

# **COMMUNITY TRANSPORTATION ASSOCIATION OF AMERICA**

## **RURAL PASSENGER TRANSPORTATION**

### **TECHNICAL ASSISTANCE PROGRAM**

#### **Application for Long Term Technical Assistance**

The Rural Passenger Transportation Technical Assistance Program helps rural communities enhance economic growth and development by improving passenger transportation services and facilities. Technical assistance provides planning to support transit service improvements and expansion, system start-up, facility development, development of marketing plans and materials, transportation coordination, training and other public transit problem solving activities. Technical Assistance is provided by CTAA staff and consultants and involves on-site, and off-site work conducted over a period of eight to twelve months. No local match is required.

Selection of projects is made competitively according to the following criteria:

- Number of new jobs to be created.
- Potential economic impact resulting from implementation of project.
- Level of economic distress in the community.
- Potential for implementation after technical assistance phase of project is completed.
- Demonstrated consensus and support in the community.
- Potential for development of unique or innovative strategies, techniques, or approaches in solving identified problems.
- Potential for replication of the project elsewhere.

Provision of technical assistance is contingent upon availability of funds. Funding for the Rural Passenger Transportation Technical Assistance Program is provided through the Rural Business-Cooperative Service of the United States Department of Agriculture.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

1. Organization Characteristics

A. Type of Organization:

- |  |  |
|--|--|
| <input type="checkbox"/> Nonprofit corporation *         | <input type="checkbox"/> For profit private business * |
| <input type="checkbox"/> Government agency               | <input type="checkbox"/> Tribal organization           |
| <input type="checkbox"/> For profit public corporation * | <input type="checkbox"/> Other (specify)               |

\* Please attach Articles of Incorporation and Bylaws

Complete Sections B-E below on a separate sheet.

- B. List the activities in which your organization is involved.
- C. Provide a history of your organization's business activities related to transportation. Please document the growth or expansion of your transportation activities since its establishment. Data in 4E will support this narrative. If you do not currently operate transportation service but are seeking assistance for a new service or facility, check here .
- D. What additional areas will be served as a result of the project?
- E. If you provide public transportation services, how does your organization establish its fare structure?
- F. Do you provide transportation that is open to the general public?
- G. Does your organization develop its own budgets?  Yes  No
- H. Is at least 51% of the interest in the organization have membership or is owned by those who are either U.S. citizens or reside in the U.S. after being legally admitted for permanent residency?  Yes  No

2. Technical Assistance Request (Please complete on a separate sheet)

- A. Summarize the project for which the technical assistance is being sought.
- B. Identify specific technical assistance tasks.
- C. What are the crucial dates for project completion and implementation?
- D. Upon completion of the technical assistance, what steps will the Applicant take to implement the recommendations and manage and/or operate the finished project?

- E. Describe the Federal, State, local and private sector resources that might be utilized to implement the recommendations. Please note that a financing plan can be developed as part of the technical assistance project.
- F. It is important that State, regional and local officials, as well as other transit operators, be aware of the proposed technical assistance project. Their involvement and support may be critical to later implementation of the project. Please attach letters of support for the project from local officials and the business community. In addition, please list all other public transit operators in your service area and indicate if they are aware of your proposed project.

Operator/Agency	Aware of Project			
_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
State of _____ DOT	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

3. Economic Benefits

Please estimate the economic benefits that would result from the proposed technical assistance project. Please note that these benefits are estimated, and you are not obligated to attain them.

- A. Number of new employees generated by proposed technical assistance project: \_\_\_\_
- B. Number of permanent new jobs created in the community: \_\_\_\_
- C. Number of short-term construction jobs created for facility projects: \_\_\_\_
- D. Anticipated annual increase in earnings/revenue as a result of the technical assistance: \$ \_\_\_\_\_
- E. Anticipated annual savings resulting from project: \$ \_\_\_\_\_

4. Transportation Service Characteristics

If you do not currently operate transportation service, please check here and proceed to Section 5.

A. Ridership by Service Type:

	Annual Vehicle Revenue Miles	Annual One-way Passenger trips
Demand Response Service	_____	_____
Fixed Route Service	_____	_____
Subscription/Contract	_____	_____
Other	_____	_____
 Total System	 _____	 _____

B. Categorical Ridership Breakdown:

Social Service Agency Passengers \_\_\_\_\_%

General Public Passengers \_\_\_\_\_%

C. Number of vehicles operated \_\_\_\_\_

D. Staffing

Number of Drivers    Full time \_\_\_\_\_    Part-time \_\_\_\_\_    Seasonal \_\_\_\_\_

Other Positions    Dispatcher \_\_\_\_\_    Supervisor \_\_\_\_\_    Maint. Empl \_\_\_\_\_

                                 Operations Director \_\_\_\_\_    Other (specify) \_\_\_\_\_

                                 Total number of paid staff \_\_\_\_\_    Volunteers \_\_\_\_\_

E. Please provide data for each of the past three years for at least two of the following elements which will demonstrate growth over the period.

Element	2022	2023	2024
Passenger trips	_____	_____	_____
Number of vehicles	_____	_____	_____



D. For each area served by, or anticipated to be served by the applicant, provide the following data. Please indicate sources and dates of information. Use additional sheets if necessary.

	County	City/Town*	State
Name			
Population			
Population Density (persons per sq mi.)			
Median Household Income			
Unemployment Rate **			

\* Provide data for the municipality where you are located.

\*\* Please indicate source of data and applicable month.

Return completed application to:

Kelly Shawn, Director of Technical Assistance Programs

Community Transportation Association of America

1341 G Street, NW, Suite 210

Washington, D.C. 20005

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