

# Alberta Specialized Transportation Survey

In preparation for some lobbying efforts with Alberta Municipal Affairs, Rocky View Regional Handibus Society would like your assistance with this brief survey. Results will be shared with survey participants and the Alberta Government. Contact information will not be disclosed unless you consent to such release (see question 25). Any questions or comments contact Paul Siller (403) 948-2887 or email [manager@rockyviewbus.ca](mailto:manager@rockyviewbus.ca). Thank you for taking the time to complete this survey. This survey is also available online at: [www.rockyviewbus.ca](http://www.rockyviewbus.ca)

## Instructions

In addition to contact information this brief survey features about 25 multiple choice or short answer questions. Answer questions as they relate to your organization. For most answers, check the boxes most applicable to you or fill in the blanks. Question 25 is mandatory on the web version of this survey.

<b>Contact Information</b>
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**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Province** \_\_\_\_\_

**Postal Code** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Website** \_\_\_\_\_

**Geographic region** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

## Opinions

The following questions will briefly survey some opinions regarding your transportation service. Read the following statements and select your response from the following options:

- Strongly Agree- "I strongly agree with this statement"  
 Agree- "I agree with this statement"  
 Neither "I neither Agree nor disagree with this statement"  
 Disagree "I disagree with this statement"  
 Strongly Disagree- "I strongly disagree with this statement"

If you have no opinion regarding a statement, you may skip the response and proceed to the next statement.

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
1. We experience more transportation demand than our present capacity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The province is supportive of accessible transportation needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Our local municipality is supportive of accessible transportation needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There has been a decrease in financial donations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There has been a decrease in volunteer hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. We want more collaboration with other transportation groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. We want more training for our drivers and volunteers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. We must replace a vehicle in the next 18 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Grant requirements (applications and reporting) have become more cumbersome and time consuming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. We need computer technology assistance (hardware/ software/ training).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 11. How many municipalities do you operate in?

(Select only one.)

- 1     2     3     4     5 or more

**12. What category best describes the nature of your organization?**

(Select only one.)

- Non-profit organization operating a wheelchair accessible vehicle (“handibus”)
- Non-profit organization operating a regular vehicle
- Care facility operating a wheelchair accessible vehicle
- Community service group operating a wheelchair accessible vehicle
- Municipal agency / authority
- Private carrier / taxi /bus line
- Other: \_\_\_\_\_

**13. How would you describe your operation?**

(Select only one.)

- A rural operation
- An urban operation
- Rural and urban operation

**14. What does your organization consider as a "special need"**

(Select all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Inability to drive    |
| <input type="checkbox"/> Balance problems         | <input type="checkbox"/> Youth                 |
| <input type="checkbox"/> Low income               | <input type="checkbox"/> Cannot walk 250 m     |
| <input type="checkbox"/> Chronic illness          | <input type="checkbox"/> Must use a wheelchair |
| <input type="checkbox"/> Physical disability      | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Seniors                  |  |

**15. What are your target age groups?**

(Select all that apply.)

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Pre-schoolers         | <input type="checkbox"/> Adults  |
| <input type="checkbox"/> Children/youth (K-12) | <input type="checkbox"/> Seniors |

**16. Our transportation program principally exists for:**

(Select only one.)

- General public
- Our program participants
- Members only
- Other:

**Operations**

Please provide numerical answers to the following questions. Please do not use any commas or other symbols in the answers. Provide any date information in YYYY format.

**17. How many vehicles do you operate / use?**

**18. How many wheelchair accessible vehicles do you operate / use**

**19. What year is your oldest vehicle?**

**20. What year is your newest vehicle?**

**21. How many one-way trips did you provide in 2002?**

**22. What are your top three expenses?**

(Pick 3 responses)

Staffing costs

Fuel

Repair & maintenance

Insurance

Admin/office

Capital purchase

**23. What are your top three sources of revenue?**

(Pick 3 responses)

Donations

Fee for service contract

Family & Community Support  
Services

Accessible transportation grant

User / passenger fees

Casino / bingo fundraising

Other fundraising

Volunteer efforts

Other:  
\_\_\_\_\_

**24. Please contact our group for any follow-up surveys.**

(Select only one.)

Yes       No

**25. Please post our contact information for other transportation groups.**

(Select only one.)

Yes       No

**27. Do you have any comments or suggestions? (use separate sheet if necessary)**