

# Coordinated Human Services Transportation Plan

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## I. Introduction

The Adirondack / Glens Falls Transportation Council is the designated Metropolitan Planning Organization (MPO) for Warren and Washington Counties and the Town of Moreau in Saratoga County. The missions of the MPO are to facilitate cooperative transportation planning and decision-making between municipalities and state and federal agencies, and to establish a process for the allocation of federal highway and transit funds. As part of the ongoing planning process, A/GFTC has worked closely with Greater Glens Falls Transit (GGFT), New York State Department of Transportation, local municipalities, human service agencies, and transportation providers to develop this regional Coordinated Human Services Transportation Plan (CHSTP).

The purpose of the CHSTP is to provide a framework for the coordination of transportation services within the planning area, with an emphasis on services for aging adults and persons with disabilities. This Plan will provide a structure for the development of projects that address the transportation needs of the targeted populations by improving coordination between transportation stakeholders (agencies, clients, operators, and regulatory entities).

In addition, the CHSTP sets forth priorities for key Federal Transit Administration (FTA) programs. The most recent federal transportation law, the FAST Act, contains provisions for the Section 5310 program, also known as Enhanced Mobility of Seniors and Individuals with Disabilities. The 5310 program provides formula funding to increase the mobility of seniors and persons with disabilities. Projects selected for funding must be included in a locally developed, coordinated public transit-human services transportation plan.

It should also be recognized that there are dozens of other federal and state programs that provide funding for transportation in this community, including Medicaid. The majority of the agencies located in the A/GFTC area receive transportation funding from non-FTA sources; collectively they far exceed the potential resources of the FTA programs.

### CHSTP Goals

- *Maintain and improve the effectiveness and efficiency of transportation services*
- *Identify and address service gaps*
- *Extend the range of available services*
- *Maximize interagency cooperation*
- *Reduce service duplications*
- *Prioritize future investment strategies and candidates*

## **II. Geography and Demographics**

### **A. Regional Geography**

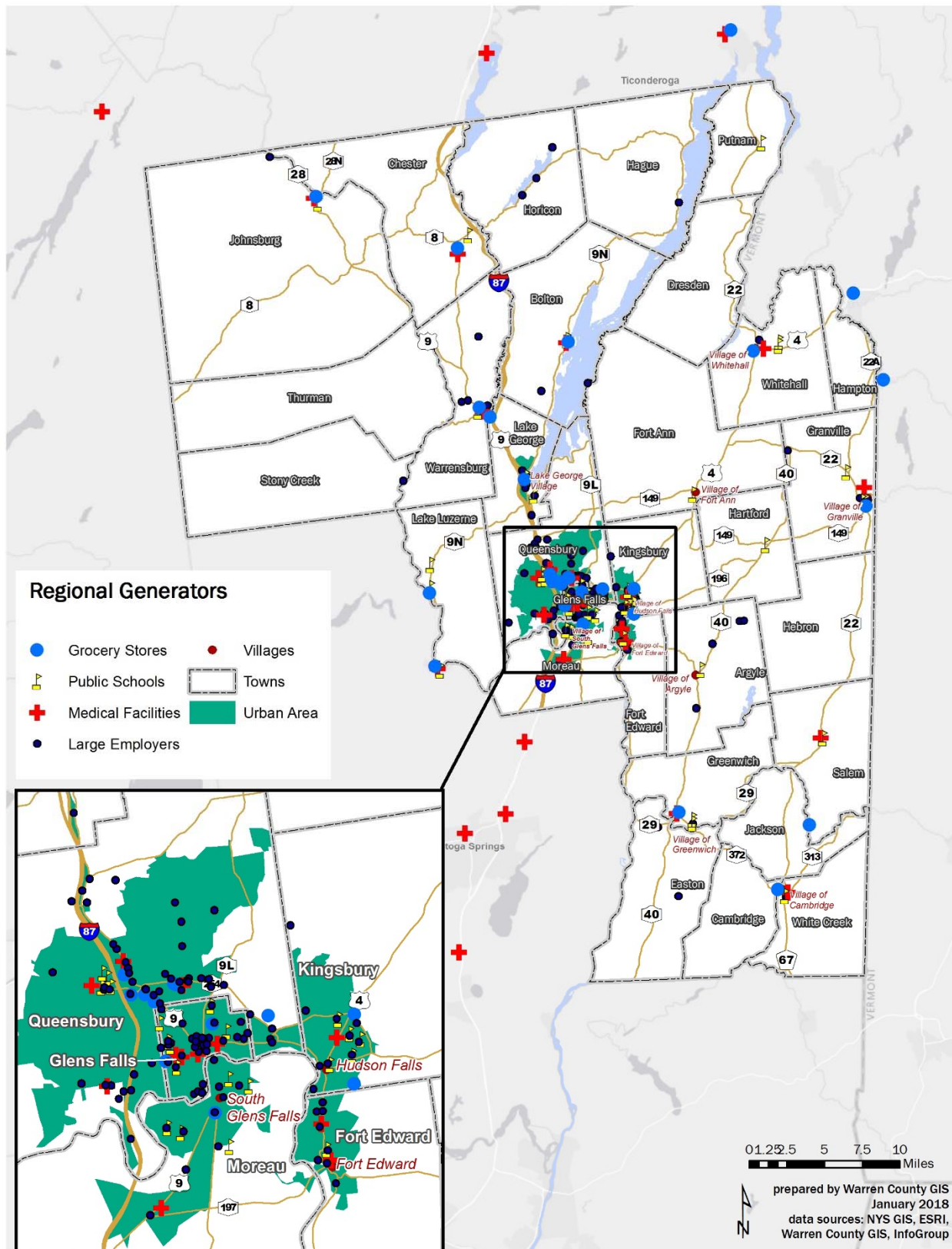
The planning and programming area for A/GFTC includes Warren County, Washington County, and the Town of Moreau in Saratoga County. The major population center is the Glens Falls Urbanized Area, located at the southeastern corner of Warren County and the central western edge of Washington County. This poses some inherent difficulties in access to services as the majority of the region's land area and a significant proportion of the population are rural. There are also important community services distributed throughout the rural area, such as groceries, schools, medical facilities, and large employers. However, with a few exceptions, many of the transportation providers are clustered in and around the urban area. This can complicate the provision of transportation services within and between rural areas. Many of those rural residents are located in outlying hamlets and villages. As shown in Map 1, many rural locations are closer to services provided outside of the A/GFTC area: Albany, Saratoga Springs, and Bennington (VT) are potentially more convenient to southern Washington County, while Ticonderoga is a frequent destination for those living in northern Warren or northern Washington Counties. Rutland, VT also attracts service clients from northeastern Washington County.

### **B. Population Density**

Population density is an important consideration for transportation agencies. According to the Transit Cooperative Research Program (TCRP) report *Transit Capacity and Quality of Service Manual*, a density of at least 3 households per acre is required to effectively support traditional fixed-route transit. This is roughly equivalent to quarter-acre zoning. For transportation services other than fixed-route transit, increased density is usually beneficial to service provision, as the decreased distance between clients and potential destinations leads to increased efficiency.

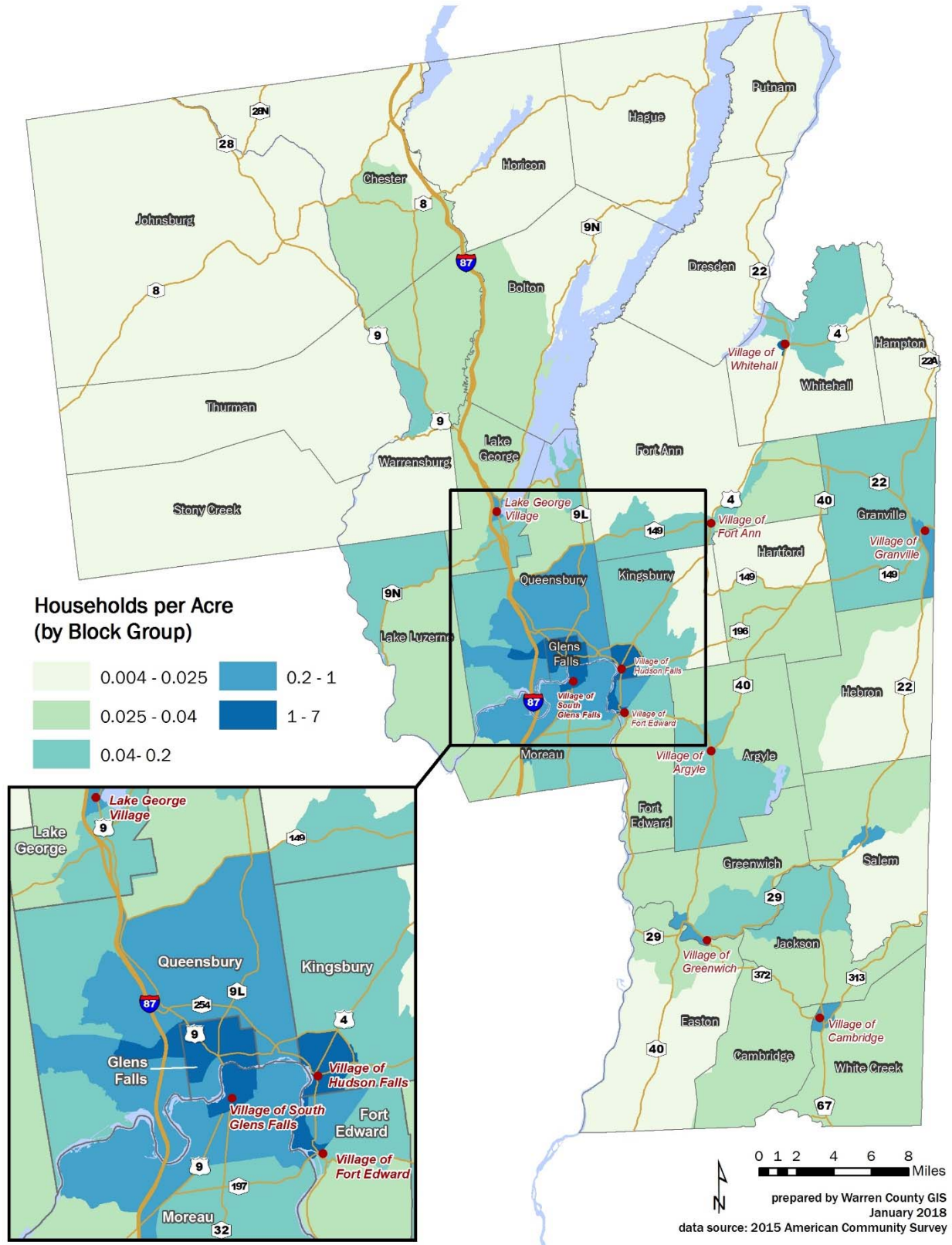
As seen in Map 2, the density of housing units (both year-round and seasonal) is greatest in and around the Glens Falls urbanized area, with pockets of higher-density found in the villages and hamlets. Most of Warren County, outside of the southeast corner, falls into the lowest category of density. The hamlet of Warrensburg contains a small cluster of moderate density census blocks, as do the hamlets of Chestertown and North Creek. In Washington County, there are larger villages such as Whitehall, Granville, Salem, Greenwich and Cambridge, however none of these have the density needed to support standalone transit service. In addition, these population centers are separated by long distances, increasing the potential cost of a scheduled service to link them together.

Map 1





Map 2



### C. Age

A key focus of this plan is to increase transportation options for seniors. As such, it is important to identify location clusters with high percentages of senior population. Map 3 illustrates the percentage of population over the age of seventy, by census block group.

As can be seen on the map, there are key concentrations of seniors in several distinct locations. In the rural area, there are high proportions of seniors in Johnsbury, Horicon, Hague, Lake Luzerne, and Bolton in Warren County, and in Salem, Whitehall, Dresden, Fort Ann, Jackson, Granville, and Argyle in Washington County. Within the urban area there are also clusters of high senior population. Although these areas are closer to transit services, the ability of many seniors to travel even short distances to the bus lines may be limited. Physical limitations may hinder them from driving or their accessibility to available transportation options. In addition, the uniqueness of senior needs is a determining factor in available transportation. Service providers have noted that seniors are more likely to use transportation resources that allow them to feel comfortable, safe, and independent.

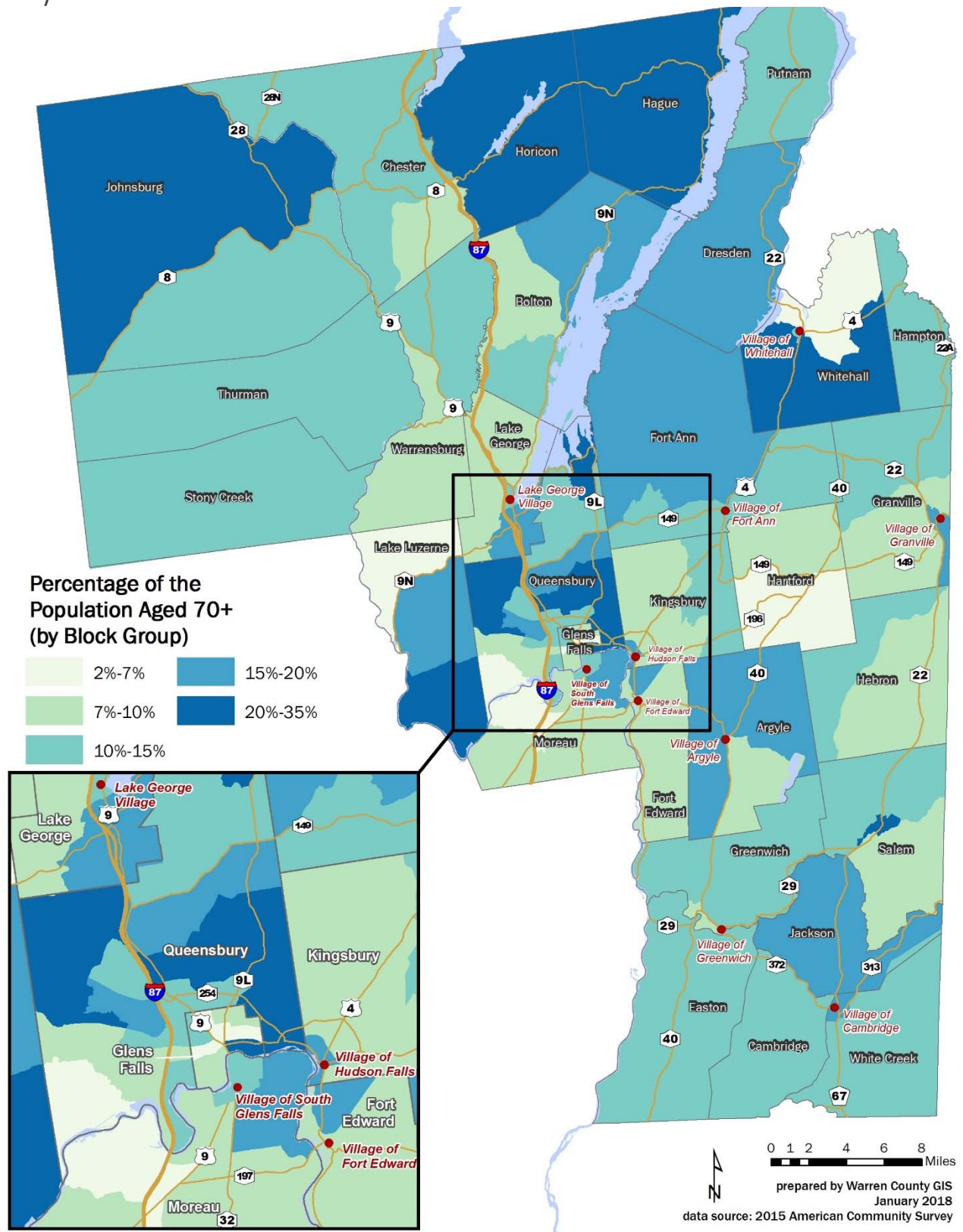
### D. Disability

Statistics regarding the population of persons with disabilities can be an indicator of need for transportation services. According to the *2012-2016 American Community Surveys*, the estimate of overall regional population with one or more physical disabilities has ranged between 12-12.5%, which is slightly higher than the New York statewide average of 10.9-11.2% for the same time period.

The transportation needs of disabled residents is dependent on a wide variety of factors. For instance, people who are working age and are capable of living independently may place a higher priority on access to employment versus medical trips. In addition, if independent living is a possibility, this opens the option to live near public transportation; however, there is no guarantee the job itself will be located along a transit route. If a certain level of assistance is needed, there may be a conflict between living with family members or in a facility that provides the support they need, and being able to work outside of the home.

Transportation for people with disabilities must also account for accessibility for wheelchairs or other mobility devices as well as visual and other impairments. Not all of the vehicles being used in the region are wheelchair accessible, although agencies make an effort to coordinate to use the resources that do exist when the need arises.

Map 3





## **E. Access to Vehicles**

Access to automobiles is another important determinant of regional mobility, especially in rural areas. As shown in Map 4, there are relatively few households that own zero vehicles. Many block groups have only a few dozen such households, and several block groups have zero. In Washington County, block groups with higher percentages of zero-vehicle households are located near the larger villages such as Whitehall, Granville, Greenwich, Fort Ann, and Cambridge. In Warren County, less than 10% of households in rural areas do not have vehicles.

In the urban area, there are much higher percentages of zero-vehicle households, especially in the downtown area of Glens Falls and Hudson Falls. Several of these block groups have more than 100 households with no vehicles. Although these areas are served by GGFT, and are by and large walkable, these features may be less useful for people with mobility issues.

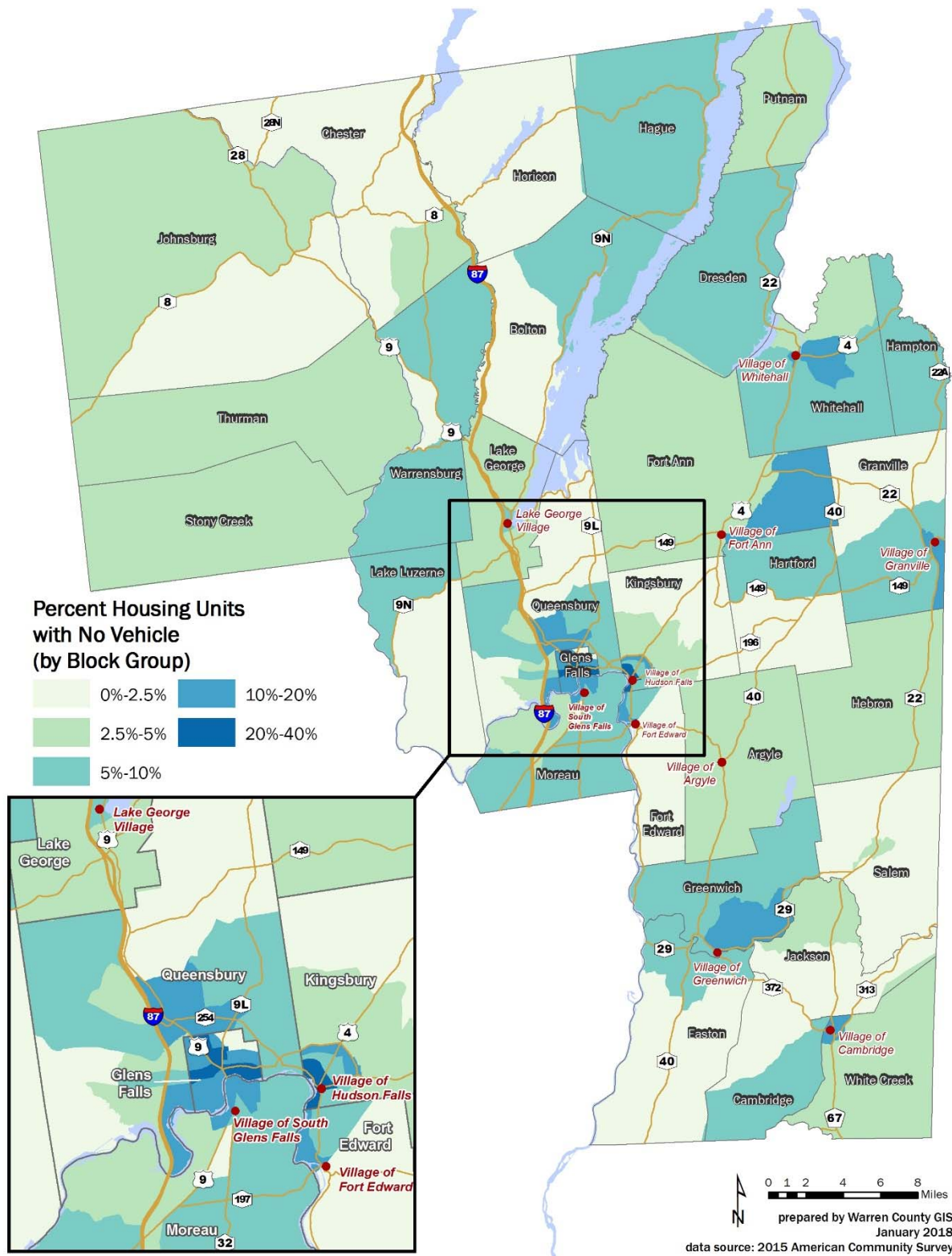
It is important to note that the presence of a vehicle within a household does not insure that transportation needs are met. Many members of the 5310 population cannot or do not drive; even if they are capable and willing drivers, they may not have consistent access to shared vehicles.

## **F. Income**

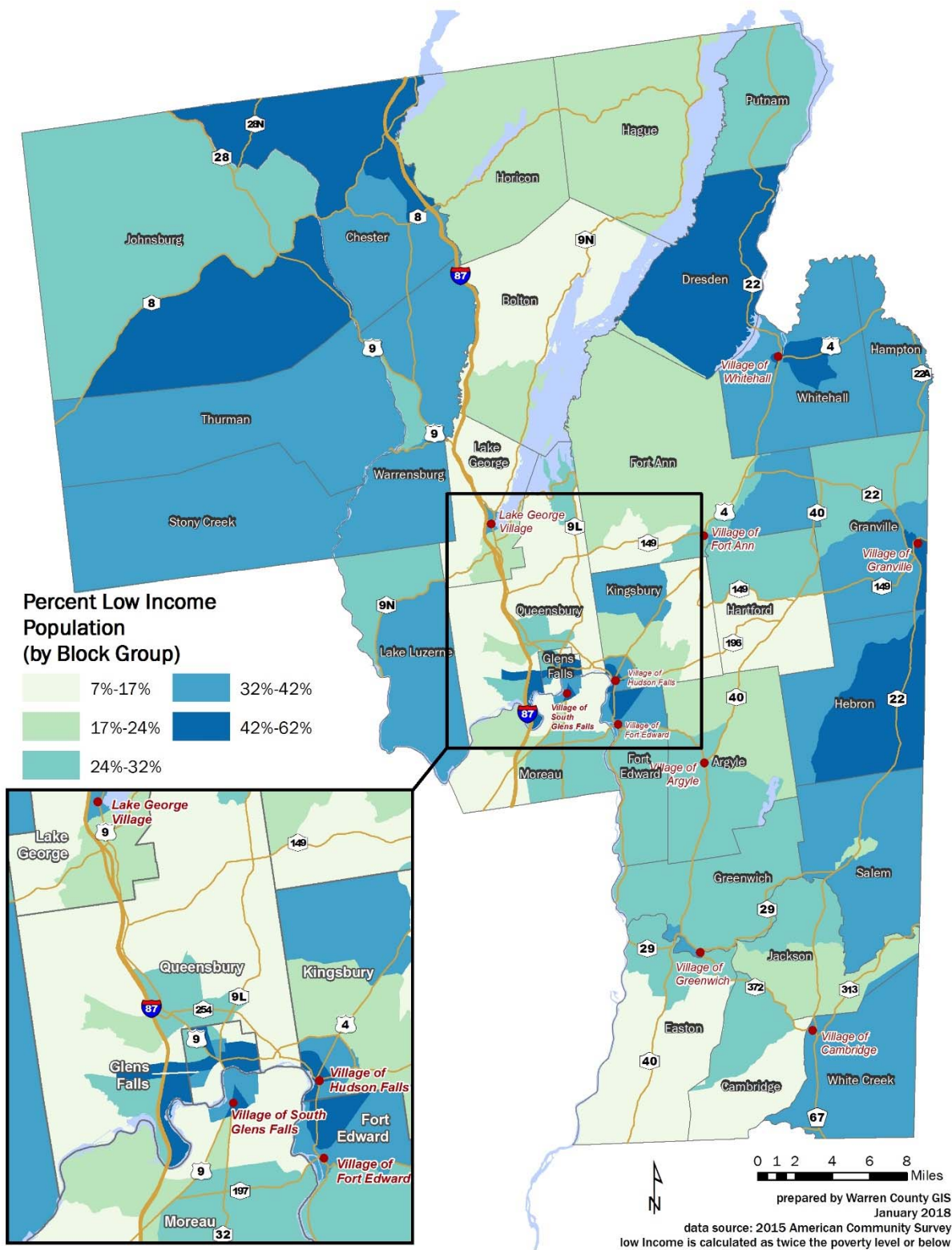
It can be useful to assess the proportion of population living below the poverty level, to determine if there are locations with a higher percentage of low-income residents. These residents may have sporadic access to transportation and less ability to overcome obstacles posed by transportation emergencies.

As seen in Map 5, there are block groups where low income individuals make up over 40% of the population in Johnsbury, Chester, Dresden, Whitehall, Granville, and Hebron, as well as several block groups distributed in the core of the urbanized area. These locations represent areas where there may be an increased overall need for transportation services.

Map 4



Map 5



### **III. Public Transportation**

#### **A. Greater Glens Falls Transit**

GGFT began operation in 1984 through a collaborative agreement among eleven contiguous municipalities centered around the Glens Falls urban area, which stretches across portions of Warren, Washington and northern Saratoga counties from Lake George/Bolton Landing in the north, south to the Towns of Moreau and Fort Edward (see Map 6). It operates a fleet of eighteen transit vehicles and carries over 350,000 riders a year. GGFT's sole mission is transportation, with an annual operating budget of \$1.8 million. Year-round service operates from 6:30am through 10:00pm Monday through Friday with a more limited schedule on Saturdays, with a service span of Lake George to Moreau/Fort Edward. GGFT also operates a significant summer season trolley bus service between Bolton Landing/Lake George and Glens Falls seven days a week from 8:00am through 10:45pm from late June through Labor Day (and on weekends in spring and Fall).

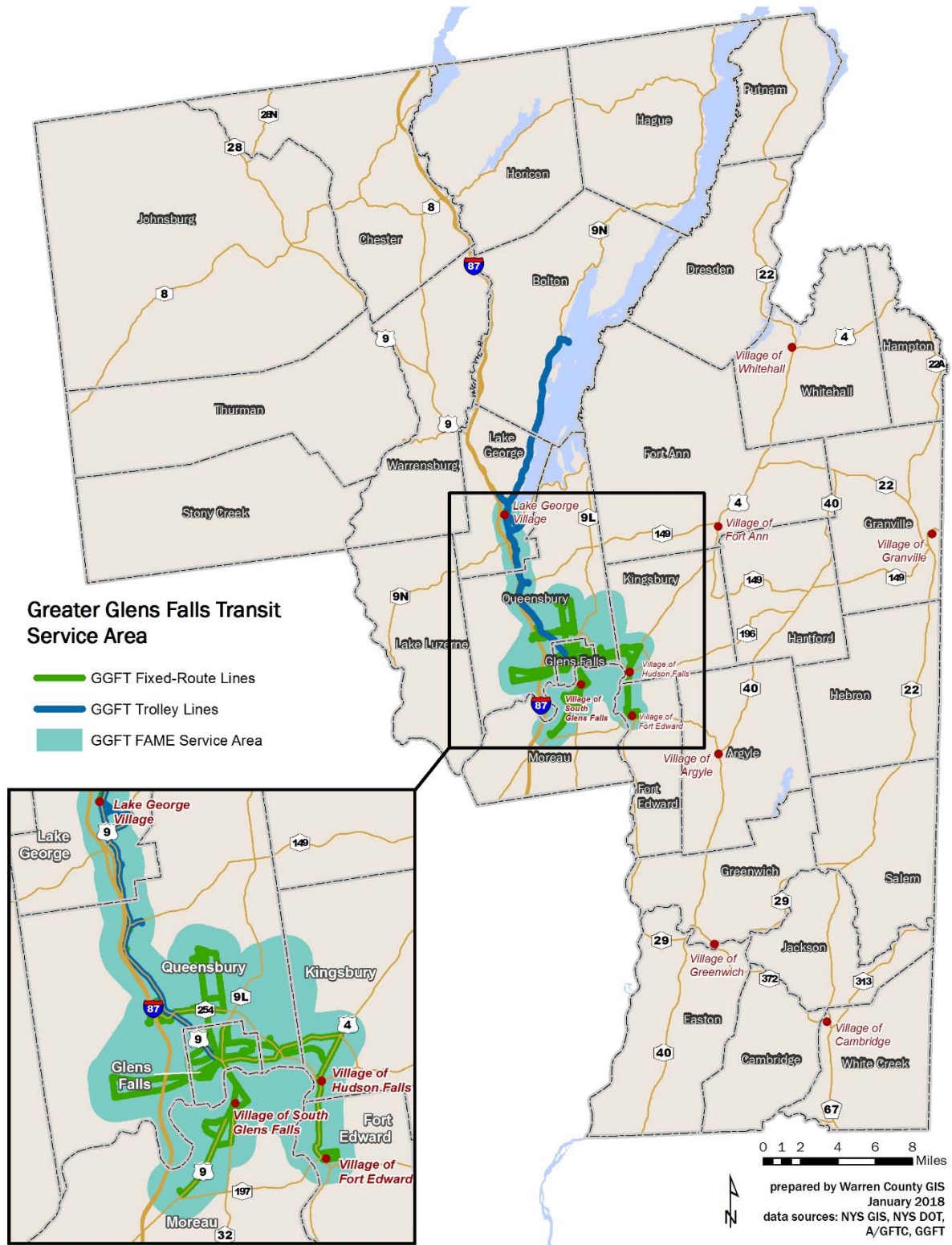
GGFT has periodically studied and considered various scheduled transit services to the rural area but has consistently found insufficient demand to justify the local financial support required to make them feasible. The only exception to this has been its summer service along the west shore of Lake George to Bolton Landing. This summer operation to Bolton Landing runs every two hours and carries approximately 2,500 riders per season.

##### **1. Freedom and Mobility Express (FAME)**

GGFT offers complementary paratransit service to individuals unable to access the fixed-route services. This service is branded as Freedom and Mobility Express (FAME). FAME is available for travel within  $\frac{3}{4}$  mile of GGFT's fixed-route services and all passenger pick-ups and drop-offs must be within this area. The service is available during the fixed-route operating hours and based on the route schedule. Fares for FAME trips are double the fare on the fixed-route system.



Map 6





## **B. Medical Answering Service**

The 2010/11 New York State budget gave authority to the State to assume the management of Medicaid transportation in any county and to select a contractor for this purpose. The intent was to improve the quality of transportation services, reduce the local administrative burden for transportation services and local management contracts, and achieve projected budgeted Medicaid savings. The Medicaid transportation services in Warren, Washington, and Saratoga County are now being handled by a centralized agency, Medical Answering Services (MAS), a Syracuse-based non-emergency medical transportation management company. The impact of MAS on the established transportation systems around the state has been very significant. Generally, the impact of this change has been to shift trips away from public transit to private taxi and ambulette services.

## **C. Taxis/Ridehailing**

Taxis are used for a wide variety of purposes. For those lacking an automobile and access to any government-funded transportation program, a taxi may be the only source of mobility available. The MAS website lists 46 taxi companies serving Warren County and 50 taxi companies serving Washington County. Accounting for overlap, there are 54 distinct taxi companies listed for the two counties. It should be noted that not all of the taxi companies listed provide service to the general public; many are Medicaid-funded services that provide transportation to medical appointments only. Taxis are not typically seen as a long-term and sustainable transportation option for any given individual because of the cost and inconvenience of having to schedule every ride.

On June 29, 2017, it became legal to operate ridehailing services in upstate New York. These services, such as Uber or Lyft, rely on individual contractors driving their own vehicles, dispatched through a smartphone app. Since there is no centralized fleet, this type of service could theoretically allow for increased taxi-style service to rural areas. However, it remains to be seen whether the cost of rides and low population density will make ridehailing a feasible transportation option in rural areas.

## **IV. Public Outreach**

Since the last update to the CHSTP, there have been several regional planning efforts focused on public transportation and transit issues in the A/GFTC area. Given that these projects were quite recent and included extensive public surveys, it was determined that a large-scale, open-ended public survey effort would not be beneficial to the CHSTP process, as it could lead to "outreach burnout" and frustration. Instead, the CHSTP has included summaries of the relevant survey results from these previous studies. This will allow for a greater emphasis on relevant

outreach than could be achieved as part of a stand-alone planning process. In turn, this will increase buy-in for future efforts to address transportation issues facing the A/GFTC area.

#### **A. Adirondack Gateway Council survey**

The results of the Adirondack Gateway Council (AGC) survey were released in June 2015 as part of the Fair Housing and Equity Assessment (FHEA) and Housing and Transportation Analysis. There was a very wide distribution of the survey, with over 25% response rate (452 survey responses collected of 1674 distributed). The effort required in-person assistance at food pantries and DSS lobbies as well as several meetings hosted by project consultants and stakeholders. Although the survey was wide-ranging and covered a variety of topics, there were several questions pertinent to transportation and transit.

Of the survey respondents, 17% indicated they faced difficulties finding transportation, with 12% stating that they missed necessary trips the week prior. Likewise, 12% stated that they or a family member missed healthcare appointments sometimes, if not more often. Lack of transportation was cited in 55 of these responses as a factor for missing medical appointments.

In terms of transportation modes and access, survey respondents were asked what types of transportation they use for regular, weekly trips to medical, work, school, or shopping. The most numerous answer (249 responses) was transportation via their own vehicle. However, bus/GGFT came a close second at 200 combined responses, followed by 98 responses for getting a ride with friends, and 94 responses for walking. Other modes included taxi, bicycling, Medicaid transportation, vanpool/carpool, or other. It is important to note that this question allowed more than one response, indicating that several types of transportation were utilized. Interestingly, of the 501 responses specific to medical transportation, only 18 indicated use of Medicaid transportation. Given the high percentage of survey respondents that likely qualified for Medicaid, this statistic seems low in comparison. This could indicate gaps in this service, in which trips are shifted to other transportation modes, or simply not taken.

Respondents were also asked about how they managed with a lack of transportation options. When asked, "*How do you pay for the cost of transportation if you do not use your own car?*" 83% indicated they pay from their own pocket, while 11% receive government assistance and 16% receive other assistance. The cost of transportation was also queried, for those who use taxi services regularly. Twenty-five percent of the respondents indicated they paid more than \$10 for an average one-way trip. For low-income residents, this represents a significant burden.

The AGC study also included a survey of human service providers. Forty-seven stakeholders participated, representing a broad array of human service and government agencies. Although the responses are too detailed to include as part of this report, the overwhelming priority was increased access to transportation options. This included expansion of existing public transit

service, expansion of services to the rural areas, and to a lesser extent, a need for more communication/coordination to allow for access to the transportation options that already exist.

## **B. Rural Transportation Needs Assessment and Options Analysis Study**

This study, completed in 2017, included a robust stakeholder outreach effort as well as a public survey. Stakeholder input was gathered through a series of phone and in-person interviews. Although the primary purpose of this outreach was to collect data on existing transportation services, the needs and gaps of the region were also discussed. Several recurring themes were identified, including:

- A lack of transportation options for working age residents in rural areas, which can result in the “no car, no job” problem
- A lack of short-term demand-based options, especially for medical trips
- Some stakeholders indicated that a lack of drivers was limiting the scope of their transportation services
- A fair amount of cooperation and coordination between agencies is already taking place on an ad hoc basis. There is not a surfeit of service capacity which can be taken advantage of from a logistical standpoint.

The survey mechanism was focused on human service customers, especially rural residents and people with transportation difficulties. This included a one-page paper survey with an optional online component, distributed by human service providers directly to their customer base, and resulted in 233 responses.

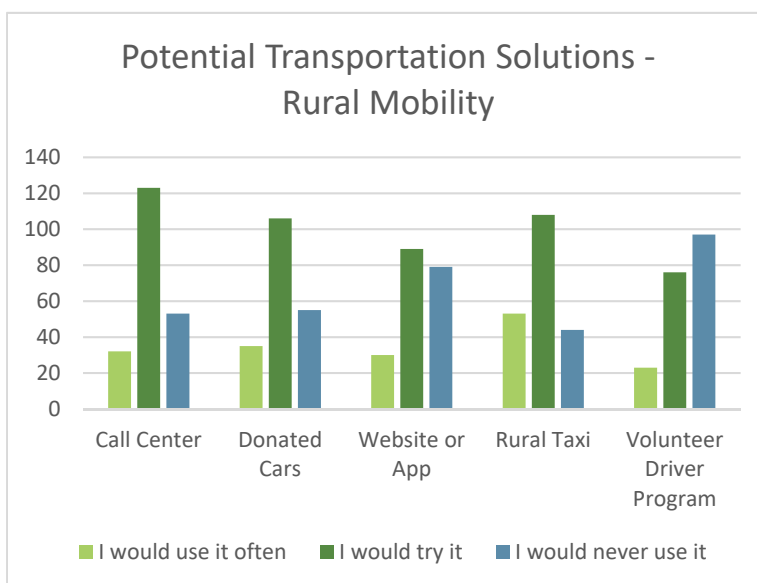
The purpose of the survey was to confirm the needs and gaps in the transportation system as well as to determine support for potential solutions. As with the Fair Housing and Equity Assessment (FHEA) and Housing and Transportation Analysis, this survey is not statistically valid and serves only as a ‘snapshot’ of the respondents.

Survey respondents were asked about the frequency and time of their transportation problems. While the majority (56%) faced transportation issues only a few times a month, 19% indicated they faced problems every day, with another 15% facing problems more than once a week. Evenings (25%) and weekends (27%) were the most difficult time to find rides.

The survey also asked about trip purpose and destinations. Thirty-one percent of respondents indicated they had difficulty finding rides for any purpose. Medical trips (29%) and shopping trips (23%) were the next most common, with work (13%) and school (4%) rounding out the responses. The high percentage of responses regarding medical trips could indicate gaps in service not covered by MAS, as 66% of the respondents receive Medicaid.

The Rural Transportation Needs Assessment and Options Analysis proposed several projects and programs as a way to meet the needs identified in the study. Several of these ideas were condensed down and included in the public survey. The intent was to determine which potential solutions the respondents would be most likely to use. This “thumbs-up, thumbs-down” approach was then considered by the project steering committee as a part of the implementation prioritization process. For the purposes of the survey, the options for potential solutions included a call center, car donation program, mobility website or app, rural taxi<sup>1</sup>, and volunteer driver program. Respondents were then asked whether they would use the service often, whether they would try it, or whether they would never use it.

All of the options received a significant proportion of positive responses (i.e., “use it often” or “would try it”). The least popular was the Volunteer Driver Program, which received positive and negative responses in roughly equal measure; however, as this was framed as an option geared toward seniors, it is possible that younger respondents responded negatively based on the age restriction.



Since the time in which the Rural Mobility Plan was drafted, several implementation measures have commenced. This includes progress towards a website/app (the Southern Adirondack Neighborhood Guide, through Crandall Library), as well as plans for GGFT to formalize their role as a call center.

### C. Glens Falls Area Transportation Group

Greater Glens Falls Transit and the Tri-County United Way have begun to lead an effort to improve the understanding of human service and public transportation needs and gaps in the Warren/Washington/Northern Saratoga County area. Ultimately, the goal is to focus available energy and resources on the biggest problem(s) first, and develop a specific action plan(s) to address these priorities.

<sup>1</sup> Since the plan was drafted, the model program for this solution, Bridj, is no longer in service. This presents a barrier to implementation, as a similar service would need to be started from scratch.

A discussion group was formed in October 2017. The intent is for this group to meet on a regular basis to discuss ideas and develop concrete plans to address issues that are identified. At a meeting in November, 2017, a group of stakeholders were asked to submit the most significant transportation issue faced by their respective agency, and whether the issue was primarily urban, rural, or both. These were then discussed by the group and prioritized. The preliminary results of this discussion included, in order of priority:

- Transportation to work. This is primarily a rural issue, but there are also gaps in service options for evening workers in the urban area.
- Medical transportation. This is an issue in both urban and rural areas. Specific issues include travel to medical appointments outside the county of residence (especially in Washington County) and for seniors not eligible for Medicaid.
- Lack of awareness/understanding of available transportation options. This applies to both rural and urban areas. Although the NYConnects website does contain information about transportation options, the current configuration of the search options may not return a complete picture of all services. Locally, the County-led offices of NYConnects offer a wide variety of services and more personalized support. For example, the Washington County office provides a staffed call center during business hours, which can provide individualized customer service, including transportation resources. Crandall Library is finalizing the Southern Adirondack Neighborhood Guide, or SANG, which is intended to provide a central web presence for community services. It is hoped that these options will help fill this need.
- General mobility connections between rural and urban areas. In areas without transit, finding transportation options to connect to needed services (often located in the urban area) continues to be an issue.
- Mobility for the homebound, especially seniors. This is primarily a rural issue.

## **V. Needs & Priorities**

### **A. Overview**

The public and stakeholder surveys completed in recent years cite a number of issues on a consistent basis. There is an extensive range of human services clients throughout the A/GFTC Planning and Programming Area, spanning all age brackets and demographic cohorts. However, it is important to remember that providing transportation is more complex than simply supplying a vehicle and a driver. Many of these clients require additional assistance, special equipment, or supervision in order to complete needed trips. Regulatory requirements also restrict or prohibit the transportation services provided to clients, which can reduce the ability of agencies to coordinate with each other.



For the purposes of this CHSTP, the following needs and priorities have been identified for the A/GFTC region:

- **Increase availability of transportation services for medical trips, especially for seniors.** Although there are a variety of existing transportation services which are geared toward medical trips, gaps still exist. This is especially true for short-notice trips, trips made to medical facilities outside of the County/region, and trips for services such as physical therapy which can increase health and quality of life.
- **Increase availability of transportation services to/from and within rural areas.** The extensive stakeholder outreach conducted in the past few years indicates that demand far outstrips the existing transportation services available to seniors and the disabled living outside the urban area (and in some cases, even within the urban area.)
- **Increase availability of transportation services on nights/weekends and to employment centers.** It is important to remember that many people who benefit from the 5310 or other transportation service programs can and do work. Stakeholder outreach indicates that access for many types of jobs, especially service-oriented and retail jobs, is limited, even in areas where transportation and transit services exist. Continuing to expand transportation choices past the traditional 9-5, Monday-Friday model will only serve to benefit the 5310 population.
- **Reduce regulatory or other barriers which prevent or inhibit the ability for people to access transportation services.** In many cases, it can be difficult or impossible to schedule rides, due to the origin or destination being outside of the relevant service area, the trip purpose not fitting the exact program parameters, the time of the trip, or other reasons. Although it will never be feasible to facilitate transportation services that meet all needs all the time, there may be ways to make it easier for people to access the services that already exist.

## **B. Priority Projects**

To promote maximum flexibility in transportation services and coordination, this plan does not include specific project descriptions. Instead, a list of priority project types are listed. Thus, any proposed activity which fulfills a need stated above would be considered to be in compliance with this plan. However, the following types of activities are listed as priorities for this region.

- **Fleet maintenance for existing transportation providers.** Maintaining current levels of service to vulnerable populations is of critical importance. Capital projects which allow for vehicles to be replaced or upgraded will help ensure that current levels of service continue to be provided.

- **Projects which expand the ability of the elderly and disabled to access needed services.** This could include equipment upgrades, such as replacing vehicles to increase wheelchair capacity, or fleet expansion, to allow more trips to be completed.
- **Operational programs which increase the efficiency or utilization of existing services.** Innovative programs which allow for better use of existing resources are encouraged. This could include projects to assist clients to access existing programs, adding capacity for administration or dispatch, or similar projects.
- **Establishment of new services intended to fill a recognized gap in the transportation system.** This could include capital expenses for vehicles or equipment, or operational assistance for staffing, etc. These types of projects could be used to provide medical or other trips which are not currently available through existing programs (i.e. "chained" trips, short-notice trips, wellness trips). This could also include geographical expansion of service territory, either for the trip origination or destination point.

### C. Coordination Activities

Although increasing the provision of transportation services is a key priority of this plan, it is important that such activities be conducted in a coordinated manner. Service capacity exists when the resources unused by one agency could conceivably be used by another. For example, vehicles which are in use only during certain days by one agency could theoretically be used during the rest of the week by another. Many agencies already cooperate to maximize existing resources. Examples of this type of coordination already exist in the A/GFTC area. As discussed in the Rural Transportation Needs Assessment and Options Analysis, in many cases agencies are using their resources at full capacity already, while in others, logistical or regulatory barriers prevented further sharing of resources.

This is not to say that further opportunities for coordination do not exist. Demand for services, technology, funding levels, demographics, and geographic considerations can and do shift continuously. As such, coordination among service providers should be a continuous point of focus. Clear and open lines of communication, as well as current data on the scopes of service for relevant agencies, should be maintained. Examples of coordination activities include, but are not limited to, the following:

- |                   |                      |
|-------------------|----------------------|
| • Trips           | • Training           |
| • Scheduling      | • Maintenance        |
| • Referrals       | • Procurement        |
| • Ridesharing     | • Storage facilities |
| • Vehicle sharing | • Insurance          |

## **VI. Next Steps/Implementation**

This plan outlines a variety of activities which could be undertaken to address the needs and priorities of the region. Some of these, such as the coordination activities listed above, can take place as opportunities arise, fostered by continued communication between human service agencies. Others, such as the establishment of new programs or services, or the expansion of existing efforts, may require additional funding.

### **A. Section 5310 Program**

As stated in the introduction of this document, Section 5310 is currently the primary funding source for human service transportation administered at the MPO level. Projects which are identified or otherwise consistent with Section V of this plan are considered to be included in a locally developed, coordinated public transit-human service transportation plan. In addition, successful 5310 projects include one or more opportunities for coordination. The goal should be to maximize the provision of effective services with the most efficient outlay of available resources.

At least 55 percent of program funds must be spent on the types of eligible capital projects, such as:

- Buses and vans; wheelchair lifts, ramps, and securement devices; transit-related information technology systems including scheduling/routing/one-call systems; and mobility management programs.
- Acquisition of transportation services under a contract, lease, or other arrangement. Both capital and operating costs associated with contracted service are eligible capital expenses. User-side subsidies are considered one form of eligible arrangement. Funds may be requested or contracted services covering a time period of more than one year.

The remaining 45 percent may be used for Capital and operating expenses for new public transportation services and alternatives beyond those required by the ADA, designed to assist individuals with disabilities and seniors, including:

- Travel training
- Volunteer driver programs
- Building an accessible path to a bus stop including curb-cuts, sidewalks, accessible pedestrian signals or other accessible features
- Improving signage or way-finding technology
- Incremental cost of providing same day service or door-to-door service

- Purchasing vehicles to support new accessible taxi, rides sharing and/or vanpooling programs
- Mobility management

Using these funds for operating expenses requires a 50 percent local match while using these funds for capital expenses (including acquisition of public transportation services) requires a 20 percent local match. Match can come from other Federal (non-DOT) funds. This can allow local communities to implement programs with 100 percent federal funding. One example is Older Americans Act (OAA) Title IIIB Supportive Services Funds. 5310 program recipients may partner with meal delivery programs such as the OAA-funded meal programs and the USDA Summer Food Service Program. Transit service providers receiving 5310 funds may coordinate and assist in providing meal delivery services on a regular basis if they do not conflict with the provision of transit services.

## **B. Other Activities**

In addition to its role in helping to administer the Section 5310 program, A/GFTC will engage in other planning and coordination activities in furtherance of this plan. This includes:

- Continuing to participate in regional human service coordination efforts, including the Long Term Care Council, the Interagency Council, and the Transportation Discussion Group hosted by GGFT/United Way.
- Providing transportation planning services and staff assistance through the United Planning Work Program, which allows for targeted analyses of topics related to human service transportation and transit.
- Continuing to promote ridesharing and other strategies which provide benefit to communities underserved by transportation services.