Northern Kentucky Area Development District
Transit Planning Survey

Agency/Company Name______________________________________________________

Administrator Name________________________________________________________

Mailing Address______________________________________________________________

City___________________________________ Zip Code__________________

Contact person for the questionnaire

Name________________________________________________________

Title__________________________________________________________

Phone________________________________________________________

Which of the following best describes your agency?

☐ Local Government
☐ Social Service
☐ Regulatory
☐ Transportation
☐ Medical
☐ Other _____________________________

What programs are administered through your agency?

☐ Federal
   Please describe _________________________________________________________

☐ State
   Please describe _________________________________________________________

☐ Local
   Please describe _________________________________________________________

☐ Other
   Please describe _________________________________________________________

What services do you provide to Northern Kentucky’s communities?

☐ Funding
☐ Regulatory
☐ Counseling
☐ Consulting
☐ Training
☐ Basic Needs
☐ Transportation
☐ Other______________________________
To what clientele/populations does your agency provide transportation services?

- Elderly
- Public
- Disabled
- Interstate
- Van Pool
- None
- Other ________________________________

If you finance transportation services, do you use (or provide):

- Capital Funds
- Operating Funds
- Subsidized Rides
- Individual Reimbursement
- Funding for Individuals with Disabilities
- Veterans Affairs or other veteran specific funding

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

- Federal Funds
- State Funds
- Local Funds
- Other source ________________________________

What transportation needs does your agency currently have?

_____________________________________________________________________________________

_____________________________________________________________________________________

What transportation needs will your agency have in the future?

_____________________________________________________________________________________

_____________________________________________________________________________________

If your agency provides transportation services, please describe your service area or routes (ex: County or City boundaries, On-Demand, certain streets, certain days/times):

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Please bring survey to the meeting or return survey to:

Stephanie King
NKADD
22 Spiral Drive
Florence, KY 41042