

Congressional Application Attachment D: Demonstration of Need

1. Type of Service (Check all that apply):

- Fixed Route
- Deviated Fixed Route
- Demand/ Response

2. Service Area (Check one)

- City
- County
- Multi-County
- Other (Please Specify):

3. Connectivity:

Do you connect with other modes of transportation? Check all that apply.

- Urban Public Systems
- Intercity Carriers
- Airports/ Trains
- Other transit operators in your region (please list below):

4. Ridership:

Estimate the average number of rides: Per Day _____ Per Year _____

Briefly describe your ridership over the last two years: -

5. Days/ Hours of Service:

List days of the week and hours transit provider is in service
