

PUBLIC TRANSPORTATION SURVEY
State Agency

1. General Information

Administrator Name: _____

Agency Name: _____

Mailing Address: _____

City: _____

Zip Code: _____

Telephone: _____

Agency location (if address is Post Office Box):

2. Who is to be contacted regarding this questionnaire?

Name: _____

Title: _____

Telephone: _____

3. Which of the following best describes your agency?
(check one only)

Social Service _____

Regulatory _____

Transportation _____

Other _____

(Please describe) _____

4. What programs are administered by your agency?
(List all that apply)

Federal
(please describe) _____

SURVEY CONTINUED

State
(please describe) _____

Local
(please describe) _____

Other
(please describe) _____

4. What services do you provide to Nevada's communities?
(check all that apply)

Funding _____	Counseling _____
Regulatory _____	Legal _____
Consulting _____	Training _____

Other
(please describe) _____

5. What transportation services are financed by your agency?
(check all that apply)

Elderly Service _____	Disabled Service _____
Public Service _____	Employee Van Pool _____
Medical Service _____	School Bus _____
Intercity _____	Interstate _____
None _____	

If you finance transportation services, do you provide:

Capital funds _____ Operating funds _____
Subsidized Rides for Elderly _____ Disabled _____
Individual Reimbursement _____
Other _____
(Please describe) _____

SURVEY CONTINUED

If you finance transportation services, where do the funds come from?

Federal funds _____ State funds _____
Local funds _____

Other Source (please describe) _____

Does your agency have adequate funding for your programs?

Yes _____ No _____

PLEASE RETURN THIS SURVEY TO:

SANDI MCGREW
PLANNING
NEVADA DEPARTMENT OF TRANSPORTATION
1263 SOUTH STEWART
CARSON CITY, NV 89712