs by generating additional user revenue while also helping to eliminate gaps in service, without the need for additional capital purchases. Transportation providers should collaborate to provide services where extra capacity exists. The TPB Coordinated Plan will help to identify opportunities for collaboration, as well as providing the space for resolving any issues related to cross-jurisdictional service delivery.

### ***Plan Approach***

In contrast to previous years, when the region received approximately \$5 million a year in JARC funding, the funding currently available under JARC and New Freedom is very limited. Table 3 shows a comparison of JARC and New Freedom money compared to other specialized transportation services in the region.

In light of the comparatively small amounts of money available, the plan encourages innovative pilot projects that creatively address unmet needs. The intention is that the pilot projects will offer important lessons learned, and for those that are shown to be effective, the plan will encourage the replication of these projects in additional jurisdictions and for the benefit of more clients. The plan “incentivizes” the coordination of funding, vehicles, information and other resources, and seeks projects that offer lessons learned about addressing potential obstacles and about replicating the project throughout the region.

**Table 3 – Funding in Perspective**



Based on FY2003 figures. JARC and New Freedom totals shown include funding with the required 50/50 match for an operating program.

*The real value here is less in the money chase and new projects...instead the real benefit is making the best use out of existing resources and programs.*

– David Snyder, TPB member from Falls Church, VA

### ***Timeline for the Plan and the Competitive Selection Process***

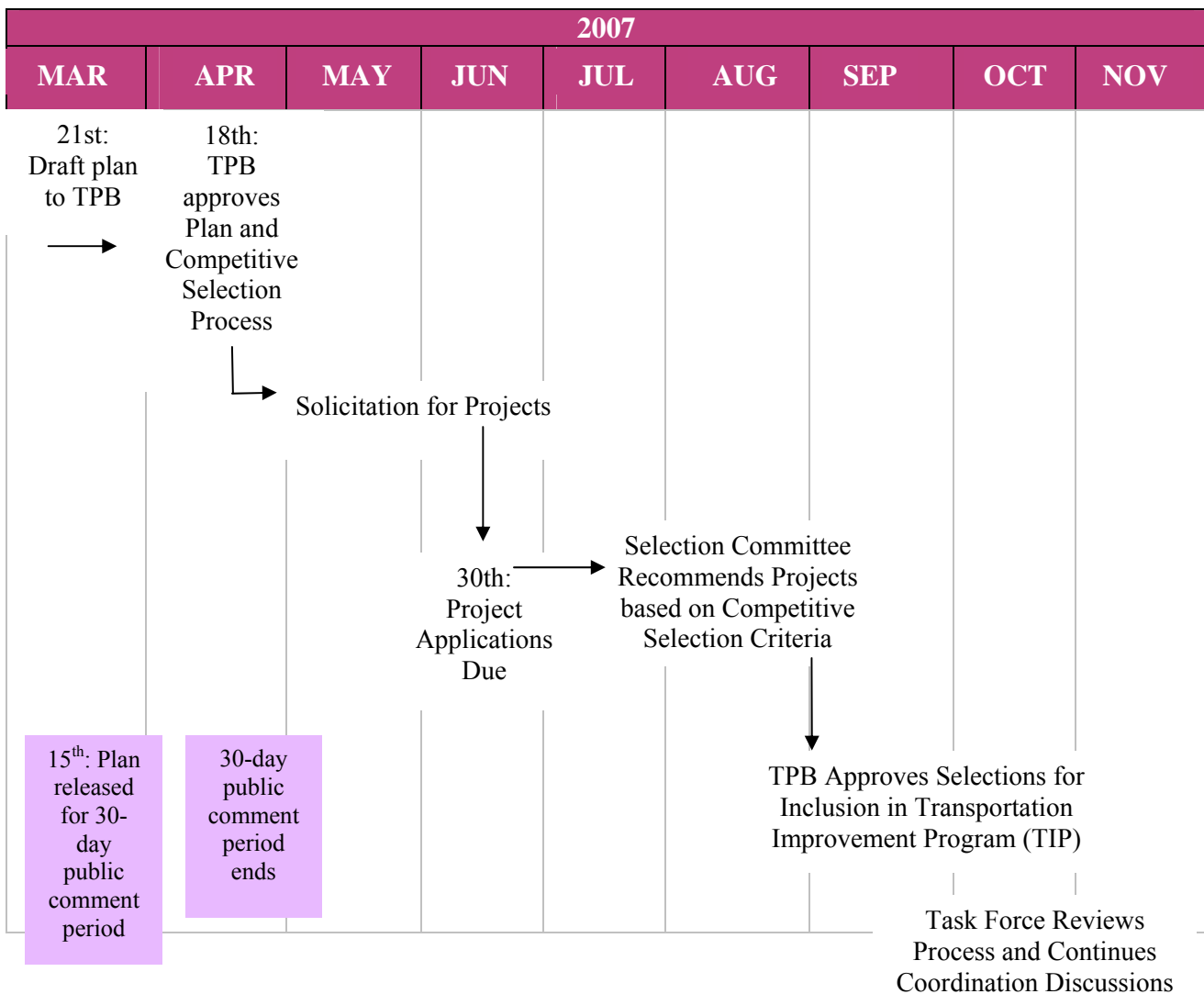
Federal legislation requires that a Coordinated Human Services Transportation Plan be in place by July 2007.<sup>5</sup> The TPB began work on how to address the requirement for more coordination in early 2006, with the completion of the MetroAccess study “Improving Demand Services for People with Disabilities”. Building on coordination issues and opportunities identified in that study, the TPB hosted a series of ad-hoc meetings to determine how the region can best meet new requirements. This ad-hoc group included the District of Columbia, Maryland and Virginia Departments of Transportation, public and private transportation providers (including the

<sup>5</sup> The FTA requires a Coordinated Plan for FY07 programs. The metropolitan planning organization proposed rules require that all long-range plans adopted after July 2007 be SAFETEA-LU compliant.

Washington Metropolitan Area Transit Authority (WMATA), human service agencies, and representatives from low-income populations, persons with disabilities and older adults from around the region. The ad-hoc group recommended that the TPB take the lead in developing the Coordinated Plan and be the designated recipient for the JARC and New Freedom programs for the Washington DC-VA-MD Urbanized Area. The TPB endorsed this recommendation in July 2006 and the Mayor of the District of Columbia, the Governor of Maryland and the Governor of Virginia designated the TPB the recipient of JARC and New Freedom for the Urbanized Area in August 2006.

The Task Force has been meeting monthly since October 2006 to develop the plan, and will present a draft plan to the TPB at its March 21, 2007 meeting. If the TPB approves the plan and the framework for the competitive selection process at its April 18 meeting, the solicitation for projects would go out at the end of April and project proposals would be due in June. In September or October, the TPB would then approve the selected projects for inclusion in the Transportation Improvement Program. New Freedom and JARC projects would be initiated in early 2008. Figure 2 depicts a graphic of the timeline.

**Figure 2 – Timeline for Phase I of Coordinated Plan**



## ***Public Input***

In developing the Coordinated Plan, public input was sought in a number of ways. The Task Force membership was constructed to ensure representation from various stakeholders, as described earlier. The Plan is based on previous TPB studies and reports from the Access for All Advisory Committee, which is made up of community leaders from minority populations, low-income populations and persons with disabilities. In addition, TPB staff presented the elements of the plan to and gathered feedback from various COG/TPB committees and interested groups, including:

- COG Human Services Policy Committee (April 21, October 20, 2006, February 16, 2007)
- TPB Access for All Committee (May 25, September 28, 2006 and January 25, 2007)
- TPB Citizens Advisory Committee (July 13, 2006 and January 11, 2007)
- Washington Regional Aging Network (November 2, 2006 and February 1, 2007)

The Plan was released for a 30-day public comment period (March – April, 2007) before being formally adopted by the TPB. (A summary of the comments received will be provided here). The entire list of comments received is found in Appendix 2.

Additionally, TPB staff conducted two focus groups to ensure the Plan had feedback from consumers and users who could be most impacted. One focus group was on JARC service and issues and one on New Freedom service and issues. The focus groups featured 8-15 consumer representatives identified with the assistance of Task Force members.

### ***JARC Focus Group***

At the JARC focus group on February 24, 2007, a professional facilitator asked participants who represented low-income commuters what is and what is not working for them related to their experience with public transportation. TPB staff then presented the unmet needs, strategies, and prioritized actions for JARC funding from the Coordinated Plan and asked participants to provide their feedback. Their comments overwhelmingly identified customer service and child transport as their biggest concerns. Participants generally felt that existing transportation services are adequate to meet their needs, but they would like to see better customer service from front-line providers as well as buses better adhere to schedules. Participants also cited the expense of getting children to school on public transportation as another significant barrier for them. One participated stated that most of her monthly budget is spent buying bus passes for her three children.



Specific feedback on priority actions from the Coordinated Plan included the recommendation of 24-hour bus service to the airports, especially Dulles and BWI. In response to the Guaranteed Ride Home program, participants thought it should offer the flexibility to make multiple stops, such as a ride to pick up a sick child at school and then a ride home. Participants thought the loan program was a good idea. Participants didn't think the brochure would be particularly useful to them as they expressed the ease of finding information on the Internet. The customer service concerns raised by the group indicate that sensitivity training is needed for Metro bus drivers and other front-line employees to strengthen customer service skills, especially when interacting with ethnically, racially and economically diverse riders. A list of the focus group participants is included in Appendix 3.

### ***New Freedom Focus Group***

At the New Freedom focus group held on March 8, 2007, a professional facilitator asked the 12 participants what is and what is not working for them related to their experience with public transportation. The participants represented different mobility impairments (visual, cognitive, physical) and were representative of the three states. TPB staff then presented the unmet needs, strategies, and prioritized actions for New Freedom funding from the Coordinated Plan for discussion.

Participants offered many comments – positive and otherwise – on their experiences with public transportation. When asked to rank their top issues, the group agreed that none of them wanted to prioritize improvements benefiting one group over another. The group ultimately reached consensus on the following as their top issues:

- Audio inside and outside the buses, with no ability for the driver to turn it on and off
- Low-floor vehicles
- Targeted customer service appropriate to the disability issue
- Coordination of scheduling and routing on MetroAccess
- Proper restraint of mobility devices on MetroAccess

In response to the prioritized actions, participants emphasized the need for sensitivity training and added that people with disabilities should provide travel training because they have the appropriate knowledge. They suggested that Super Shuttle is a good model of a company with accessible vehicles in that they are reliable and provide excellent and appropriate service.





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## SECTION 3: ASSESSMENT OF NEEDS

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### ***Regional Demographic Profile***

As a context to the transportation needs this Coordinated Plan attempts to address, regional statistics of the various population groups are provided here. Appendix 4 provides more information and maps of these population groups.

Table 4 shows statistics for transportation-disadvantaged population groups living in the Washington region. Despite the region's overall affluence, over 328,000 residents lived below the poverty level in 2000, and an additional 447,000 residents were classified as low-income, which is defined as residents making less than twice the official poverty level. In the same year, 629,500 persons had a physical, sensory, and/or cognitive disability (14 percent of the population). In 2000, over 400,000 people in region were over 65 years of age (9 percent of the total population). Individuals with limited English proficiency make up 5 percent of the population; 58 percent of these individuals are members of the Hispanic/Latino community. Although not shown in the table, it is interesting to note that over 40 percent of the region's population is non-white, a figure which includes many recent immigrants to the region<sup>6</sup>.

**Table 4 – Transportation-Disadvantaged Populations in the Washington Region**

<i>Population Group</i>	<i>Washington Region</i>	<i>Percent of Region</i>
Below the Poverty Level (1)	328,300	7%
Low Income (2)	775,300	17%
Persons with Disabilities (4)	629,500	14%
Older Adults (over 65)	403,000	9%
Limited English Speakers (3)	193,600	5%
Total Population	4,544,900	100%

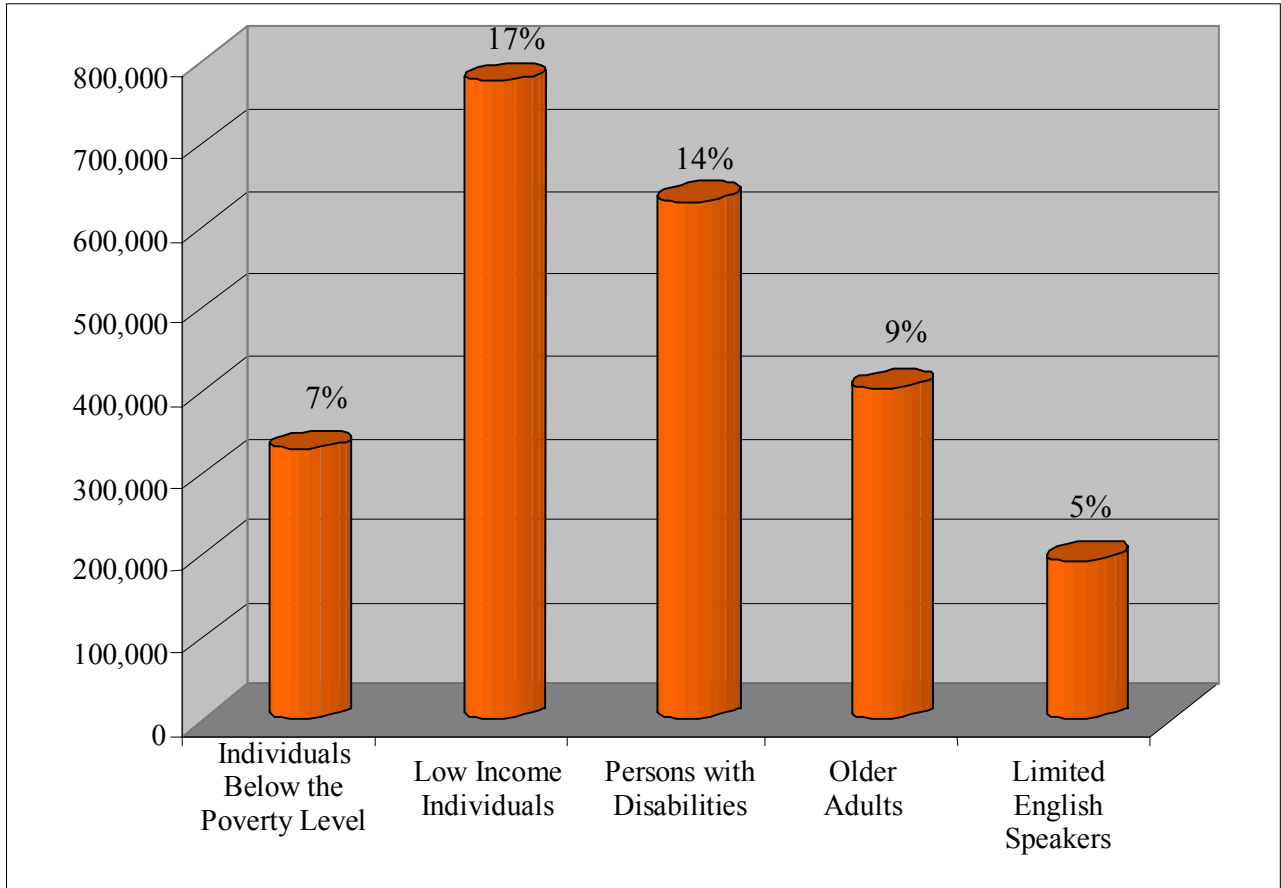
Source: 2000 U.S. Census; numbers are for the Washington DC-MD-VA MSA

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<sup>6</sup> Our Changing Region. Census 2000. Metropolitan Washington Council of Governments. Volume 1, Number 1. Figures provided are for the TPB Planning Area.

- (1) Official poverty level depends on family size. For a family of four, the poverty level is an annual income of \$17,000.
- (2) “Low income” is defined as twice the poverty level. For example, for a family of four an annual income of \$34,000 is considered low income.
- (3) Limited English Proficiency includes individuals who speak English “not well” or “not at all.”
- (4) Include individuals with physical, sensory and/or cognitive disabilities.

**Figure 3 – Regional Demographic Profile of Transportation-Disadvantaged Populations in the Washington Region**



Source: 2000 U.S. Census; numbers are for the Washington DC-MD-VA MSA

## ***Unmet Transportation Needs***

The first meeting of the Task Force focused on identifying the most significant unmet transportation needs or service gaps faced by transportation-disadvantaged individuals. These unmet needs are substantiated by the previous TPB reports and studies described earlier. The needs were grouped into four categories, described below, and examples of service issues are provided. The unmet needs guided the development of strategies and potential projects that could be submitted for funding under the JARC or New Freedom programs.

**Figure 4 – The Four Categories of Significant Unmet Transportation Needs**

<p><b>Need For a Customer Focus</b></p>	<ul style="list-style-type: none"> <li>▪ Transportation services are not tailored to responding to individual needs</li> <li>▪ A greater awareness is needed about how various types of disabilities – cognitive, physical and visual – impact people’s ability to travel, especially by transit providers</li> <li>▪ Need for improved pedestrian access, including safe sidewalks, crosswalks, signals and other measures that address pedestrian friendly street design, especially within a half mile of bus and rail stations</li> <li>▪ Need for additional driver training</li> </ul>
<p><b>Lack of Reliability</b></p>	<ul style="list-style-type: none"> <li>▪ Reliability of paratransit services is a major concern</li> <li>▪ Bus and rail transit is not always accessible</li> <li>▪ Need for back-up service</li> </ul>
<p><b>Need for Better Information</b></p>	<ul style="list-style-type: none"> <li>▪ Information on existing specialized services and user-friendly fixed-route information is lacking (this includes but is not limited to non-native English speakers)</li> </ul>
<p><b>Lack of Additional Funding and Transportation Choices</b></p>	<ul style="list-style-type: none"> <li>▪ Need for expanded evening, weekend service, door-to-door and door-through-door service</li> <li>▪ Need for same-day service, especially for urgent appointments</li> <li>▪ Infrequent transit service for non-traditional work hours</li> <li>▪ Getting workers to employment locations not well-served by specialized transit</li> <li>▪ Limited eligibility for specialized transit, such as people who experience temporary disabilities<sup>7</sup></li> <li>▪ Affordability for users is a concern</li> <li>▪ Lack of funding for transportation</li> </ul>

<sup>7</sup> MetroAccess has a 21-day eligibility assessment window. By law, after the 21-day window has passed MetroAccess must offer provisional eligibility service to people waiting for a final determination to be made.

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## SECTION 4: SUMMARY OF EXISTING SERVICES

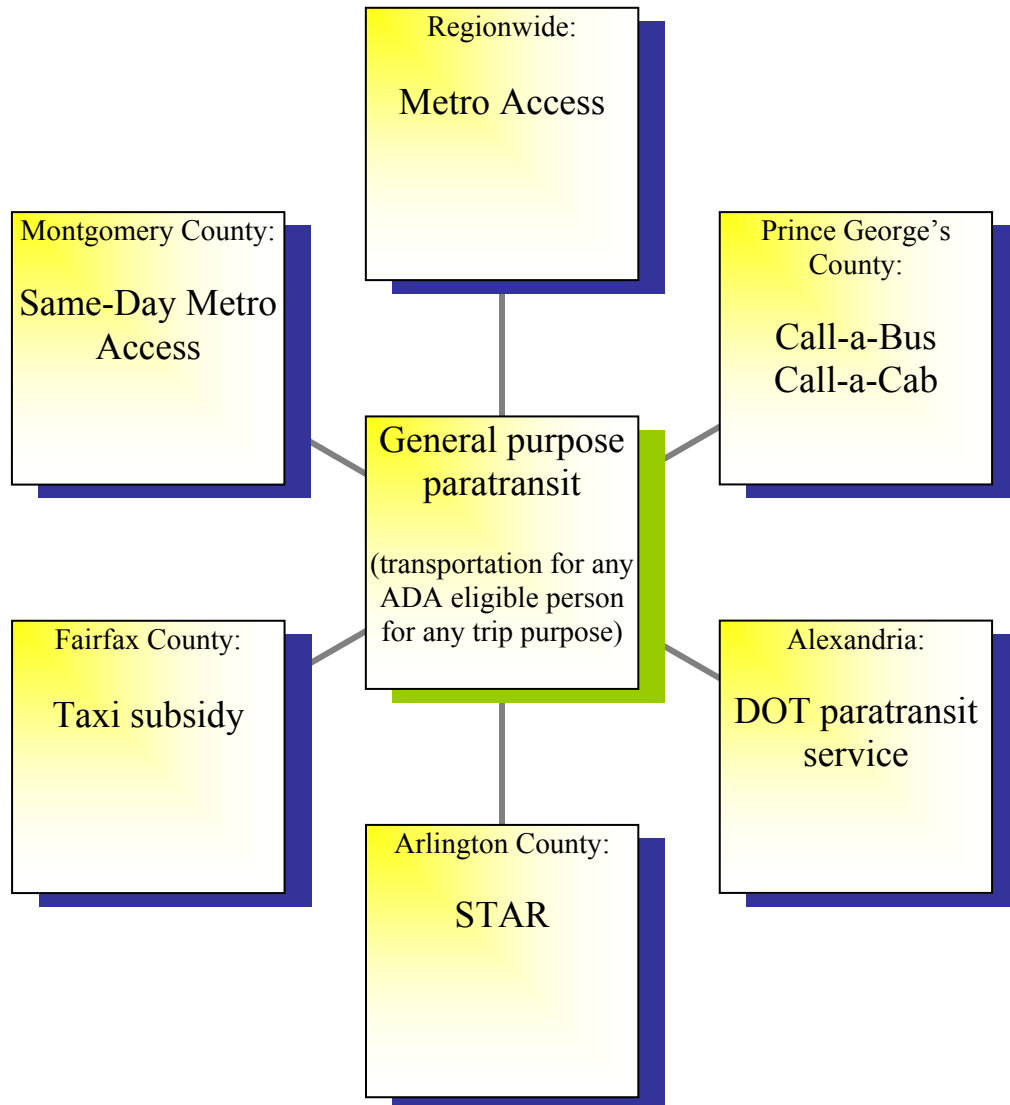
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Again building on prior reports, the Task Force identified major providers of transportation services across all jurisdictions in the region for persons with disabilities, those with limited incomes and older adults. A complete inventory is listed in Appendix 5. Services include all-purpose specialized transportation services, Medicaid transportation, limited scope specialized services and fixed-route transit services.

Figure 5 represents the general purpose specialized transportation services in the region. General purpose paratransit is transportation provided for any ADA-eligible person for any trip purpose – medical, shopping or otherwise. Throughout the region, WMATA operates MetroAccess, its shared-ride service. Montgomery County operates Same-Day MetroAccess service, and in Prince George’s County, residents can choose from among the county-wide Call-a-Bus and Call-a-Cab programs and similar services at the local level. Arlington County provides Specialized Transit for Arlington Residents (STAR) and Alexandria’s program is called DOT Paratransit. Fairfax County offers taxi subsidies to ADA-eligible individuals. Lastly, the District of Columbia has no general purpose paratransit service.

Complementing the general purpose specialized transportation services is a network of private and nonprofit providers that provide additional transportation options. These providers include taxi companies, human service agencies, nonprofit organizations and educational and healthcare institutions.

**Figure 5 – Specialized Transportation Services**



**\*The District of Columbia has no general-purpose paratransit service**

Complementing the general-purpose paratransit services are other services more limited in scope or purpose. Of these, the biggest one in terms of budget is Medicaid transportation, which is provided in all three states to all Medicaid eligible individuals for medical trips. Table 5 shows how Medicaid transportation programs vary across jurisdictions:

**Table 5 - Medicaid Transportation Programs**

Jurisdiction	Managed Care Enrollment	Transportation Expenditures per Capita	Brokerage Model	Transportation as “Medical” Expense	Non-Medical Trips
District of Columbia	45%	\$114		√	√
Maryland	67%	\$27	√		
Virginia	60%	\$72	√	√	

**Table 6 – Limited Scope Specialized Transportation Services**

Jurisdiction	Program	Purpose
District of Columbia	DC Office of Aging	District residents 60+ for limited trip purposes
Fairfax County	FASTRAN	Human service agency clients and low-income residents, for limited trip purposes
Montgomery County	Call ‘n Ride Taxi Program	Low-income seniors and people with disabilities

Fixed-route systems throughout the region offer additional options for accessible transportation. These include: WMATA’s Metrobus and Metrorail; Arlington ART; Fairfax County Connector; Alexandria DASH; Prince George’s County The Bus; Montgomery County RideOn; TransIT in Frederick County; City of Fairfax CUE; Omni Link and Omni Ride service in Prince William County; Virginia Regional Transit and Loudoun County Transit in Loudoun County; and GEORGE in Falls Church.

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## SECTION 5: STRATEGIES FOR IMPROVED SERVICE AND COORDINATION

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“Our insurance company and attorneys have cautioned us that when we go from serving and supporting people with disabilities ... to transporting people not directly associated with [us], we are now in the ‘transportation business’. This opens a whole new can of worms with liability, licensing, certifications, etc.

For example, we began transporting one person who lived in a [group] home and needed to go to an Adult Day Care.... The [transport] ‘agreement’ was held up with lawyers for several weeks. In the meantime, the gentleman fell at his group home and his parents began a lawsuit.... When this happened and we still did not have a signed agreement, I discontinued his transport.

Lessons learned... we have not tried coordinating since.”

-- Joyce Taylor,  
The Arc of Montgomery County  
and TPB Task Force member

### *Barriers to Coordination*

Coordination in public transportation service delivery is a desirable, if not always easy, thing to achieve. Several barriers exist that make sharing resources or combining services difficult, if not impossible. As the story in the text box illustrates, well-meaning efforts at coordination can have unexpected and counterproductive consequences.

Common barriers to coordination include lack of resources, different training requirements or vehicle specifications, and funding requirements. Some, like the sharing of information across jurisdictions, are more easily addressed through the structure of regular meetings among agencies and providers.

Other barriers present greater challenges. Issues like insurance and liability are more complex challenges that require ongoing efforts and dialogue with numerous agencies, providers, nonprofits and insurers. As a Phase II of this Coordinated Plan, the Task Force will continue to convene and facilitate these discussions, inviting the appropriate and necessary organizations to the table to design workable solutions and alternatives.

Another significant barrier to coordination is the multitude of government funding requirements. Over the past 30 years, federal, state and local governments have implemented various programs aimed at improving coordination of publicly funded transportation services for transportation disadvantaged populations, including people with disabilities, Medicaid recipients, and other human service agency clients. Unfortunately, many of the barriers to coordination stem from the administrative and eligibility requirements imposed by the Federal and State governments. The 2003 GAO report “Transportation Disadvantaged Populations”<sup>8</sup> found that “obstacles impeding coordination include concern among administrators that their own participants might be

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<sup>8</sup> United States General Accounting Office (GAO) Report “Transportation Disadvantaged Populations: Some Coordination Efforts Among Providing Transportation Services, but Obstacles Persist”. GAO-03-697. June 2003.

negatively affected, program rules that limit use by others, and limited guidance and information on coordination.... to mitigate these obstacles, officials and experts suggested making federal standards more consistent...providing financial incentives or instituting mandates to coordinate”.

In fact, areas that have had the most success in coordination occur when the state has mandated coordination and provided institutional support to make the coordination happen. Given that this area includes two states and the District of Columbia, each with its own set of transportation programs and accompanying rules, coordination between the three separate states is challenging.

A 2003 University of Minnesota report prepared for the Federal Transit Administration<sup>9</sup> found that the term “coordination” is used to refer to a multitude of different activities. In many instances coordination efforts appear to simply cut services or shift costs, rather than result in true efficiency improvements. A 2003 report by the Transit Cooperative Research Program defines coordination as “a political process that requires shared power—including shared responsibility, management, and funding—and notes that achieving desired results through coordination may require significant time and energy”.<sup>10</sup>

### ***Opportunities for Coordination***

In Phase II of the TPB’s coordination efforts the opportunities identified in the TPB’s Demand Responsive Study (described on page 13 in this document) will be explored in more detail. These opportunities informed the development of this Coordinated Plan and the four strategies provided below. The Demand Responsive study identified over ten opportunities for coordination, including examining alternative funding and service arrangements that make better use of state and local funding and transit passes for Medicaid and Vocational Rehabilitation trips. The recommendations for exploring coordination opportunities from the Demand Responsive Study can be summarized in following two categories:

- 1) Local jurisdictions should explore opportunities for collaboration. In addition to the coordination that is already occurring at the local level, human service agencies and transit providers could consider coordinating regularly scheduled paratransit trips and broadening local alternatives to MetroAccess; and
- 2) The region should explore additional opportunities, such as a regional information clearinghouse and an accessible taxi program, through regional Human Service Transportation Coordination planning efforts.

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<sup>9</sup> Barnes, Gary, *Improving Transportation Services for Disadvantaged Populations*, FTA-MN-26-7004 (Springfield, VA: 2003).

<sup>10</sup> Transit Cooperative Research Program, *Economic Benefits of Coordinating Human Service Transportation and Transit Services*, TCRP Report 9, page 2.



## ***Strategies for Improved Service and Coordination***

The Task Force developed a set of strategies and related actions that will help to address the unmet needs and fill the gaps in human service transportation. The recommended priority actions are described in the following section. Project proposals will need to address at least one of the four strategies. In developing strategies and actions to address unmet needs, some projects will have a greater overall impact on unmet needs than others and are thus a greater priority for funding.

The four strategies are:

- Tailor transportation services to better respond to the individual needs of low-income workers, people with disabilities and older adults. This strategy emphasizes increased awareness about how various types of disability – cognitive, physical and visual – impact people’s ability to travel, especially among transit providers.
- Provide improved, user-friendly information to customers and social service and non-profit agencies about the types of transportation programs available to low-income workers, people with disabilities and older adults.
- Develop services that increase the reliability and augment existing paratransit and fixed-route service, ensuring a back-up system for people who rely heavily on transportation. The strategy emphasizes the need to offer alternate services available for older adults, people with disabilities, and low-income workers who may experience lack of available service or reliability with their everyday transportation service.
- Develop and implement new programs to provide additional transportation choices for persons with disabilities, individuals with limited incomes and older adults. Additional funding should also be identified and secured to support these programs.

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## SECTION 6: RECOMMENDED PRIORITY ACTIONS

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The following projects respond to the unmet transportation needs identified in this Plan and are the recommended priority actions. These projects can be augmented or changed depending on the proposing agency's budget or other programmatic constraints. These projects are not a comprehensive list, and other projects that respond to the strategies identified by the Task Force could be submitted for funding consideration.

### *Accessible Taxi Service Subsidy Pilot*

**What it is:** A pilot program to provide the minimum financial subsidies and incentives necessary to encourage taxi companies to provide and maintain a sufficient supply of wheelchair-accessible service in jurisdictions that don't currently have accessible taxis (such as DC). Funding would not be available in jurisdictions that currently have accessible taxicabs. Incentives to companies include subsidies to offset the cost of vehicle purchase, maintenance and insurance. To be effective, incentives must be aimed at both companies and drivers to ensure that accessible vehicles are not only purchased, but also put to use and available to customers with disabilities. If incentives are offered regionally, they should be made available to any transportation provider on a competitive basis. Training grants should also be available for all transportation providers.

To have an impact, the program would need to include financial incentives for drivers, such as a stipend for attending sensitivity training to account for lost fares, and financial incentives to drive an accessible taxi. Drivers of accessible cabs could also be matched with schools, senior centers, or other organizations that might want to reserve regular taxi trips.

**Good example:** The City of Chicago made \$1 million available to cab companies to defray the incremental cost of an accessible ramp-equipped van versus a new Ford Crown Victoria. In Virginia, Red Top Cab buys accessible cabs and leases them to their drivers at the same rate as standard cabs.

<p><b>Type of Project:</b> Capital</p> <p><b>Funding Program:</b> 5310 or New Freedom</p> <p><b>Approximate Cost:</b> \$200,000 - \$500,000 total</p> <p><b>Local Match:</b> \$40,000 - \$100,000</p> <p><b>Sources of Match:</b> Local jurisdictions</p>
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## ***Sensitivity and Customer Service Training***

**What it is:** Regional sensitivity trainings could be offered to bus drivers, Metro station managers, paratransit drivers, taxicab drivers, and other front-line transportation employees on providing better customer service and interacting with people with disabilities, older adults and with riders from various socio-economic backgrounds. General guidelines for serving customers would be provided under the auspices of good customer service for everyone.

Specific guidelines for serving customers who use wheelchairs or service animals would be addressed, as would guidelines for customers with visual or auditory disabilities. The training could include power wheelchair users and persons with visual and hearing impairments. A portion of the money should be set aside to pay stipends to drivers to make up for fares lost while attending training.

**Good Example:** Services for the Visually Impaired in Silver Spring has a team of instructors who provide four hours of disability sensitivity training on a weekly basis. The interactive training offers direct opportunities to rehearse best practices related to the customer service needs of various disability groups. This includes the opportunity to secure persons with disabilities aboard a vehicle, rather than role playing with other trainees.

## ***Door-Through-Door Service***

**What it is:** A local jurisdiction could conduct a demonstration project of door-through-door service to people who are too disabled to travel independently on MetroAccess and do not have a personal care attendant. Service could be provided by personal care attendants to travel with eligible individuals. The program would be limited either through eligibility or through a cap on the number of trips.

A jurisdiction could also partner with a nonprofit, such as the Red Cross, that has experience in providing escorted service for specialized transportation.

**Type of Project:**  
Operating

**Funding Program:**  
New Freedom or JARC

**Approximate Cost:**  
\$10,000 - \$100,000 total

**Local Match:**  
\$5,000 - \$50,000

**Sources of Match:**  
Transportation providers could split the cost of the match based on the amount of training they would like.

**Type of Project:**  
Operating

**Funding Program:**  
New Freedom

**Approximate Cost:**  
\$200,000 - \$500,000 total

**Local Match:**  
\$100,000 - \$250,000

**Sources of Match:**  
Human service agencies, Adult Day Care centers, other non-profits

## ***Brochure for Low-Income Workers***

**What it is:** The publication would be tailored to a specific geographic area with a high concentration of low-income commuters (e.g., Langley Park, Route 1 in Virginia, Anacostia).

Information would include fixed-route service, bicycle and pedestrian facilities, car sharing, commercial transportation services, specialized transportation services, commuter services subsidy and incentive programs, and maps. Distribution could include Metro stations, local community newspapers, neighborhood chambers of commerce, transportation management associations, and employer groups.

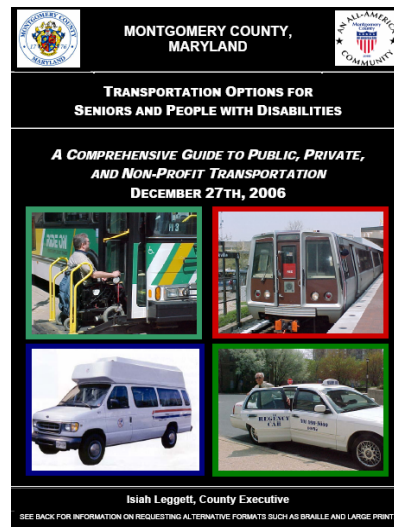
**Type of Project:**  
Operating

**Funding Program:**  
JARC

**Approximate Cost:**  
\$100,000 - \$300,000

**Local Match:**  
\$50,000 – \$150,000

**Sources of Match:**  
Local transit agencies  
Local employment-related agencies  
Federal programs aimed at providing job training



## ***Expanded Guaranteed Ride Home Program for Low-Income Workers***

**What it is:** The program would extend the Commuter Connections' Guaranteed Ride Home to offer rides up to eight times per year for workers with certain income limitations who are facing an urgent circumstance, or for up to five days of job training. The program would be limited through an income ceiling or receipt of TANF funds. Workers wishing to use the program for job training must provide employer documentation of the training.

The program could be marketed to workforce development and job training agencies, local human service agencies, and technical schools.

**Type of Project:**  
Operating

**Funding Program:**  
JARC

**Approximate Cost:**  
\$100,000 - \$300,000

**Local Match:**  
\$50,000 – \$150,000

**Sources of Match:**  
Federal TANF, County  
Social service programs,  
Department of Labor,  
Department of Education

### ***Establish a Same-Day Service Pilot***

**What it is:** A local jurisdiction could sponsor a same-day service pilot for paratransit users. The program could expand on a county taxi voucher program, or a new pilot could be established. The program would need to be limited to meet the available budget.

Participants would pay a sliding scale fare between \$2.50 – 10.00. The pilot could be coupled with an accessible taxi pilot program or done in a jurisdiction that has accessible taxis. The pilot could operate for a set period of time or until a certain financial threshold is reached. The pilot project would need to establish sound parameters for determining who would be eligible for the service.

The program would provide an opportunity to review any policy issues or obstacles that arise (including the reasonable limits, to both provider and user, of the sliding scale fee), and test solutions for resolving them.

**Type of Project:**  
Operating

**Funding Program:**  
New Freedom

**Approximate Cost:**  
\$500,000 - \$1,000,000 total

**Local Match:**  
\$250,000 - \$500,000

**Sources of Match:**  
County transportation programs,  
Medicaid, WMATA

### ***Accessible Infrastructure Support for Transit Stations***

**What it is:** Adequate walking infrastructure can have a profound effect on individual mobility, especially for those with disabilities, limited incomes or older adults. A funding pool would be established to provide accessible infrastructure support around transit stations such as Metrorail and commuter rail. The project would also include bus stop improvements, such as bus shelters.

The project would involve improvements to sidewalks, crosswalks, signals, bus shelters and other infrastructure that enable individuals using various mobility devices to access transit stations independently. Other improvements could include lighting and safety improvements. Station areas and bus transit corridors with a high percentage of people with mobility impairments and/or low-income households would be given priority. The project could involve private sector partners using advertising revenue as the local match.

**Type of Project:**  
Capital

**Funding Program:**  
New Freedom

**Approximate Cost:**  
\$50,000 - \$200,000 total

**Local Match:**  
\$10,000 - \$40,000

**Sources of Match:**  
Local jurisdictions, private  
sector



Good example: A national media company pays for advertising space in bus shelters in DC and Montgomery County; that revenue is then used for bus stop improvements.

### ***Loan Program for Low-income Workers to Purchase Cars***

**Type of Project:**  
Operating

**Funding Program:**  
JARC

**Approximate Cost:**  
\$250,000 - \$500,000 total

**Local Match:**  
\$125,000 - \$250,000

**Sources of Match:**  
TANF funds, private funds

**What it is:** A loan fund would be established to enable workers with certain income limitations to purchase cars. The program would focus on suburban and outer suburban commuters whose jobs or homes are inaccessible by transit. Special consideration would be given to new entrants to the workforce who also transport children to daycare.

Loans would be repaid to the fund, keeping it self-sustaining and replenishing it for additional use. The program would set aside a percentage of funds to cover skills training related to budgeting and car maintenance expenses, obtaining a driver's license, and other issues related to car ownership.

**Good Example:** Vehicles for Change, which has awarded more than 1,600 cars since 1999. VfC has awarded cars in Carroll, Prince George's, Anne Arundel, and Montgomery Counties, Baltimore City, the District of Columbia, Northern Virginia and Richmond.<sup>11</sup> Fairfax County also has a program that can be emulated.

### ***Shuttle Service or Van Pools to Employment Sites***

**What it is:** Employer-based funding pools could be developed to provide shuttle service or van pools to better serve shift workers and reverse commuters. The program could focus on large suburban employment centers such as the Dulles corridor, Potomac Mills or the I-270 corridor, and could extend evening and weekend bus service from existing providers. The program could also provide carpool matching services. Service should be open to bid on a competitive basis from any transportation provider. Project proposals should include a methodology for required FTA reporting of passenger miles so that our region can be credited with additional federal transit formula assistance.<sup>12</sup>

**Type of Project:**  
Operating

**Funding Program:**  
5310 or JARC

**Approximate Cost:**  
\$100,000 - \$500,000 total

**Local Match:**  
\$50,000 - \$250,000

**Sources of Match:**  
Private funds

<sup>11</sup> Vehicles for Change: [www.vehiclesforchange.org](http://www.vehiclesforchange.org).

<sup>12</sup> Guidance for this data collection can be found in UMTA Circular 2710.2A, Sampling Procedures for Obtaining Demand Responsive Bus System Operating Data Required under the Section 15 Reporting System.

***Provide a range of travel training to older adults and persons with disabilities.***

**What it is:** A travel-training curriculum on the bus and rail system could be developed for all types of disabilities and offered region-wide. The curriculum would be coordinated with WMATA, local transit agencies and human service agencies to expand training services to ensure that they are widely available to all who need them, and to ensure that people with all different types of disabilities can obtain training sufficiently suited to their needs so that they can safely use the bus and rail system.

**Good examples:** Fairfax County teaches seniors how to use Metro; Montgomery County has limited instruction for Ride-On, and the Northern Virginia Transportation Commission has a pilot program to measure the effectiveness of training and is reaching out to 60 seniors throughout Northern Virginia.

**Type of Project:**  
Operating  
(Under mobility management this would be considered a capital project)

**Funding Program:**  
New Freedom

**Approximate Cost:**  
\$20,000 - \$200,000 total

**Local Match:**  
\$10,000 - \$100,000

**Sources of Match:**  
WMATA, local transit agencies, human service agencies

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## SECTION 7: COMPETITIVE SELECTION PROCESS AND SOLICITATION

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### *Framework for Competitive Selection Process*

Projects funded under the current JARC and New Freedom programs must be selected competitively. The Task Force has developed criteria to guide the selection of projects. Projects must address at least one strategy in the Coordinated Plan. The projects will be evaluated based on selection criteria and by a Selection Committee. These criteria will also be used to score Elderly and Disabled Individuals (Section 5310) project proposals that are submitted to the states to ensure consistency with the Coordinated Plan.

The selection criteria are listed in Appendix 6. The criteria award a maximum of 100 points. The weighting of some categories higher than others reflects Task Force priorities for projects. Proposals will be ranked based on eight criteria:

- Responsiveness to **Strategies in Plan**
- Demonstrates **Coordination**
- **Innovative** Idea that is Replicable
- Meets a **Regional** Need
- **Feasibility**
- Potential **Number of People** Impacted
- Involvement of the **Private Sector**
- Strategies for **On-going Funding**

TPB Member and Task Force Chair Kathy Porter will chair the Selection Committee, and members will include TPB Officers and Task Force members representing transit, human services, non-profit providers, private providers, and users or consumers. Members of the Committee must not have submitted a proposal.

### *Solicitation for Projects*

The solicitation is scheduled for May or June. Special emphasis will be given to priorities listed in the plan. Initial solicitations will be for one year of funding. In 2008 the solicitation will be for two years of funding.

### *Geographic Boundary Issues*

As described earlier, this Coordinated Plan covers the TPB planning area, while the funding available through JARC and New Freedom must be used for service within the Washington, DC-VA-MD Urbanized Area. (Refer to map on p.39 for description of Urbanized Area and TPB



Planning area.) Funding under JARC and New Freedom for other Urbanized Areas<sup>13</sup> is available through the state departments of transportation.

What this means is that any agency or transportation provider wishing to submit a funding request to the TPB can do so only for a service that operates in the Washington, DC-VA-MD Urbanized Area. Services that are intended to operate outside of this Urbanized Area should be submitted to the states for funding from the Other Urbanized and rural area funding. Table 7 provides examples of projects and where they would apply for funding:

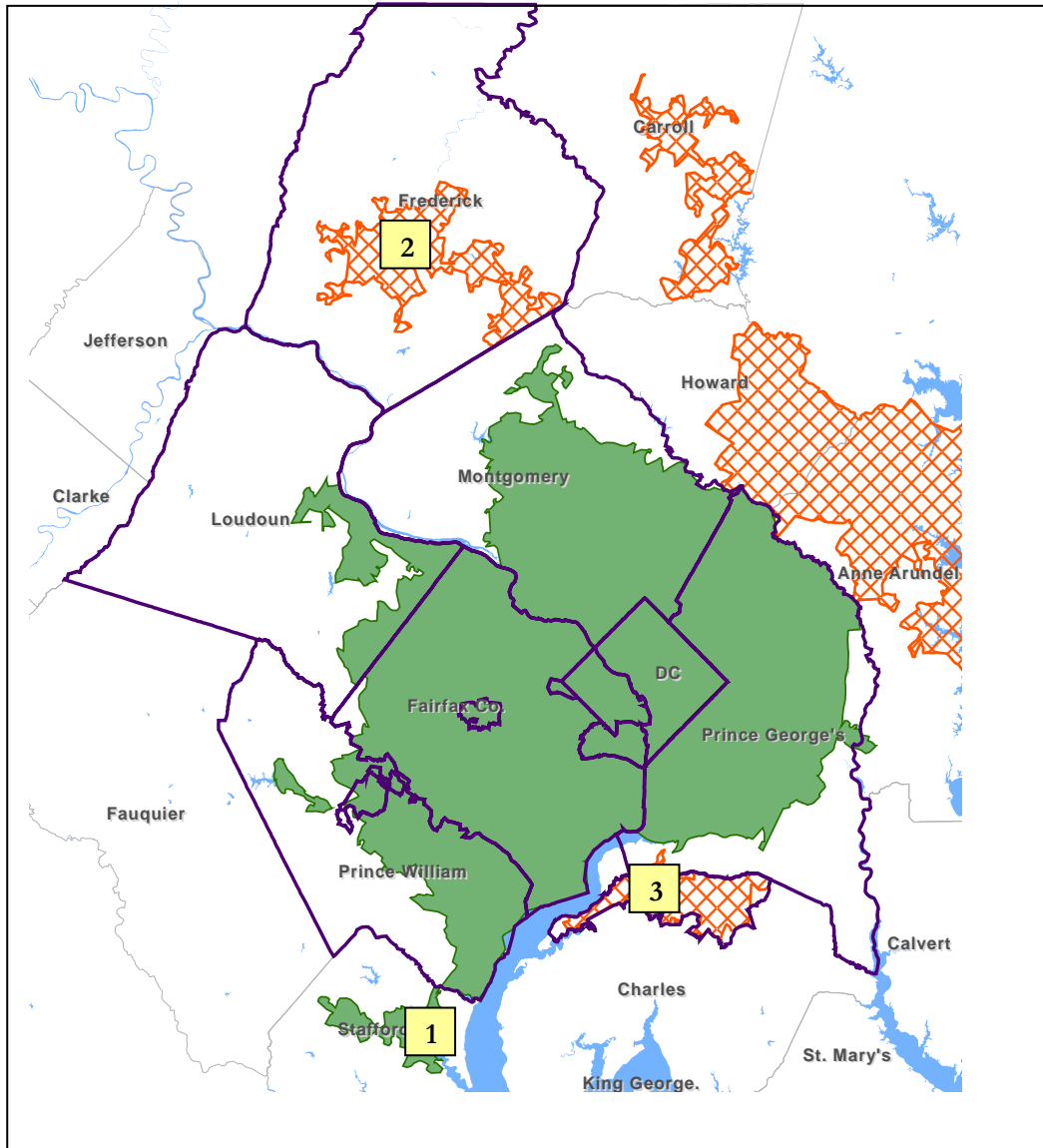
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<sup>13</sup> FTA has established separate JARC and New Freedom programs for Urbanized Areas of less than 200,000 persons. These programs are administered by the Maryland Transit Administration and the Virginia Department of Rail and Public Transportation for their respective states. The District of Columbia is contained entirely within the Washington, DC-MD-VA Urbanized Area.

(See [http://www.fta.dot.gov/documents/FTA\\_JARC\\_Fact\\_Sheet\\_Sept05.pdf](http://www.fta.dot.gov/documents/FTA_JARC_Fact_Sheet_Sept05.pdf) for JARC and [http://www.fta.dot.gov/documents/FTA\\_New\\_Freedom\\_Fact\\_Sheet\\_Sept05.pdf](http://www.fta.dot.gov/documents/FTA_New_Freedom_Fact_Sheet_Sept05.pdf) for New Freedom).

**Table 7 – Sample Project Submissions**

	<b>Jurisdiction</b>	<b>Proposal</b>	<b>Apply To</b>
<b>1</b>	Stafford County	Proposal to run shuttle from northern Stafford County into the Urbanized Area of Stafford	TPB
<b>2</b>	Frederick County	Proposal to provide shuttle service from Northern Frederick County into the City of Frederick	Maryland Transit Administration
<b>3</b>	Charles County	Proposal to provide shuttle service into the Urbanized Area of Prince George’s County	TPB



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## SECTION 8: CONCLUSION

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Coordination is a complex and ongoing process, and Phase I of this Coordinated Plan has established the framework for greater coordination and collaboration efforts in subsequent years. The TPB will continue its role as convener, and the Task Force will continue to meet to build upon this framework and facilitate sustained coordination in the region.

Phase II will commence with the evaluation of this inaugural effort – the Plan, the projects, the competitive selection criteria and the project timeframe. Phase II efforts will consider how well strategies in the Coordinated Plan address the unmet needs and how well, or if, the projects funded had a positive impact on improving service delivery. Input from consumers and agency representatives will be sought to help evaluate the first year of the Coordinated Plan. The evaluation will consider:

- How well did the projects funded under the program address the unmet needs identified in the Coordinated Plan?
- To what extent did the Coordinated Plan and the projects funded under the three FTA programs contribute to greater coordination in human service transportation?
- How large and widespread was the increase in the number of people with disabilities, individuals with lower incomes, and older adults with access to transportation services?
- Was there a noticeable increase in the quality of transportation services for people with disabilities, older adults, or individuals with lower incomes?
- Are the projects funded under the program and implemented being continued beyond the initial trial period or replicated elsewhere in the region? If not, what are the barriers to continuation or replication?
- What lessons were learned in the development of the Coordinated Plan that will be applied to future planning efforts?
- What lessons were learned in the implementation of projects funded under the program, and how will they be applied to future competitive selections or project implementations?

In Phase II of the TPB's coordination efforts, the opportunities identified in the TPB's Demand Responsive Study will be explored in more detail, such as examining alternative funding and service arrangements that make better use of state and local funding and transit passes for Medicaid and Vocational Rehabilitation trips.

Phase II will also include greater outreach and education efforts. These efforts will be aimed at addressing some of the more structural impediments that represent barriers to significant coordination. Insurance issues are but one example. Additionally, the TPB can play a major role in helping to strengthen relationships between and among agencies and providers. By coming together to the table, agencies and providers alike will begin to identify issues they have in common and establish the trust necessary to break down those barriers.

# **Appendix 1: Members of the TPB Human Service Transportation Coordination Task Force**

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Appendix 1: Task Force Members

Carolyn Bellamy  
Consumer Advocate  
MV Transportation  
Wheaton, MD

Sherry Burford  
Director  
TRANSIT Services of Frederick County  
Frederick, MD

Deborah Burns  
Federal Transit Administration  
Washington, DC

Robert Coward  
President  
DC ADAPT  
Washington, DC

Ted Daniels  
D.C. Rehabilitation Services  
Administration  
Washington, DC

Cedar Dvorin  
Aging Services Specialist  
Area Agency on Aging  
Arlington, VA

Anthony Foster  
Grants and Project Manager  
Potomac and Rappahannock  
Transportation Commission (PRTC)  
Woodbridge, VA

Moti Galil  
Jewish Council on Aging  
Rockville, MD

Calvin Green  
Outreach Manager  
Ride-On  
Rockville, MD

MaryAnn Griffin  
Director  
Alexandria Office of Aging and Adult  
Services  
Alexandria, VA

Jay Guy  
Fairfax County DOT  
Fairfax, VA

Shelby Holley  
Prince William County  
Department of Social Services  
Woodbridge, VA

Bud Keith  
TPB Access for All Advisory  
Committee  
Arlington, VA

Charlie King  
Red Top  
Arlington, VA

Jane King  
AARP  
Alexandria, VA

Elaine Lancaster  
Regional Transit Coordinator  
Tri-County Council  
Hughesville, MD

Sharon LeGrande  
Financial Services Program Manager  
Northern Virginia Family Service  
Oakton, VA

Lakeshia Lewis  
Paratransit Coordinator  
Alexandria Specialized Transit  
Alexandria, VA

Betsy Luecking  
Program Manager  
Aging and Disability Services  
Rockville, MD

Jana Lynott  
Northern Virginia Transportation  
Commission (NVTC)  
Arlington, VA

Kelley MacKinnon  
ART and Specialized Transit for  
Arlington Residents (STAR)  
Arlington, VA

Peggy Maher  
Veolia Transportation  
Baltimore, MD

Mark McGregor  
CEO  
VA Regional Transit Association  
Purcellville, VA

Perry Moon  
Far Southeast Community  
Collaborative  
Washington, DC

Michael Muse  
Stafford County  
Department of Social Services  
Stafford, VA

Denis Paddeu  
Fairfax Connector  
Fairfax, VA

Kathy Porter  
Mayor of Takoma Park  
Chair; TPB Member  
Takoma Park, MD

Jim Raszewski  
The Bus  
Largo, MD

Brenda Richardson  
TPB Access for All Advisory  
Committee  
Washington, DC

Josephine Rutledge  
Department of Family Services  
Alexandria, VA

Patricia Sanders  
Prince George's County  
Department of Family Services  
Hyattsville, MD

David Sharp  
Spinal Cord Injury Network, Inc.  
Rockville, MD

Neil Sherman  
VA Department of Rail and Public  
Transportation (DRPT)  
Richmond, VA

Ron Skotz  
Corridor Transportation Corporation  
Transportation (CTC)  
Laurel, MD

Karen Smith  
Executive Director  
The Arc of Greater Prince William  
Woodbridge, VA

Roy Spooner  
General Manager  
Yellow Cab Co. of D.C.  
Washington, DC

Matthew Spruill  
Fastran  
Fairfax, VA

Rhonda Stewart  
DC Mayor's Committee on Persons  
with Disabilities  
Washington, DC

Phillip Strong  
Transportation/Advocacy Specialist  
American Council for the Blind  
Washington, DC

Rev. Gloria Swieringa  
ACORN of Prince George's County,  
Fort Washington, MD

Joyce Taylor  
Director, Vocational Services Division  
Association of Retarded Citizens (ARC)  
Rockville, MD

Trina Trotman  
Chief, Statewide Programs  
MD Transit Administration (MTA)  
Baltimore, MD

Robbie Werth  
President, Diamond Transportation  
Chair, TPB Private Providers Task  
Force  
Springfield, VA

Gil Williams  
D.C. Department of Transportation  
Washington, DC

Lester Monica Wynn  
Washington, D.C. Elderly Handicapped  
Transportation Service (WEHTS)  
Washington, DC

Steve Yaffe  
Community Transportation Services  
Washington Metropolitan Area Transit  
Authority (WMATA)  
Washington, DC

## **Appendix 2: Comments Received During 30-day Public Comment Period**

**(NOT COMPLETE; the public comment period will be from March 15  
to April 15, 2007)**

## **Appendix 3: Focus Group Participants**



**JARC Focus Group Participants  
February 24, 2007**

<b>Name</b>	<b>Jurisdiction</b>
Jose Castillo	Washington, D.C.
Jose Castillo, Jr.	Washington, D.C.
Melanie Harper	Alexandria, VA
Gloria Jurado	Washington, D.C.
Rebecca Munoz	Washington, D.C.
Tijwanna Phillips	Washington, D.C.
Janice Sousa	Alexandria, VA
Rhonda Sykes	Takoma Park, MD

Phone interviews will be conducted with:

**New Freedom Focus Group Participants  
March 8, 2007**

<b>Name</b>	<b>Jurisdiction</b>
Darnise Henry Bush	Washington, D.C.
Bruce Hildebrand	Alexandria, VA
Irene Holloway	Washington, D.C.
Doris Matchett	Olney, MD
Susanne Mershon	Alexandria, VA
Oral Miller	Washington, D.C.
Rita Perry	Beltsville, MD
Doug Powell	Falls Church, VA
Elinor Waters	Chevy Chase, MD
David Williamson	Bowie, MD
McKinley Young	Washington, D.C.
Shirley Young	Washington, D.C.
Itta ZaVoni Galmore	Washington, D.C.

Participants represent a range of disability types including:

- Individuals with visual disabilities
- Individuals with physical disabilities (wheelchair and non-wheelchair users)
- Individuals with chronic illnesses
- Individuals with cognitive disabilities

## **Appendix 4: Regional Demographic Profile of Transportation–Disadvantaged Groups**

This Appendix provides data from the 2000 Census on the numbers and spatial locations for transportation-disadvantaged population groups that the Coordinated Plan is intended to help serve.

**Transportation-disadvantaged** is defined as populations that lack the financial, physical, or language ability to provide their own transportation and/or have difficulty accessing public transportation.

The population groups included in this Appendix are defined as follows, based on Census data:

- **Below the Poverty Level**
  - Official poverty line depends on family size
  - 1 person = \$8,500/year
  - 4 people = \$17,000/year
- **Low-Income Population**
  - “Low income” defined as twice the poverty line, e.g.
  - 1 person = \$17,000/year
  - 4 people = \$34,000/year
- **Limited English Speakers** Includes individuals who speak English “not well” or “not at all”
- **Persons with Disabilities** includes individuals with physical and/or sensory disabilities
- **Older Adults** are individuals over 65 years of age

The data is provided for the Washington DC-MD-VA Metropolitan Washington Statistical Area (MSA), shown in Figure 4-1, and is a greater geographic area than the TPB planning area and the Washington DC-MD-VA Urbanized Area.

**Figure 4-1: The Washington DC-MD-VA Metropolitan Washington Statistical Area (MSA)**



Table 4-1 shows statistics for transportation-disadvantaged population groups living in the Washington region. Despite the region's overall affluence, over 328,000 residents lived below the poverty level in 2000, and an additional 447,000 residents were classified as low-income, which is defined as twice the official poverty level. In the same year, 629,500 persons had a physical, sensory, and/or cognitive disability (14% of the population). In 2000, over 400,000 people in region were over 65 years of age, 9% of the total population. Individuals with limited English proficiency make up 5 percent of the population; 58 percent of these individuals are members of the Hispanic/Latino community. Although not shown in the table, it is interesting to note that over 40 percent of the region's population is non-white, a figure which includes many recent immigrants to the region.<sup>1</sup>

<sup>1</sup> Our Changing Region. Census 2000. Metropolitan Washington Council of Governments. Volume 1, Number 1. Figures provided are for the TPB Planning Area.

Figure 4-3 shows that the poverty rate for persons with disabilities is almost twice that of the general population. Figures 4-4 to 4-8 show the spatial locations of transportation-disadvantaged population groups in the region.

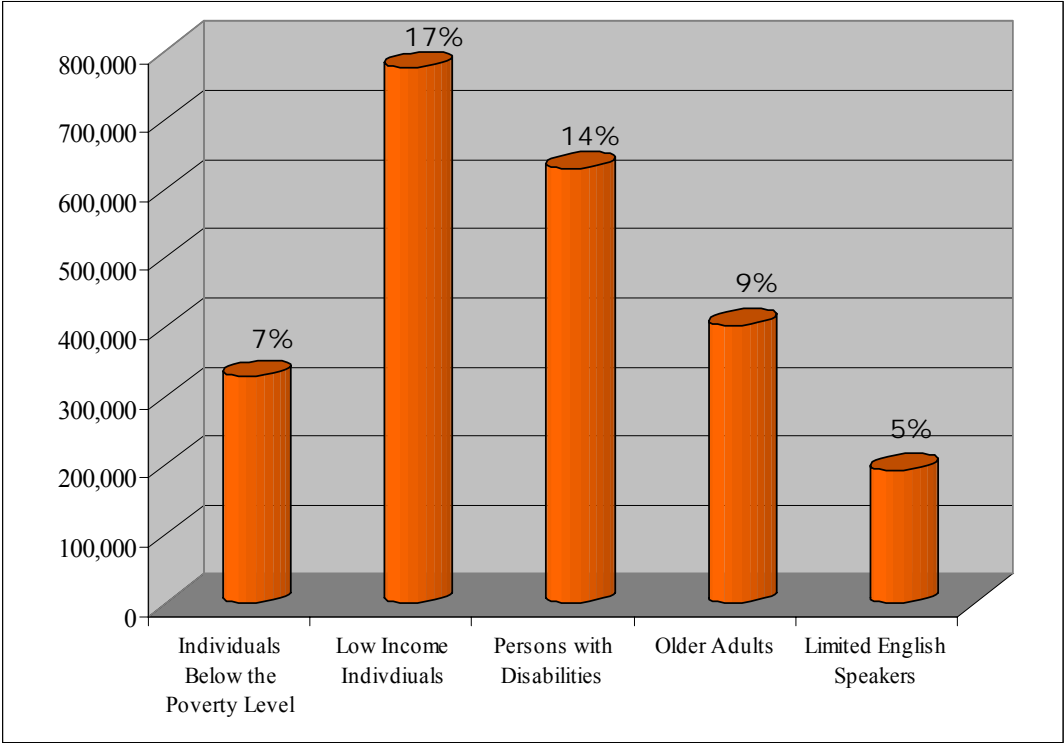
**Table 4-1**  
**Transportation-Disadvantaged Populations in the Washington Region**

<i>Population Group</i>	<i>Washington Region</i>	<i>Percent of Region</i>
Below the Poverty Level (1)	328,300	7%
Low Income (2)	775,300	17%
Persons with Disabilities (4)	629,500	14%
Older Adults (Over 65)	403,000	9%
Limited English Speakers (3)	193,600	5%
Total Population	4,544,900	100%

Source: 2000 U.S. Census; numbers are for the Washington DC-MD-VA MSA

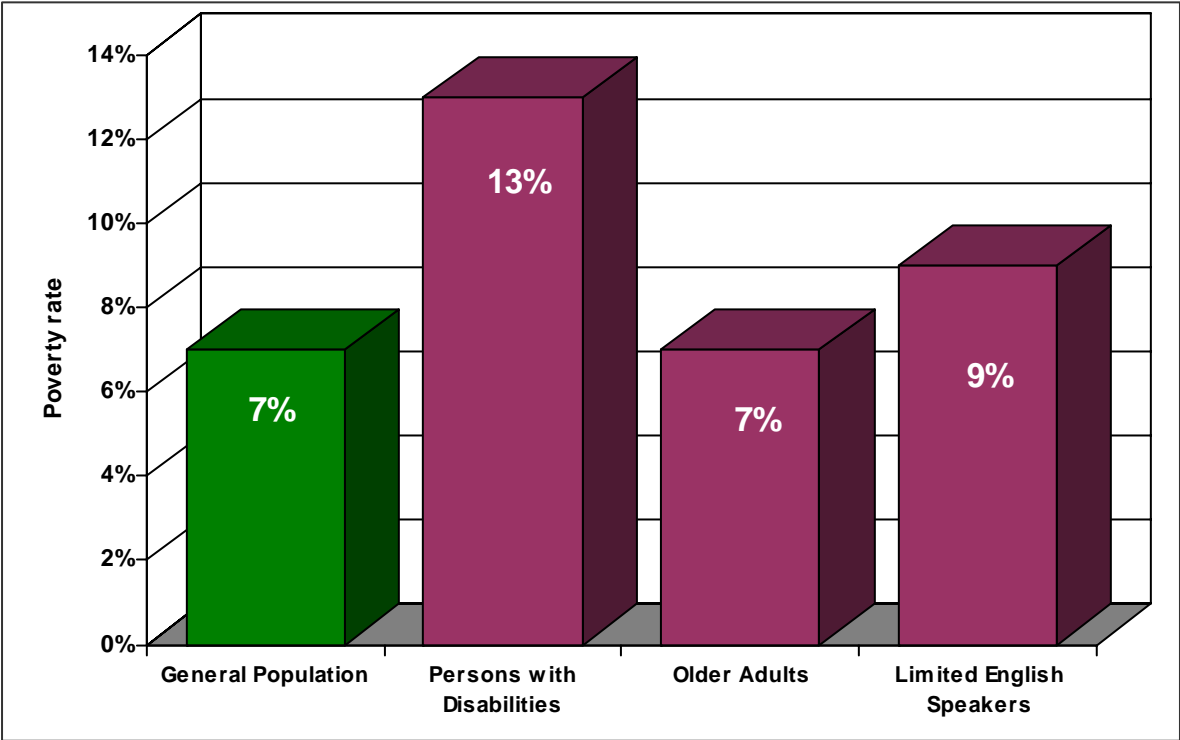
- (1) Official poverty level depends on family size. For a family of four, the poverty level is an annual income of \$17,000.
- (2) "Low income" is defined as twice the poverty level. For example, for a family of four an annual income of \$34,000 is considered low income.
- (3) Limited English Proficiency includes individuals who speak English "not well" or "not at all."
- (4) Include individuals with physical, sensory and/or cognitive disabilities.

**Figure 4-2: Regional Demographic Profile of Transportation-Disadvantaged Populations in the Washington Region**

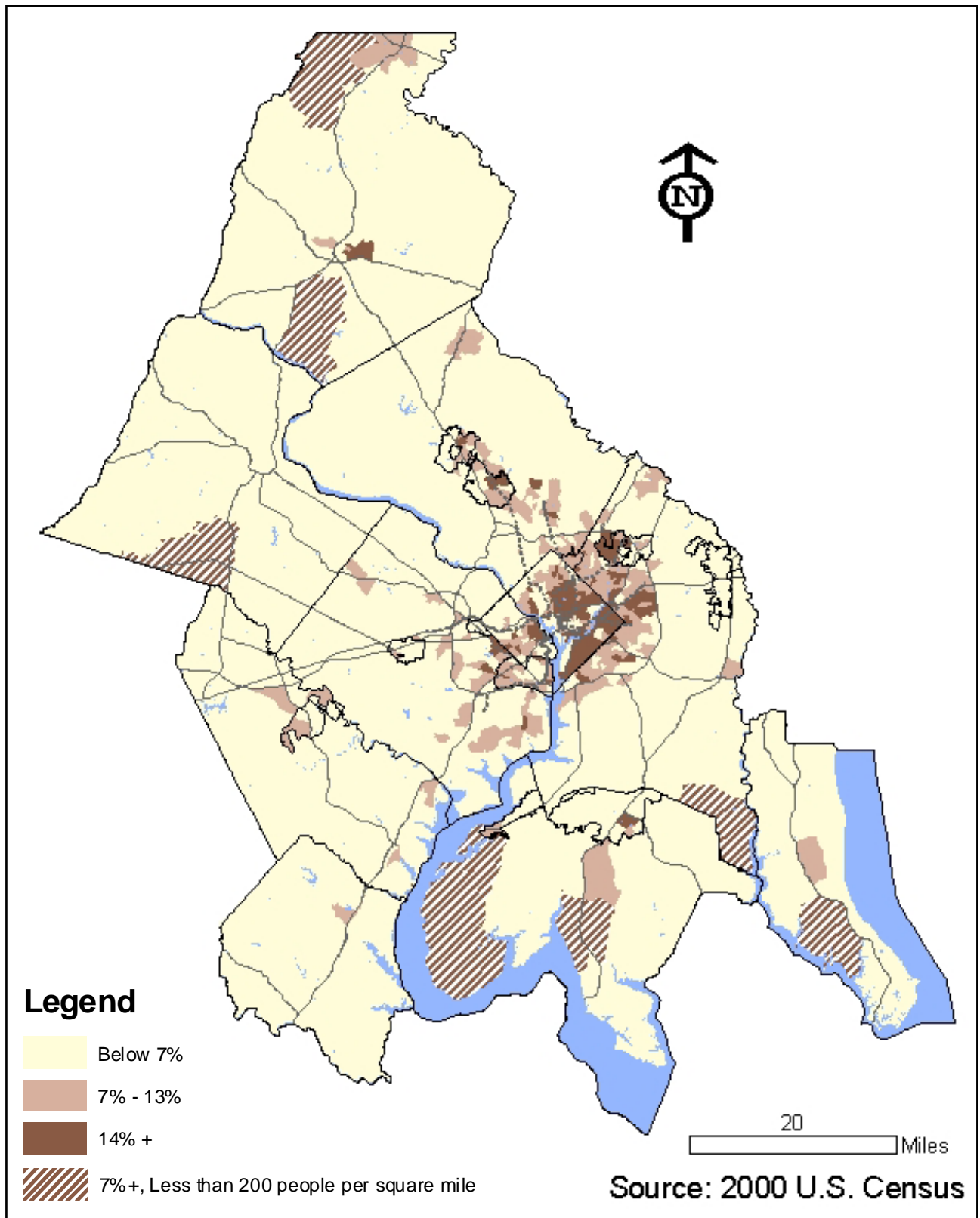


Source: 2000 U.S. Census; numbers are for the Washington DC-MD-VA MSA

**Figure 4-3: Poverty Rates for Transportation Disadvantaged Groups**

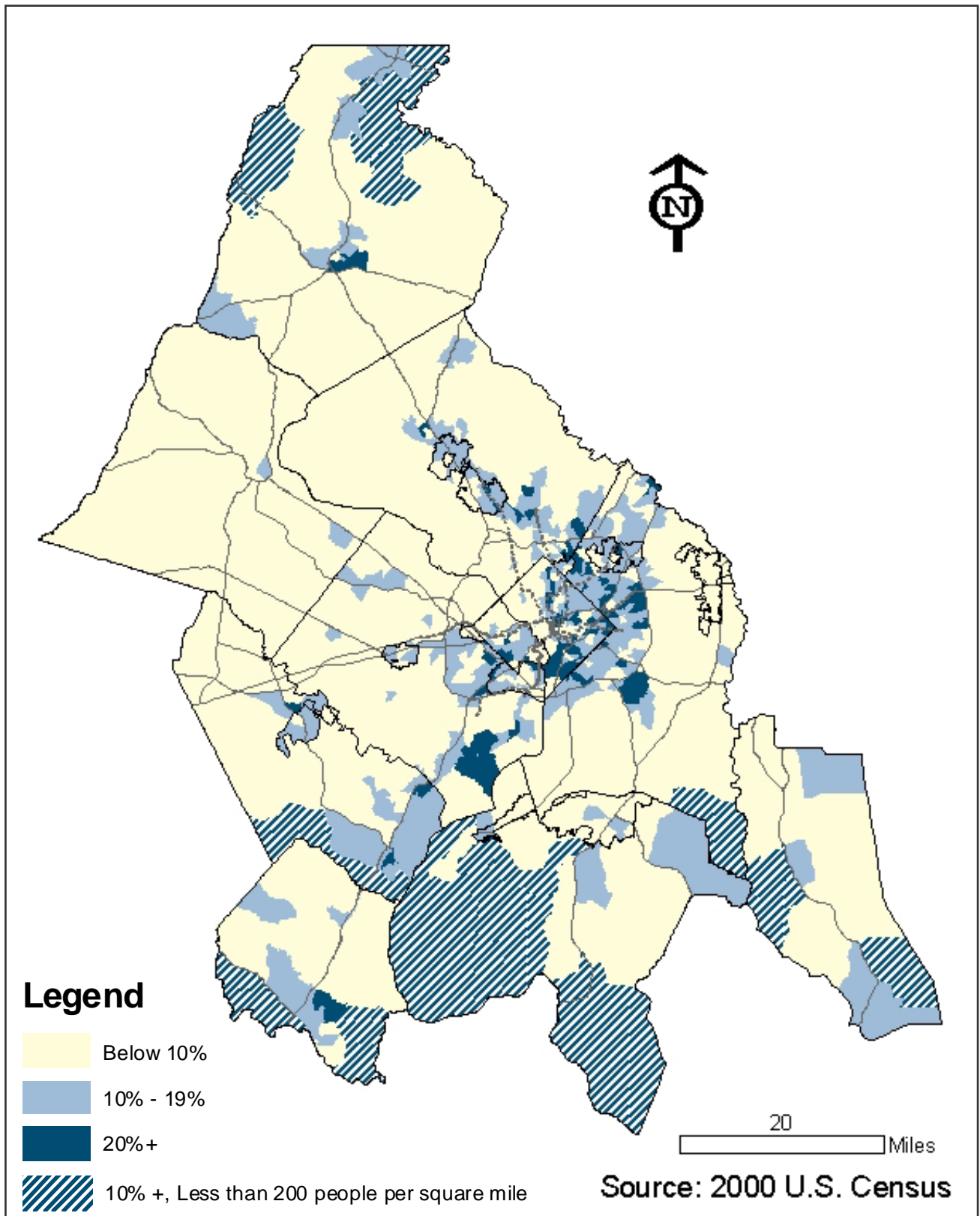


**Figure 4-4: Population Below the Poverty Line**

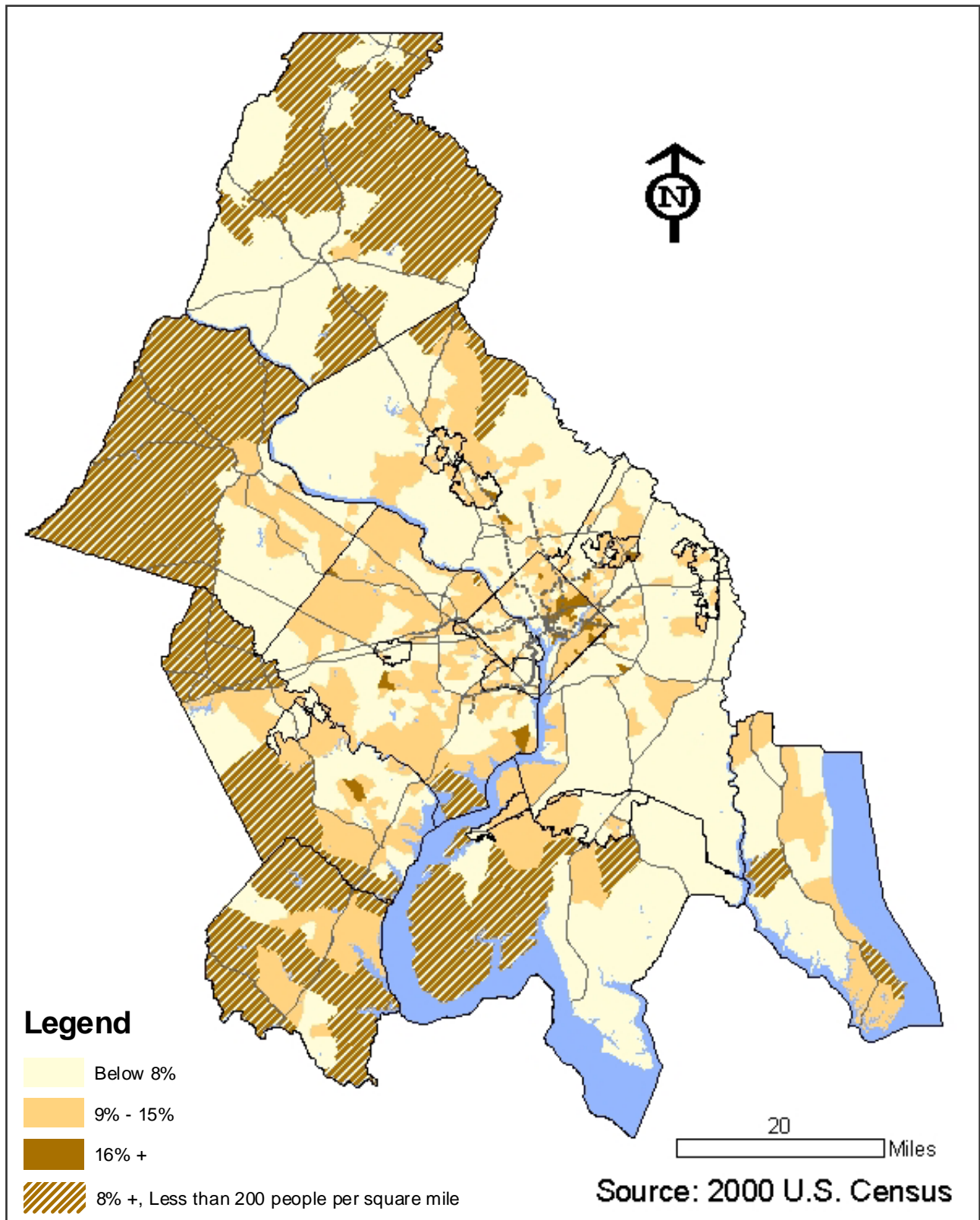




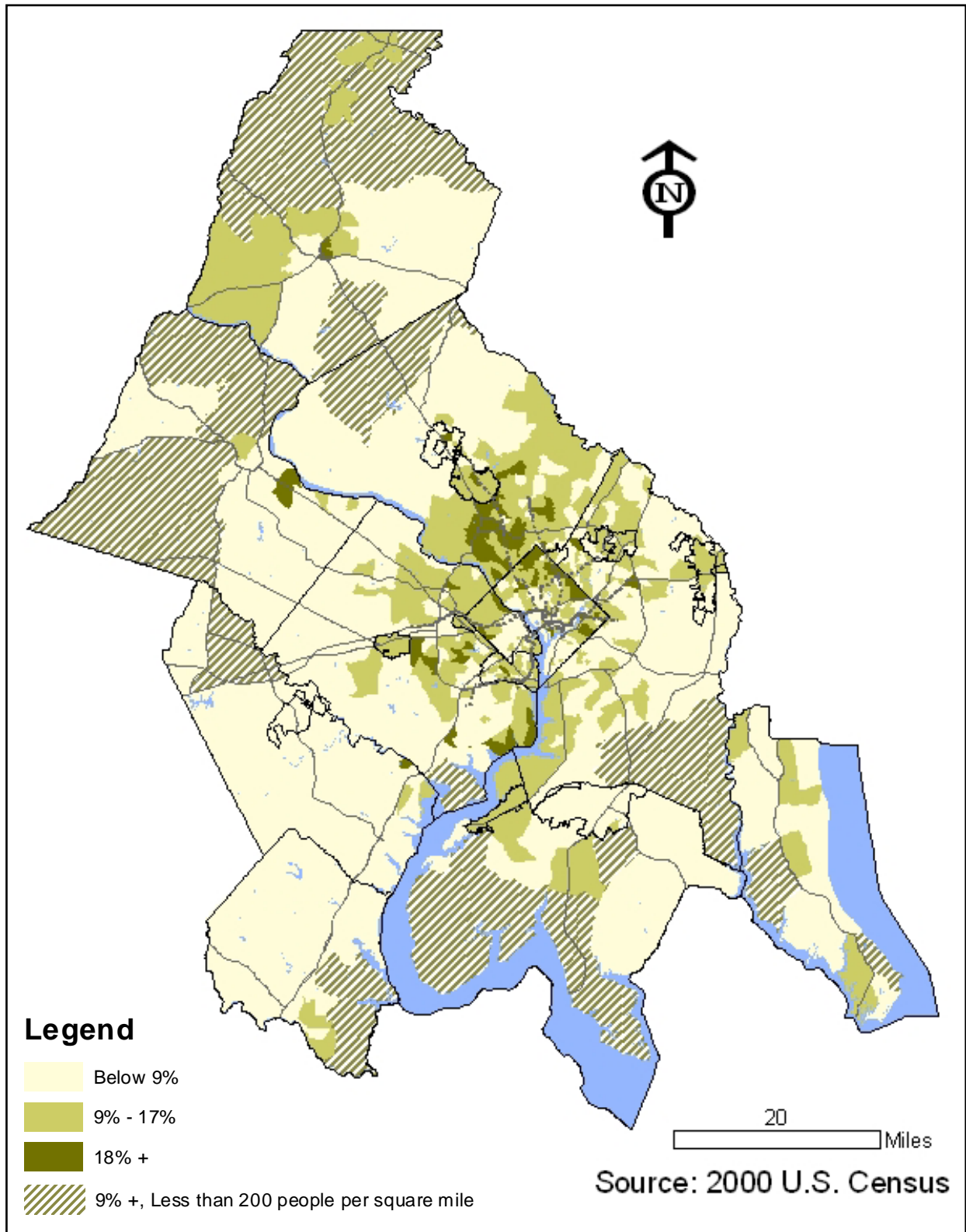
**Figure 4-5: Low-Income Population**



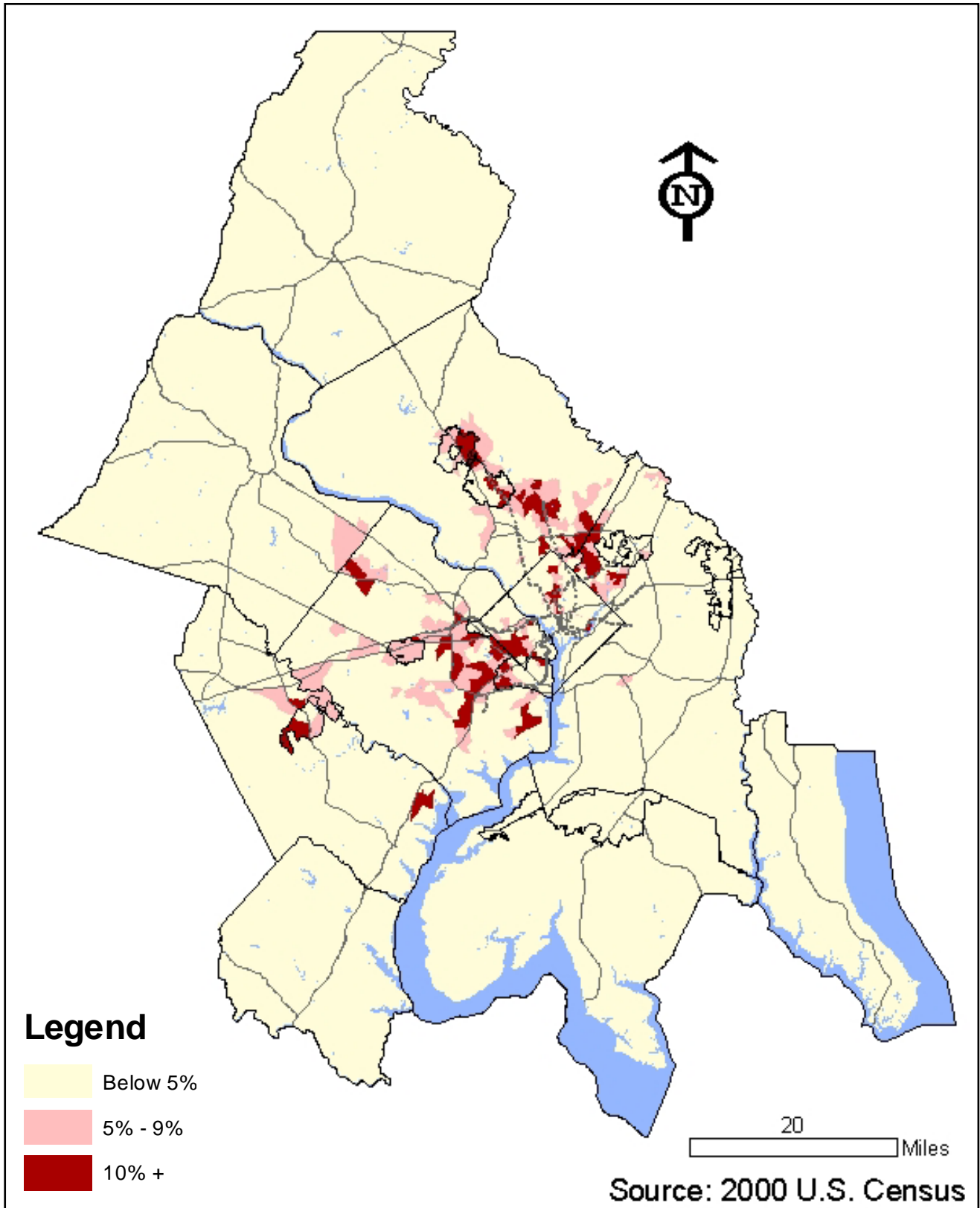
**Figure 4-6: Persons with Physical and Sensory Disabilities**



**Figure 4-7: Older Adult Population  
(Over 65 years of age)**



**Figure 4-8: Population with Limited English Skills**



## **Appendix 5: Inventory of Specialized Services**

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Appendix 5: Inventory of Specialized Services

**Appendix 5  
Inventory of Specialized Services**

**ALEXANDRIA CITY PROVIDERS**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>Funding Programs</b>	<b>Contact Information</b>	<b>Program Fees</b>
City of Alexandria Paratransit Service	ADA eligible	No restrictions	No		Local Funds	703-838-3800	\$2.00 per one-way trip inside Alexandria; \$2.50
City of Alexandria Senior Taxi	Seniors 60+	Medical appts. Grocery shopping	No		Local Funds	703-836-4414 x15	Call for fee
City of Alexandria Senior Van	Seniors 60+	Senior Center Shopping Along van route	Yes	4	Federal aging Local city funds		
City of Alexandria Community Services Board	Developmentally disabled	Day treatment programs	Some services	32	Not available		
City of Alexandria Health Department	Health department clients	Health department sites	Yes	2	Federal State		
DOT Paratransit Senior Van/Trolley		shopping trips	Yes				

**Appendix 5  
Inventory of Specialized Services**

**ARLINGTON COUNTY PROVIDERS**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>Funding Programs</b>	<b>Contact Information</b>	<b>Program Fees</b>
Arlington County STAR	MetroAccess eligible No age restrictions	No restrictions	No		County Funds	703-892-8747	\$2.50 - \$7.00 per one-way trip, depending on distance
Arlington County Agency on Aging Assisted Star	STAR users Age 60+	Health care related	No		Federal OAA State Aging County Funds	703-892-8747	Maximum \$10 per one-way trip, plus STAR fee
Arlington County Agency on Aging Senior Loop	Residents of The Carlin, Claridge House, Culpepper Garden and Woodland Hill	Grocery shopping	No		Federal OAA  State Aging County Funds	703-892-8747	No charge
Arlington County Agency on Aging Senior Center Transportation	Seniors	To/from Senior Centers	No		Federal OAA  State Aging County Funds		
Arlington County CSB	Developmentally Disabled	Day treatment programs	No		CSB State		
Arlington County Health Department	Health department clients	Health department related sites	No		Federal SAPT funding NIH funding		
Arlington County Department of Social Services	DSS clients	DSS related trips	No			Not available	Not available
Arlington County Madison Adult Day Health Care Center	Participants of Madison Adult Day Health Center	Trips to support program activities	No			703-228-5340	Sliding fee scale
American Red Cross Arlington Chapter	Seniors 60+ Must not be certified to use	Groceries, medical appts	No			703-527-3010	Donation
SCAT - Senior Center Transportation Program	Seniors 55+  Register with Office of	To/from Senior Centers	No			703-892-8747	\$2.00 one-way; \$4.00 round trip
Super Senior Taxi	Arlington residents Aged 70+	No restrictions				703-228-1700	\$10 for \$20 worth of taxi vouchers
STAR Temporary Eligibility	Age 60+; Temporary condition that prevents driving or using public transportation	Healthcare appointments				703-228-1700	\$2.50 - \$7.00 per one-way trip, depending on distance

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**Appendix 5  
Inventory of Specialized Services**

**ST. CHARLES URBANIZED AREA OF CHARLES COUNTY**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>Contact Information</b>	<b>Program Fees</b>
Abilities Network 9375 Chesapeake Street Suite 103 LaPlata, MD 20646	Persons with Developmental Disabilities		No		301-392-3554	
Charles County Adult Day Services 10200 La Plata Road La Plata, MD 20646	16+, People with disabilities	Adult Day center, health appts, field trips	Yes	14	301-934-6753	None
Greater Baden Medical Services, Inc. 13605 Baden Westwood Road  Brandywine, MD 20613	Health center patients	Medical appts		Vans	301-888-2233	None
Melwood Horticultural Training Center  12705 Country Lane Waldorf, MD 20601	Adults with Developmental Disabilities	To program or work		12	301-870-6722	None
Smart Ride, Inc. PO Box 1846 Prince Frederick, MD 20678	General Public	All purpose		Vans	410-535-9228	Varies
Spring Dell Center, Inc. 6040 Radio Station Road LaPlata, MD 20646	Adults with Developmental Disabilities	Employment, training Day programs		12	301-934-4561	None
VanGO 8190 Port Tobacco Road Port Tobacco, MD 20677	Seniors (60+), People with disabilities	General purpose  General purpose; limited to no more than 12 one-way trips per month	Yes		301-609-7917	\$1 each way or \$2 all- day pass for ADA- eligible \$1.50 each way



**Appendix 5  
Inventory of Specialized Services**

**DISTRICT OF COLUMBIA PROVIDERS**

Program	Eligibility	Trip Restrictions	Directly Operate?	Contact Information	Program Fees
United Planning Organization Washington Elderly Handicapped Transp. Svcs.	Seniors 60+	Medical Adult Daycare Group trips	Yes	(202) 635-8866	No charge
United Planning Organization Call 'n Ride Taxi Program	Seniors 60+	No restrictions	No		
DC Medical Assistance	Medicaid eligible individuals	Medical	No		
DC Office on Aging Other Nutrition/Senior Services	Seniors 60+	Nutrition	No		
DC Department of Human Services					
DC Department of Mental Health					
Anchor Mental Health Services	Developmentally Disabled	Agency operated job sites	Service ended Seeking to reinstate		
ARC of Washington, DC	Residents	Day programs medical recreational	Yes		
DC Center for Independent Living	Significantly disabled of all ages	Homes to sites only	Yes		
Easter Seals Society					
Friendship House				(202) 675-9050	

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## Appendix 5 Inventory of Specialized Services

### DISTRICT OF COLUMBIA PROVIDERS (cont.)

Program	Eligibility	Trip Restrictions	Directly	Contact	Program Fees
Green Door	Mental Health	Doctor, etc.	Yes Also transit use training	(202) 464-9200	
Hospital for Sick Children		Medical appts		(202) 832-4400	
Joseph Kennedy Institute	Developmentally Disabled	School field trips	Yes	(202) 529-7600	
Metropolitan Baptist Church				(202) 238-5000	
National Children's Center				(202) 722-2300	
Senior Citizens Counseling					
Shiloh Baptist Church	Disability	No restrictions	Yes		
Union Temple Baptist Church				(202) 678-8822	

1. Section 5310 recipients in the District that are churches or religious organizations with only one vehicle were not contacted for this study given the small size of their transportation programs. Per DCDOT, this includes 11 agencies.

2. Some DC Medicaid information was derived from CTAA's *Medicaid Transportation: A Primer for States, Health Plans, Providers and Advocates*, 2001

**Appendix 5  
Inventory of Specialized Services**

**FAIRFAX COUNTY, FAIRFAX CITY, AND FALLS CHURCH CITY PROVIDERS**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>Funding Programs</b>	<b>Contact Information</b>	<b>Program Fees</b>
City of Fairfax Taxi Subsidy City Wheels	Disabled	No restrictions	No		Local Funds		
City of Falls Church Taxi Subsidy Fare Wheels	Seniors 62+ Disabled Low income	No restrictions	No		Local Funds		
Fairfax County Taxi Subsidy Seniors-on-the-Go!	Seniors 65+ w/ low-mod. income	No restrictions	No		Local Funds	(703) 324-1172	Users pay one-third the cost of the program taxicab scrip
FASTRAN Fairfax County, Fairfax City, and Falls Church	Human service agency clients	Agency services	Yes Purchase as well	141	Mostly local Some State & Federal		
Fairfax/Falls Church Community Services Board	Mental Disab. Alcohol/Drug Services	Agency services	Purchase from FASTRAN and day providers		CSB		

**NORTHERN VIRGINIA MEDICAID**

Virginia Medicaid	Medicaid	Medical	No		Federal - 50% State - 50%		
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**Appendix 5  
Inventory of Specialized Services**

**FREDERICK COUNTY PROVIDERS**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>Contact Information</b>	<b>Program Fees</b>
Family Partnership	only Family Partnership participants	dr. appts, DSS, Health Dept, courthouse, other social service agencies		15 & 8 psgr vans	none	Determined by case manager
Frederick Community Action Agency (CAC)	Homeless	M-F, 9am-12 noon; case-by-case trips after noon	yes			
		Has contract with Priority Partners MCO to provide transport	yes			
	CAC clinic patients	CAC has made referral to specialist.	yes			
	Homeless	vouchers for Greyhound service	no			
Chronic Disease	Adults	All travel is in county	No	N/A	Amy Gunnarson 301-600-3369	None
Guys Only After School Program	Middle School Students	All travel is in county	yes	2 vans	Beth Mowery 301-600-3317	None
Infants and Toddlers	Children with disability 0-3 years of age	To and from the Health Department	No	N/A	Monica Grant 301-600-3367	None
Head Start	FCHS enrolled - children	To and From Head Start Center	Yes - Mini-Bus	14	J. Ramsburg	None
	FCHS enrolled - children & families	Various social service / medical transportation	Yes - Minivans	4	J. Ramsburg	None

**Appendix 5  
Inventory of Specialized Services**

Partners in Care	55+ and disabled adults	trips may be local or out of county; individuals must be able to get to vehicles under their own power	a nonprofit utilizing volunteer drivers	individually owned		Emily Kilby, Partners in Care, c/o Dept. of Aging, 1440 Taney Ave., Frederick, MD 21702; 301-600-6008; ekilby@fredco-md.net	trip costs based on miles traveled
Thurmont Senior Center	60 and over	within 3 miles of Thurmont. Primary: lunch program transportation, but also doctor appts, groceries, etc. Must board & exit bus independently	DOA bus		1	Anna Rollins 301-271-7911 Thurmont Senior Center	\$1 lunch \$2 shop \$2 doctor
TransIT	Public transit	none	Yes		37	Nancy Norris 301-600-3538	\$1.10 general, .55 seniors/p w/disab
	Seniors 60+, persons w/ disabilities	within Frederick County; Seniors 60+ or persons w/disabilities	Yes		21	Nancy Norris 301-600-35398	\$1 one-way medical; \$2 one-way all other
	Medical Assistance	valid Medical Assistance number	Yes		21	Nancy Norris 301-600-3538	Bill Health Dept
Way Station, Inc.	Diagnosis of serious mental illness and functional disabilities.	We provide transportation only to get to and from the program or based on individual client needs.	Yes.		6	Margaret Mulligan, mmulligan@mdworkforcepromise.org.	We do not charge for transportation.
Westwoods Geriatric Care Services			Yes				

**Appendix 5  
Inventory of Specialized Services**

**LOUDOUN COUNTY**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Contact Information</b>	<b>Program Fees</b>
Every Citizen Has Opportunities (ECHO) 71 Lawson Road NE Leesburg, VA 20177			Yes	703-779-2100	
Loudoun Area Agency on Aging  102 Heritage Way NE Leesburg, VA 20176			Yes	703-777-0257	
Virginia Regional Transportation Association 109 N. Bailey Lane Purcellville, VA 20132			Yes	877-777-2708	
American Red Cross Loudoun Chapter	Age 60 and over, disabled, or a veteran	No restrictions Must reserve 3 days in advance		703-777-7171	Donation

**Appendix 5**  
**Inventory of Specialized Services**

**OTHER PROVIDERS IN SUBURBAN MARYLAND**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>Funding Programs</b>	<b>Contact Information</b>	<b>Program Fees</b>
ARC of Montgomery County (Montgomery County)	Developmental Disability	Homes to vocational/work programs	Yes	24	DDA Private		
CHI Centers (Montgomery County)	Disabled	Senior centers Rehab Employment	Yes	35	DHDM/DDA Medicaid voucher Section 5310		
Jewish Council for the Aging (Montgomery County)	Seniors Disabled	Day Care Community Ctr Satellite prgms	Yes	11	Section 5310 Agency funds		
Jubilee Association of Maryland (Montgomery County)	Adults with developmental disability	No restrictions	Yes Purchase as well	17	CSA Other		
Maryland Division of Rehabilitation Services (DORS) (Montgomery County)	Physical or mental disability	Work or vocational training	No		Federal - 80% State - 20%		
Rock Creek Foundation (Montgomery County)	Mental disability Substance abuse						
Support Center (Montgomery County)	DD Elderly (frail)	Home to center, field Field trips	Yes	6	MD Medicaid State Grant Private		
Ardmore Enterprises (Prince George's County)	Seniors w/ part-time job	To/from jobs, some others	Yes	18	Various state programs		
ARC of Prince George's County (Prince George's County)	Developmental Disability	Homes to vocational/work programs	Yes	65	Section 5310 DDA		
Baptist Senior Adult Ministries (Prince George's County)	Seniors	Not available	Yes	12	Section 5310		
Easter Seals Society (Prince George's County)					Capital: Section 5310		

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**Appendix 5**  
**Inventory of Specialized Services**

**OTHER PROVIDERS IN SUBURBAN MARYLAND (cont.)**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operated?</b>	<b>Vehicles</b>	<b>Funding Programs</b>	<b>Contact Information</b>	<b>Program Fees</b>
Maryland Division of Rehabilitation Services (DORS) (Prince George's County)	Physical or mental disability	Work or vocational training	No		Federal - 80% State - 20%		
Melwood Horticultural Center (Prince George's County)	Developmental Disability	Residents to three program sites	Yes	30	DDA Section 5310		
Rehabilitation Opportunities, Inc. (Prince George's County)	Disabled	Homes to sites only	Yes	23	DDA Contractor		
VESTA Foundation (Prince George's County)	Disabled	Medical needs Recreational	Yes	16	DDA Contractor		
Vocational Services (Prince George's County)	Disabled	For work site But any outings	Yes	25	DDA Contractor		



**Appendix 5  
Inventory of Specialized Services**

**PROVIDERS IN MONTGOMERY COUNTY**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>Funding Programs</b>	<b>Contact Information</b>	<b>Program Fees</b>
Montgomery County Call 'n Ride Taxi Program	Low inc snrs Low inc disabled	No restrictions	No		County General State SSTAP		
Montgomery County Same Day MetroAccess	ADA eligible	No restrictions	No		County General Fund		
Montgomery County Medicaid	Medicaid eligible	Authorized Medicaid trips only	No		State Medicaid Federal Medicaid		
Montgomery County Program Transportation	Seniors 55+	Senior activity sites, grocery store	No		County General Fund		
Montgomery County Division of Transit Services	Public transit	No restrictions					
Community Services for Autistic Adults and Children	Program participants	To and from work		0		240-912-2220	
Spanish Speaking Community of Maryland	Citizens of Hispanic origin	Special events, demand service					
Leisure World of Maryland	Senior residents	shopping only, demand service					
Bethesda Fellowship House ASSIST						(301) 654-2077	
Winter Growth		Medical, grocery trips				(301) 774-7501	
Jewish Social Service						(301) 770-0901	
Carol Jean Cancer Foundation						(410) 531-0758	
Holy Cross Adult Day Care						(301) 754-7000	
Mark Twain School						(301) 279-4900	
Montgomery County Mental Health Association							
Montrose Baptist Church							
National Lutheran Home							
St. John's Baptist Church							

Draft 4/18/07

**Appendix 5  
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**PROVIDERS IN MONTGOMERY COUNTY**

Program	Eligibility	Trip Restrictions	Directly Operate?	Vehicles	Funding Programs	Contact Information	Program Fees
Montgomery County	Low inc snrs	No restrictions	No		County General		
St. John's Convent							
St. Luke's House							
Friend's House							
Korean Community Senior Housing Corp.							
National Association for the Deaf							
Today's Family							
Total Living, Inc.							
Korean American Senior Citizens Association							
Leafy House							
Victory Housing							
Treatment and Learning Centers							
The Oaks at Four Corners							
Jewish Foundation for Group Homes							
The Family Services, Inc.							
Montgomery County Catholic Charities							
Montgomery County Division of Elderly Affairs							
National Capital B'nai B'rith Foundation							

**Appendix 5  
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**PROVIDERS IN PRINCE GEORGE'S COUNTY**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>Contact Information</b>	<b>Program Fees</b>
Prince George's County Call-a-Bus	No FR access Pref to snrs Pref to disab	No restrictions	Yes	46 (shared)	301-499-8603	Seniors and persons with disabilities \$.50
Prince George's County Senior Transportation Service	Seniors 60+	Snr activity sites Grocery store Essential shopping	Yes	46 (shared)		
Prince George's County Call-a-Cab	Seniors 55+ Disabled	No restrictions	No		301-883-5656	\$10 for a \$20 coupon book
Prince George's County Municipal Call-a-Bus	Seniors Disabled	No restrictions	No		See below	See below
Prince George's County Medical Transportation	Medicaid eligible	Medicaid eligible trips	Yes Purchase as well	1		
Ace Helping Hands 7057 Palamar Terrace Lanham, MD 20706	Clients only	Medical trips			301-794-4974	
ARC of Prince George's County Headquarters	Clients only	Medical, employment trips	Yes		301-925-2730	
Ardmore Enterprises 3000 Lottsford Vista Road, Mitchellsville, MD 20721	Clients only	Medical, day program	Yes		301-577-2575	
Calmra, Inc. 5020 Sunnyside Avenue, #206	Clients only	Medical trips	Yes		301-982-7177	
Comprehensive Residential Services, Inc. 6120 Breezewood Drive #302 Greenbelt, MD 20770	Clients only	Day program	Yes		301-220-1574	

**Appendix 5  
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**PROVIDERS IN PRINCE GEORGE'S COUNTY**

Program	Eligibility	Trip Restrictions	Directly Operate?	Vehicles	Contact Information	Program Fees
Prince George's County Dreamcatchers Service 7914 Daniel Drive Forestville, MD 20747	No FR access Clients only	No restrictions Any activity	Yes No	46 (shared)	301-499-8603 301-499-3399	Seniors and persons
Family Service Foundation Deaf/Blind Institute 5301 76th Avenue Landover Hills, MD 20784	Clients only	Medical trips			301-731-6141	
Helping Hands Adult Day Service Capital Heights 5400 Norfield Road Capitol Heights, MD 20743	Clients only	Metro area	Yes		301-736-6622	\$2.50 per trip
Melwood Horticultural Training Center 5707 Dower House Road Upper Marlboro, MD 20772	Clients only	Medical trips	No		301-599-8000	
National Children's Center 6200 2nd Street, NW Washington, DC 20011	Clients only	Medical trips	No		301-722-2300	
We Care Adult Service	Clients only	Medical, recreation employment trips			301-925-1515	
Secure Care Services, Ltd. 12301 Old Columbia Pike Silver Spring, MD 20904	Clients only	Medical, employment trips			301-625-2406	
SEEC 8905 Fairview Road Silver Spring, MD 20910	Clients only	No restrictions			301-576-9000	\$2.50 per trip
United Cerebral Palsy 4409 Forbes Boulevard Lanham, MD 20706	Clients only	Any trip in Montgomery or Prince George's County			301-459-0566	

**Appendix 5  
Inventory of Specialized Services**

**PROVIDERS IN PRINCE GEORGE'S COUNTY**

Program	Eligibility	Trip Restrictions	Directly Operate?	Vehicles	Contact Information	Program Fees
Prince George's County	No FR access	No restrictions	Yes	46 (shared)	301-499-8603	Seniors and persons
Prince George's County Division of Adult/Geriatric Health	Persons on medical assistance	No restrictions			301-856-9555	Seniors 55+ \$.50 All others \$1.00 subject to availability
Medical Assistance Transportation						
City of Bowie	Residents only	Any activity  2 weeks in advance	Local Call-a-Bus Service		301-809-2300	\$.25 each way
Town of Capital Heights	Seniors  Disabled	Any activity  2 weeks in advance	Local Call-a-Bus Service		301-336-0626	\$1.00 within 5-mile radius; \$2.00 within 10-mile radius
Town of Glenarden	Residents only	Any activity  5-mile radius of city	Local Call-a-Bus Service		301-265-8475	\$2.00
City of Greenbelt	Anyone	Any activity  24 hours in advance	Local Call-a-Bus Service		301-474-4100	\$1.00
City of Hyattsville	Anyone within 8-mile radius	Any activity before 1:00 pm the day before	Local Call-a-Bus Service		301-985-5020	\$2.00
City of Laurel	Anyone  not wheelchair accessible	Any activity  No weekend service	Local Call-a-Bus Service		301-498-3693	\$25.00 a year
City of New Carrollton	55+	Any activity  Within 5-mile radius 9 am - 2:30 pm	Local Call-a-Bus Service		301-459-6103	\$2.00
City of Seat Pleasant	Seniors	Any Activity	Local Call-a-Bus Service		301-336-2600	No charge
College Park	Seniors and Disabled	Any Activity; must call the day before	Local Call-a-Bus Service		301-345-8100	No charge

**Appendix 5  
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**PROVIDERS IN PRINCE GEORGE'S COUNTY**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>Contact Information</b>	<b>Program Fees</b>
Prince George's County	No FR access	No restrictions	Yes	46 (shared)	301-499-8603	Seniors and persons
Town of Bladensburg, Cottage	Seniors	Any activity, from 9 am	Local Call-a-Bus		301-277-4920	\$1.00
City of Fairmount Heights	Seniors and Disabled	Any activity within 8-mile radius 8:30 am to 3:30 pm	Local Call-a-Bus Service		301-925-8585	\$2.00
City of District Heights	Seniors and Disabled	Any activity; 9 am to pm	5 Local Call-a-Bus Service		301-336-9402	No charge

**Appendix 5  
Inventory of Specialized Services**

**PRINCE WILLIAM COUNTY**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>Funding Programs</b>	<b>Contact Information</b>	<b>Program Fees</b>
<b>Omni Link</b>	All; seniors 60+ pay reduced fare	No restrictions	Yes			888-730-6664 (703) 730-6664	\$.50 one way (reduced fare)
<b>LogistiCare Solutions, LLC</b>	Medicaid enrollees with transportation coverage	To/from medical appointments	Yes		Medicaid	866-386-8331 / 866-966-3326	No
<b>Helping Hands</b>	All	No restrictions	Yes	7		703-743-2158	Fees depend on
<b>Dafre Transportation</b>	All	No restrictions	Yes	3	Private	703-680-0987	\$65/hr - van;
<b>Security Care, Inc</b>	Medicaid clients	To/from medical	Yes	5	Private	703-361-0877	Fees depend on

**Appendix 5  
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**STAFFORD COUNTY**

<b>Program</b>	<b>Eligibility</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Funding</b>	<b>Contact Information</b>	<b>Program Fees</b>
Stafford County Department of Social Services	DSS clients	DSS related trips	No	Local / PRTC	540-658-8720	None
Rappahannock Area Agency on Aging - Medical Transportation	Seniors 60+ / Disabled	Healthcare related	Yes	Federal OAA State Funding Local / PRTC United Way	540-371-3375	\$1.50 per trip
Rappahannock Area Agency on Aging - Meal Center Transportation	Seniors 60+ / Low-income	To/from Senior Centers Grocery shopping	Yes	Federal OAA State Funding Local / PRTC United Way	540-371-3375	None
Rappahannock Area Community Services Board	Developmentally Disabled	To/from Day Support Programs	Yes	Medicaid / PRTC	Local 540-373-6374	None
LogistiCare	Eligible Medicaid recipients	Non-emergency Medical Transportation	N/A	Medicaid	866-386-8331	N/A



**Appendix 5  
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**Taxi Providers**

<b>Program</b>	<b>Eligibility</b>	<b>Jurisdiction</b>	<b>Trip Restrictions</b>	<b>Directly Operate?</b>	<b>Vehicles</b>	<b>FY03 Operating Cost</b>	<b>Contact Information</b>	<b>User Fees</b>
Action Taxi		Montgomery Co.		Yes			301-840-1000	
Barwood Taxi	General public	Montgomery Co.	No restrictions	Yes			(301) 984-1900	
Cavalier Cab Co.	General public	Loudoun Co.	No restrictions	Yes			703-777-5959	
Diamond Transportation Service	General public	Alexandria	No restrictions	Yes			703-912-7606	
Loudoun Yellow Cab	General public	Loudoun Co.	No restrictions	Yes			703-437-9100	
Loudoun Taxi & Sedan	General public	Loudoun Co.	No restrictions	Yes			703-421-4500	
Red Top Cab	General public	Arlington Co.	No restrictions	Yes			703-522-3333	
Regency Cab		Montgomery Co.					301-990-9000	
Silver Spring Taxi	General public	Montgomery Co.	No restrictions	Yes			301-495-6900	
Yellow Cab Co.			No restrictions	Yes			202-544-1212	
Taxi-Cab Discounts	55+ or Disabled		Any	Yes			703-525-0900	10% discount on fare

## **Appendix 6: Competitive Selection Criteria**

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Appendix 6: Competitive Selection Criteria

## Appendix 6: Competitive Selection Criteria

Projects funded under the JARC and New Freedom programs must be selected competitively. The eight proposed criteria described below were developed to guide the selection of JARC and New Freedom projects. The criteria will be used to review Section 5310 projects in the Washington region submitted to the D.C. Department of Transportation, the Maryland Transit Administration and the Virginia Department of Rail and Public Transportation. The recommendations from this review of Section 5310 will be forwarded to these organizations for their consideration.

In order for a proposal to be considered for funding, at least three requirements must be met:

- The project must be eligible for New Freedom or JARC funding under FTA rules<sup>1</sup>;
- A match must be identified and secured for the project. The match should be listed in the proposal request, including sources and amounts; and
- The project needs to serve the targeted population groups in the Washington DC-MD-VA urbanized area.

### Summary of Criteria for New Freedom and JARC Projects

	Maximum Possible Points
1. To what extent does the project respond to the <b>four strategies identified in the Coordinated Plan</b> ?	16
2. To what extent does the project <b>demonstrate coordination</b> among various entities?	16
3. To what extent does the project demonstrate a new or <b>innovative idea that can be replicated</b> elsewhere in the region?	11
4. To what extent does the project meet a <b>regional transportation</b> need?	11
5. To what extent does the project involve the <b>private sector</b> ?	10
6. <b>How many individuals</b> with disabilities and/or with limited-incomes does the project propose to serve or benefit?	11
7. To what extent does the application identify <b>reasonable strategies for on-going funding</b> ?	11
8. How <b>feasible</b> is the project?	14
Maximum Possible Points	100

<sup>1</sup> The JARC and New Freedom Circulars with the program requirements can be found at: [http://www.fta.dot.gov/leg\\_reg.html](http://www.fta.dot.gov/leg_reg.html).

## Description of Selection Criteria

Criteria	Definition and Possible Score	Total Score
<p><b>1. To what extent does the project respond to the strategies identified in the Coordinated Plan?</b></p>	<p>Projects that address multiple strategies will make better use of limited funding and will be weighted more heavily. This criterion considers two issues: how many strategies does the project address (there is a total of four), and how well does it address them? Each strategy addressed should be rated on a scale of 1 to 4, with the maximum of 16 points indicating the project would respond well to each of the four strategies.</p> <p><b>Maximum Possible Points: 16</b></p>	
<p><b>2. To what extent does the project demonstrate coordination among various entities?</b></p>	<p>Service delivery is better where projects are developed and operated with the cooperation and coordination of jurisdictions, agencies, and interested stakeholder organizations. The criterion is defined by multiple jurisdictions, agencies, or stakeholder organizations involved in the project. A maximum score of 16 would be awarded for a project that has three or more partners each in program planning, operations, communications and funding.</p> <p><b>Maximum Possible Points: 16</b></p>	
<p><b>3. To what extent does the project demonstrate a new or innovative idea that can be replicated elsewhere in the region?</b></p>	<p>Projects that comply with the spirit of SAFETEA-LU are those that combine new and innovative ideas, new technologies, and creative sources of financing to address currently unmet needs. Projects that succeed in meeting unmet needs and can be replicated in other jurisdictions are weighted higher. To the extent an existing program demonstrates innovation and replicability (by other jurisdictions or agencies) it would score well in this category. A score of 11 points would be awarded for a project that employs a new and innovative idea and demonstrates excellent prospects for feasibility of replication.</p> <p><b>Maximum Possible Points: 11</b></p>	
<p><b>4. To what extent does the project meet a regional transportation need?</b></p>	<p>Jurisdictions may differ in the services they provide, but the need for programs that address the four strategies identified above is regional. “Regional” means that the project is not limited to single geographic area and ideally would serve the entire urbanized area. Programs that are focused regionally will be scored higher than those that are limited in geographic scope. Projects that are proposed as a pilot project should include narrative of how the proposed project serves a regional need. The maximum 11 points would be awarded to projects that reveal both a comprehensive region-wide service area and distribution of trips provided.</p> <p><b>Maximum Possible Points: 11</b></p>	

Criteria	Definition and Possible Score	Total Score
<p><b>5. To what extent does the project involve the private sector?</b></p>	<p>Cost-effectiveness is often accomplished with the involvement of the private sector and, as such, they are important partners in project planning and development. This criterion will consider the extent to which private sector is involved in the project – such as in service delivery or project sponsorship (i.e. employer-based van pools). A maximum of 10 points will be awarded for the most involvement by private sector partners.</p> <p><b>Maximum Possible Points: 10</b></p>	
<p><b>6. How many individuals with disabilities and/or with limited-incomes does the project propose to serve or benefit?</b></p>	<p>Applicants will be asked to estimate how many individuals with disabilities and/or individuals with limited incomes the project proposes to serve in the first year. The number of individuals can be estimated in the project proposal, and usage statistics could also be asked for, such as the average number of monthly one-way trips the program hopes to provide. For an infrastructure improvement, an estimate of the number of people living around the improvement who are expected to use it could be provided. Points will be assigned based on the relative number of people to be served or trips expected to be provided.</p> <p><b>Maximum Possible Points: 11</b></p>	
<p><b>7. To what extent does the application identify reasonable strategies for on-going funding?</b></p>	<p>The limited funding available under SAFETEA-LU requires that projects identify other sources of funding to sustain operations in future years. Projects that have identified reasonable strategies for sources of on-going funding after the first grant will be scored the highest.</p> <p><b>Maximum Possible Points: 11</b></p>	
<p><b>8. How feasible is the project?</b></p>	<p>The criterion will explore the feasibility of a project in terms of budget, resources and institutional or administrative support. Does the proposal identify and secure the necessary financial, human and institutional capacity to make the project happen? The more feasible the project proposal, the higher the project will score with this criterion. Success is critical for the coordinated planning efforts and for future appropriations of JARC and New Freedom funds.</p> <p><b>Maximum Possible Points: 14</b></p>	
<p><b>TOTAL POSSIBLE POINTS: 100</b></p>		