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Appendix

Kokomo/Howard County

EXHIBIT 1: OUTREACH DOCUMENTATION SUMMARY

COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION

PLAN

FOR THE CITY OF KOKOMO AND HOWARD COUNTY, INDIANA

Outreach Documentation Summary

Focus Groups

Date(s) & Locations Held:

<u>12/11/07</u>	<u>Howard County Governmental Office Building</u>
<u>3/20/08</u>	<u>Howard County Governmental Office Building</u>
<u>6/5/08</u>	<u>Howard County Governmental Office Building</u>

Date(s) Invitations Were Distributed:

- ✓ U.S. Mail 11/23/07 & 2/18/08 & 5/22/08
- Web Posting _____
- E-mail _____ Other (please specify) _____
- ✓ Newspaper Notice Kokomo Tribune and The Greentown Grapevine for 3/20/08 meeting
- Radio/TV PSAs _____
- ✓ Distributed in local community/senior centers, etc.
- ✓ Information was provided in alternative formats, upon request.
- ✓ Events were open to all individuals, including hearing impaired.
- ✓ Information was provided in alternative formats, upon request.
- ✓ Interpreters provided, upon request.

of Attendees (by location & date)

<u>11</u>	<u>12/11/07 @ Howard County Governmental Office Building</u>
<u>15</u>	<u>3/20/08 @ Howard County Governmental Office Building</u>
<u>13</u>	<u>6/5/08 @ Howard County Governmental Office Building</u>

- ✓ Invitation letter and mailing list attached.
- ✓ Copies of flyers, brochures, etc.

Appendix

Kokomo/Howard County

- ✓ Copy of Public Notice from each newspaper in which it appeared
Copy of e-mail invitation and mailing list attached.
- ✓ Sign-in Sheets attached.
Copy of web posting (if available).
- ✓ Focus Group Summary Included in Report

Public Hearings

Date(s) & Locations Held:

Date(s) Notice(s) Were Published: _____

Events were open to all individuals, including hearing impaired

Copy of web posting (if available).

Copies of flyers, brochures, etc. attached along

Copy of Public Notice attached along with _____ with distribution locations.

a list of newspapers in which it appeared.

of Attendees _____

Sign-in Sheets Attached

Minutes Attached

Surveys

Date(s) Surveys Were Distributed:

- ✓ U.S. Mail 11/23/07 & 2/18/08 Flyer
- ✓ Web Posting 2/18/08-2/29/08
- ✓ E-mail Upon request 2/18/08 – 2/29/08
- ✓ Other (please specify): Fax available upon request.
 - Surveys were conducted by telephone from May 13-21, 2008
 - General Public surveys were distributed May 6-15, 2008
- ✓ Newspaper Notice March 13-17

Radio/TV PSAs _____

Appendix

Kokomo/Howard County

- ✓ Distributed in local community/senior centers, etc. Local Points of Contact were asked to post the meeting announcements in community centers and senior centers
- ✓ Distributed a public survey May 6-15, 2008 through the United Way, Rescue Mission, Early Head Start. The survey was distributed May 14-15, 2008 at the Family Dollar in Greentown, WorkOne in Kokomo, and the Senior Center in Kokomo.
- ✓ Telephone surveys were conducted from May 13-21, 2008 with individuals from a list provided by the First City Rider Program.
- ✓ One-on-one interviews were conducted May 14-15, 2008.

Appendix

Kokomo/Howard County

✓ Information was provided in alternative formats, upon request.
No. of Surveys Distributed: 142 invitations to complete the survey

No. of Surveys Returned: 14

No. of Completed Public Surveys: 122

No. of Completed Telephone Surveys: 13

✓ Listing of Survey Recipients attached

Other Outreach Efforts

✓ Flyers or Brochures in
X Senior Centers X Community Centers

City/County Offices Other _____

✓ Teleconferences – Consultants called organizations to request follow-up information.
Organizations that did not participate, but major transportation providers, were contacted by telephone to verify that they received the invitation/meeting notice.

✓ Miscellaneous Meetings, Conferences, etc. (please specify)
Meeting with KHCGCC representatives – December 10, 2007

If other activities include meetings, conferences, etc., please indicate the following information for each event:

Date(s) & Locations Held:

December 10, 2007 Howard County Governmental Office Building

Date(s) Invitations Were Distributed:

U.S. Mail _____ X Web Posting _RTAP_____

E-mail _____ Other (please specify)

Newspaper Notice _____

Radio/TV PSAs _____

Distributed in local community/senior centers, etc.

Information was provided in alternative formats, upon request.

Events were open to all individuals, including hearing impaired.

Appendix

Kokomo/Howard County

of Attendees (by location & date)

Sign-in Sheets Attached, if applicable

Summary Attached, if applicable

Invitation letter/Meeting Notice and mailing list attached.

Copy of Public Notice attached along with a list of newspapers in which it appeared.

Copy of e-mail invitation/Meeting Notice and mailing list attached.

Copy of web posting (if available).

Copies of flyers, brochures, etc. attached along with distribution locations.

Appendix

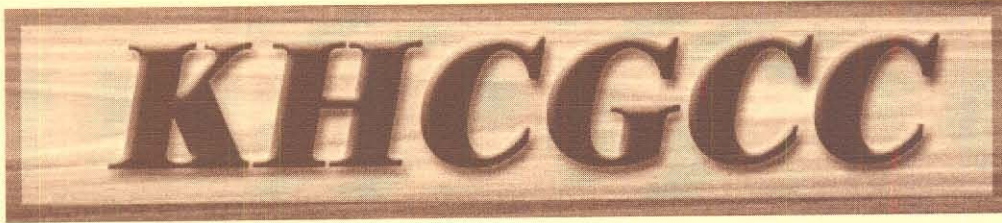
Kokomo/Howard County

Exhibit 2: Stakeholder Checklist

The following list is provided to assist you in identifying the agencies, organizations, and institutions in your community that we should contact regarding your plan. It is possible that not all of these organizations exist in your community, or that multiple agencies exist with the same description.

Area Agencies on Aging	Metropolitan Planning Organizations
Advocacy organizations, e.g., AARP	Non-Profit Transportation Providers
Assisted Living Communities	Nursing Homes
Child Care Facilities	Other Non-Profit Organizations
City Councils	Potential Riders in Targeted Areas (lower income, individuals with disabilities and older Americans)
Colleges, Universities, and Community Colleges	Private Bus Operators
Community Based Organizations; Community Action Programs	Public Transportation Systems
County Aging Programs	Regional Planning & Dev. Councils
County Commissioners or Councils	Local Rehabilitation Service Offices
Local DHHR Offices	Retired Senior Volunteer Programs
Economic Development Authorities	Local School Districts
Fair Shake Network	Security and Emergency Mgmt. Agencies
Family Resource Network	Senior Centers
Foundations	Sheltered Workshops
Group Homes	Taxicab Operators
Homeless Shelters	Technical or Vocational Schools
Hospitals/Other Health Care Providers	Transit Riders
Independent Living Councils	United Way
Major Employers or Employer Orgs.	Local Workforce Indiana Offices
Local Medicaid Brokers or Providers	
Mental Health Providers	

Exhibit 3



KOKOMO/HOWARD COUNTY GOVERNMENTAL COORDINATING COUNCIL

120 EAST MULBERRY STREET, SUITE 116 KOKOMO, IN 46901

PHONE: 765-456-2336 FAX: 765-456-2339

e-mail: khcgcc@aol.com Web Site: kokomompo.com

Dear Transportation Providers and Users:

**It's time to Create a
Human Service Agency Coordinated Transportation Plan
For Kokomo and Howard County!**

**This is your chance to get involved and make a change
to Improve Transportation Options for All of our Citizens, including Older Adults,
Persons with Disabilities and Low Income Populations!**

The goal of the plan is to identify unmet transportation needs and gaps in current services and develop transportation options to more effectively serve our transportation disadvantaged citizens. This goal can only be accomplished through your insightful contributions and by building upon partnerships between providers of transportation and agencies/organizations that represent older adults, families in poverty, and individuals with

All transportation providers including faith based organizations, older adult facilities, human service agencies and educational institutions that provide consumer-only transportation, and all private, public and Medicaid transit providers are strongly encouraged to participate in formulating the plan by attending the local meetings. **Failure to do so can place future federal transportation funding in jeopardy.** (Participation in a locally developed coordination plan is a prerequisite for current and future Federal Transit Administration Section 5310, Section

There will be a focus group meeting, facilitated by RLS & Associates, on December 11th, 2007 to discuss 1) the effectiveness of our current transportation options; 2) the unmet transportation needs for the population that your organization represents; 3) concepts for improving mobility options through new coordination efforts.

December Meeting Schedule:

Date/Time: Tuesday, December 11, 2007 @ 11:00 AM

Place: Howard County Government Center

120 East Mulberry Street

Kokomo, Indiana

Please let us know by December 7, 2007 who will be representing your organization. Contact Laura Brown at 937-242-7136 or via e-mail at lbrownRLS@verizon.net.

We look forward to seeing you on December 11th.

Kind Regards,

Laura Brown, RLS & Associates

For Larry Ives, Director

Kokomo/Howard County Area Metropolitan Planning Organization

Exhibit 4: Kokomo/Howard County Governmental Coordinating Council (KHCGCC) Transportation Surveys



KHCGCC needs your input for developing a local public transit/human services coordinated transportation plan in your area.

Everyone interested in coordinating transportation should complete this comprehensive on-line survey.

Everyone planning to apply for grant funding under the Federal Transit Administration (FTA) Section 5310, 5316, and 5317 in future years ***must*** complete this on-line survey.

The survey is available until **February 29, 2008.**

Please go to <http://www.superiornetworks.biz/Kokomo> to complete this survey today.



Do you love the outdoors?

Would you like to see a bike path in Kokomo?

Let KHCGCC know what you think by completing the bike path survey.

Please go to <http://tinyurl.com/2fugtf> to let KHCGCC know how you feel about this idea.

The survey will be available until **February 29, 2008.**

Kokomo

COORDINATED PUBLIC TRANSIT-HUMAN SERVICE TRANSPORTATION PLAN

December 2007

SIGN-IN SHEET

Please Print.

NAME & AGENCY	AGENCY ADDRESS	TELEPHONE	E-MAIL
Bill Davis Howard Legson Health Baronies	322 N. Main Kokomo	PHONE 765-453-8327 FAX 765-453-8332	W.Davis@HowardLegson.org
Ginger Noto Bona Vista	1220 Elagena Kokomo	PHONE 457-8273 FAX	
Jamey Henderson Samaritan Caregivers	27055 Berkley Rd. Suite 3C	PHONE 453-4611 FAX	Samaritan@ yahoo.com
Jeff Newton Kokomo Urban Outreach	734 E. Hoffer Kokomo 46902	PHONE 461-9618 FAX	URBAN.outreach @gmail.com
Lori Axers Crossroads Childcare	4254 S 00 EW Kokomo IN 46902	PHONE 864-0307 FAX 453-4734	lori.akers@ crossroads.cc
		PHONE FAX	

Kokomo

COORDINATED PUBLIC TRANSIT-HUMAN SERVICE TRANSPORTATION PLAN

December 2007

SIGN-IN SHEET

Please Print.

NAME & AGENCY	AGENCY ADDRESS	TELEPHONE	E-MAIL
DOUG EYTCHESON KHCGCC	120 E. MURBERRY SUITE 116	PHONE 452-9184 FAX	gectplanner@ aol.com
CINDY DUNLAP UNITED WAY INFORMATION REFERRAL	210 W. WALNUT	PHONE 457-4357 FAX	cdunlap@unitedwayhoco. org
Lori Tate United Way	210 W Walnut	PHONE 457-6691 FAX	Hate@unitedway hoco.org
LARRY IVES Rhino	KHCGCC 120 E. MURBERRY SUITE 116	PHONE 456-2336 FAX 2339	Khegcc@aol. com
Stephen R. Wiseman	1102 S Apperson way	PHONE 452-9881 FAX 452-9885	MR.Thorp@HotMail.com
A. Michelle Thorp Rhino	1102 S Apperson way	PHONE 452-9881 FAX 452-9885	' ' ' ' ' '

A-10

Exhibit 5

**EXHIBIT 6: COORDINATED PUBLIC TRANSIT-HUMAN SERVICE
TRANSPORTATION ACTION PLAN
DECEMBER 2007**

Agenda

- **Registration**
- **Introductions and Welcome**
 - Purpose and Overview
 - United We Ride
 - SAFETEA-LU
- **Discussion**
 - What are we trying to achieve through coordination?
 - What are we trying to preserve through coordination?
 - What are we trying to avoid through coordination?
 - What are we trying to eliminate through coordination?
- **Identify What Actions Must Take Place to Coordinate**
 - Goals of this Session
 - Identify Existing Unmet Need for Transportation
 - Identify Existing Services
 - Identify Service Gaps and/or Duplication of Existing Service
 - Discuss Possible Concepts or Actions for Improving Mobility Options through Coordination

BREAK

- **Rating Implementation of the Action Items**
 - Identify existing foundation for the Action – Does Support Already Exist?
 - Will this Action lay the foundation for future Action?
 - Is progress possible within the next 6-months, 1-year, 3-years, etc?
 - Identify financial feasibility of the Action.
- **Identify Strengths and Weaknesses for Implementation of Each Action Item**
- **Next Steps**
- **Adjourn**



Happy Holidays!



KOKOMO/HOWARD COUNTY GOVERNMENTAL COORDINATING COUNCIL

120 EAST MULBERRY STREET, SUITE 116 KOKOMO, IN 46901

PHONE: 765-456-2336 FAX: 765-456-2339

e-mail: khcggc@aol.com Web Site: kokomompo.com

Dear Friend of Transportation:

In August of 2005, Congress passed the Safe, Accountable, Flexible and Efficient Transportation Equity Act - A Legacy for Users (SAFETEA-LU), reauthorizing the surface transportation act. As part of this reauthorization, **future grantees** under the Elderly and Disabled Transportation Program (5310), Job Access and Reverse Commute (JARC - 5316), and the New Freedom Initiative (NFI - 5317), **must meet certain requirements** in order **to receive SAFETEA_LU funding** for fiscal year 2007 (beginning 10/1/06) and beyond. Of particular importance is the requirement for grantees to participate in a locally developed Coordinated Public Transit-Human Services Transportation Plan.

The Kokomo/Howard County Governmental Coordinating Council has a responsibility to be aware of all transportation programs and funding streams for human service agency consumer and general public transportation in the area. The Kokomo/Howard County Governmental Coordinating Council is also responsible for submitting the locally developed coordinated plan for Kokomo and Howard County to INDOT, which includes an inventory of resources, a transportation needs assessment, and a plan for addressing transportation needs and gaps in service through coordination of local transportation providers and supporters. Meanwhile, INDOT and other Metropolitan Planning Organizations (MPOs) are conducting similar studies throughout the state.

As previously mentioned, projects from the FTA Section 5310, 5316, and 5317 programs must be part of a locally developed plan. Further, this plan is required to be developed through a process that includes input from representatives of local governments, public, private, and non-profit transportation services, human services providers, advocacy organizations representing older adults, individuals with disabilities, and people with low incomes, and the general public. As part of this process and to ensure adequate input into the local plans by these different entities, a series of stakeholder meetings are being held in Kokomo. The first of these meetings took place on December 11, 2007. **The next meeting will be held at 2:00p.m. on March 20th, 2008 in the Conference Room at the Howard County Governmental Office building, 120 East Mulberry, Kokomo, IN.**

The second stakeholder meeting has been scheduled in an effort to inform participants from human service agencies, and invite the general public to participate in the planning process. The meeting time, and location are provided in the enclosed announcement. The meeting will include a discussion of the needs assessment, level of coordination between transportation programs, coordination goals and strategies for improving coordination efforts in the area. **Attendance at the December meeting is not a prerequisite for participation in the remainder of the planning process.**

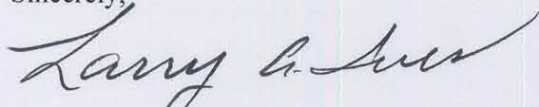
Exhibit 7

You have received this meeting invitation because you represent a local/county/state government or nonprofit organization, or advocacy group, which provides service to, or advocates for, individuals who have public or specialized (older adults, individuals with disabilities and/or peoples with low incomes) transportation service needs. Additionally, **if you plan to apply for funding** under the Section 5310, 5316, or 5317 programs **anytime within the next four years**, you **must participate** in the plan development and meetings. A meeting flyer is enclosed for you to distribute and post, as appropriate, to announce the meeting.

Please RSVP your attendance to this meeting by calling RLS & Associates, at (937)299-5007 or e-mail edemeter@rlsandassoc.com. The meeting location is accessible, including to wheelchair users at the North end of the building. Individuals requiring other special accommodations, including information in alternative formats, should contact Emily Demeter, at the phone number or e-mail address shown above, no later than March 15, 2008.

We look forward to seeing you on March 20th.

Sincerely,

A handwritten signature in cursive script, reading "Larry A. Ives".

Larry A. Ives, Director
KHGCCG

Enclosures: Meeting flyer for distribution and posting

Exhibit 8: Announcing the 2nd Coordinated Public Transit- Human Services Transportation Plan Meeting!

Please Plan to Attend...

Of specific concern is transportation for older adults, individuals with disabilities, persons with low incomes, and the general public. Strategies to address transportation needs and gaps through coordination of services will be addressed.

- Everyone interested in coordinating transportation should attend.
- Everyone planning to apply for grant funding under Section 5310, 5316, and 5317 must participate in the planning process.
- Attendance at the 1st meeting is not a prerequisite for attending this meeting. The meeting is open to the public.

The meeting will be facilitated by RLS & Associates, Inc. for Kokomo/Howard County Governmental Coordinating Council

Date: 03/20/2008

Time: 2:00 to 4:00 PM

Address: Howard County Governmental Office

Building, 120 East Mulberry St. Kokomo, IN

For information about the meeting or questions regarding building/room accessibility and other special accommodations, please contact Emily Demeter at (937) 299-5007 or by e-mail Edemeter@rlsandassoc.com

Exhibit 9: Kokomo/Howard County Governmental Coordinating Council (KHCGCC) Transportation Surveys

What do you think about a Bike Path?

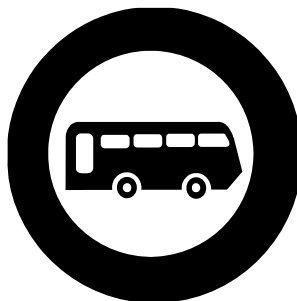


We apologize for the change in websites.

Please go to our [new link](#) below to let KHCGCC know what you think about establishing a bike path in Kokomo.

The new survey link is <http://tinyurl.com/2fugt6>

The survey will be available until **March 7, 2008.**



REMINDER... KHCGCC needs your input for developing a Coordinated Human Service Agency and Public Transportation Plan for Kokomo.

Every organization that uses or provides transportation should complete this comprehensive on-line survey.

Everyone planning to apply for grant funding under the Federal Transit Administration (FTA) Section 5310, 5316, and 5317

must complete this on-line survey.

The survey is available until **February 29, 2008.**

Please go to <http://www.superiornetworks.biz/Kokomo> to complete this survey today.

If you have any questions about the bike path or coordinated transportation surveys, please contact Todd Lenz at (937) 299-5007.

COORDINATED PUBLIC TRANSIT-HUMAN SERVICE TRANSPORTATION PLAN

March 2008

SIGN-IN SHEET

Please Print.

NAME & AGENCY	AGENCY ADDRESS	TELEPHONE	E-MAIL
Betty Shaffer	DAV	PHONE 765-628-7312 FAX	
Charlie Skoog	Breakaway Bicycle Club	PHONE 765 457-2600 FAX	RUNCRA@AOL.COM
Diana Lowery	St Joseph Hosp. and Clinic of Hope	PHONE 457-4673 FAX 457-6503	dhlwery@st-joseph.org st-vincent.org
Bob Lot	Consumer	PHONE 457-3531 FAX	
Cindy Dunlap UNITED WAY IER/211	210 W. WALNUT KOKOMO 46901	PHONE 457-4357 FAX	cdunlap@unitedwayhoco.org
Jamey Henderson Samaritan Caregivers	2705 S. Bertley Rd 3C Kokomo IN 46902	PHONE 765.453.7411 FAX 765.453.7625	samaritan@yahoo.com

COORDINATED PUBLIC TRANSIT-HUMAN SERVICE TRANSPORTATION PLAN

March 2008

SIGN-IN SHEET

Please Print.

NAME & AGENCY	AGENCY ADDRESS	TELEPHONE	E-MAIL
Andy Dander City Council		PHONE 457-3129	
Polando Fuentes	St. Joseph Hospital 1907 W. Sycamore St Kokomo IN 46901	PHONE 456-5361	fuentesr5567@sigglobal.net
Debbie Ellison	Howard Co. Council 408 E. Mulberry St. Kokomo, IN. 46901	PHONE 868-1098 FAX 4545464	les192000@aol.com
		PHONE	
		FAX	
		PHONE	
		FAX	
		PHONE	
		FAX	

Exhibit 10

COORDINATED PUBLIC TRANSIT-HUMAN SERVICE TRANSPORTATION PLAN

March 2008

SIGN-IN SHEET

Please Print.

NAME & AGENCY	AGENCY ADDRESS	TELEPHONE	E-MAIL
Jolene Rule Consumer	Greentown Parks & Trails Advisory Board	PHONE FAX	jolenerule@ insightbb.com
Rachel Jenkins consumer	Greentown Main Street Association	PHONE 763-688-3564 FAX	rjenkins@ questnet
Kim Ruby Community Foundation		PHONE 454-7298 FAX	Kim Ruby Kim@cfhoward.org powerpt. please
Lany Sun KACGA		PHONE FAX	
Lori Tate		PHONE 457-669 FAX	lrate@unitedway-hoa.org
Pam Vace		PHONE 868-3154 FAX	pam@fsahc.org

**Exhibit 11: Kokomo and Howard County
Coordinated Public Transit-Human Service
Transportation Plan
*March 20, 2008***

Agenda

- **Registration**
- **Introductions and Welcome**
 - Purpose and Overview
 - United We Ride
 - SAFETEA-LU
- **Plan Information**
 - Development of Plan
 - Key Demographic Information
- **Gathered Information and Discussion**
 - Stakeholder Meeting Results
 - Needs Assessment
 - Challenges and Goals to Coordination
- **Next Steps**
- **Adjourn**

Exhibit 12: Kokomo and Howard County Coordinated Public Transit-Human Services Transportation Plan

Presented by:
 RLS & Associates, Inc.
 3131 South Dixie Hwy., Suite 545 Dayton, Ohio
lbrownRLS@verizon.net
 March 20, 2008

Project Purpose

- Transportation Coordination Makes Sense from an Efficiency Standpoint. Now it is also a National Mandate.
 - United We Ride Campaign
 - Grant Awarded to KHCGCC from INDOT to Develop the HSTP
 - Statewide Coordinated Transportation Plan

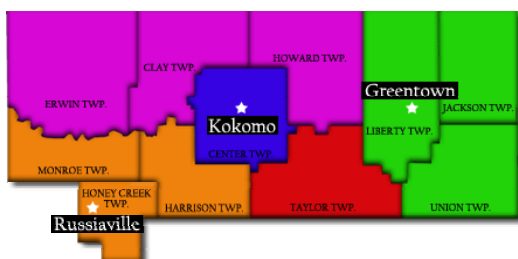
SAFETEA-LU

- Safe, Accountable, Flexible, Efficient, Transportation, Equity Act: A Legacy for Users.
 - Section 5310 - Elderly Individuals and Individuals with Disabilities.
 - Section 5316 - Job Access and Reverse Commute.
 - Section 5317 - New Freedom Initiative.

Locally Developed Plan

- Project Purpose
- Demographics
- Inventory of Existing Services
- Needs Assessment
- Public Opinion
- Goals, Objectives, Implementation Strategies (5 year timeframe)

County Townships and Communities



Population Growth

- 2005: 84,977 persons
- 2010: 84,395 persons
- 2015: 84,073 persons
- 2020: 84,632 persons
- 2025: 85,702 persons
- The Indiana Business Research Center projects that the County's population will remain fairly stable between 2000 and 2020 with a slight increase occurring between 2020 and 2025.

Individuals with Disabilities

- Number of Individuals in the County Who are Projected to Have a Disability - Defined as At Least One Activity Of Daily Living that Requires Assistance - Is Expected to Increase 1.1% from 2000 to 2005.
- 4.2% Growth Rate is Projected Between 2005 & 2010.

Older Adults

- 13.4% of the County Population is Age 65 or Older (2000 U.S. Census).
 - 12.4% for State of Indiana and United States.
- Projected Growth for County's Older Adult Population through 2015 - An Increase of 28.4%.

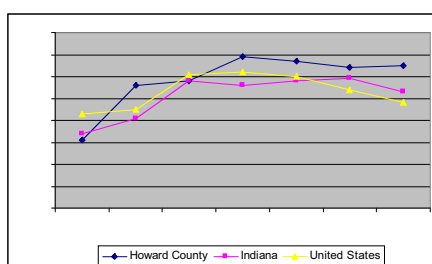
Households Below Poverty Level

- Approximately 9.1% of Households in the County are Below the Poverty Level (2000 U.S. Census)

Zero Vehicle Households

- 7.3% of All Occupied Housing Units in the County have No Available Vehicle.

Unemployment Rates



Stakeholder Meeting Results

- There are Gaps and Duplications in Transportation Service at the County Level.
- Majority of Transportation Demand is within Kokomo City Limits.
- Rural Areas do not Generate High Demand.

Needs Assessment

- Need More Affordable Public Transportation Options for Individuals on a Limited Income.
- Need to Respond to Ill or Frail Consumers in a Timely Manner.
- Transportation to Ivy Tech and Other Colleges for Lower Income Individuals.

Challenges To Coordination

- Popular Destinations are Scattered throughout the City.
- Need Effective Software for Scheduling Demand Response Trips.
- Driver Shortages.
- Training and Educating the Public.
- Rising Fuel Costs

Goals for Coordination

- Share a Database of Information Among Transportation Providers and Other Coordination Partners.
- Identify Needs Through a Countywide Survey.
- Purchase New Dispatching/Scheduling Software.
- Identify if a Regularly Scheduled Route is Appropriate.

Next Steps

- Public Survey
- Finalize Coordination Goals, Objectives, Strategies for Implementation
- Public Hearing and Comment Period
- Adopt the Plan
- Apply for Funding!

**Thank You For Your Time and
Attention!**

HAPPY SPRING!!

RECEIVED MAR 31 2008

RLS & Assoc.

(Governmental Unit)

Howard County, Indiana

PUBLISHER'S CLAIM

K-249

LINE COUNT

Display matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of type in which the body of advertisement is set)

-number of equivalent lines

Head - number of lines

Body - number of lines

Tail - number of lines

Total number of lines in notice

COMPUTATION OF CHARGES

36 lines, 1 columns wide equals
equivalent lines at 0.884 cents per line

\$ 39.78

Additional charge for notices containing rule or tabular work
(50 percent of above amount)Charge for extra proofs of publication
(\$1.00 for each proof in excess of two)

Total Amount of Claim

\$ 39.78

DATA FOR COMPUTING COST

Width of single column: 10.3 Ems
Number of Insertions: 1
Size of type: 6 pt

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

March 17th 2008

Legal Advertising Clerk

PUBLISHERS AFFIDAVIT

State of Indiana)
) SS:
Howard County)

Personally appeared before me, a notary public in and for said county and state, the undersigned Hannah Fields who being duly sworn, says that he/she is the legal advertising clerk of the Kokomo Tribune a newspaper of general circulation printed and published in the English language in the city of Kokomo in state and county aforesaid, and the printed matter attached hereto is a true copy, which was duly published in said paper for 4 time(s), the dates of publication being as follows: March 13th 14th 15th 17th 2008

Subscribed and sworn to before me
this 17th day

Michelle K. Best
NOTARY PUBLIC, STATE OF INDIANA
MY COMMISSION EXPIRES DECEMBER 28, 2009
Notary Public

My commission expires:

ATTACH COPY
OF ADVERTISEMENT HERE

Notice of Public Meeting
**Coordinated Public Transit-
Services Transportation Plan for
and Howard County**
A local meeting will be held at the
County Governmental Office building,
East Mulberry Street, Kokomo, IN on
20, 2008 from 2:00 p.m. until 4:00 p.m. to
discuss the development of a Coordinated
Public Transit-Human Services
Transportation Plan for Kokomo and Howard
County.
Participation from anyone living or traveling
in Kokomo and Howard County is
encouraged. Human service, governmental,
or nonprofit organizations planning to apply
for SAFETEA-LU funding under the FTA
8310, 8316, or 8317 programs must
participate in the planning process through
either the March 20th meeting or completion
of the on-line survey at
<http://www.superiornetworks.biz/Kokomo>.
Or, any interested party may schedule a one-
on-one interview or send comments by
contacting Emily Demeter at RLS &
Associates, Inc. 3131 South Dixie Highway,
Suite 545 Dayton, Ohio 45439 or emailing
comments to edemeter@rlsandassoc.com no
later than March 31, 2008.
The meeting location is accessible
including to wheelchair users, on the North
end of the building. Individuals requiring any
other special accommodations, including
information in alternative formats, should
contact Emily no later than March 18.
K-249 March 13, 14, 15, 17 #37335

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆

A stylized, high-contrast illustration of a man in a suit and glasses, pointing with his right hand towards a whiteboard. The man is depicted from the waist up, facing slightly to the left. He has a balding head with some hair on the sides and is wearing round glasses. His suit is light-colored, and he has a dark tie. The whiteboard is a large, blank rectangular area on the left side of the image. The background is a solid dark gray. The overall style is minimalist and graphic, using only black, white, and shades of gray.

A 24

Sign-In Sheet
 Kokomo Stakeholders Meeting
 June 5, 2008 at 10:00 A.M.

Name	Organization	Address	E-mail	Phone Number
Quora Albert	Bona Vista Program Early Head Start	Address: 1220 E. Cuyamaca City: Kokomo, IN Zip: 46902	j6k14@bonavista.org	(765) 457-8213 ext: 349
Reber Harris	Gilead House	Address: 4073 S. Webster City: Kokomo Zip: 46902	gileadhouse2@steglobal.net	765-865-7427
Ruth Lawson	CHAM, INC	Address: P.O. Box 523 City: Kokomo Zip: 46903	rlawson@37.com	765 434-0687
Jim Lass	Kokomo-Ho Co. Flax Commission	Address: 120 E. Mulberry St. 114 City: Kokomo, IN Zip: 46901	jbrs@cityofkokomo.org	765-456-2333
Larry Jans	KHCC	Address: 120 E. Mulberry City: Kokomo Zip:	KHCC@cityofkokomo.org	765-456-2333

Sign-In Sheet
 Kokomo Stakeholders Meeting
 June 5, 2008 at 10:00 A.M.

Name	Organization	Address	E-mail	Phone Number
CINDY DUNLAP	UNITED WAY IER/211	Address: 210 W. WALNUT City: <u>KOKOMO</u> Zip: <u>46901</u>	adunlap@unitedwayhoco.org	457-4357
Ron Vann	Kokomo Rescue Mission	Address: 321 W. Mulberry City: <u>Kokomo</u> Zip: <u>46901</u>	rvisser@rescuekokomo.org	456-3838
Jennifer Cass	Plan Commission Intern	Address: 318 S. Meridian St Greentown IN City: _____ Zip: <u>46936</u>	jleigncass@gmail.com	432-5250
Cassie Bilbel	Plan Commission Intern	Address: 1525 Conbar Dr City: <u>Fort Wayne, IN</u> Zip: <u>46804</u>	cbilbel@bsa.edu	(743) 438-2370
Frankie Pappas	KHOECO Intern	Address: 120 E. Walnut St City: <u>Kokomo</u> Zip: <u>46901</u>	frankie.pappas@koko.org	456-2284

Sign-In Sheet
 Kokomo Stakeholders Meeting
 June 5, 2008 at 10:00 A.M.

Name	Organization	Address	E-mail	Phone Number
Asha Carpenter	Senior Bus City of Kokomo	Address: 721 W. Superior City: Kokomo Zip: 46902	acarpente@cityofkokomo.org	456-7555
Dan Eytcheson	KITCC	Address: 12015 Mulberry City: Kokomo Zip: 46901	geetplanner@aol.com	454-9184
Jamey Henderson	Samaritan Caregivers	Address: 2705 S. Berkley Rd. Suite 30 City: Kokomo IN Zip: 46902	samaritan@yahoo.com	
		Address: _____ City: _____ Zip: _____		
		Address: _____ City: _____ Zip: _____		

Exhibit 16: Kokomo/Howard County Governmental Coordinating Council (KHCGCC)
Transportation Coordination Plan
Public/Nonprofit Organization Survey

Instructions to Survey Respondent – The Safe, Accountable, Flexible, Efficient Transportation Act, a Legacy for Users (SAFETEA-LU) was enacted in August 2005 and provides guaranteed funding for Federal surface transportation programs through FY 2009. SAFETEA-LU requires the establishment of a locally-developed, coordinated public transit – human services transportation plan (HSTP) in order for an applicant to access three specific funding programs; Section 5310 Elderly and Individuals with Disabilities, Section 5316 Job Access Reverse Commute (JARC), and Section 5317 New Freedom. In response to this requirement, the Kokomo/Howard County Governmental Coordinating Council (KHCGCC) is embarking on a thorough planning process to identify strategies that encourage more efficient use of available service providers that bring enhanced mobility to the area’s older adults, persons with disabilities, and individuals with lower incomes.

As part of this planning process, KHCGCC must develop inventories of transportation services available to older adults, persons with disabilities, and individuals with lower incomes. The inventory and all survey results will be incorporated into the HSTP and the Kokomo/Howard County Area MPO 25 Year Transportation Plan. Please complete the following survey to the best of your ability by February 29, 2008. If you have any questions regarding this survey, please contact Todd Lenz via email at tlenz@rlsandassoc.com, or via telephone at (937) 299-5007.

I. ORGANIZATION CHARACTERISTICS AND SERVICES PROVIDED

The first set of questions has to do with the general characteristics of your organization and the general nature of the services provided.

1. Identification of Organization:

- a. Respondent’s Name: _____
- b. Title: _____
- c. Organization: _____
- d. Street Address: _____
- e. City: _____ State: _____ Zip: _____
- f. Work Phone: _____ Fax: _____
- g. Respondent’s E-mail: _____

INDOT Statewide Transportation Coordination Plan
Public/Nonprofit Organization Survey
Page 2

h. Respondent's Website Address: _____

2. Please check the box that best describes your organization. (Choose only one of the following options)

- | | |
|---|--|
| <input type="checkbox"/> a. Publicly Sponsored Transit Agency | <input type="checkbox"/> l. Private School |
| <input type="checkbox"/> b. Social Service Agency – Public | <input type="checkbox"/> m. Neighborhood Center |
| <input type="checkbox"/> c. Social Service Agency – Nonprofit | <input type="checkbox"/> n. Taxi/Wheelchair/Stretcher Service |
| <input type="checkbox"/> d. Medical Center/Health Clinic | <input type="checkbox"/> o. Public Housing |
| <input type="checkbox"/> e. Nursing Home | <input type="checkbox"/> p. Shelter or Transitional Housing Agency |
| <input type="checkbox"/> f. Adult Day Care | <input type="checkbox"/> q. Job Developer |
| <input type="checkbox"/> g. Municipal Office on Aging | <input type="checkbox"/> r. One-Stop Agency |
| <input type="checkbox"/> h. Nonprofit Senior Center | <input type="checkbox"/> s. Other _____ |
| <input type="checkbox"/> i. Faith Based Organization | |
| <input type="checkbox"/> j. YMCA/YWCA | |
| <input type="checkbox"/> k. Red Cross | |

3. What are the major functions/services of your organization? (Select all of the following options that apply)

- | | |
|---|--|
| <input type="checkbox"/> a. Transportation | <input type="checkbox"/> k. Job Placement |
| <input type="checkbox"/> b. Health Care | <input type="checkbox"/> l. Residential Facilities |
| <input type="checkbox"/> c. Social Services | <input type="checkbox"/> m. Income Assistance |
| <input type="checkbox"/> d. Nutrition | <input type="checkbox"/> n. Screening |
| <input type="checkbox"/> e. Counseling | <input type="checkbox"/> o. Information/Referral |
| <input type="checkbox"/> f. Day Treatment | <input type="checkbox"/> p. Recreation/Social |
| <input type="checkbox"/> g. Job Training | <input type="checkbox"/> q. Homemaker/Chore |
| <input type="checkbox"/> h. Employment | <input type="checkbox"/> r. Housing |
| <input type="checkbox"/> i. Rehabilitation Services | <input type="checkbox"/> s. Other _____ |
| <input type="checkbox"/> j. Diagnosis/Evaluation | |

4. Under what legal authority does your organization operate?

- | |
|--|
| <input type="checkbox"/> a. Local government department or unit (city or county) |
| <input type="checkbox"/> b. Private nonprofit organization |
| <input type="checkbox"/> c. Transportation authority |
| <input type="checkbox"/> d. Private, for-profit |
| <input type="checkbox"/> e. Other (Specify) _____ |

5. Please list all counties in which you provide services. List all such counties, even if you serve a small portion of the county(ies).

Counties Served: _____

6. Does your organization impose eligibility requirements on those persons who are provided transportation?

☐ Yes ☐ No

If yes, please define those basic requirements below (*e.g.*, Medicaid only, low-income only, etc).

7. Is your organization involved in the direct operation of transit for the general public and/or transportation services for human service agency clients?

☐ Yes ☐ No

8. Does your organization purchase transportation on behalf of clients or the general public from other service providers?

☐ Yes ☐ No

If the answer to Question 7 is "No," and the answer to Question 8 is "Yes," Skip to Question 27 and continue the survey.

If the answer to both questions is "No," Skip to Section V, Question 29 and continue the survey.

II. TRANSPORTATION SERVICES PROVIDED

Service Providers Only. In this section, explain the various methods by which your organization delivers public transit or human service agency transportation. Exclude meal deliveries or other non-passenger transportation services that may be provided.

9. Which mode of transit service delivery best describes your methods of service delivery? (*Select all of the following options that apply*)

☐ a. Publically-operated fixed route (fixed path, fixed schedule, with designated stops)

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Public/Nonprofit Organization Survey
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- ☐ b. Human service agency fixed route (fixed path, fixed schedule, with designated stops)
- ☐ c. Demand response (includes casual appointments and regular clients attending daily program activities)
- ☐ d. Route deviation
- ☐ e. Other (Specify) _____

10. In what manner does your organization directly provide, purchase, operate, or arrange transportation? (Check all that apply.)

Mode of Transportation	Services for the General Public	Client Only Services
	(Check All That Apply)	
a) Personal vehicles of agency staff		
b) Agency employees using agency owned fleet vehicles		
c) Pre-purchased tickets, tokens, passes for other modes of paratransit/transit		
d) Reimbursement of mileage or auto expenses paid to employees, clients, families, or friends		
e) Volunteers		
f) Information and referral about other community transportation resources		
g) Organized program with vehicles and staff designated specifically for transportation		
h) Other (Describe in space provided below)		

Please describe any other methods in which your organization delivers transportation services not previously checked in Question 10a through 10h.

11. Please provide the following information regarding the vehicle fleet used in the provision of transportation services provided directly by your agency. The vehicle type(s) used include the following:

Vehicle Type	Number of Vehicles			
	Total Number	Number Owned or Leased	No. Owned or Leased: Wheelchair Accessible	Volunteer Vehicles
a) Sedans				
b) Station wagons				
c) Minivans				
d) Standard 15-passenger vans				
e) Converted 15-passenger vans (e.g., raised roof, wheelchair lift)				

f) Light-duty bus (body-on-chassis type construction seating between 16-24 passengers)				
g) Medium duty bus (body-on-chassis type construction seating over 22 passengers with dual rear wheel axle)				
h) School bus (yellow school bus seating between 25 and 60 students)				
i) Medium or heavy duty transit bus				
j) Other (Describe):				

Note: "Number Owned" and "Number Leased" should add to equal "Total Number."

12. Do drivers carry any type of communication device (*cell phone, two-way radio, etc.*)?

☐ Yes ☐ No

If "Yes," what type of communications device/system is used? (*Select any of the following options that apply*)

- ☐ Cellular phones
- ☐ Two-way mobile radios requiring FCC license
- ☐ Pagers
- ☐ Mobile data terminals
- ☐ Other (describe): _____

13. Define the level of passenger assistance provided for users of your transportation service. (*Select any of the following options that apply*)

- ☐ Curb-to-curb (*i.e.*, drivers will assist passengers in and out of vehicle only).
- ☐ Door-to-door (*i.e.*, drivers will assist passengers to the entrance of their origin or destination).
- ☐ Drivers are permitted to assist passengers with a limited number of packages.
- ☐ Drivers are permitted to assist passengers with an unlimited number of packages.
- ☐ We provide personal care attendants or escorts to those passengers who require such services.
- ☐ Passengers are permitted to travel with their own personal care attendants or escorts.

14. What are the daily hours and days of operation for your transportation services? Check days and list hours of operation in the space provided.

Mon Tues Wed Thu Fri Sat Sun

Transportation service begins: _____

Transportation service ends: _____

15. How do clients/customers access your transportation services? (Choose one of the following options)

- ☐ There are no advance reservation requirements.
- ☐ Clients/customers must make an advance reservation (e.g., by telephone, facsimile internet, arrangement through a third party, etc).

16. If advance reservations are required, what notice must be provided?

- ☐ Customers/clients can call on the same day as the trip (e.g. taxi service)
- ☐ Customers/clients must call for a reservation the day before travel.
- ☐ Customers/clients must call for a reservation 24 hours before travel.
- ☐ Customers/clients must call for a reservation two days before travel.
- ☐ Customers/clients must call for a reservation three days before travel.
- ☐ Customers/clients must call for a reservation four days before travel.
- ☐ Customers/clients must call for a reservation five days before travel.
- ☐ Customers/clients must call for a reservation one week before travel.
- ☐ Other (Define): _____

17. Will you accommodate late reservations if space is available?

- ☐ Yes ☐ No

Explain _____

Question Number 18 was deleted.

III. RIDERSHIP

The following questions have to do with client/patron caseload and/or client ridership.

18. Must individuals be certified or pre-qualified in order to access your transit services?

- ☐ Yes ☐ No

If yes, what are the eligibility/qualification standards?

19. Please provide your organization's annual passenger statistics. If possible, use data for the most recently completed 12-month period for which data is available. Complete questions (a) through (d).

Unduplicated Persons/Passenger Trips	Services for the General Public	Client Only Services	Estimate	Actual
a) Total number of persons ¹ provided transportation				
b) Total number of passenger trips ² (most recent fiscal year)				
c) Estimated number of trips ² which the riders use a wheelchair				

In the above table, use the following definitions:

¹ A "person" is an unduplicated count of individuals receiving service (a person riding the vehicle 200 trips per year is counted as one person).

² A "trip" equals one person getting on a vehicle one time. Most riders make two or more trips a day since they get on once to go somewhere and then get on again to return.

Answer the following questions about figures provided in the table above:

d) Time period for counts: _____

IV. ANNUAL EXPENDITURES AND REVENUES

The following questions concern your **transportation** funding sources and annual revenues and expenditures.

20. Does your organization charge a fare or fee for providing transportation services?

☐ Yes ☐ No

If yes, what is the fare structure? _____

21. Does the organization provide any discounts for the elderly or persons with disabilities?

☐ Yes ☐ No

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If yes, what is the discount? _____

22. Does your organization accept any donations from seniors to offset the cost of providing transportation services?

☐ Yes ☐ No

If yes, what is the suggested donation amount? _____

23. What are the beginning and ending dates of your organization's fiscal year?

Beginning: _____ Ending: _____

24. What are your transportation operating revenues?

Category	Actual, FY 2006
Transportation Operating Revenues – List Individually	
a) Fares Collected from Passengers Through Cash, or Tickets/Tokens Purchased by Passengers (Include Client Fees and/or General Public Fares Here)	
b) Revenues Collected From Cash or Ticket/Tokens Purchased by Third Parties on Behalf of Passengers	
c) Reimbursements for Services Obtained from Third Parties (e.g., Medicaid Reimbursements)	
d) City Government Appropriations	
e) County Government Appropriations	
f) State Government Appropriation	
g) Grants Directly Received by the Organization	
1) FTA Section 5307	
2) FTA JARC	
3) Title III (Older Americans Act)	
4) Medicaid	
5) Other (List)	
6) Other (List)	
h) United Way:	
i) Passenger Donations	
j) Fundraising	
k) Contributions from Charitable Foundations, etc.	
l) Other, not listed above (Explain)	
Total Transportation Revenues – Total	

Other comments on organization revenues?

25. Did you receive any capital revenues during FY 2006 for transportation (e.g., facilities, vehicles, technology, etc.)?

Category	Actual, FY 2006
Transportation Capital Revenues – List Individually	
a) FTA	
1) FTA Section 5307	
2) FTA Section 5309	
3) FTA Section 5310	
4) FTA Section 5311	
b) Governmental Revenues	
c) Passenger Donations	
1) State	
2) County (list county)	
3) City (list city)	
d) Fundraising	
e) Contributions from Charitable Foundations, etc.	
f) Other, not listed above (Explain)	
Total Transportation Capital Revenues – Total	

Other comments on organization capital revenues?

26. What are your transportation operating and capital expenses?

Category	Actual, FY 2006
Transportation Operating Expenses – List Individually	
a) Transit Operation Expenses	
1) Transportation administration	
2) Transportation operations	
3) Transportation maintenance (facilities and equipment)	
Total Operating Expenses	
b) Transportation Capital Expenses	
Total Transportation Operating and Capital Expenses	

Other comments on organization expenses?

27. Does your agency make any payments to third parties to pay for transportation of the general public or for clients of your agency?

☐ Yes ☐ No

If No, skip to Question 29.

28. If your agency purchases client transportation services from third parties, please complete the following table. If the third party or parties are private individuals, do not list individual names; sum all such entries in one line labeled as "private individuals."

Transportation Payments Made to Third Parties for the Purchase of Transportation Services			
Name of Third Party	Total Number of Trips Purchased	Rate and Basis of Payment (e.g., Per Mile, Per Trip, etc.)	Total Amounts Paid Last Fiscal Year

Note: If different rates apply to different types of trips (e.g., ambulatory trips vs. non-ambulatory trips), please specify each rate and ridership separately). Also, if rate structure incorporates more than one structure (e.g., a base rate plus a mileage-based rate), please specify accordingly.

V. ASSESSMENT OF NEEDS/COORDINATION

Questions 30 and 31 were deleted, and a reworded version of Question 31 appears below as Question 30..

29. What elements of the existing transportation network provide the most useful personal mobility options in your service area (select one)?

- ☐ Public transit.
- ☐ ADA complementary paratransit services.
- ☐ Taxis and other private providers.
- ☐ Human service transportation programs.
- ☐ Families, friends, and neighbors.
- ☐ Volunteers.
- ☐ Other (Define): _____

30. In your assessment, what enhancements are most needed to improve personal mobility in your service area (select one)?

- ☐ Greater coordination among providers.
- ☐ More funding.
- ☐ Longer hours and/or more days of service.
- ☐ Loosening of eligibility restrictions.
- ☐ Lower fares on existing services.
- ☐ Other (Define): _____

31. In what type of transportation coordination activities do you currently participate?

- ☐ Information and referral.
- ☐ Joint procurement.
- ☐ Joint training.
- ☐ Joint dispatch.
- ☐ Shared backup vehicles.
- ☐ Shared maintenance.
- ☐ Joint use of vehicles.
- ☐ Trip sharing.
- ☐ Service consolidation.
- ☐ Service brokerage.
- ☐ Joint grant applications funding.
- ☐ Driver sharing.
- ☐ Other (Define): _____

Please provide additional explanation of your coordination activities indicating the names of the other organizations that participate with you.

Question 34 has been deleted.

32. What issues, if any, have your coordination efforts encountered (check all that apply)?

- ☐ Statutory barriers to pooling funds
- ☐ Restrictions placed on the use of vehicles
- ☐ Liability/insurance concerns
- ☐ Turf issues among providers
- ☐ Billing/accounting issues
- ☐ Unique characteristics of client populations
- ☐ Other (Define): _____

33. In your opinion, what do you see as the greatest obstacle(s) to coordination and personal mobility in your service area (check only one)?

- ☐ Statutory barriers to pooling funds
- ☐ Restrictions placed on the use of vehicles
- ☐ Liability/insurance concerns
- ☐ Turf issues among providers
- ☐ Funding
- ☐ Unique client characteristics/inability to mix clients on-board vehicles
- ☐ Other (Define): _____

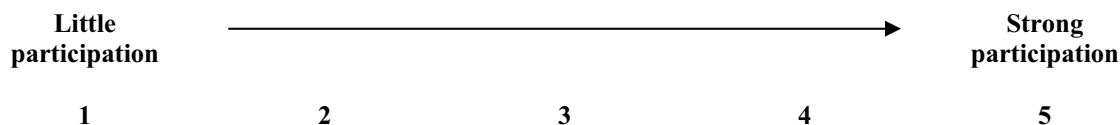
34. In your opinion, what enhancements are most needed to improve the coordination of public transit and human service transportation in your service area?

35. In your community, has some organization or committee been established that has assigned responsibility to coordinate transportation among transit providers, human service agencies, and consumers?

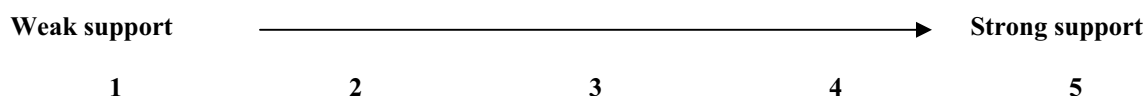
☐ Yes ☐ No

If yes to Question 35, please indicate below, using a scale of one through five, if your

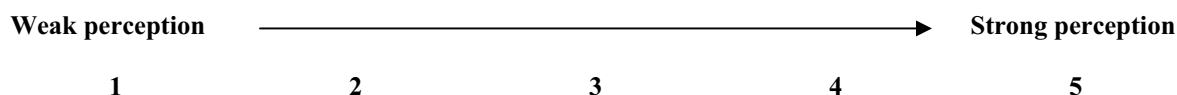
governing board actively participated in the planning, development, and implementation leading up to this arrangement?



36. On a scale of one to five, with five being the strongest support, is there sustained support for coordinated transportation planning among elected officials, agency administrators, and other community leaders?



37. On a scale of one to five, with five being the strongest perception, do you and members of the governing board perceive there to be real and tangible benefits to be realized if local organizations worked together to better coordinate the delivery of services?



If yes, what are the potential benefits in your opinion?

38. If there are any other issues, concerns, or information relevant to this issue, please feel free to address them in the spaces below.

39. If you would like to provide more detailed information and feedback, please leave your name and contact telephone number so that we can schedule an interview.

Thank you for your cooperation!

**Exhibit 17: Kokomo/Howard County Coordinated Public Transit-Human Services
Transportation Plan
Survey Questionnaire – Stakeholders**

Survey Script – Kokomo Howard County Area Metropolitan Planning Organization is conducting a study to determine if greater coordination of transit functions will enhance services to citizens while maximizing available Federal, state, and local revenues.

You and/or your organization have been identified as a “key stakeholder” in the study process. We would like to ask you a few questions regarding public transportation in the community. Your assistance in responding to this survey will directly influence the study’s recommendations and ultimately result in a Coordinated Public Transit-Human Services Transportation Plan that outlines the goals and objectives for coordinated human services and public transportation in Howard County over the next five years. Your participation in the planning process is appreciated.

Note to Interviewer: Interview summaries are due by May 28, 2008.

1. Identification of Individual Responding to the Survey:

- a. Name/Title: _____
- b. Organization: _____
- c. Business Address: _____
- d. Telephone: _____ Fax: _____
- e. E-mail: _____
- f. Business Purpose of Agency/Organization: _____
- g. Website? _____
- h. Agency Consumer Eligibility Requirements _____

2. Is your community/organization involved in the direct operation of public transportation or in the provision of transportation services for human service agency clients? (Check one.)

☐ Yes ☐ No

3. In your opinion, are the organizations and agencies who are responsible for delivering human service and public transportation sufficiently coordinating their services to enhance mobility and deliver services efficiently? On a scale of 1 – 4, with “1”

representing minimal or no coordination and “4” representing a high degree of coordination, please circle one answer.



Why?

4. What do you see as the need for public transportation in your community/organization? (i.e., Hours of service, service area, type of service (fixed route, demand response, mixture of services, on-demand taxi).

5. What do you believe is the public’s perception of the need for public transportation in your community/organization?

6. Do you and members of the governing board perceive there to be real and tangible benefits to be realized if local organizations worked together to better coordinate the delivery of services? If yes, what are the top 3 potential benefits in your opinion?

- 7. In your opinion, what are the 5 most common purposes for which your consumers (and/or the general public) need transportation?**

- 8. In your opinion, what are the top 3 destinations in Howard County for your consumers/community?**

- 9. In your opinion, is there a need for transportation in the rural areas of Howard County? This would include transportation options in the rural areas and small communities, and options to travel to/from rural areas/small communities to Kokomo.**

- 10. In your opinion, is there a need for transportation to destinations outside of Howard County? If yes, what are the 3 most common destinations AND 3 most common trip**

purposes (i.e., medical, social, employment)?

11. In your opinion, would it be appropriate for transportation in Howard County to coordinate with public/non-profit transportation providers in neighboring counties to serve the needs for transportation to destinations outside of Howard County? Please explain your answer.

12. (Only applies to human services agency representatives.) How does your agency provide or arrange for transportation for your consumers? Does your organization currently work with any public transportation providers or other human service agencies to provide transportation for your consumers?

13. (Only applies to human services agency/older adult services representatives.) What percentage (approx.) of your consumers currently use the following transportation options?

First City Rider	_____
Rhino Cab (w/o subsidy)	_____
Spirit of Kokomo	_____
Other (Please specify)	_____

14. (Applies to all.) What do you see as the greatest obstacle(s) to coordination and mobility in your community/organization?

- 15. (Applies to all.) In your opinion, what enhancements are most needed to improve the coordination of transit services?**

- 16. (Applies to all.) If there are any other issues, concerns, or information relevant to this issue, please feel free to address them in the spaces below.**

Thank you for your cooperation.

Ex. 18: Howard County Transportation Services Survey

Dear Howard County Resident,

Please take the time to fill out this survey about transportation services in Kokomo and Howard County. The survey applies to **all types** of transportation including First City Rider, Kokomo Senior Bus Service, taxi, human service agency vans, volunteer drivers, churches, veterans' services, or others.

1. What is your current mode of transportation? (Check all that apply)

- ☐ I own a car
- ☐ First City Rider
- ☐ Kokomo Senior Bus Service
- ☐ I use a service provided by a senior center
- ☐ I use a service provided by a public agency
- ☐ I walk to get where I need to go
- ☐ I ride with friends
- ☐ I ride with volunteers from the church
- ☐ I use a service provided by a retirement or nursing home
- ☐ I use Veterans' Services transportation
- ☐ Other, please specify _____

2. If you were to use transportation other than your personal vehicle, which would you prefer to use? (Check the best answer)

- ☐ A service I could call to schedule to pick up near my home and drop me off near where I want to go.
- ☐ A service that could pick me up at my home and drop me off exactly where I want to go.
- ☐ A bus system with a fixed schedule that stops at bus stops.
- ☐ I would not use transportation other than my vehicle.

3. What is your primary need or use for transportation? (Check all that apply)

- ☐ Work
- ☐ Primary, Middle, High School
- ☐ College
- ☐ Doctor/Hospital/Pharmacy visits
- ☐ Social Services visit
- ☐ Shopping
- ☐ Social Outings
- ☐ Other, please specify _____

4. If you do not use any transportation other than your personal vehicle or a ride from friends/family, why not? (Check all that apply)

- ☐ The cost of using other available transportation services is too expensive.
- ☐ The hours of available bus, taxi, human service agency, volunteer, or senior center transportation service are too limited.
- ☐ The service area of available bus, taxi, human service agency, volunteer, or senior center transportation service is too limited.
- ☐ It is more convenient for me not to use the bus, human service agency or senior center transportation.
- ☐ I have no reason to use the transportation options that are available.
- ☐ Other, please specify _____

5. Does any type of public transportation serve the area in which you work and/or live (include senior bus, First City Rider, senior centers, human service agency, other)? (Check the best answer)

___ Yes ___ No ___ Not Sure

offered by United Way? _____ Yes _____ No

6. Are you satisfied with the level of transportation service in the area where you work and/or live (include senior bus, First City Rider, senior centers, human service agency, other)? (Check the best answer)

_____ Yes

_____ No, please specify why _____

_____ Not Sure

11. What is your age? _____ Years

12. In which zip code do you reside in? _____

13. What is the nearest town/community to where you live? _____

14. Are you currently employed?

_____ Yes _____ No

15. What are your daily work shift hours?

_____ : _____ to _____ : _____

16. What is your total annual household income?

- (1) Less than \$5,000 (2) \$5,000 to \$9,999
(3) \$10,000 to \$14,999
(4) \$15,000 to \$19,999 (5) \$20,000 to \$24,999
(6) \$25,000 to \$34,999 (7) \$35,000 to \$49,999
(8) \$50,000 to \$74,999 (9) \$75,000 or more

9. Do you use the First City Rider program? _____ Yes _____ No

If yes, approximately how many times per month do you ride?

10. Are you aware of the 211 phone number for information

Thank you for Participating!!

Kokomo Howard County
Governmental Coordinating Council

PLEASE RETURN COMPLETED SURVEY
by May 22, 2008

Time	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
5-7AM							
7-10AM							
10AM-12PM							
12-3PM							
3-6PM							
6-9PM							
9-12PM							

8. If using any type of transportation other than your personal vehicle, which days and hours would be most beneficial to you? Mark and X in each box that applies.

_____ Yes _____ No

7. Do you know how to schedule a trip with the First City Rider program or the Senior Bus System?

Exhibit 19: One-on-One Interviews
May 14 – 15, 2008

Agencies:

- Clinic of Hope
- Salvation Army
- Gilead House
- Early Head Start
- Carver Community Center
- Howard County Medical Society, Project Action
- Coordinated Assistance Ministries, CAM
- Kokomo Rescue Mission
- First City Rider
- Spirit of Kokomo
- WorkOne
- Red Cross

Exhibit 20
Appendix

Kokomo/Howard County

Newspaper Article

Posted: The Greentown Grapevine, Volume 15, Issue 3, March 2008

Meeting Planned on Public Transit

General Public Invited to Attend

A meeting about public transit-human services transportation is scheduled for Thursday, March 20, 2008, from 2:00 to 4:00 p.m. at the Howard County Governmental Office, 120 E. Mulberry St., Kokomo. Of specific concern is transportation for older adults, individuals with disabilities, persons with low incomes, and the general public. Strategies to address transportation needs and gaps through coordination of services will be addressed. The meeting will be facilitated by RLS & Associates, Inc. for Kokomo/Howard County Governmental Coordinating Council (KHCGCC).

The meeting is part of the process toward a locally developed Coordinated Public Transit-Human Services Transportation Plan. According to an Act of Congress, the Safe, Accountable, Flexible and Efficient Transportation Equity Act - A Legacy for Users (SAFETEA-LU), future grantees under the Elderly and Disabled Transportation Program (5310), Job Access and Reverse Commute (JARC-5316), and the New Freedom Initiative (NFI - 5317), must meet certain requirements in order to receive SAFETEA-LU funding. Participation in a locally developed Coordinated Public Transit-Human Services Transportation Plan is one.

The planning process is to include input from representatives of local governments, public, private, and non-profit transportation services, human services providers, advocacy organizations representing older adults, individuals with disabilities, and people with low incomes, and the general public.

Exhibit 21: Record of Outreach Activities and Participation

Last Name	First Name	Organization	Letter of Invitation	Completed Survey	Attended Stakeholder Meeting	One-on-One Interview
Hunter	Jim	Adams & Marshall	Yes			
Giannakos	Carolyn	Altrusa International, Inc.	Yes			
		American Legion Post 0006	Yes			
Jasinski	Kevin	American Structure Point	Yes			
		Antioch Baptist Ministries, Inc.	Yes			
		Area 5 Agency on Aging	Yes			
		B & E Cabs	Yes			
Mote	Ginger	Bona Vista	Yes	Yes		
Skoog	Charles	Breakaway Bicycle Club	Yes		Yes	
Walker	Vanessa	Carver Center	No			Yes
Lushin	Jean	Center Township	Yes			
		Child Care Solutions	Yes			
		Children's Garden Montessori	Yes			
Mullins	Jim	Chrysler ITP	Yes			
Goodnight	Greg	City of Kokomo	Yes			
Stranahan	Carey	City of Kokomo	Yes			
Boyce	Dave	Clay Township	Yes			
		Comfort Keepers	Yes			
Harper	Ron	Community Foundation of Howard County	Yes		Yes	Yes
Cox	Bob	Consumer	No		Yes	
		Consumer	No	Yes		
Shuey	Stan	Consumer	No	Yes		
Lawson	Ruth	Coordinated Assistance Ministries (CAM)	No		Yes	Yes
Akers	Lori	Crossroads Community Childcare	Yes		Yes	
Miklik	Tom	Delphi Corporation	Yes			
Cook	Debbie	Department of Development	Yes	Yes		
Rodabaugh	Sandra	Disabled American Veterans	Yes		Yes	

Exhibit 21: Record of Outreach Activities and Participation

Last Name	First Name	Organization	Letter of Invitation	Completed Survey	Attended Stakeholder Meeting	One-on-One Interview
Isaac	Pam	Domestic Violence Shelter, Family Service Association	Yes		Yes	Yes
Belt	Jason	Early Head Start	No		Yes	Yes
Caddell	Tracy	Eastern Howard School Corporation	Yes			
Longshore	Connie	Ervin Township	Yes			
		Extended Care Unit	Yes			
		First Baptist Daycare	Yes			
Cooper	Earlene	First City Rider	Yes		Yes	Yes
Harris	Reba	Gilead House	No		Yes	Yes
		Grand Ma's House	Yes			
Moloch	Lewis	Greentown American Legion Post 317	Yes			
Teter	Jim	Greentown Glass Museum	Yes			
Stout	Lisa	Greentown Historical Society	Yes			
Higdon	Bill	Greentown Lions Club	Yes			
Jenkins	Rachel	Greentown Main Street Association	Yes		Yes	
Miller	Mary	Greentown Main Street Association	Yes			
Hoover	Gary	Greentown Ministerial Association	Yes			
Hainlen	Robin	Greentown Park Advisory Board	Yes			
Rule	Jolene	Greentown Parks & Trails Advisory Board	Yes		Yes	
Moss	Kevin	Greentown Street and Water	Yes			
Higginbottom	Joyce	Greentown Town Council	Yes			
Everling	Todd	Greentown Town Council	Yes			
Trott	Craig	Greentown Town Council	Yes			
Deyoe	Scott	Greentown Town Council	Yes			
Adams	Dan	Greentown Town Council	Yes			

Exhibit 21: Record of Outreach Activities and Participation

Last Name	First Name	Organization	Letter of Invitation	Completed Survey	Attended Stakeholder Meeting	One-on-One Interview
Harbaugh	John	Harrison Township	Yes			
Petro	Francis	Haynes International	Yes			
Worland	Julie	Head Start	No			Yes
		Home Builders Association of Howard County	Yes			
Britton	David	Honey Creek Township	Yes			
Buck	James	House of Representatives	Yes			
Herrell	Ron	House of Representatives	Yes			
		Howard Community Hospital	Yes			
		Howard County Childrens Center, Inc.	Yes			
Bagwell	Brad	Howard County Commissioners	Yes			
Raver	Paul	Howard County Commissioners	Yes			
Trine	Dave	Howard County Commissioners	Yes			
Ellison	Leslie	Howard County Council	Yes		Yes	
Miller	Richard	Howard County Council	Yes			
Papacek	James	Howard County Council	Yes	Yes		
Pencek	Joe	Howard County Council	Yes			
Wyman	Paul	Howard County Council	Yes			
Cain	Ted	Howard County Highway Department	Yes			
Duncan	Charles	Howard County Historical Society	Yes			
Overholser	Susan	Howard County Medical Society, Project Access	No			Yes
Gillman	Ron	Howard County Park Board	Yes			
Martino	John	Howard County Parks Department	Yes			
Talbert	Marshall	Howard County Sheriff's Department	Yes	Yes		

Exhibit 21: Record of Outreach Activities and Participation

Last Name	First Name	Organization	Letter of Invitation	Completed Survey	Attended Stakeholder Meeting	One-on-One Interview
Davis	Bill	Howard Regional Health Behavioral	No		Yes	
Alender	Jim	Howard Regional Health System	Yes			
Marner	Virginia	Howard Township	Yes			
		I U Kokomo Little Learners	Yes			
Bradley	James	Imagination Station Child Care, LLC	Yes			
Turner	Eric	Indiana House of Representatives	Yes			
Drozda	Jeff	Indiana Senate	Yes			
Pearson	Ruth	Indiana University Kokomo	Yes			
Daily	Steve	Ivy Tech State College	Yes			
Kingseed	Greg	Jackson Township	Yes			
		Kelly Services	Yes			
		Kids Construction Zone	Yes			
		Kings Kids Daycare	Yes			
Auth	Bob	Ko-Ko-Mah Reinactment	Yes			
Eastman	Rhonda	Kokomo & Howard County Chamber of Commerce	Yes			
Ives	Larry	Kokomo & Howard County Governmental Coordination Council	Yes		Yes	
Eytcheson	Doug	Kokomo & Howard County Governmental Coordination Council	No		Yes	
Hobson	Peggy	Kokomo & Howard County Visitor's Bureau	Yes			
Sheline	Greg	Kokomo City Plan Commission	Yes			
Karickhoff	Mike	Kokomo Common Council	Yes	Yes		
Sanders	Cindy	Kokomo Common Council	Yes		Yes	
Baer	Ralph	Kokomo Common Council	Yes			
Kennedy	Mike	Kokomo Common Council	Yes			

Exhibit 21: Record of Outreach Activities and Participation

Last Name	First Name	Organization	Letter of Invitation	Completed Survey	Attended Stakeholder Meeting	One-on-One Interview
Wyant	Mike	Kokomo Common Council	Yes			
Summers	Kevin	Kokomo Common Council	Yes			
Cameron	Bob	Kokomo Common Council	Yes			
Young	Janie	Kokomo Common Council	Yes			
Barnhart	Larry	Kokomo Cycling and Fitness	Yes	Yes		
Wiles	John	Kokomo Downtown Association	Yes	Yes		
Duncan	Dave	Kokomo Fire Department	Yes			
Hendrix	Jan	Kokomo Howard Co. Development Corporation	Yes			
Armstrong	Chuck	Kokomo Ministerial Association	Yes			
Baker	Rob	Kokomo Police Department	Yes			
Taylor	Van	Kokomo Rescue Mission	No		Yes	Yes
Persman	Jill	Kokomo Senior Citizens Center	Yes	Yes		Yes
Newton	Jeff	Kokomo Urban Outreach	No		Yes	
Little	Thomas	Kokomo-Center Twp Consolidated School Corp.	Yes			
Schuck	Theodore	Kokomo-Center Twp Consolidated School Corp.	Yes			
Grove	Linda	Liberty Township	Yes			
		Manorcare Health Services	Yes			
		Manpower	Yes			
		Mental Health Association	Yes			
Reser	David	Monroe Township	Yes			
		North Woods Commons	Yes			
		North Woods Village	Yes			
Snoddy	Ryan	Northwestern School Corporation	Yes			
Hartman	Lois	Northwestern School Corporation	Yes			

Exhibit 21: Record of Outreach Activities and Participation

Last Name	First Name	Organization	Letter of Invitation	Completed Survey	Attended Stakeholder Meeting	One-on-One Interview
Boise	Glen	Plan Commission	Yes			
Liali	Patsy	Plan Commission	Yes			
Bass	Jan	Plan Commission	Yes	Yes	Yes	
Cass	Jennifer	Plan Commission Intern	No		Yes	
Bilbee	Cassie	Plan Commission Intern	No		Yes	
Harbaugh	Kathy	Realtors Association of Central Indiana	Yes			
Hudson	Matthew	Red Cross	No			Yes
Wisehart	Stephen	Rhino Taxi Service	No		Yes	
	Marsha	Russiaville Historical Society	Yes			
		Russiaville Lions Club	Yes			
Fulk	Mark	Russiaville Town Council	Yes			
Moffit	David	Salvation Army	Yes			Yes
Henderson	Jamey	Samaritan Caregivers, Inc.	Yes	Yes	Yes	Yes
Carpenter	Asha	Senior Citizens Bus	No		Yes	
Brown	Leah	Senior Citizens Bus	Yes			Yes
		Shepherd's Lamb Daycare	Yes			
Cunningham	Alicia	Sonlight Station Christian School, Inc.	Yes			
		St. Joseph at Home	Yes			
Burthay	Darcy	St. Joseph Hospital	Yes		Yes	
Lowery	Diana	St. Joseph Hospital, Clinic of Hope	No		Yes	Yes
		Sweetest Things Day Care	Yes			
Myers	Robert	Taylor Community School Corporation	Yes			
Marler	Dennis	Taylor Community School Corporation	Yes			

Exhibit 21: Record of Outreach Activities and Participation

Last Name	First Name	Organization	Letter of Invitation	Completed Survey	Attended Stakeholder Meeting	One-on-One Interview
Kuntz	Diane	Taylor Township	Yes			
Graves	Mark	Traffic Commission	Yes			
Donnelly	Joe	U.S. House of Representatives	Yes			
Burton	Dan	U.S. House of Representatives	Yes			
Carpenter	Steve	Union Township	Yes			
		United Way of Howard County	Yes		Yes	Yes
Dunlap	Cindy	United Way of Howard County, Information & Referral, 211	No		Yes	Yes
		Victory Bike Shop	Yes			
		Waterford Place Health Campus	Yes			
O'Rourke	Pete	Western School Corporation	Yes			
Maugans	Conrad	Western School Corporation	Yes			
Hill	Garry	Wildcat Guardians	Yes			
Brichford	Sarah	Wildcat Guardians	Yes			
Munro	Ken	Wildcat Guardians	Yes			
Inskeep	Dave	Wildcat Guardians	Yes			
		Windsor Estates Health & Rehab Center	Yes			
Reshkus	Rene	Work One Kokomo	Yes			Yes
Cass	Jennifer		Yes			
Middleton	Barbara		Yes			