

TRANSPORT



The Newsletter of the Illinois Rural Transit Assistance Program

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April 2000
Volume 2
Issue 2

RTAC NOTES

Sometime ago I attended a meeting at which one of the topics of discussion was the possibility of two state-wide transit organizations working together to further the cause of public transportation in Illinois. In doing so, the two organizations would develop an agenda, and the suggestion was the agenda should include a rural capital program, an increase in the percentage of funds available to agencies receiving monies through the Downstate Operating Fund, and the development of a strategic plan for rural transportation such as that commonly developed for highways—the five-, ten-, or even fifty-year plan. This all seems like a pretty good idea for rural Illinois in that such areas have traditionally lacked sufficient political clout to get much other than a basic level of financial support for public transit.

Since there are only two major transit organizations in Illinois representing rural operators, cooperation should be simplified. It was pointed out that urban oriented interests should begin recognizing and supporting rural needs and vice versa. On more than one occasion, federal legislators have asked for a consensus on a given issue. Too many voices tend to confuse

matters and make it difficult for any one congressman or senator to promote a project.

A recent example of the good things that can happen when groups work together toward a common goal is public transportation funding in Kansas. On April 20, 1999, the Kansas House of Representatives passed HB 2071 by a vote of 89 – 35. The following day the Kansas Senate passed the bill 30 – 9. On May 10, 1999, Kansas Governor Bill Graves signed into law the *Comprehensive Transportation Program* that guarantees an increase in state public transportation funding from \$6 million to \$60 million during the next 10 years. The legislation became effective July 1, 1999, and, according to the Kansas Public Transportation Association (KPTA), “marks the most significant legislation in the history of public transportation in Kansas.” The KPTA goes on to add, “many persons are owed a great debt of gratitude for the many hours of dedicated service over the number of years it took to achieve this goal. This has been truly a community effort.”

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RURAL FORUMS

Lieutenant Governor Corinne Wood held a series of rural forums throughout the state. The sessions, called *Rural Leadership Forums 2000*, were sponsored by the Governor's Rural Affairs Council, Rural Partners, and the Illinois Institute for Rural Affairs. The first meeting was held January 31 in Freeport. Approximately 100 persons attended the meeting, representing a variety of local organizations. Other meetings were:

- February 28, Mattoon;
- March 13, Carlinville;
- March 17, Macomb;
- April 3, Carbondale; and
- April 7, Fairfield.

Topics of discussion included rural health, housing, transportation, technology, economic development, and senior care. The forums were a continuation of the state commitment to rural areas begun in 1986 under the Office of Lieutenant Governor. Other initiatives during that time were the Rural Bond Bank; the Center for Rural Health; the Illinois Institute for Rural Affairs; the Main Street program; and the Rural Transit Assistance Center.

This series of meetings enabled local leaders to discuss rural problems with the Lieutenant Governor and make recommendations as to how the various problems might be solved. Such recommendations will then be used as part of an overall state rural policy.

Drug and Alcohol Workshop in Springfield

A 3-day Drug and Alcohol Workshop will be held in Springfield June 20-22, 2000. Details will be sent as they are available.

Facts About Public Transportation

The American Public Transportation Association has published its 2000 issue of **Public Transportation Fact Book** that has interesting information about public transportation and the professionals who work in it and clients who use it.

Who Uses Public Transportation?

In 1998 Americans took an estimated 8.7 billion trips using public transportation, an increase of 5 percent over a year earlier. Ridership has increased by 16 percent since 1995, an average of 4 percent each year. For those trips, 62 percent traveled on buses, 27 percent heavy rail, 4 percent commuter rail, and 3 percent light rail.

Within any two-month period, approximately 12 percent of all Americans use public transportation.

Where Do People Travel?

According to APTA, work is the most popular destination with 54 percent of all trips ending at workplaces. Trips to schools comprise 15 percent while nine percent shop and another nine percent make social trips. Slightly over five percent go to medical facilities.

Number of Providers

Approximately 6,000 public transportation systems operate in the United States and Canada. Many of these agencies operate more than one mode of service. An estimated 2,250 agencies provide bus service, and 5,200 operate demand response service.

Two-thirds of U.S. public transportation agencies provide service designed to meet the needs of senior citizens and persons with disabilities. Also, many agencies contract service with private operators, further increasing the number of total public transportation providers.

Investment in Public Transportation

In fiscal year 2000, the third year of funding under TEA-21, the federal investment in public transportation is \$5.7 billion. When state and local funding is added, the total jumps to \$15.4 billion.

What It Costs to Operate Public Transportation

Public transportation funds come from two main sources, capital and operating. Capital funds are used to finance infrastructure needs such as new construction and rehabilitation of existing facilities. The federal government finances 50 percent of all capital funding for public transportation.

Up to 80 percent of the total capital cost may be federally funded. The balance is typically paid for by a combination of state and local funds. As an average, public transportation agencies raise 26 percent of capital funds from taxes levied by the transportation system, tolls, fees, and non-governmental sources. States contribute 13 percent and local governments, 11 percent.



Vehicles

The public transportation fleet is comprised of 129,000 vehicles in active service. Of this number, buses represent 58 percent and demand response vehicles comprise 26 percent. The average age of buses is eight and a half years but just under three and a half years for demand response vehicles.

Employees

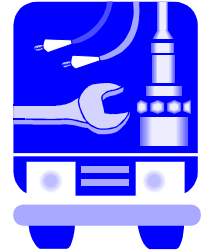
In 1999 there were 321,000 public transportation employees with the majority, 61 percent, working in bus service. Additionally, there are thousands of others employed in the directly related engineering, construction, manufacturing and retail industries. A 1999 study estimated that for every \$10 million invested in capital projects for public transportation, more than 300 jobs and a \$30 million gain in sales for business are realized.

It's Time to Service Air Conditioning Units

by Les Patrick, Springfield Mass Transit District

Can you believe it? The season for air conditioning (A/C) use in your vehicles will soon be upon us. The friendly maintenance people at the SMTD/IDOT Regional Service Center at Springfield are gearing up to service the A/C systems in the SMTD/IDOT paratransit vehicles.

As you probably know, the first indication that your A/C system has failed is when the first 75-degree day arrives and the sun is beating in those windows. You turn on your A/C switch and nothing happens!



Here are guidelines for causes and a check list for trouble shooting:

Four Common Causes of A/C Failure

- The system is low on refrigerant. These A/C systems are engineered to normally lose small amounts of refrigerant over time, thus requiring more to be added periodically. The new R-134A systems are less tolerant of this loss than the old R-12 systems.
- Electrical system failures such as defective fan motors, evaporator motors, loose or defective wiring, faulty switches, etc. may cause A/C system failure. Also, an inefficient or weak battery charging system may cause problems because the A/C system draws a lot current when in use.
- Loose A/C compressor belts can cause the system to malfunction. Loose alternator belts can cause A/C problems.
- Dirty components such as filters, evaporator and condenser coils can cause system failure.

Five-Point Operator Check List

Some of the things that you as operators and owners of these vehicles can check to determine if there may be problems with the A/C system are:

- With the engine off, check the tension of the A/C and alternator belts. (Also check all the belts on the vehicle at this time.)
- Check for dirt buildup and oil around the compressor seals and hose connections. Oil and dirt buildup may indicate worn or damaged hoses.
- Check to see if the filters, condenser and evaporator coils are dirty.

- ❑ Start the engine and turn the A/C to its coldest setting. Check to see if all the fans are working. (This includes the evaporator fans on the outside of the bus.) Check to see if the compressor clutch is engaged. If it is cycling on and off frequently, this is an indication that there may be problems with the system.
- ❑ With the engine running and the A/C system set to the coldest setting, put a thermometer in some of the air ducts. After a few minutes the temperature should level off to between 65 and 68 degrees Fahrenheit. The temperature should be checked at both the front and rear of the passenger compartments. This check will work better if the vehicle is in a warm area such as a garage.

Remember, now is the time to check those A/C systems and get prepared for the hot weather that is sure to come. The Springfield Regional Maintenance Center can make all A/C repairs and will be glad to give you an estimate now so you can get repairs done before your A/C is needed.

For more information about A/C or if you have other maintenance questions, call Les Patrick at (217) 522-6087; e-mail lpatrik@SMTD.org or fax (217) 789-9819.

TRANSPORTATION COORDINATION

In October, 1999, the U.S. General Accounting Office (GAO) issued a report on nonemergency human services transportation. This report entitled, *Transportation Coordination*, was mandated by Congress under Section 3034 of the *Transportation Equity Act for the 21st Century*.

In its report, the GAO concluded that "transportation coordination can reduce federal transportation program costs by clustering passengers, utilizing fewer one-way trips, and sharing the use of transportation personnel, equipment, and facilities." The report goes on to say that the Coordinating Council, established by the U.S. Department of Human Services (HHS) and U.S. Department of Transportation (DOT) in 1986 (DOT/HHS Coordinating Council on Human Services Transportation), identified 64 barriers to coordination in 1988. Some of these barriers turned out to be only misunderstandings about federal program requirements. Other barriers, meanwhile, were not resolved because the issues required legislation, additional study, or were outside the control of the DOT and HHS.

Reference: U.S. General Accounting Office, *Transportation Coordination*, October, 1999.

New Fax Number for the Rural Transit Assistance Center

RTAC's new fax number is (309) 298-2162. Please use this number on all future faxes, and oh yes, add this number to your list of important fax numbers.



Building a Coalition for Senior Transportation

submitted by Mike O'Donnell, Illinois Coalition on Aging

Community-based transportation is the critical element in promoting health, dignity and independence for people of all ages, especially older persons. On February 28, 2000 advocates for seniors and managers of community transportation from across Illinois met in Bloomington to discuss building a broad-based coalition to improve the coordination, effectiveness and funding of transportation services. The meeting was convened by Jonathan Lavin, President of the Illinois Coalition on Aging.

The following concerns were expressed by the participants:

- ❑ Many came to see if they could find the resources to expand services.
 - ❑ Some stated that boundaries were a problem across political jurisdictions in Illinois and across state lines.
 - ❑ Many were concerned with the ability of older persons with health problems to reach services on their own.
 - ❑ Obtaining funds to pay drivers a reasonable amount was expressed by most people. Concerns included reimbursing volunteers for their costs, replacing volunteers with paid drivers, and offering competitive wages in today's tight labor market.
 - ❑ Some stated that rules from various government authorities have caused problems delivering services. For example, a public transit district did not want a non-profit transportation provider to escort more seniors because it was concerned it would take away riders from public transit.
 - ❑ Some presented the need to mix populations (older persons, persons with disabilities, and others) to assure full use of vehicles and efficient routing.
- ❑ Safety issues were identified in communities that have vehicles and should offer services to older persons during off hours. They are looking for ways to find more provider agencies to help deliver service.
 - ❑ The visibility of programs that are serving seniors can improve. The goal is to assure current programs are known to older persons so that they are well utilized, but not to promise services beyond what is available.
 - ❑ Older persons need to understand how the service is provided so that their expectations are consistent with the services offered.

Issue paper presented by Illinois Association of Area Agencies on Aging

Mike O'Donnell, President of the Illinois Association of Area Agencies on Aging (I4A) presented a draft issue paper entitled, "Transportation to Health Care for Illinois Seniors." The paper focused on the growing need for transportation for older persons across the state of Illinois to help them reach their doctors' offices and other health care facilities. One-fourth of the population 75 years of age and older does not drive, and this number is expected to increase as the population ages. Older adults clearly need alternative transportation services, especially non-emergency "through the door" medical transportation. The paper provides an overview of federal and state funded transportation services including: the Older Americans Act, the Donated Funds Initiative, IDOT Section 5311, and Public Aid reimbursement for transportation for eligible Medicaid clients. I4A proposes a \$10 million State initiative to improve transportation to health care for Illinois Seniors, including:

1. \$5 million GRF for senior transportation annually in the budget of the Illinois Department on Aging, beginning in FY 2001. Funds would be allocated to the 13 Area Agencies on Aging on the intrastate funding formula. The Area Agencies on Aging would submit an annual plan to the Illinois Department on Aging for the allocation of funds in each of the planning and service areas of the state for community-based transportation services to enable seniors to access health care services.

2. \$3 million GRF for FY 2001 for the purchase of vehicles for eligible organizations serving older persons. This proposal prompted discussion at the meeting about coordination of vehicle procurement between the Aging Network and IDOT's Section 5310 Program.

3. \$2 million GRF annually in the Department of Transportation's Section 5311 program to develop and support rural transportation in 40 non-urban downstate counties currently without rural public transportation services.

The Illinois Association of Area Agencies on Aging has included this draft proposal before the House Committee on the Tobacco Settlement Proceeds and the House Appropriations Committee on Human Services.

Coalition Building

Nancy Nelson, Deputy Director of the Illinois Department on Aging distributed an action plan from a 1993 Chicago Community Trust retreat on improving transportation services. The recommendation from that retreat was to build a funded organization supported by 50 different types of organizations, which have an interest in senior transportation, including consumers, providers, funders, and legislators. She asked that the provider agencies and the Illinois Coalition on Aging reach out to these organizations to improve transportation services.

Short Term Action Plan

Participants were urged to call State Representatives to inform them that the House Appropriations Committee on Human Services approved an increase of \$20 million for Community-Based Services in the Department on Aging's budget for FY 2001; request their support for this allocation; and thank them for interest in helping Illinois Seniors. Participants were also urged to call the Governor's office and their State Senators and make a similar request for an additional \$20 million appropriation for Community-Based Services in the Senate. Participants were encouraged to contact the press in their communities to support additional state funding for transportation.

Long Term Action Plan

Participants were asked to analyze the costs of expanding services, replacing vehicles, and the rising costs of operations including personnel and fuel and share these cost estimates with the Illinois Coalition on Aging by April 20, 2000. Some providers noted that the cost of providing door-to-door transportation services is currently estimated to be \$25 an hour. The cost analyses submitted by providers across the state will help to validate this estimate. Participants were asked to also include the cost of replacing equipment as well as their operational costs.

AARP has proposed a House Resolution that calls for hearings around the state on senior transportation needs and adding funds in the state budget for senior transportation in the future.

For more information about this emerging coalition on senior transportation, please contact Jonathan Lavin, President of the Illinois Coalition on Aging: (708) 383-0258, fax: (708) 524-0870, or e-mail: [**jonathan.lavin@s3a.com**](mailto:jonathan.lavin@s3a.com)

To join the Illinois Coalition on Aging, please contact Jackie Newman at the ICOA office in Bloomington: (309) 829-2065, or fax: (309) 829-6021.

Boone County Council on Aging



Located between Winnebago, McHenry and DeKalb Counties and touching Wisconsin, Boone County is near population areas of Rockford and the northwestern Chicago suburbs, but still enjoys a largely rural setting. Belvidere, where the Boone County Council on Aging (BCCA) is headquartered, is a 15-mile trip to downtown Rockford.

Started in 1973, BCCA, 27 years later still supports the special needs and changing lifestyles of older adults.

The mission statement of BCCA says it best: "Boone County Council on Aging is dedicated to all older adults by reaching out with programs to help enrich and improve their quality of life."

BCCA is the sole provider of public transportation in Boone County. There is no cab service available, and commercial bus lines do not stop in the County.

Anna Gray serves as the Executive Director of BCCA. Gray, with 22 years' experience in the aging field, the last 9 years with BCCA, oversees public transportation and administers and coordinates all BCCA programs.

Of the 47 agency employees, the transportation staff consists of a Transportation Coordinator, 1.5 dispatchers and eight bus drivers, one-half of the drivers are full-time.

The vehicle fleet consists of six raised roof vans and a medium-duty van. BCCA is awaiting delivery of two new medium-duty vans which will replace two 1993 Ford raised roof vans.

Total annual miles driven for last year is 77,675, made on 26,113 trips. Of the 872 unduplicated riders, 539 or 62 percent were 60 years of age



Anna Gray, BCCA Executive Director and Mary Graham, Dispatcher, are reviewing some of the monthly transportation reports.

and older, leaving 38 percent under the age of 60. To ride in the Belvidere city limits, the cost is \$1.00 for those under age 60 and \$1.50 for a trip outside the city. Children (under 12 years of age) pay \$.75 per ride. The agency accepts donations from adults age 60 and older for all rides.



Ron Streit, Driver helps Olga Goles from a BCCA van.

BCCA has a demand/response service and requires clients to call a day ahead for rides. BCCA provides rides for medical purposes to neighboring counties with a Medical Car Escort, a 4-door Dodge Spirit and BCCA vans. One-week notice is required. Typically, these trips are booked solid a month in advance.

BCCA's vans operate from 7:00 a.m. – 6:00 p.m., Monday through Friday, an increase from the previous hours of 8:00 a.m. – 4:30 p.m. This

increase was made possible through a grant from the Department of Human Services and Office of Rehabilitation Services to enhance transportation access for the employment needs of persons with disabilities. This increased service has been well received and continues today with local funding.



Pictured are many of the BCCA employees who provide outstanding transportation service to the citizens of Boone County. Front Row: (left to right), Anna Gray, Executive Director; Melaney Dembicky, Transportation Coordinator; Mary Graham, Dispatcher; and Linda Peters, Driver. Back Row: Ron Streit, Driver; John Bowers, Driver; Art Hyland, Driver; Kathy Hansen, Driver; Shelia Myers, Driver; and Leonard Emanuel, Driver.

Included in the training and safety programs for BCCA employees are: Defensive Driving, Emergency Preparedness, Rider Sensitivity, Customer Satisfaction, CPR, First Aid-Red Cross, Fire Extinguisher Use, Drug and Alcohol, and Sexual Harassment. Monthly staff meetings provide a good opportunity to share experiences and provide input for improvements to service. During new driver orientation, they are linked with experienced drivers to provide “on the job” training.

The most recent training was a Defensive Driving class held in March of this year with instructors provided by the Rural Transit Assistance Center (RTAC). Twenty-two attended the training, eleven from BCCA and eleven from other agencies in the area.

Preventative maintenance is part of each driver’s daily routine. BCCA follows the manufacturer’s mileage guidelines to determine the frequency at which preventative maintenance is done. BCCA uses local dealers and automotive repair shops



Defensive Driving training receives a very high priority at BCCA. RTAC sponsored training held March 11, 2000 featured classroom as well as driver skills training. Trainer Tom Lovdahl is testing one of the 22 drivers who participated in the training.

for their maintenance work. Gray plans to use the Regional Maintenance Center in Rockford, scheduled to start operations by the end of 2000.

BCCA’s vehicles are housed in a heated garage provided by Belvidere Township, about a quarter mile from BCCA and have been for over twenty years.

Funding for BCCA’s operations come from Section 5311 funds, Boone County (through a personal property tax levy), Belvidere Township, City of Belvidere, and the United Way of Boone County.

Gray said the future plans of BCCA are focused on a capital campaign to build a new facility. The new building will include a kitchen and dining area, rooms for crafts, computers, and billiards, a library and multipurpose rooms and many offices (including a separate transportation office) and conference rooms.

BCCA has been awarded a Section 5311 Small Capital Grant for the purchase of a computer to allow the Transportation Coordinator to keep more statistical data. BCCA’s future includes the acquisition and use of scheduling and dispatching software.

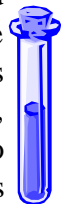
Gray said annual community surveys provide direction, reveal customer satisfaction, and provide input to the twelve-member Board of Directors as BCCA continues its outstanding service to Boone County citizens.

BLOODBORNE PATHOGEN TRAINING

Transit drivers are exposed to a variety of potentially unsafe situations in going about their daily routine. The most obvious, of course, has to do with traffic accidents. Another might be the potential for workplace or onboard violence. A third situation has to do with something that is usually a lot less visible—Bloodborne Pathogens.

Spoon River College, Canton, Illinois, recently presented a training course on Bloodborne Pathogens. This two-hour course touches on all facets of how individuals should go about protecting themselves against exposure to dangerous microorganisms.

Bloodborne pathogens are microorganisms such as viruses or bacteria that are carried in blood and cause disease in people. These microorganisms can cause diseases such as Hepatitis C, Malaria, Syphilis, Brucellosis, and Creutzfeld-Jacob disease, along with two other more recognizable diseases, Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV).

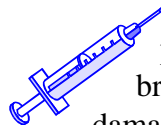


HBV is transmitted primarily through “blood to blood” contact, and the virus can survive in dried blood for up to seven days. The HIV virus, on the other hand, is very fragile and does not survive long outside the body. Although the chances of contracting HIV in the workplace are only about 0.4 percent, it is so devastating, all precautions must be taken to avoid exposure.

Both HBV and HIV can be transmitted through contact with infected human blood and other potentially infectious body fluids. These include semen, cerebrospinal fluid, pleural fluid, amniotic fluid, vaginal secretions, synovial fluid, peritoneal fluid, and saliva.

Some of the more common ways a person can become exposed to Bloodborne Pathogens is

through providing first aid and cleaning-up blood or other body fluids. Transmission is most likely to occur because of accidental puncture from contaminated needles; broken glass; contact between broken or damaged skin and infected body fluids; or contact between mucous membranes and infected body fluids. Infected blood can enter the body through open sores, cuts, abrasions, acne, or broken skin caused by sunburn. Bloodborne Pathogens can also be transmitted through the mucous membranes of the eyes, nose, and mouth.



In September 1986, the Occupational Safety and Health Administration (OSHA) was petitioned by various unions representing health care employees to develop a standard to protect workers from occupational exposure to bloodborne diseases. The OSHA Bloodborne Pathogen standard (29 CFR 1919.1030) was issued on December 6, 1991. The standard covers all employees who can be “reasonably anticipated” as a result of performing their job to face contact with blood and other potentially infectious materials. For job classifications not specifically mentioned in the standard, OSHA requires employers to provide a workplace that is free from recognized hazards that are likely to cause serious injury or death to their employees.

The OSHA Bloodborne Pathogen standard requires employers to develop an Exposure Control Plan that outlines the methods of exposure control within the workplace. These can include universal precautions, engineering and work practice controls, personal protective equipment, and housekeeping.

Among these exposure control methods, the most applicable preventive measures for community transit are:

- ❑ Universal precautions—treat all blood and potentially infectious body fluids as infected;
- ❑ Engineering and work practice controls—broken glass should not be picked-up directly with the hands; wash hands immediately after an exposure incident; and surfaces, tools, and equipment that come into contact with blood or other body fluids must be decontaminated and sterilized as soon as possible.
- ❑ Personal protective equipment—always wear personal protective equipment in an exposure situation.
- ❑ Housekeeping—regulate contaminated items by using proper containers and warning labels.

This program is available on diskette as a *Powerpoint* presentation. To obtain a copy, contact RTAC at 800/526-9943 or RTAC@wiu.edu.

Reference: *Bloodborne Pathogens, Protecting You and Your Employees*, Susan Barnhart, Spoon River College, March 30, 2000.

CHANGES IN DISADVANTAGED BUSINESS ENTERPRISE RULES

By February 2002, all the transit, airport, and highway recipients in each state are required to agree on a unified certification program (UCP). This program must be fully operational no later than August 2003. The UCP must provide for “one-stop shopping” for DBE firms applying for certification in each state. The applicant fills out one form, goes through one application process and, if certified, can work as a DBE for any DOT recipient in the state. There will be a single DBE directory for the state.

The rule allows recipients substantial discretion about the form the UCP will take in each state. [Formerly, a firm that wanted to work for the state highway agency, two airports, and three transit agencies in the same state had to fill out six application forms and endure six certification processes. This created significant burdens on applicants and used recipient resources inefficiently]

Reference: U.S. Department of Transportation, Office of Small and Disadvantaged Business Utilization (<http://osdbuweb.dot.gov/business/dbe/Summary.html?prettyprint=yes>)

FY 1999 Section 5311 Agency Salary and Wage Survey

	Hourly Rate, Start				Hourly Rate, Experienced			
	Driver	Scheduler	Dispatcher	Maintenance	Driver	Scheduler	Dispatcher	Maintenance
Average	6.48	7.21	7.45	8.68	7.89	8.09	8.40	10.54
Low	5.25	6.00	5.50	8.00	5.50	6.25	6.50	8.00
High	8.37	10.00	10.00	9.80	13.03	10.50	10.50	13.87
	n=12	n=6	n=5	n=3	n=13	n=8	n=7	n=4

n=number of agencies reporting

Illinois Rural **TRANSREPORT**
 Illinois Rural Transit Assistance Program
 Western Illinois University
 Stipes Hall 318
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 Macomb, IL 61455-1390

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RTAC Info-Packs

- A. ADA Paratransit Plan Update
- B. Air Conditioning, Vehicle
- C. Alternative Fuels
- D. Bus Testing/Inspection
- E. Drug and Alcohol Testing
- F. Elderly Transportation
- G. Interstate Busing
- H. TEA-21
- I. Maintenance, Vehicle
- J. Marketing Transportation Services
- K. Mobile Communications
- L. Motor Fuel Taxes
- M. RFPs & RFQs
- N. Routing/Scheduling
- O. RTAC Resource Guide with
 Illinois Library Holdings
 Transportation Listings
- P. RTAC Transportation Glossary
- Q. Safety
- R. Section 16, FTA
- S. Section 18, FTA
- T. Transit Districts
- U. Volunteers

Need a . . .

Customer Service Course?

Defensive Driving Course?

Emergency Preparedness Course?

Passenger Assistance?

Call RTAC at (800) 526-9943

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