2025-2029
Statewide Locally Coordinated Plan

benesch

STATE OF NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

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Section 1. Introduction

The statewide Locally Coordinated Plan (LCP), prepared under the guidance of the North Carolina Department of Transportation (NCDOT), serves as a strategic framework to expand mobility options to seniors and individuals with disabilities, particularly in small urban and rural communities of North Carolina. The LCP fosters statewide coordination of federal and state transportation grant programs, including "Section 5310" – Enhanced Mobility of Seniors and Individuals with Disabilities Program and the Rural Operating Assistance Program (ROAP).

The Enhanced Mobility of Seniors and Individuals with Disabilities Program (49 U.S.C § 5310) is administered by the Federal Transit Administration (FTA) and provides states formula-based funding to assist public transportation providers and private nonprofit groups in meeting the transportation needs of seniors and people with disabilities. Under this program, federal funds are apportioned to NCDOT for distribution to eligible recipients in small urban and rural areas.

To be eligible for § 5310 funding, the Bipartisan Infrastructure Law (BIL) requires a comprehensive planning and coordinated process to identify and select eligible projects. This process should include transportation planning agencies, public and private transportation providers, non-profit transportation providers, human services providers, and other government agencies that administer social service programs. The process must also include participation by members of the public, including seniors and people with disabilities.

The FTA requires agencies participating in the § 5310 program to be included in a human services transportation coordination plan or an LCP, be it a statewide, regional, or local plan. The following table documents the FTA's required components of an LCP and under what section each is addressed in this document.

Table 1-1: LCP Requirements

LCP Requirement	Document Location
Assessment of transportation needs for individuals with disabilities, older adults, and persons with limited incomes.	Sections 3 and 4
Inventory of available services that identifies areas of redundant services and gaps in services.	Section 3
Strategies to address the identified gaps in services.	Section 6
Identification of coordination actions to eliminate or reduce duplication of services and strategies for more efficient utilization of resources.	Section 6
Prioritization of implementation strategies.	Section 7
Developed through a process that included representatives of public, private and nonprofit transportation and human services providers, and members of the public including individuals with disabilities, older adults, and people with low incomes	Section 5

Prior to 2018, small urban Metropolitan Planning Organizations (MPOs) and Rural Planning Organizations (RPOs) in North Carolina were required to prepare individual LCPs to satisfy the federal requirements for receiving § 5310 funding. In 2018, NCDOT consolidated the process for these agencies into a statewide LCP covering FYs 2020-2024. Large urban areas with populations of 200,000 or more receive § 5310 funds directly from FTA and continue to prepare individual LCPs. Those areas not receiving funds directly from FTA, small urban and rural areas, apply for and receive § 5310 funds from NCDOT. This Statewide LCP is also intended to support North Carolina's Rural Operating Assistance Program (ROAP) administered by NCDOT.

Currently, NCDOT administers funds to support public transportation through the Unified Grant Agreement (UGA). The UGA streamlines the process to apply for state-administered funds. As of May 2024, agencies interested in applying for funds submit a pre-application registration form in June and must submit a complete application, including all necessary documentation, by October. Next, agencies must complete contracting procedures and prepare for compliance audits.

NCDOT provides guidance on eligibility, expenditures, and the application processes in the UGA guidance document.

Report Organization

This LCP is organized into seven main sections, including this **Introduction**.

Section 2 provides an overview of § 5310 and ROAP programs and how they are administered in North Carolina. Additionally, LCP districts are established to better organize and analyze data.

Section 3 summarizes the distribution of populations that may benefit from § 5310 funding and existing transportation services.

Section 4 summarizes previous local planning efforts, including a review of transit development plans.

Section 5 summarizes public outreach efforts, including public workshops, surveys, and other outreach techniques.

Section 6 identifies strategies to address unmet transportation needs.

Section 7 prioritizes strategies for implementation.

**Appendix A** lists the counties by LCP district and IMD region.

Appendix B expands on Section 5310 and ROAP funding allocation.

Appendix C lists the transportation providers and their characteristics.

Appendix D summarizes the plans reviewed for unmet needs.

Appendix E includes a detailed public involvement summary.

Overview of Federal § 5310 Program

Overview and Administration of Rural Operating Assistance Program

Establishment of LCP Districts
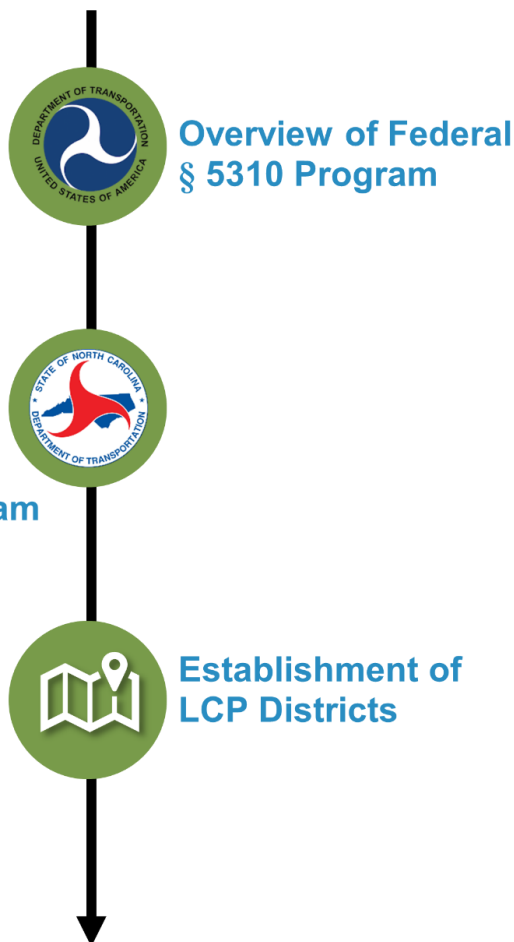
Section 2.Section 5310 and Rural Operating Program Assessment

Overview of the Federal § 5310 Program

The goal of the § 5310 program is to enhance the mobility of older adults and individuals with disabilities by removing barriers to transportation services and expanding transportation options available.

Towards this goal, FTA provides funding under 49 U.S.C § 5310 for capital and operating expenses to designated recipients for the following types of projects:

- Public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable;
- Public transportation projects that exceed the requirements of the Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. 12101 et seq.);
- Public transportation projects that improve access to fixed route service and decrease reliance on complementary paratransit; and
- Alternatives to public transportation projects that assist seniors and individuals with disabilities with transportation.

Section 5310 funding is formula apportioned to direct recipients based upon the state's population of seniors and individuals with disabilities. A senior is an individual who is 65 years of age or older and the term "disability" is defined in Section 3(1) of the ADA.

Designated recipients of § 5310 funding include state agencies, typically the department of transportation. However, in large urban areas where the population is greater than 200,000, an appointed public agency can be considered a designated recipient and eligible to apply for § 5310 funding directly from FTA. Designated recipients can also apply for §

5310 funding on behalf of various subrecipients, including local governments, private non-profit organizations, transportation agencies, etc. Appointed by the Governor, the North Carolina Department of Transportation (NCDOT) is the designated recipient of § 5310 program funding for small urban and rural communities in North Carolina.

Section 5310 program funding may be used for both "traditional" or "non-traditional" projects.

Traditional 5310 Projects

At least 55% of program funds must be used for "traditional" 5310 capital only projects. Examples include:

- Expansion or replacement of buses or vans
- Vehicle wheelchair lifts, ramps, and securement devices
- Transit-related information technology systems.
- Mobility management programs
- Acquisition of transportation services under a contract, lease, or other arrangement

Non-Traditional Other 5310 Projects

Up to 45% of § 5310 apportionments may be used for additional capital or operating projects. Examples include:

- Travel training
- Volunteer driver programs
- Building accessible features
- Improving way-finding technology
- Providing same day door-to-door service

Non-Traditional | Other Capital, Operating, or Other

≤45%   55%+

Federal § 5310 Program
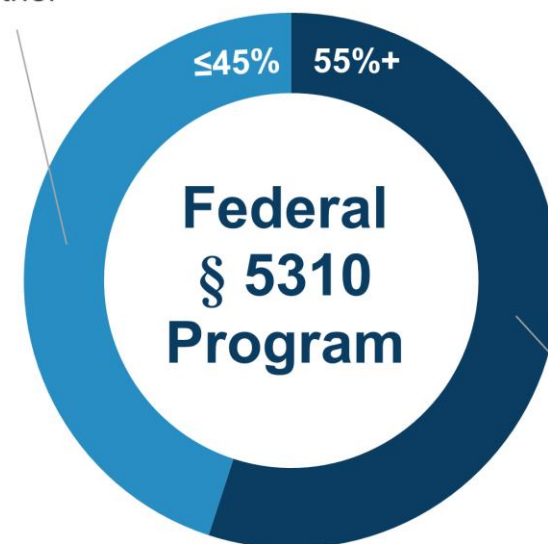
Traditional Projects | Capital Only
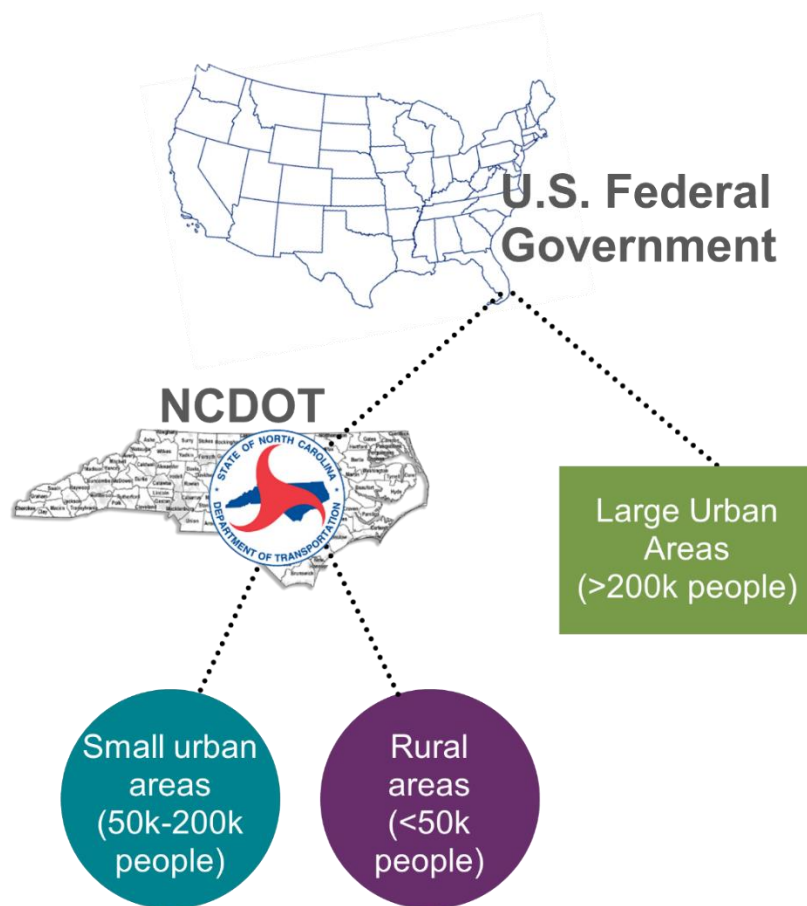
NCDOT Administration of the §5310 Program

NCDOT is the designated recipient and administrator of § 5310 funds for projects in small urban (populations of 50,000-200,000) and rural (population under 50,000) communities of North Carolina. The Integrated Mobility Division (IMD) of NCDOT is responsible for ensuring these funds are distributed and used appropriately.

NCDOT §5310 Funding Programs

IMD administers three programs that use § 5310 funds:

- Section 5310 Capital Purchase of Service Program
- Section 5310 Operating Program
- Mobility Manager Program

NCDOT allows the purchase of service from private non-profit, county, or Council on Aging (COA) entities. Although the program can fund mobility management, it does not fund vehicle purchases.

Section 5310 Project Selection by NCDOT IMD

As the primary goal of the § 5310 program is to improve mobility for seniors and individuals with disabilities, NCDOT IMD has developed a scoring process to prioritize submitted projects. The criteria are assigned point values used to determine an overall project score. This process also considers ongoing projects while balancing the need for new project implementation. Furthermore, the applicant must administer the project, arrange contracted transit services, or operate the funded service directly; passing awarded grant funding to another entity is not allowed. This scoring and evaluation framework for § 5310 projects results in a composite score used to make funding determinations. Operating projects are approved on a cost-per-trip reimbursement basis. It is a 50/50 cost sharing ratio with a local match as no state funding match is provided for operating projects.

Overview and Administration of the Rural Operating Assistance Program

ROAP is a state-funded public transportation program administered by IMD. County governments or eligible regional public transportation authorities are eligible for funding distributed by formula across three funding programs:

- Elderly and Disabled Transportation Assistance Program (EDTAP)
- Employment and Transportation Assistance Program (EMPL)
- Rural General Public Program (RGP)

Although funds are allocated to specific funding programs, there is some opportunity for allocation flexibility. EDTAP funds must remain allocated to EDTAP uses, but EMPL and RGP funds are transferrable to any ROAP program. It is important to note that the amount of funding is based on the State's budget and applying for ROAP funds is not included in the UGA.

EDTAP

The EDTAP provides operating assistance (up to 100%) for the transportation of eligible older adults and persons with disabilities. Funds may be used to transport individuals living inside or outside an urbanized area.

EMPL

The EMPL provides funding assistance (up to 100%) for transportation services for the following:

- North Carolina Department of Health and Human Services clients who transitioned off Work First or Temporary Assistance for Needy Families (TANF) in the previous 12 months; or
- Workforce Development Program participants; or

NCDOT Rural Operating Assistance Program

Elderly and Disabled Transportation Assistance Program

Employment and Transportation Assistance Program

Rural General Public Program

ROAP Funding

State funding
All North Carolina counties eligible
Local match not needed for EDTAP and
   EMPL
10% local match required for RPG
Subject to State budget

Supports mobility for seniors
   and individuals with
   disabilities
Supports agency operations
Local match required (for
   RGP)

Federal funding
All systems eligible
55% must support capital projects
50% local match needed for operating
20% local match needed for capital

§ 5310 Funding

- Members of the public who are transportation disadvantaged persons and need assistance traveling to work, employment training, or other employment-related destinations. These funds can be used to transport individuals living inside or outside an urbanized area.

RGP

The RGP funds transportation services for individuals from counties who do not have an agency or organization that can fund the service. Furthermore, the passenger's origin or destination must be in a rural area and trips can be coordinated on vehicles with other human services trips. These funds are directly allocated to the county transit system and require a 10% local match.

ROAP and § 5310 Funding Difference

Both funding programs are essential for enhancing transportation options in North Carolina, particularly in rural areas or for individuals with increased mobility barriers.

As previously discussed, ROAP funding is dependent on the North Carolina budget while § 5310 is federally apportioned based on the number of elderly and individuals with disabilities. While ROAP is composed of three programs to support various needs, only one needs a local match of 10% whereas § 5310 has a local match requirement of 50% for operating and 20% for capital projects. Furthermore, § 5310 requires 55% of funding to be dedicated to capital projects.

The combination of ROAP, which supports operational costs, and § 5310, which mostly funds capital projects, allows for a comprehensive approach to address the transportation challenges faced by communities.

Establishment of LCP Districts

This statewide plan is focused on small urban and rural areas, and excludes large, urbanized areas with populations of 200,000 or more. The designated large urban areas were obtained from North Carolina Office of State Budget and Management data. To assist in this analysis, all small urban and rural areas in North Carolina were organized into 10 LCP Districts. These districts were derived considering the following:

- IMD regional boundaries
- RPO boundaries
- Existing transit system boundaries

Furthermore, these districts were established after consideration of the 2018 Statewide LCP Districts, stakeholder input, and review of the Regional Transit Plan Guidebook. These districts will be used to analyze data and organize transportation needs geographically. The LCP Districts are shown in Map 2-1. Additional supporting tables are in Appendix A, including a list of counties by LCP District.

Funding Analysis by LCP District

To understand the existing § 5310 and ROAP funding composition, the total amounts received by LCP District was examined. Due to data availability, § 5310 was examined during the FY2017-21 period while ROAP was assessed from FY2019-23. This assessment will be part of the analysis to understand if any critical service gaps can be addressed through a rebalancing of funding distribution in future years. It is worth noting that in FY2021 NCDOT did not distribute any ROAP funding. A more detailed analysis of historic § 5310 grant and ROAP funding awards over the last five years is in Appendix B.

IMD Regions

RPO Boundaries

Existing Transit Systems

Map 2-1: IMD Regions
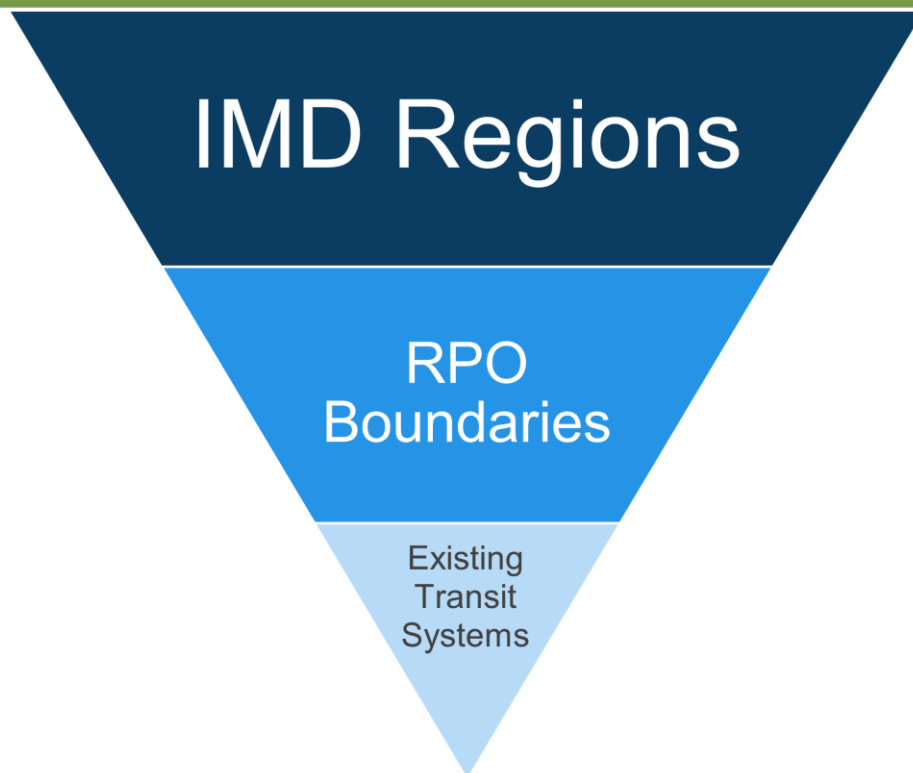
Map 2-2: RPO Boundaries

Map 2-3: LCP Districts | FY25-29
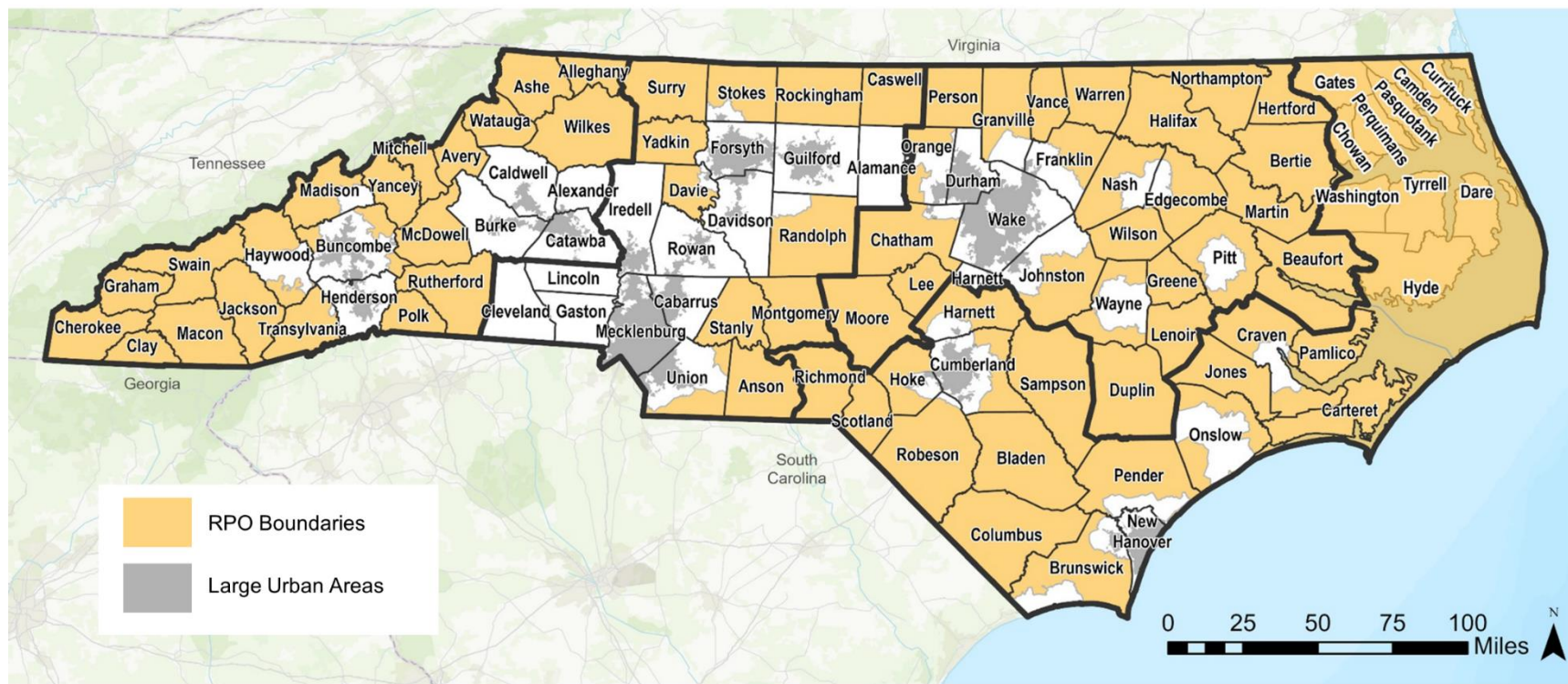
Map 2-3: LCP Districts | FY25-29
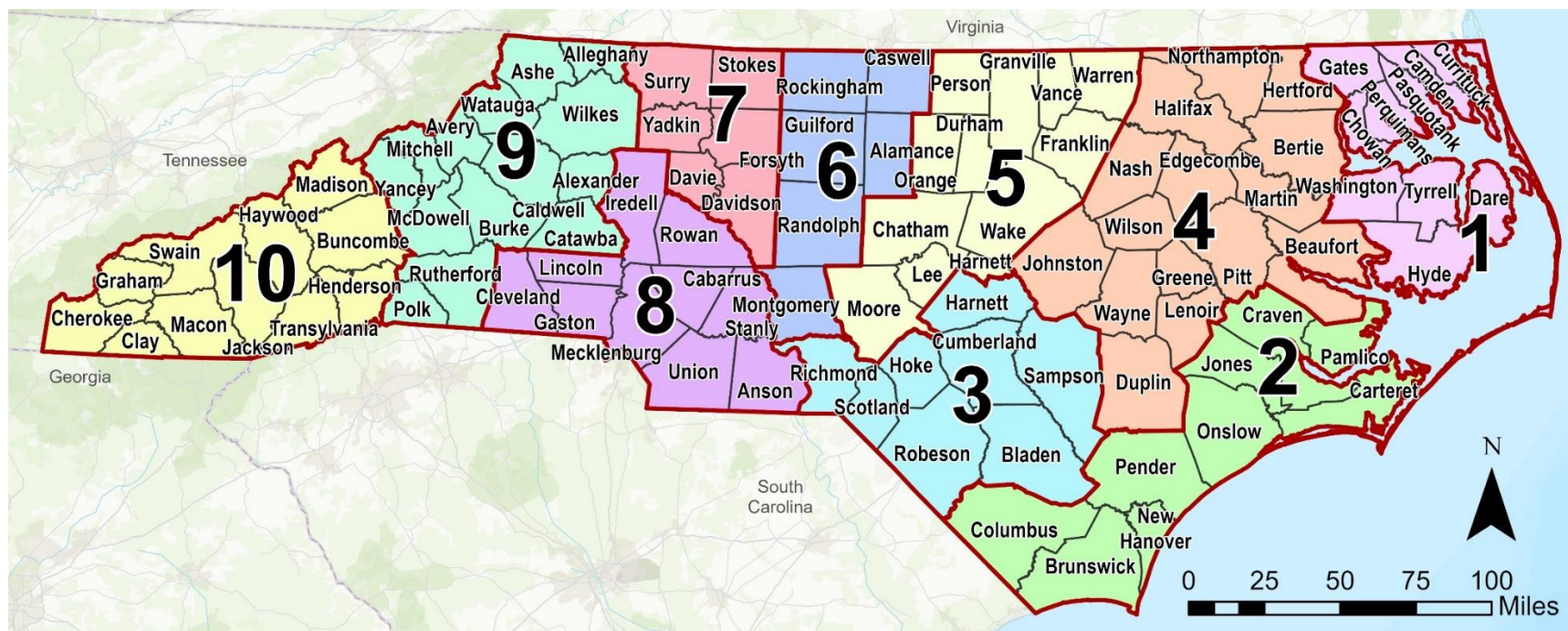
Coastal Plains IMD Region

The Coastal Plains IMD Region is composed of LCP Districts 1, 2, and 3 that include 27 counties near the coast. This IMD Region and part of District 3 include the majority of Harnett County.

Section 5310

From FY2017-21, LCP Districts 1, 2, and 3 received $3.0 million in § 5310 funding for Demand-Response (DR) Operating, DR Capital, and Motorbus (MB) Operating. Figure 2-1 shows the total five-year funding allocation by funding category. Most funding (93%) received was for DR Operating.

Figure 2-1: Section 5310 Funding Allocation | FY2017-21 | Coastal Plains IMD Region
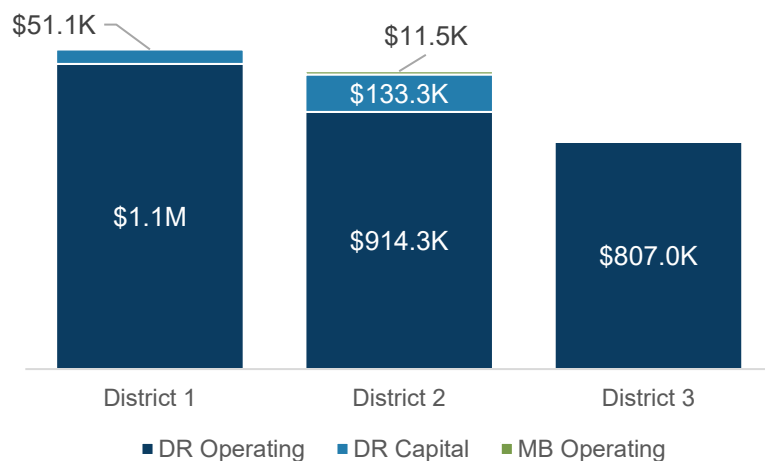
Funding Allocation	District 1	District 2	District 3
DR Operating	$0	$11.5K	$0
DR Capital	$51.1K	$133.3K	$0
MB Operating	$1.1M	$914.3K	$807K

Map 2-4: Section 5310 Funding Allocation | FY2017-21 | Coastal Plains IMD Region

Legend:
- Large Urban Area
- <$10,000
- $10,000 - $25,000
- $25,001 - $50,000
- $50,001 - $100,000
- >$100,000
- Did Not Receive Section 5310 Funding
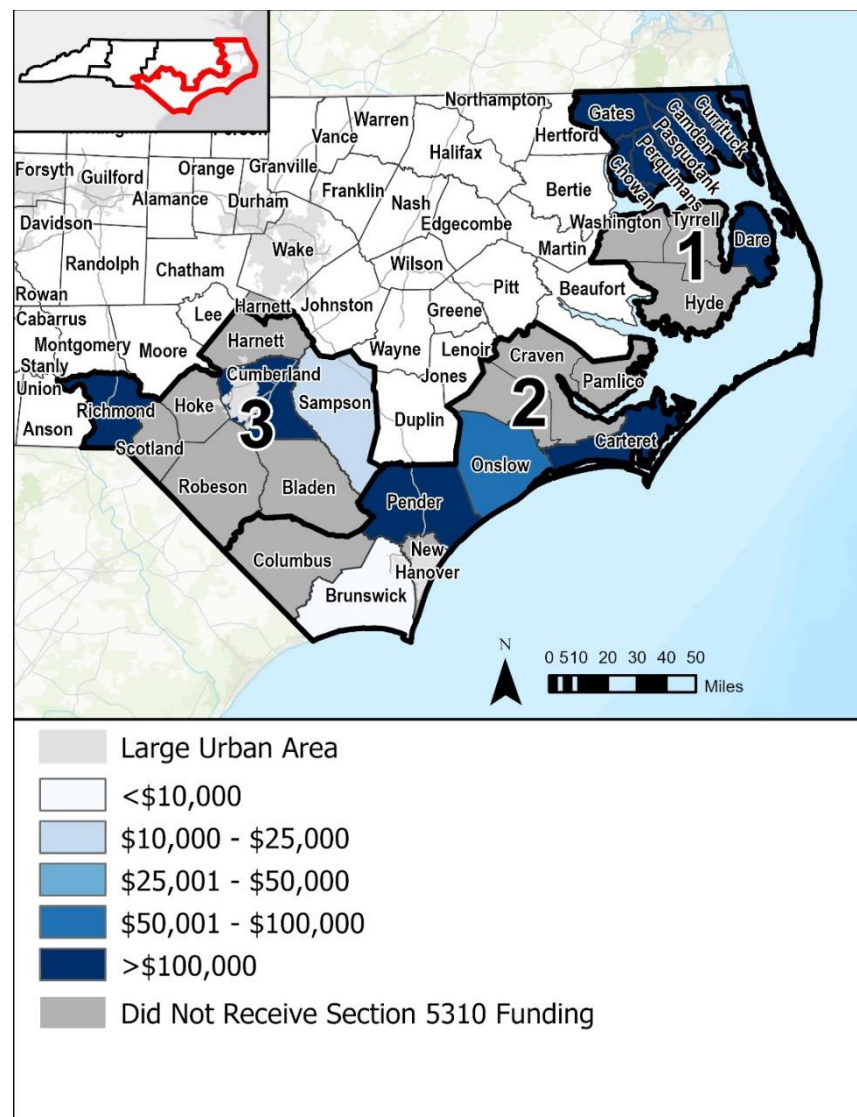
Map 2-5: ROAP Funding Allocation | FY2019-23 | Coastal Plains IMD Region

Legend:
- Large Urban Area
- <$750,000
- $750,000 - $1,000,000
- $1,000,000 - $1,250,000
- >$1,250,000
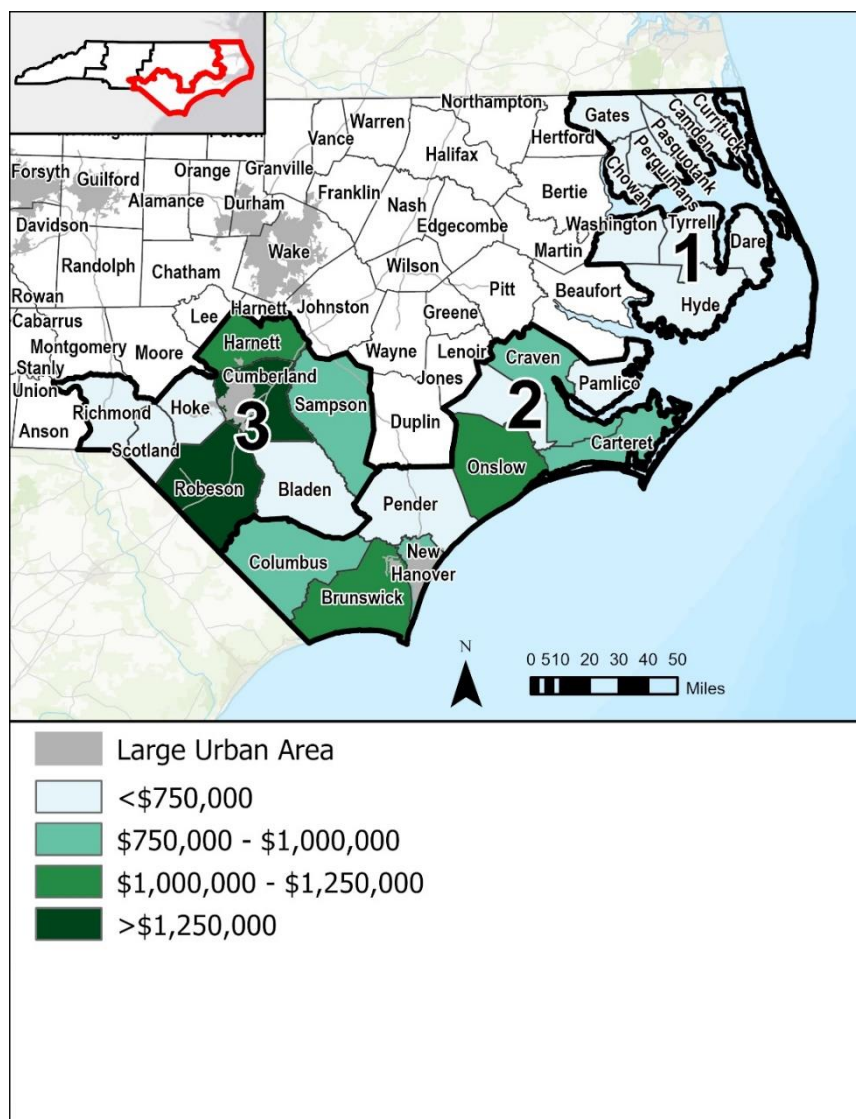
ROAP

LCP Districts 1, 2, and 3 received $19.0 million in ROAP funding from FY2019-23. EDTAP and RGP funds made up similar proportions with $8.5 million each. LCP District 1 received $4.9 million of ROAP funding with each county receiving less than $750,000 over the five years. LCP Districts 2 and 3 received approximately $7.0 million each. Robeson and Cumberland counties (LCP District 3) received more than $1.25 million from FY2019-23.

Figure 2-2: ROAP Funding Allocation by Program | FY2019-23 | Coastal Plains IMD Region
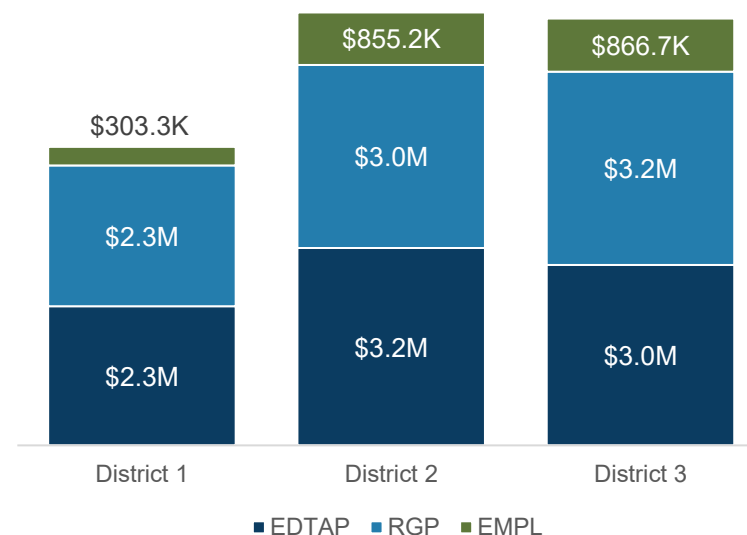
Funding Allocation	District 1	District 2	District 3
EMPL	$303.3K	$855.2K	$866.7K
RGP	$2.3M	$3.0M	$3.2M
EDTAP	$2.3M	$3.2M	$3.0M

Eastern Piedmont IMD Region

The Eastern Piedmont IMD Region is composed of LCP Districts 4 and 5, which encompass 27 counties (including a partial segment of Harnett County) mostly centrally located with some adjacent to the coast.

Section 5310

From FY2017-21, LCP Districts 4 and 5 received $2.5 million in § 5310 funding for DR Operating and DR Capital. Figure 2-3 shows the five-year funding allocation by funding category. Approximately 79% of funding received was allocated towards DR operating.

Figure 2-3: Section 5310 Funding Allocation | FY2017-21 | Eastern Piedmont IMD Region
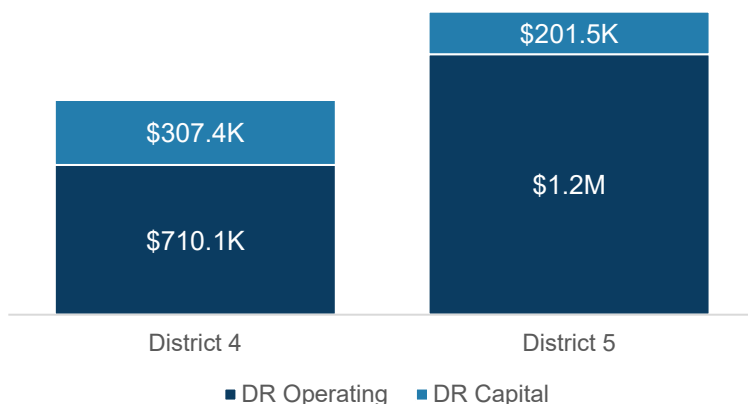
Funding Allocation	District 4	District 5
DR Capital	$307.4K	$201.5K
DR Operating	$710.1K	$1.2M

Map 2-6: Section 5310 Funding Allocation | FY2017-21 | Eastern Piedmont IMD Region

Legend:
- Large Urban Area
- <$10,000
- $10,000 - $25,000
- $25,001 - $50,000
- $50,001 - $100,000
- >$100,000
- Did Not Receive Section 5310 Funding
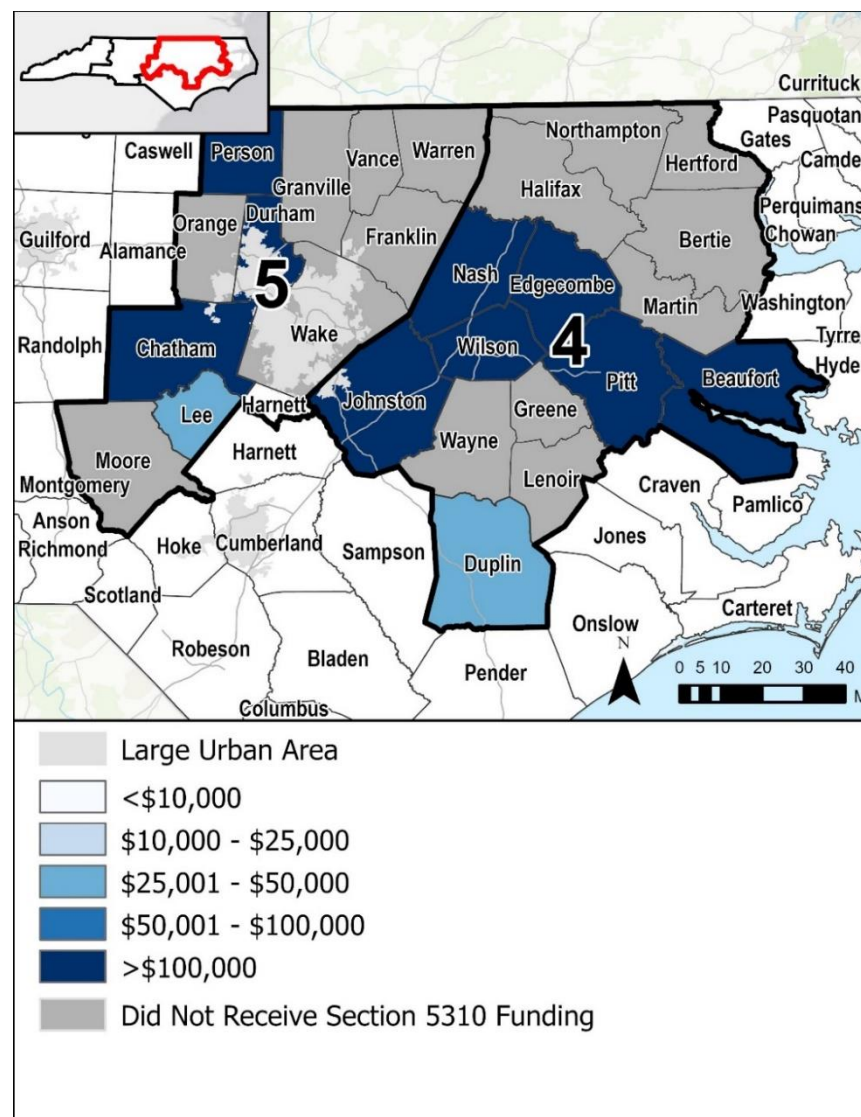
Map 2-7: ROAP Funding Allocation | FY2019-23 | Eastern Piedmont IMD Region

Large Urban Area
<$750,000
$750,000 - $1,000,000
$1,000,000 - $1,250,000
>$1,250,000
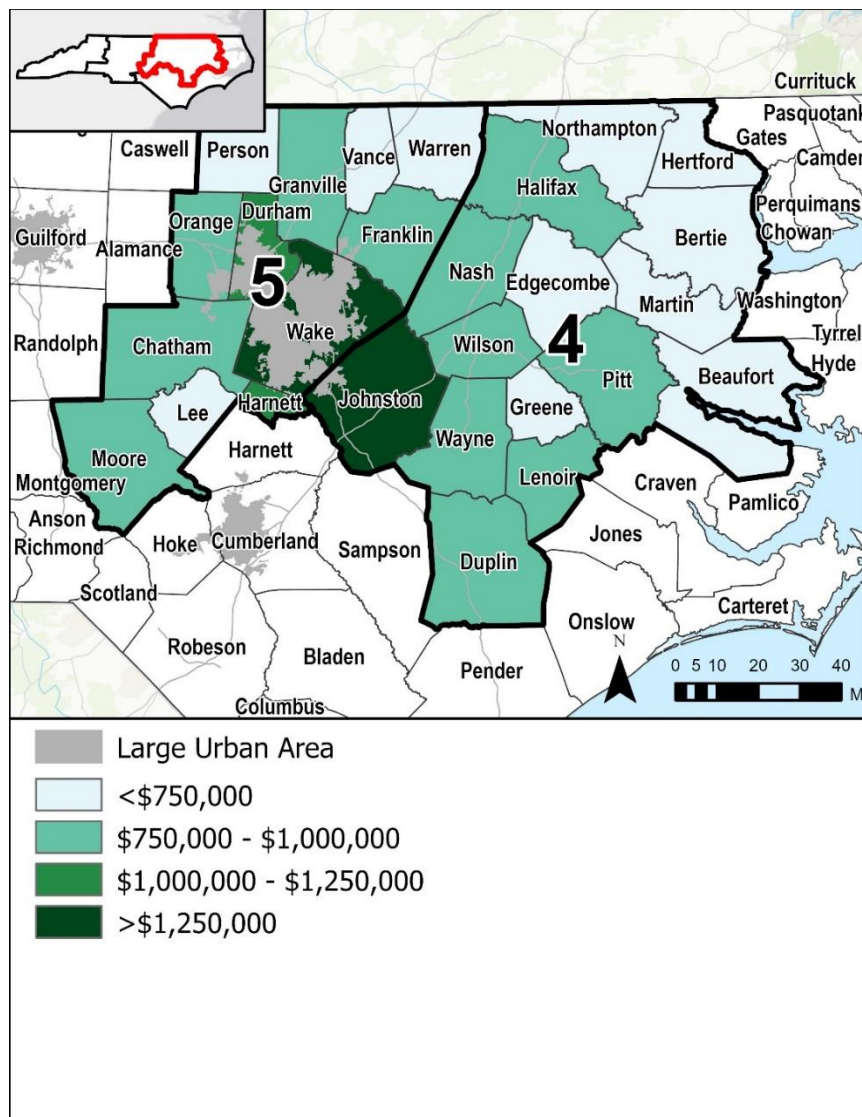
ROAP

LCP Districts 4 and 5 received $21.6 million in ROAP funding from FY2019-23. EDTAP and RGP funding sources comprised most of the funds at $9.4 million and $9.2 million, respectively. Approximately half (47%) of funding that LCP District 4 received was for RGP programs. Johnston County (District 4) and Wake County (District 5) received more than $1.25 million each from FY2019-23. The coastal area of LCP District 4 received less than $750,000 during this period.

Figure 2-4: ROAP Funding Allocation by Program | FY2019-23 | Eastern Piedmont IMD Region

■EDTAP ■RGP ■EMPL
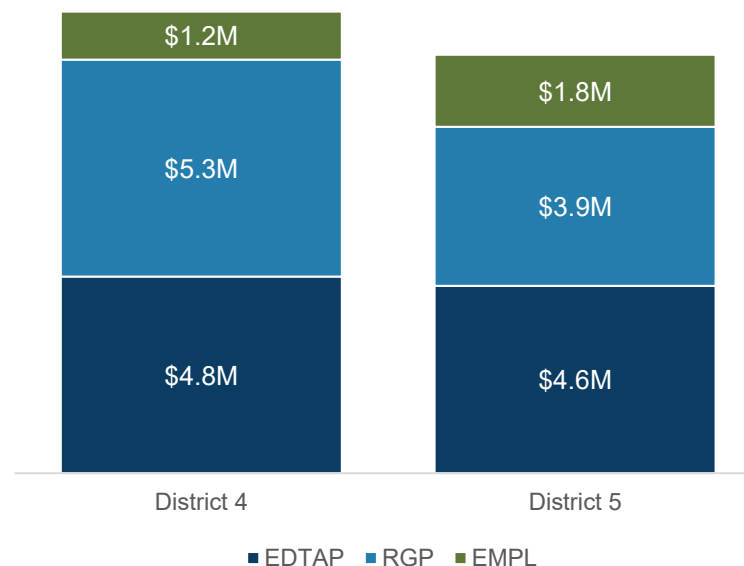
Funding Allocation	District 4	District 5
EMPL	$1.2M	$1.8M
RGP	$5.3M	$3.9M
EDTAP	$4.8M	$4.6M

Western Piedmont IMD Region

The Western Piedmont IMD Region is composed of LCP Districts 6, 7, and 8 that include 22 counties centrally located within the state.

Section 5310

From FY2017-21, LCP Districts 6, 7, and 8 received $4.0 million in § 5310 funding for DR Operating, DR Capital, MB Operating, and MB Capital. Figure 2-5 shows the five-year funding allocation organized by funding category. DR Operating funding comprised 89% of the funding received.

Figure 2-5: Section 5310 Funding Allocation | FY2017-21 | Western Piedmont IMD Region
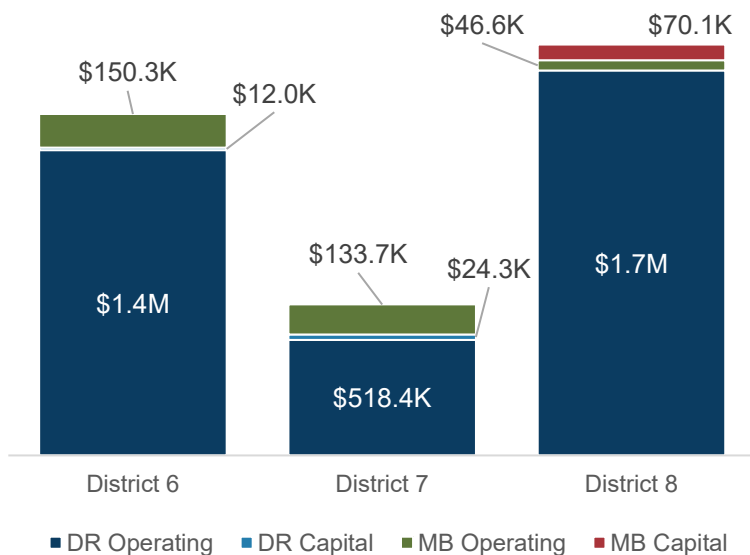
Funding Allocation	District 6	District 7	District 8
MB Capital	$0	$0	$70.1K
MB Operating	$150.3K	$133.7K	$46.6K
DR Capital	$12K	$24.3K	$0
DR Operating	$1.4M	$518.4K	$1.7M

Map 2-8: Section 5310 Funding Allocation | FY2017-21 | Western Piedmont IMD Region

Legend:
- Large Urban Area
- <$10,000
- $10,000 - $25,000
- $25,001 - $50,000
- $50,001 - $100,000
- >$100,000
- Did Not Receive Section 5310 Funding
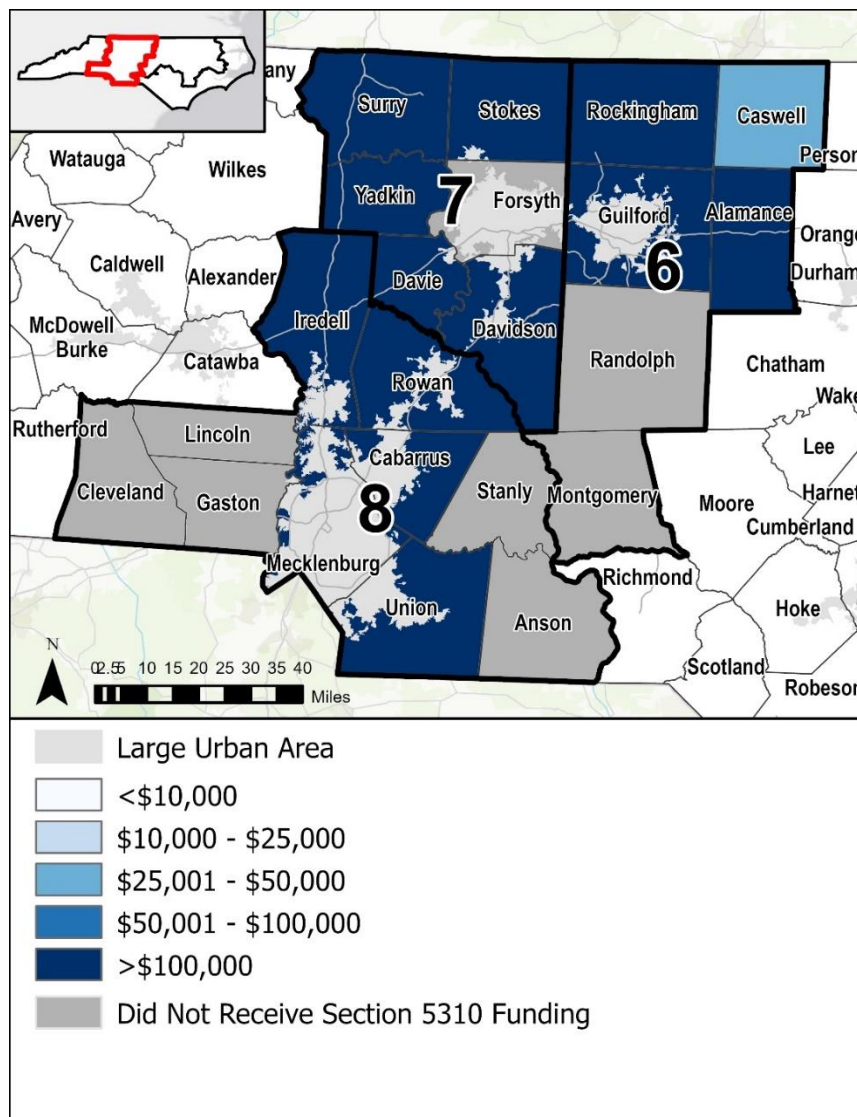
Map 2-9: ROAP Funding Allocation | FY2019-23 | Western Piedmont IMD Region

Legend:
- Large Urban Area
- <$750,000
- $750,000 - $1,000,000
- $1,000,000 - $1,250,000
- >$1,250,000
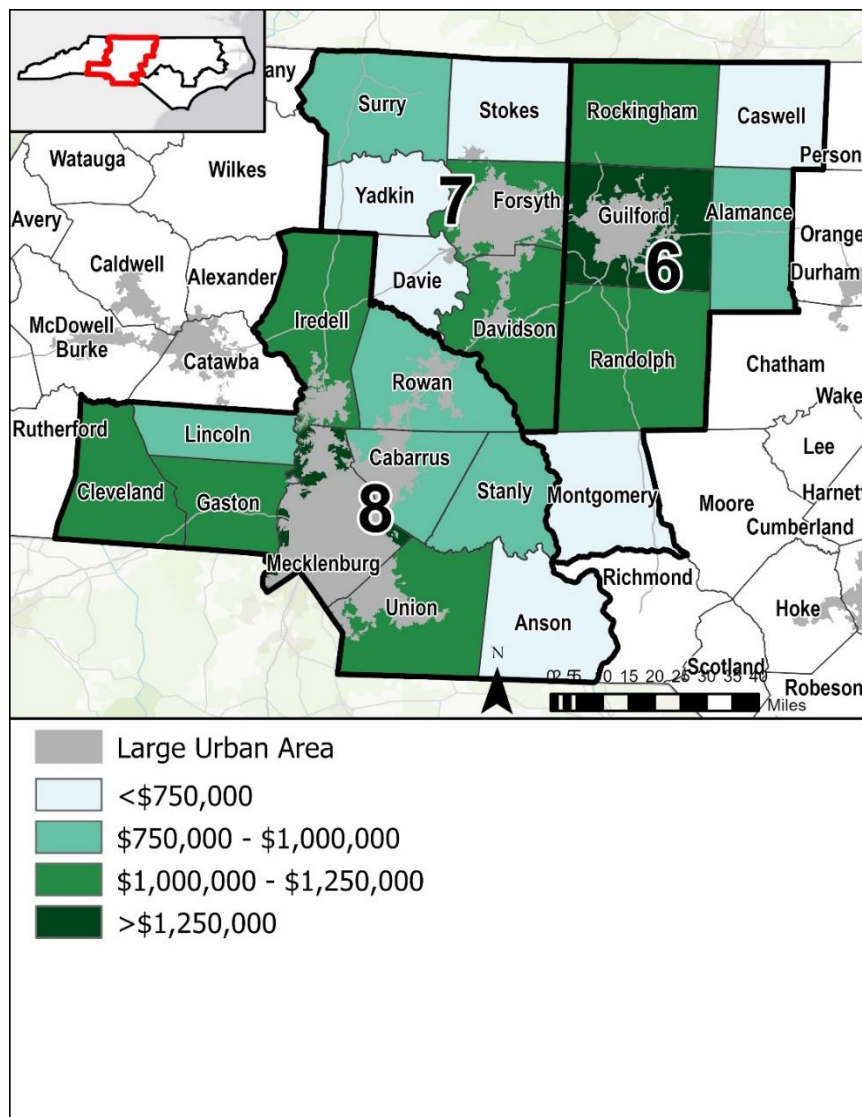
ROAP

LCP Districts 6, 7, and 8 received $21.6 million in ROAP funding from FY2019-23. Approximately half (46%) of the funding received in the Western Piedmont IMD Region was for EDTAP purposes. LCP District 8 received over $2.0 million in EMPL funding, the highest of all LCP districts; approximately 20% of the total funding received for LCP District 8.

Figure 2-6: ROAP Funding Allocation by Program | FY2019-23 | Western Piedmont IMD Region
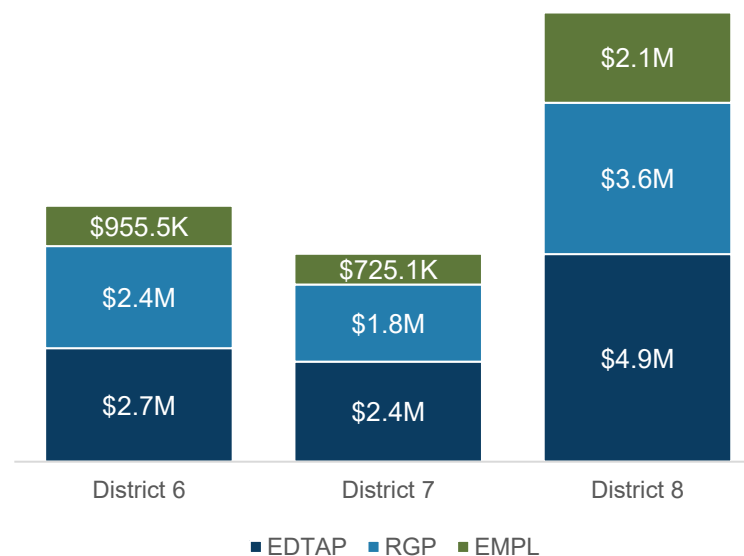
Funding Allocation	District 6	District 7	District 8
EMPL	$955.5K	$725.1K	$2.1M
RGP	$2.4M	$1.8M	$3.6M
EDTAP	$2.7M	$2.4M	$4.9M

Mountains IMD Region

The Mountains IMD Region is composed of LCP Districts 9 and 10 that include 25 counties located in the western area of the state.

Section 5310

From FY2017-21, LCP Districts 9 and 10 received $2.6 million in § 5310 funding for DR Operating, DR Capital, and MB Operating. Figure 2-7 shows the five-year funding allocation organized by funding category. Most funding was allocated towards operating services, with DR Operating (88%) and MB Operating (9%).

Figure 2-7: Section 5310 Funding Allocation | FY2017-21 | Mountains IMD Region
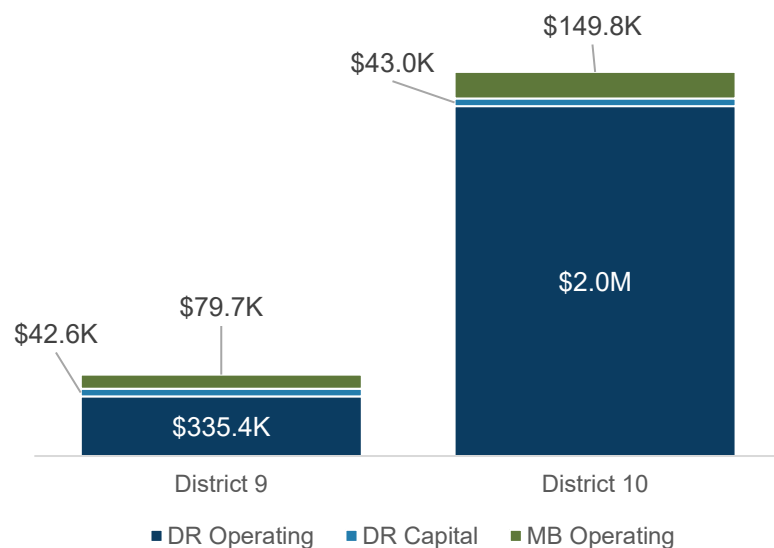
Funding Allocation	District 9	District 10
MB Operating	$79.7K	$149.8K
DR Capital	$42.6K	$43K
DR Operating	$335.4K	$2.0M

Map 2-11: ROAP Funding Allocation | FY2019-23 | Mountains IMD Region

Legend:
- Large Urban Area
- <$750,000
- $750,000 - $1,000,000
- $1,000,000 - $1,250,000
- >$1,250,000
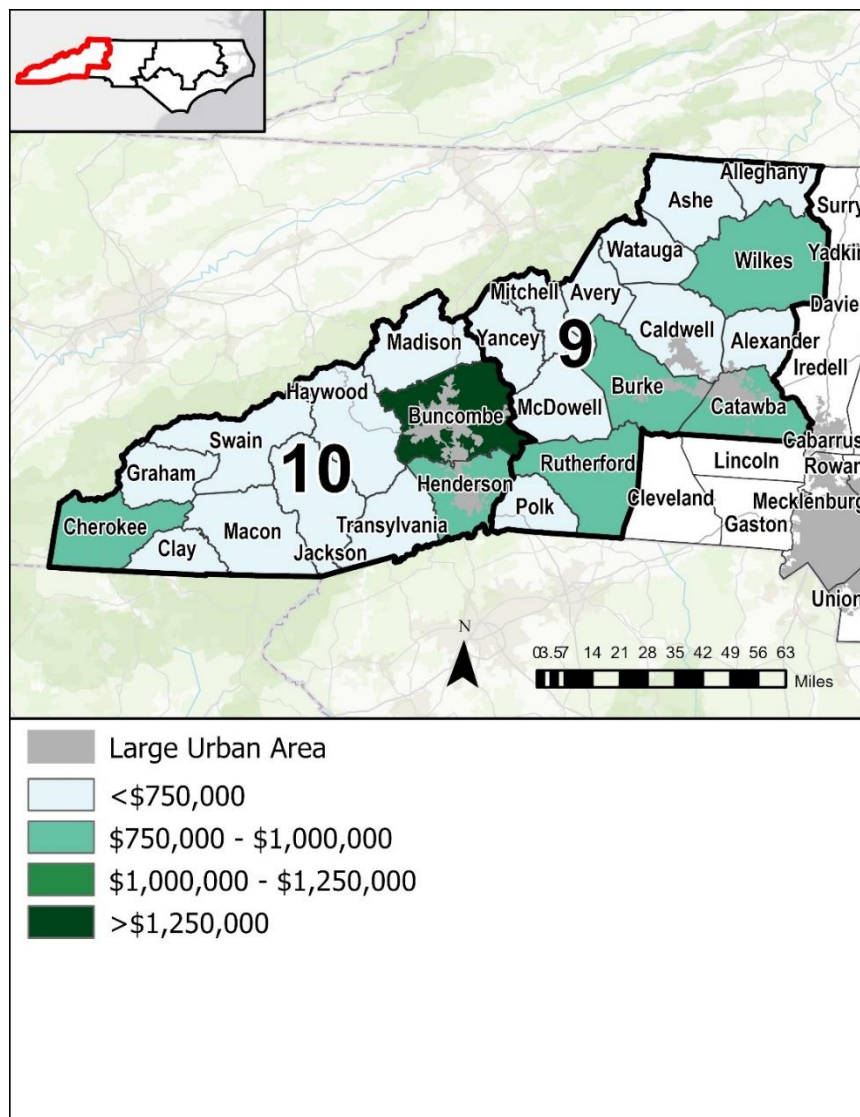
ROAP

LCP Districts 9 and 10 received $16.4 million in ROAP funding from FY2019-23. Like other IMD Regions, EDTAP and RGP funding sources comprised most of the funding received (91%). Most counties in the district received less than $750,000 over the five-year period. Buncombe County (District 10) received more than $1.25 million in the same period.

Figure 2-8: ROAP Funding Allocation by Program | FY2019-23 | Mountains IMD Region

Legend: EDTAP · RGP · EMPL
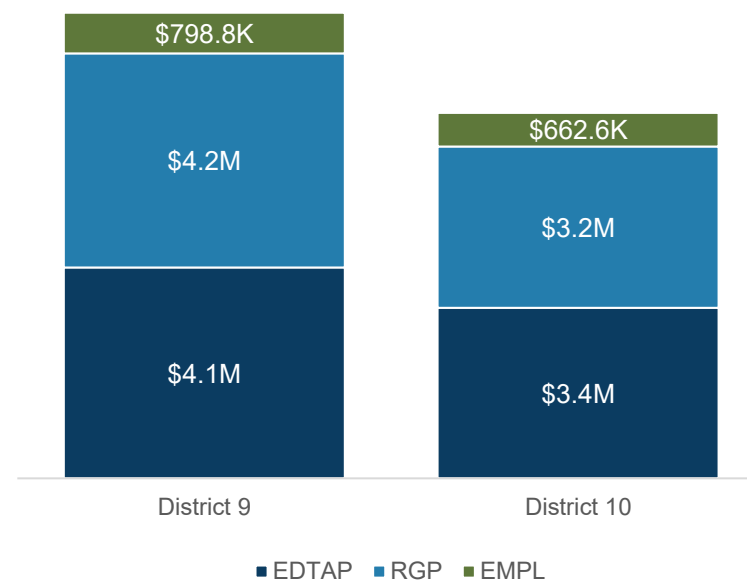
Funding Allocation	District 9	District 10
EMPL	$798.8K	$662.6K
RGP	$4.2M	$3.2M
EDTAP	$4.1M	$3.4M

Section 3. Existing Conditions and Transportation Assessment

Demographic & Socioeconomic Analysis

Public transportation is a vital part of the transportation network in North Carolina, so how it should evolve in the future is critically important. This section reviews the existing conditions and documents baseline data to establish an understanding of the environment in which public transportation is operating. Specifically, this section seeks to understand the distribution of populations and current services available in areas that receive Section 5310 funding.

A series of maps, figures and tables illustrate selected population, demographic, and socioeconomic characteristics. Data for the baseline conditions are obtained from various primary sources including the U.S. Census Bureau, American Community Survey (ACS), and other supplemental data from local and regional agencies.

As this analysis focuses on rural and small urbanized areas (UZA) eligible for Section 5310 funds through NCDOT, all socioeconomic map and graphic data are shown by census tract and excludes large UZAs with more than 200,000 people. The data presented are organized by IMD Region and LCP District, unless otherwise noted.

Demographic and Socioeconomic Analysis

Significant Locations

Existing Services Assessment

Small Urban and Rural Statewide Overview

Some population segments historically have a higher propensity to use or are dependent on public transit for their transportation needs. For some individuals, the ability to drive diminishes with age and they must rely on others for transportation. For lower-income households, transportation costs can be burdensome, as a greater proportion of income is used for transportation-related expenses compared to higher-income households. Households with restricted income may have less vehicle access and be more likely to rely on public transportation.

An overview of small urban and rural areas shows that almost one in four residents are 65 years or older. Furthermore, approximately the same proportion of the population are persons with disabilities or live below the federal poverty line, 15% and 14%, respectively. Approximately 5% of households do not have a vehicle.

A statewide examination of data representing rural and small urban areas reveals that the ten LCP Districts exhibit varying levels of transit propensity in terms of demographic and socio-economic characteristics. Overall, LCP Districts 3 and 4 have the largest proportions of populations inclined to use transit, especially those with low incomes or no access to personal vehicles. Districts 1, 9, and 10 have large older adult (65+) cohorts, which comprise over one quarter of each district's population. Populations with disabilities are roughly the same proportion across all LCP Districts, constituting 12% to 17% of the total population.

Figure 3-1: Socioeconomic Data | Small Urban and Rural Average

Adults Ages 65+ — 24%

Population with Disabilites — 15%

Population Below Poverty — 14%

Zero-vehicle Households — 5%
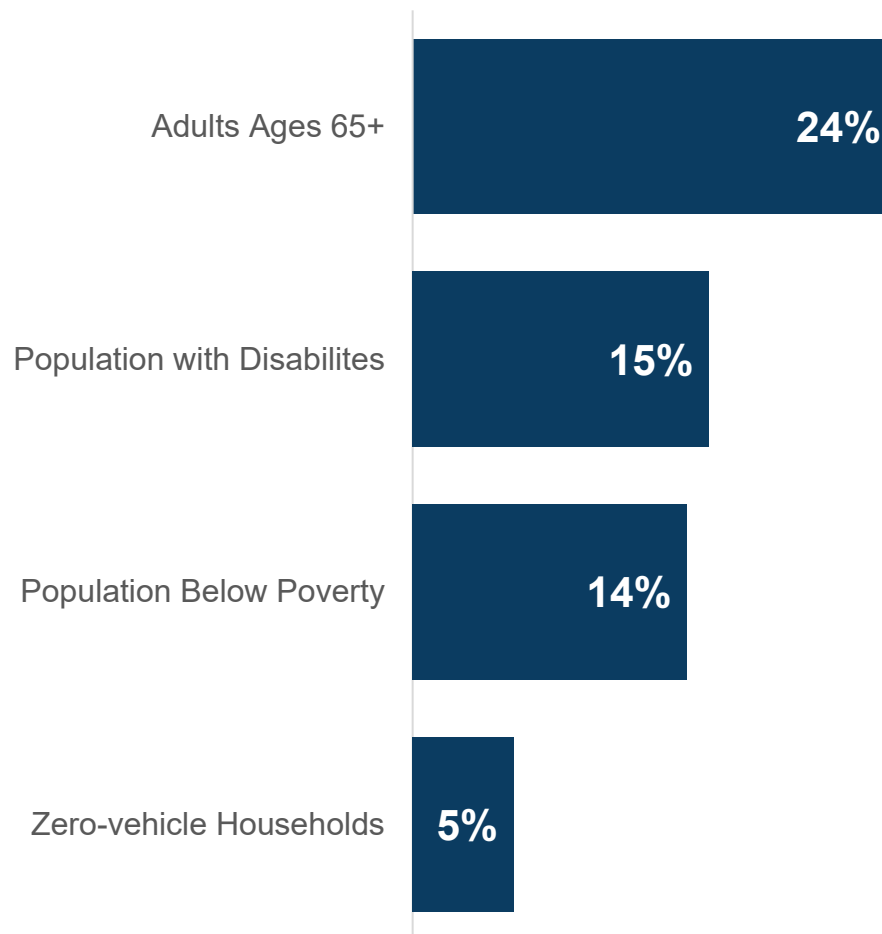
Figure 3-2: Socioeconomic Data by LCP District

Legend: Adults Ages 65+ ▪ Population Below Poverty ▪ Population with Disabilites ▪ Zero-vehicle Households
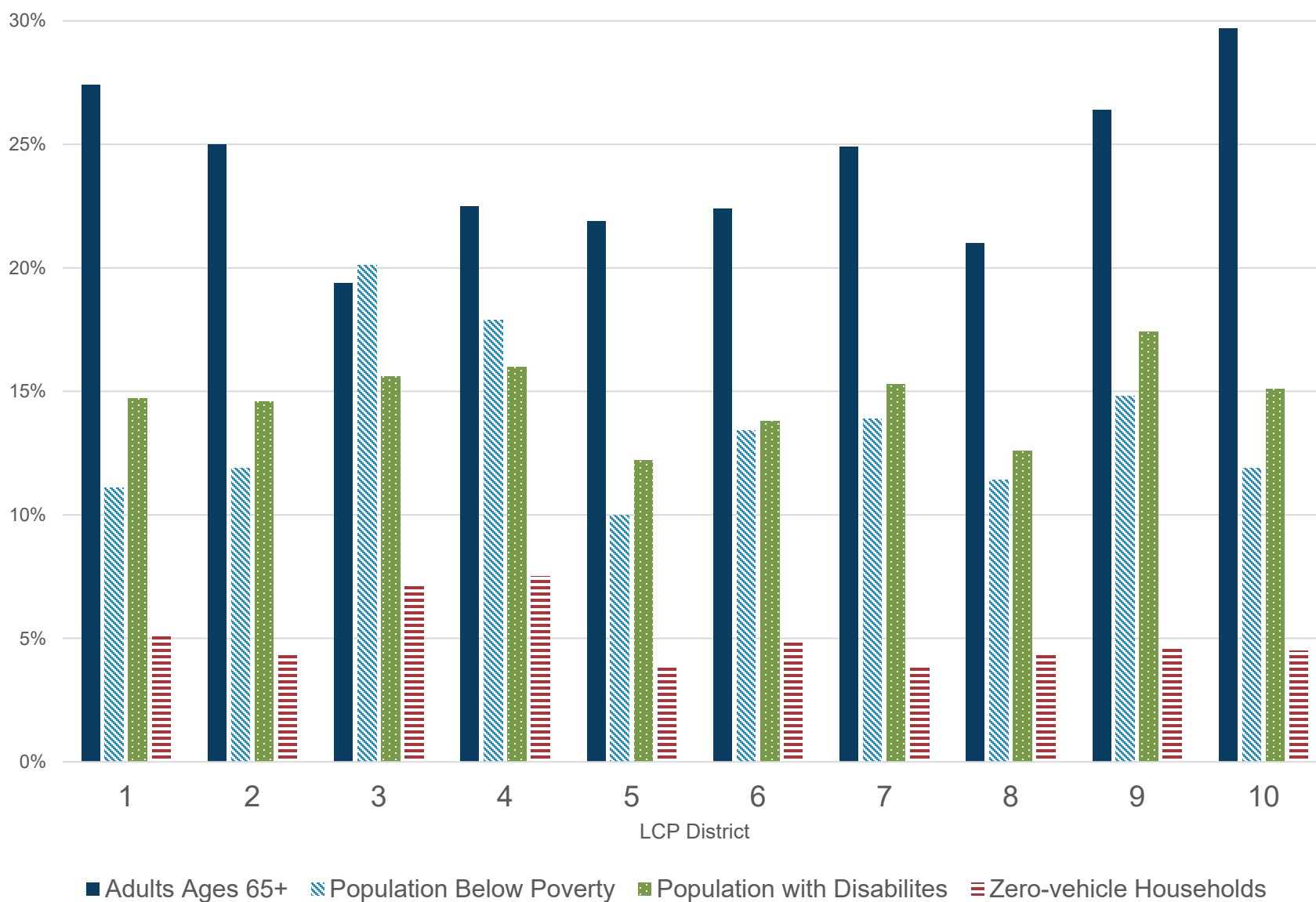
Map 3-1: Population Density | Coastal Plain IMD Region

Population Per Square Mile

	<25		51 - 100		>200
	25 - 50		101 - 200		

LCP District Boundary

Urban Area
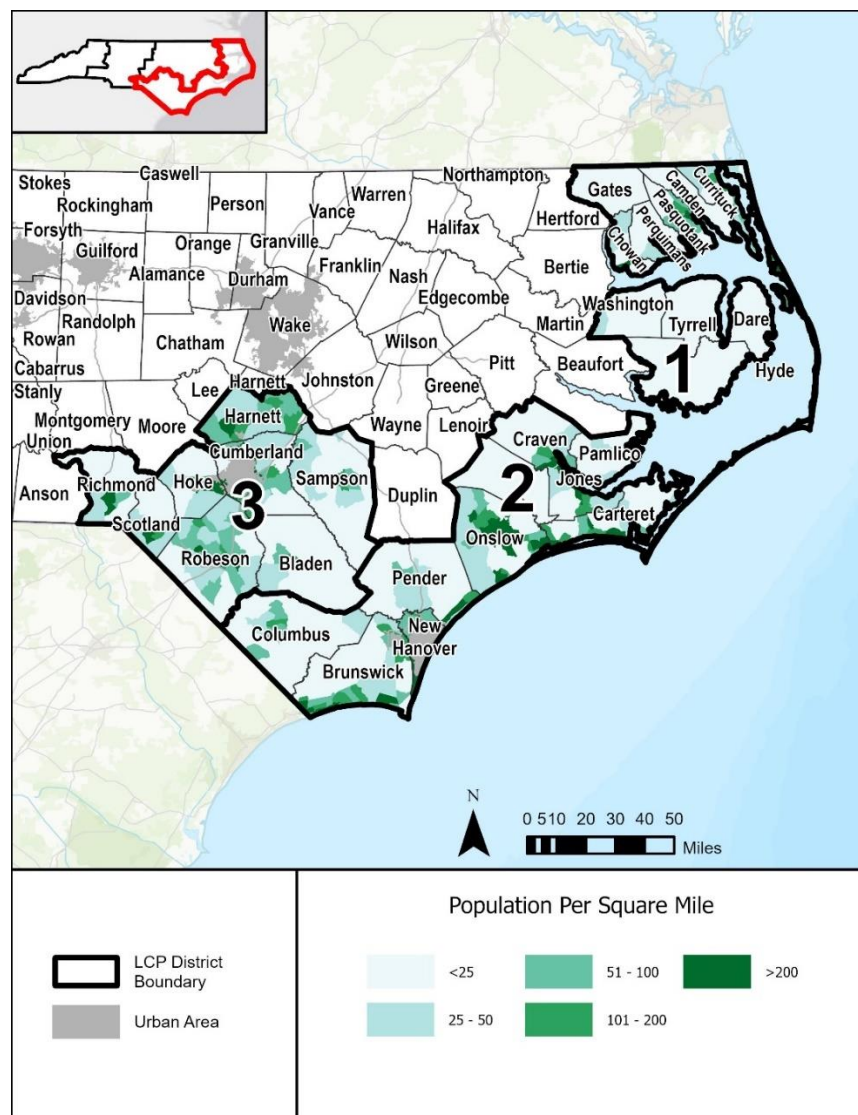
Coastal Plain IMD Region

The Coastal Plain IMD Region consists of LCP Districts 1, 2, and 3 located along the coast and inland southeastern North Carolina.

Population

In the Coastal Plain IMD Region, the rural areas in Districts 2 and 3 have similar populations and densities of more than 40 people per square mile, whereas District 1 consists of about 20 people per square mile and a population totaling less than 200,000.

Figure 3-3: Population | Coastal Plains IMD Region
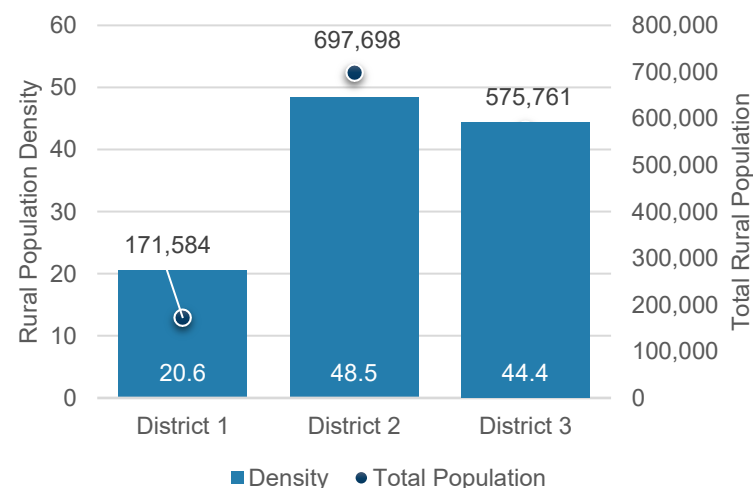
Source: ACS 5-Year Estimates (2017-2021)

Age | Older Adults

Over 25% of the population in Districts 1 and 2 are comprised of adults age 65 and older; however, in District 3, the proportion in this age group is less than 20%.

Figure 3-4: Age Distribution | Coastal Plains IMD Region

Age Group	District 1	District 2	District 3
65 years and older	27.4%	25.0%	19.4%
55 to 64	14.3%	12.4%	12.3%
45 to 54	12.8%	10.8%	12.6%
35 to 44	11.7%	12.1%	13.1%
25 to 34	10.1%	16.1%	14.1%
15 to 24	13.0%	12.2%	14.7%
Under 15 years	10.7%	11.5%	13.9%

■ District 1 ▨ District 2 ✳ District 3
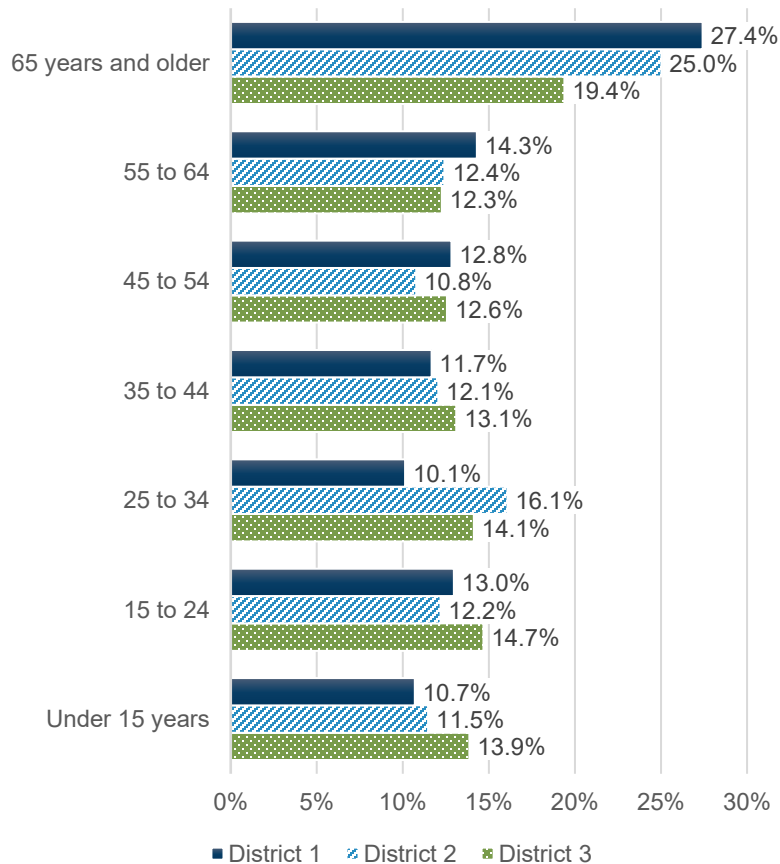
Source: ACS 5-Year Estimates (2017-2021)

Map 3-2: Older Adults | Coastal Plain IMD Region

Percent of Population Aged 65 and Over

- 0% - 10%
- 10% - 20%
- 20% - 30%
- 30% - 40%
- >40%

LCP District Boundary

Urban Area
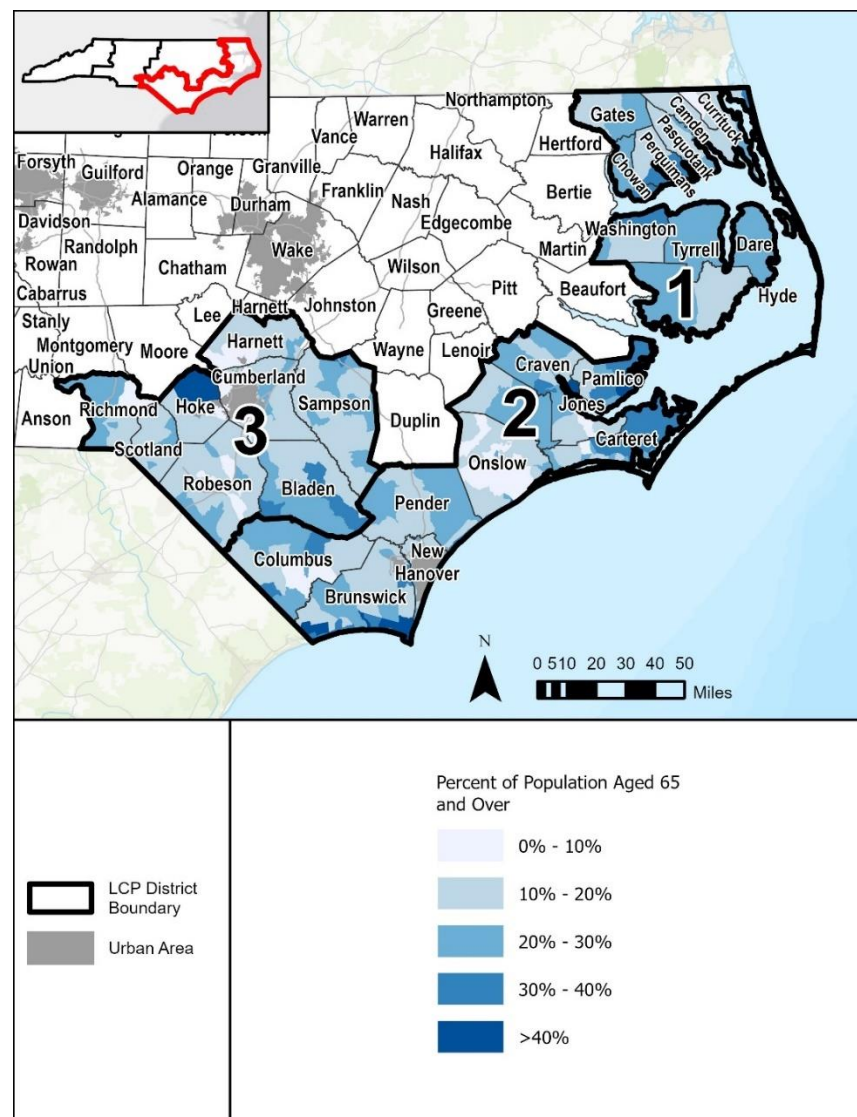
Map 3-3: Poverty | Coastal Plain IMD Region

Percent of Population Living
Below the Poverty Level

- 0% - 7.5%
- 7.5% - 15%
- 15% - 22.5%
- 22.5% - 30%
- >30%

☐ LCP District Boundary

▨ Urban Area
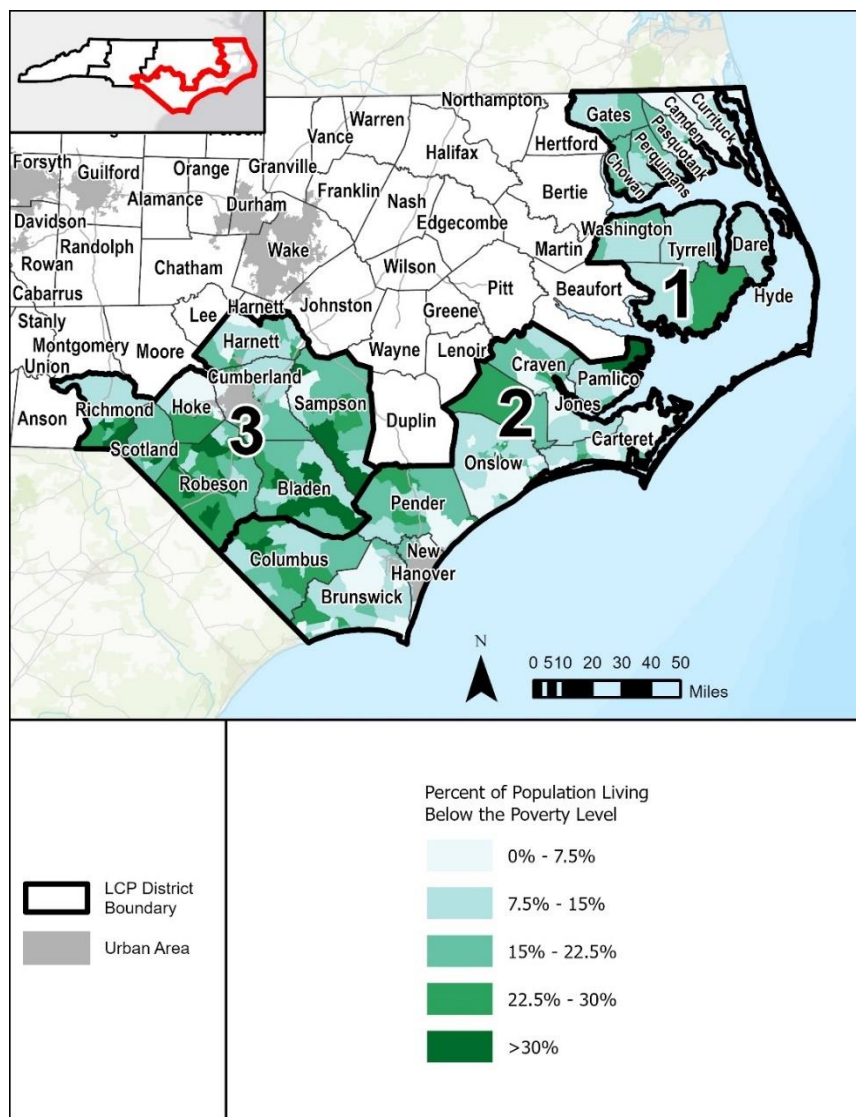
Poverty

42.5% of the population in District 2 live below the federal poverty level. The rate is lower in Districts 1 and 3 at 37.6% and 34.8% respectively. The population living below the poverty level and working full-time hovers around 1% in all three districts.

Figure 3-5: Population Below Federal Poverty Level | Coastal Plains IMD Region

■ Below Poverty Level
■ Below Poverty Level and Working Full-Time
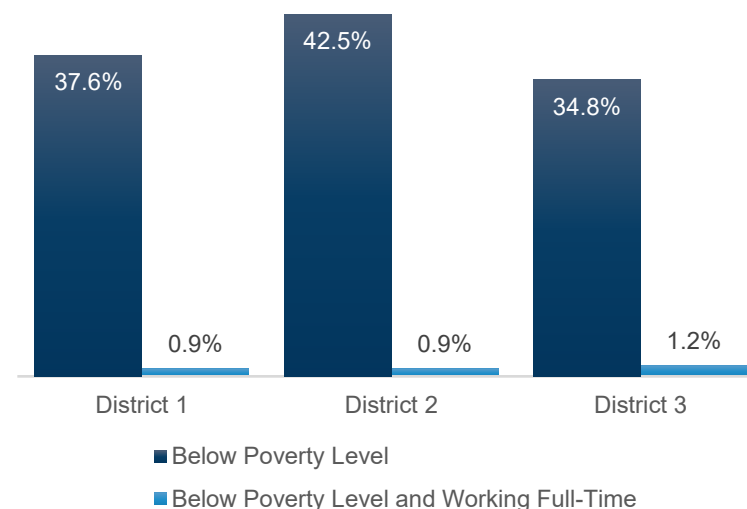
Source: ACS 5-Year Estimates (2017-2021)

Race and Ethnicity

Minority groups in the Coastal Plain IMD Region comprise about 40% of the total population. The largest minority group is "Black or African American alone" in all three districts. The Hispanic and Latino population comprises over 11% of the population in District 3.

Map 3-4: Minorities | Coastal Plain IMD Region
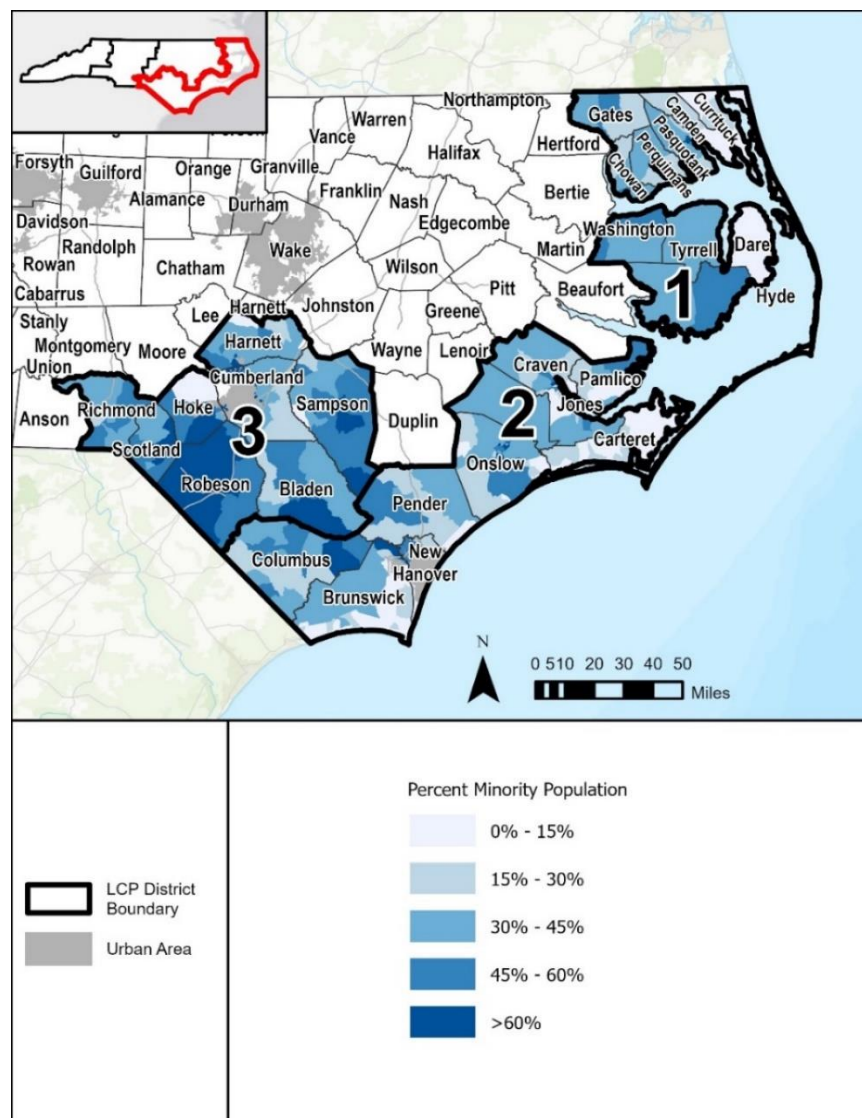
Figure 3-6: Race and Ethnicity | Coastal Plains IMD Region
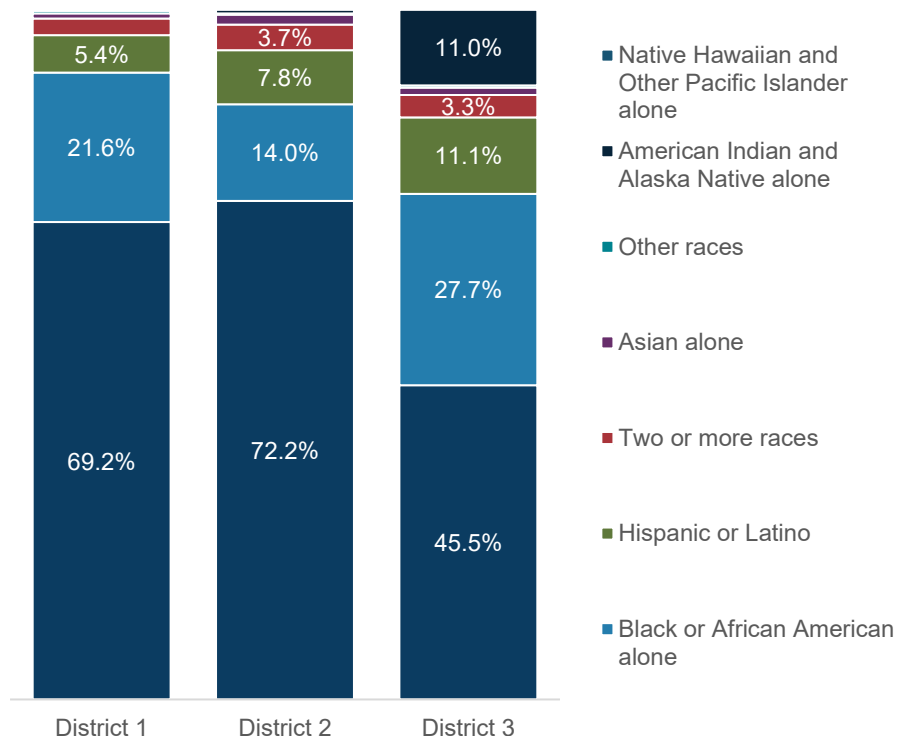
Race and Ethnicity	District 1	District 2	District 3
Native Hawaiian and other Pacific Islander alone	0.0%	0.1%	0.1%
American Indian and Alaska Native alone	0.2%	0.5%	11.0%
Other races	0.4%	0.2%	0.3%
Asian alone	0.8%	1.4%	1.1%
Two or more races	2.4%	3.7%	3.3%
Hispanic or Latino	5.4%	7.8%	11.1%
Black or African American alone	21.6%	14.0%	27.7%
White alone	69.2%	72.2%	45.5%

Source: ACS 5-Year Estimates (2017-2021)

Map 3-5: Persons with Disabilities | Coastal Plain IMD Region
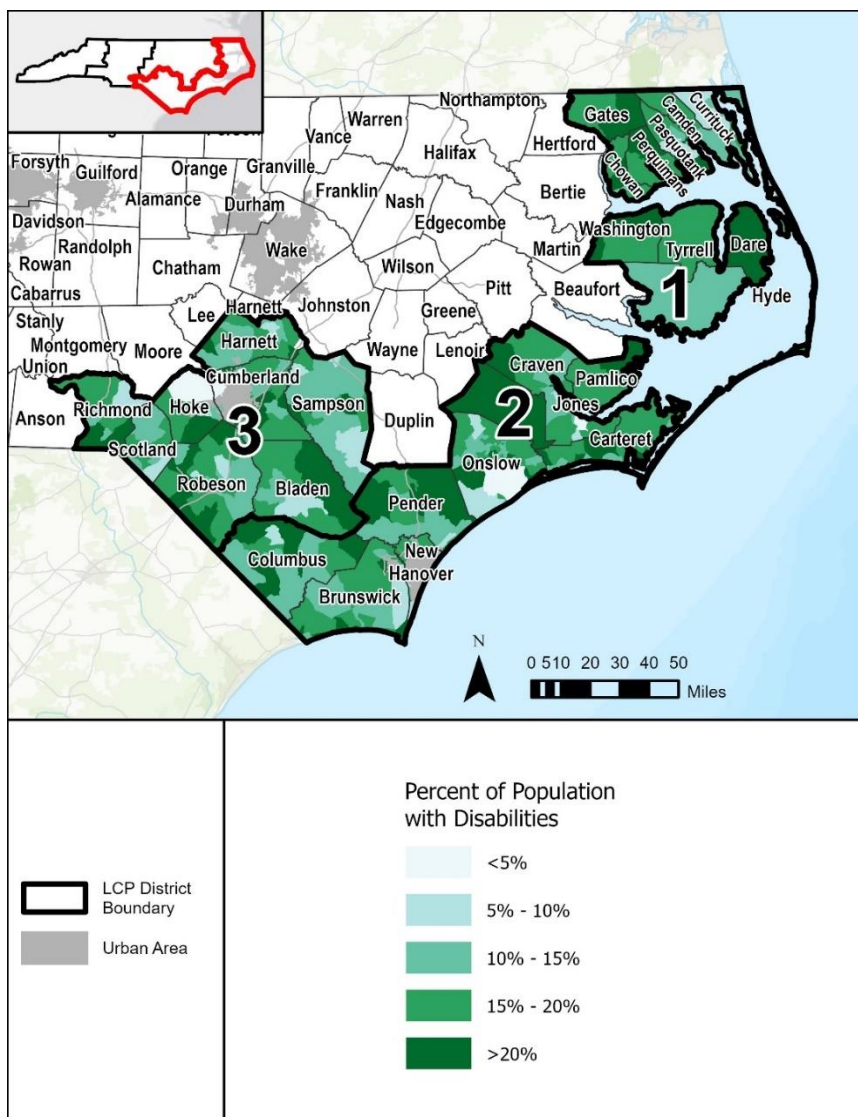
Persons with Disabilities

The percentage of persons with one or more disabilities hovers around 15% of the population in each district. When considering age, more than half of older adults in Districts 1 and 2 have a disability, with slightly less than half in District 3.

Figure 3-7: Persons with Disabilities | Coastal Plains IMD Region

- Percent of Total Population with Disabilities
- Percent of Population with Disabilities, 65+
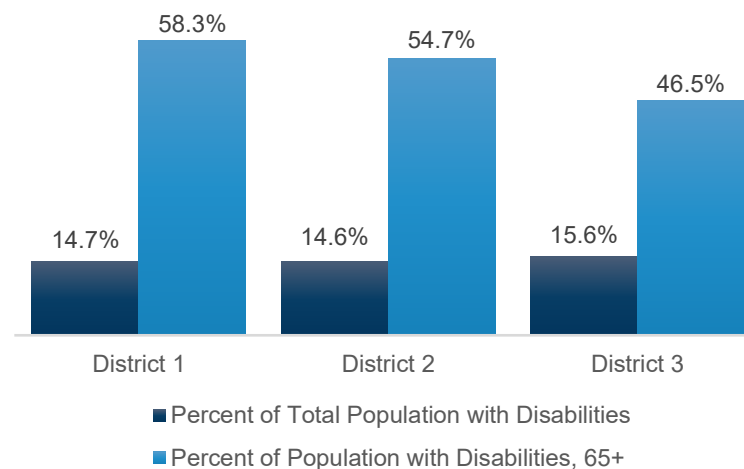
Source: ACS 5-Year Estimates (2017-2021)

Vehicle Access

There is a similar proportion of zero and single-vehicle households in Districts 1 and 2. In District 3, the rate of zero-vehicle households is slightly higher at 7%. Across all three districts, at least one-third of all households have access to two vehicles.

Map 3-6: Vehicle Access | Coastal Plain IMD Region
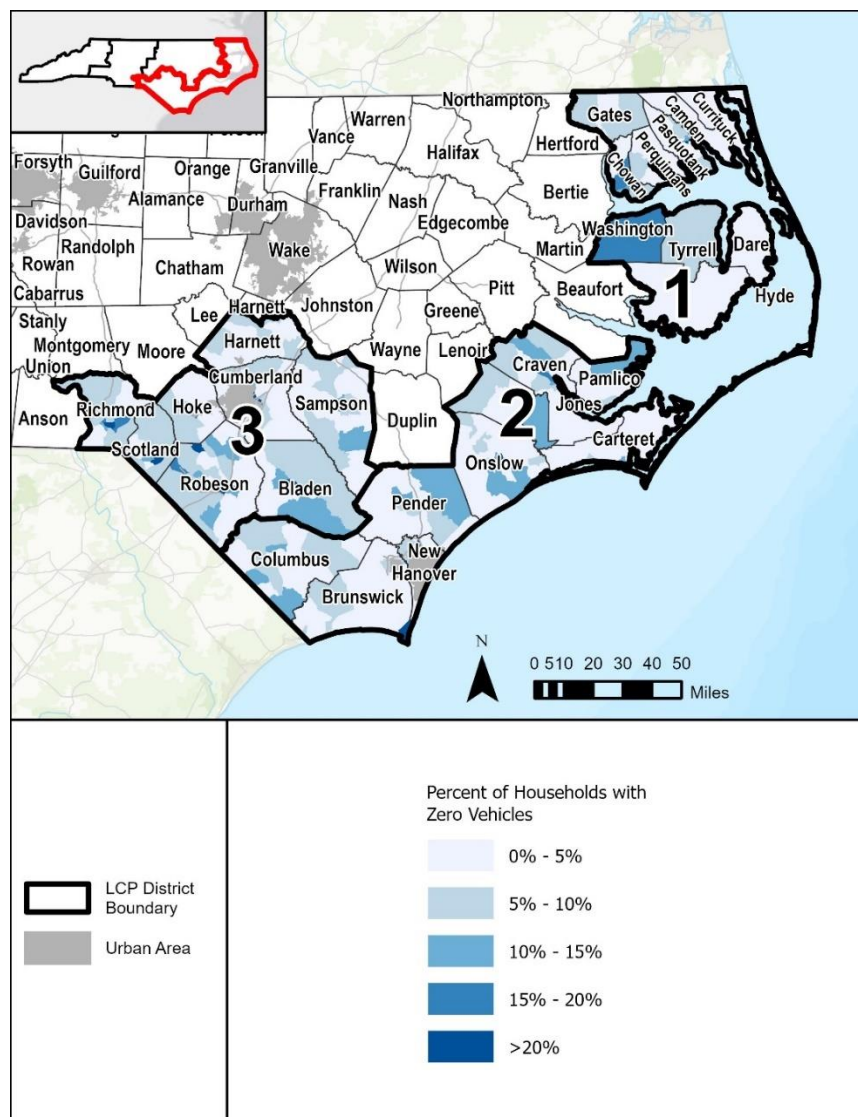
Figure 3-8: Vehicles Available by Household | Coastal Plains IMD Region
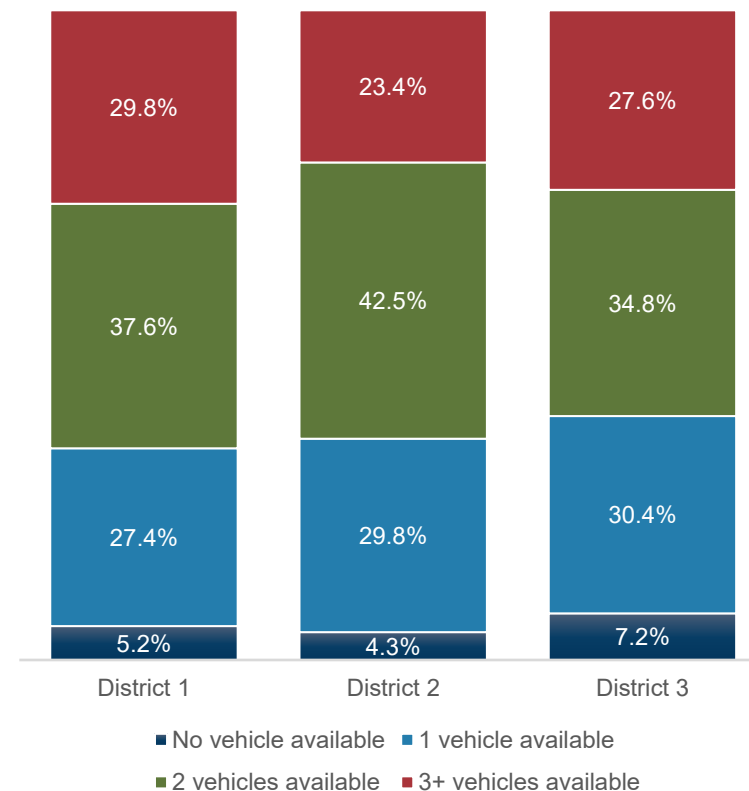
Vehicles Available	District 1	District 2	District 3
3+ vehicles available	29.8%	23.4%	27.6%
2 vehicles available	37.6%	42.5%	34.8%
1 vehicle available	27.4%	29.8%	30.4%
No vehicle available	5.2%	4.3%	7.2%

Source: ACS 5-Year Estimates (2017-2021)

Map 3-7: Veteran Status | Coastal Plain IMD Region
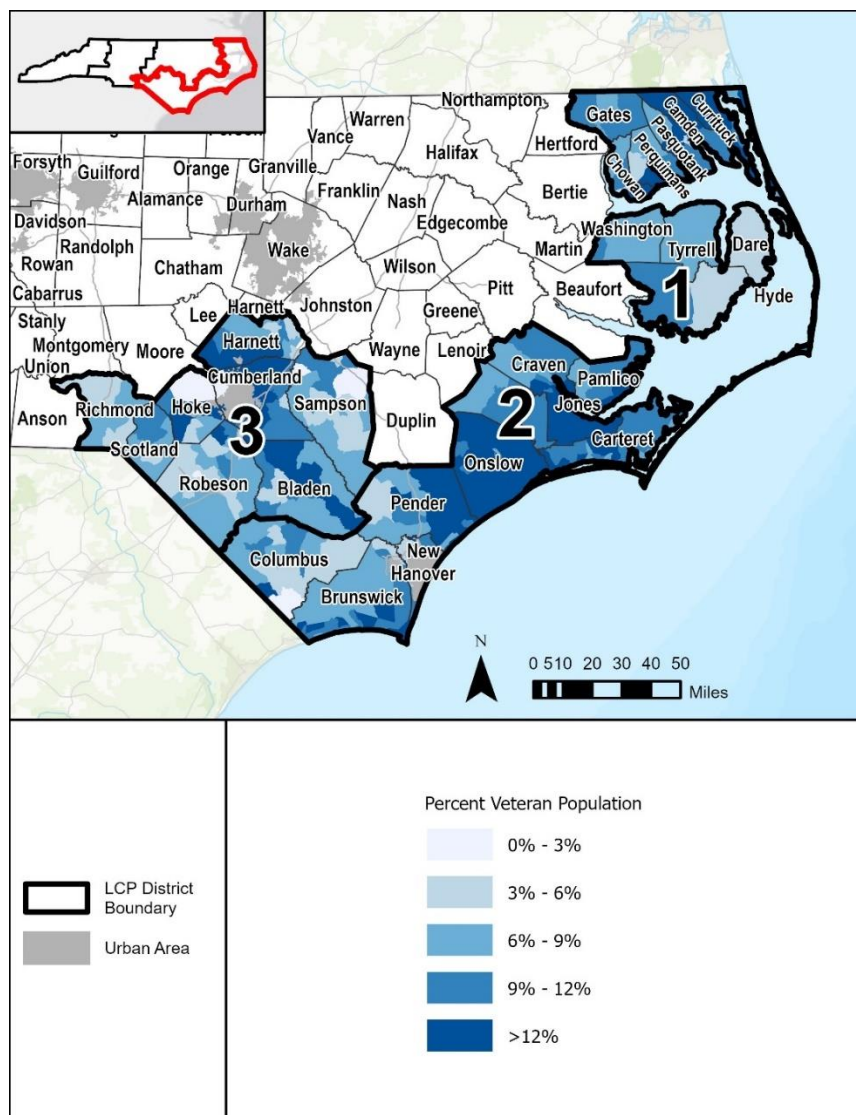
Veteran Status

Approximately one in every ten adults in Districts 1 and 3 is a veteran. The rate of veteran status is slightly higher in District 2, at 13% of all adults.

Figure 3-9: Percent of Veterans | Coastal Plains IMD Region
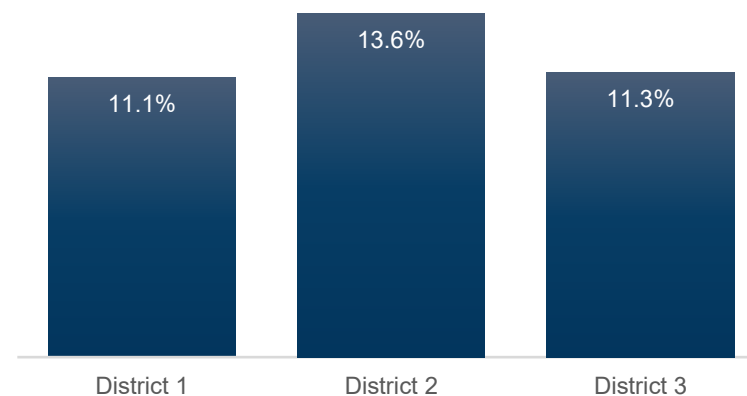
Source: ACS 5-Year Estimates (2017-2021)

Eastern Piedmont IMD Region

The Eastern Piedmont IMD Region consists of LCP Districts 4 and 5, located in east central North Carolina.

Population

District 5 is about twice as densely populated compared to District 4, although there is not as large of a discrepancy between the two districts in terms of total population.

Figure 3-10: Population | Eastern Piedmont IMD Region
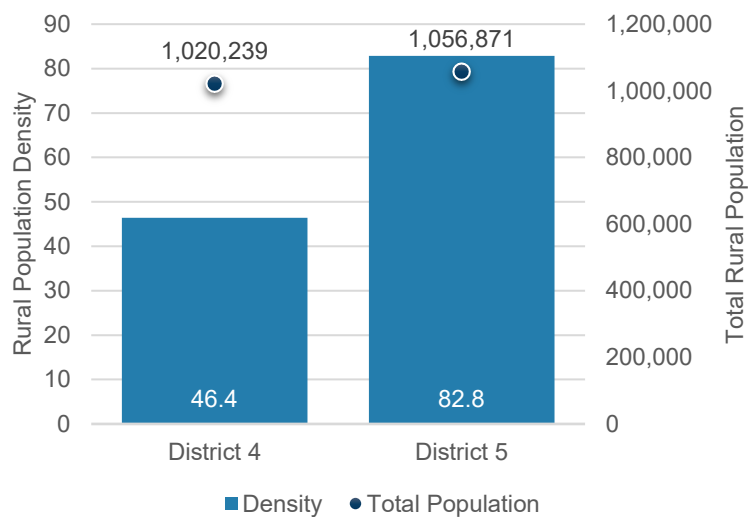
Source: ACS 5-Year Estimates (2017-2021)

Map 3-8: Population Density | Eastern Piedmont IMD Region
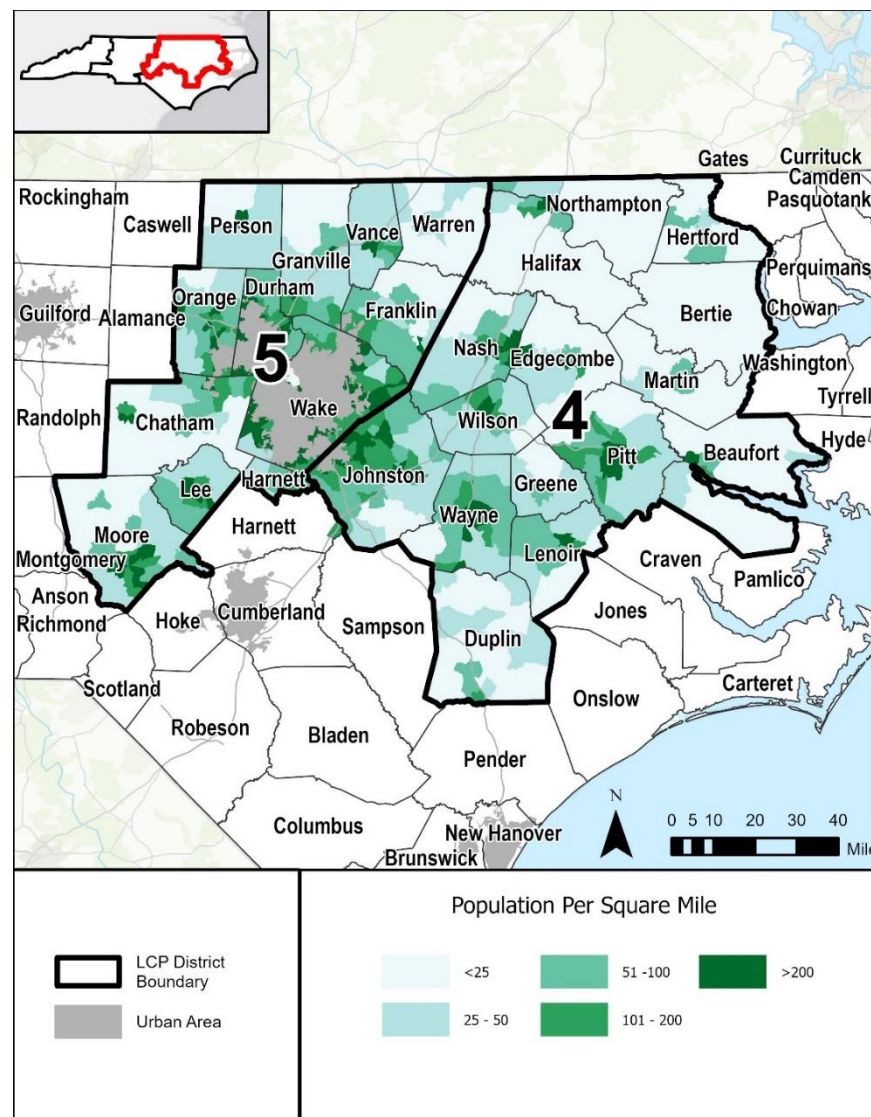
Map 3-9: Older Adults | Eastern Piedmont IMD Region

Percent of Population Aged 65 and Over

- 0% - 10%
- 10% - 20%
- 20% - 30%
- 30% - 40%
- >40%

LCP District Boundary

Urban Area
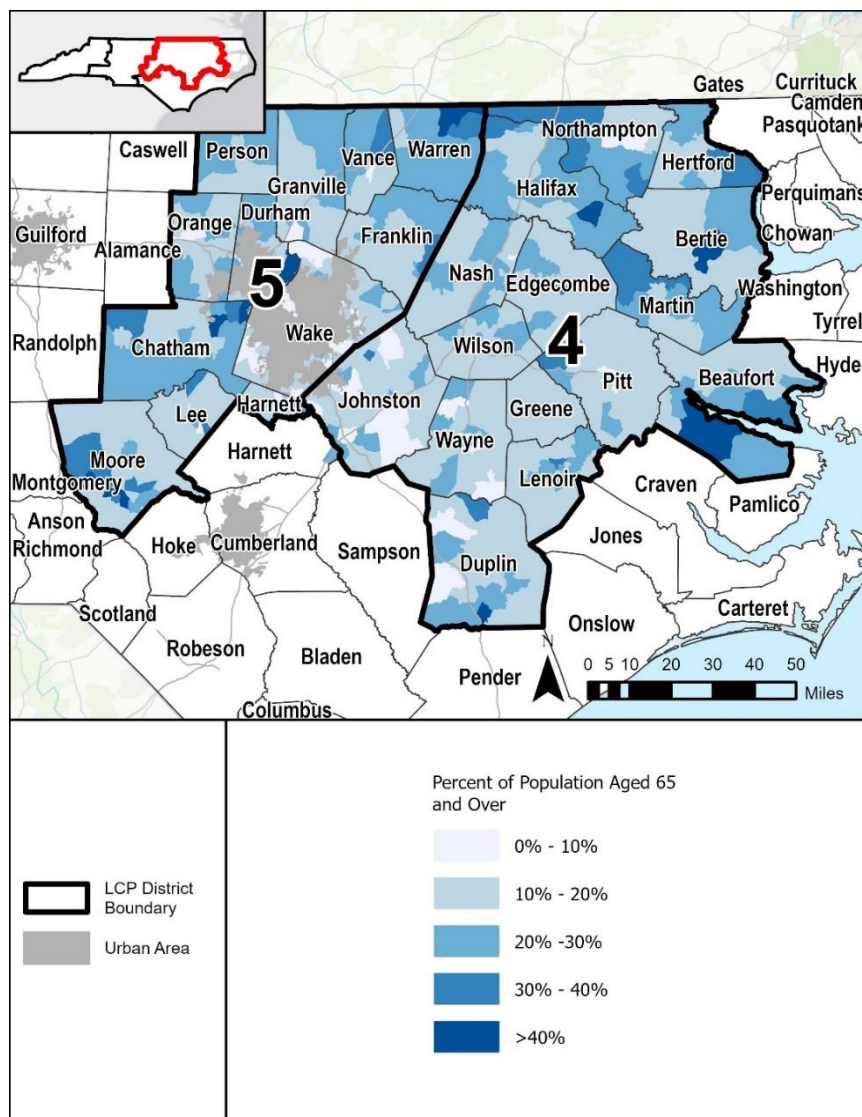
Age | Older Adults

The breakdown of population by age group is very similar between District 4 and District 5. Adults over the age of 65 comprise over 20% of the population in each district.

Figure 3-11: Age Distribution | Eastern Piedmont IMD Region

Age Group	District 4	District 5
65 years and older	22.5%	21.9%
55 to 64	13.4%	14.1%
45 to 54	12.5%	14.2%
35 to 44	12.0%	13.2%
25 to 34	13.5%	11.0%
15 to 24	14.1%	13.4%
Under 15 years	12.0%	12.2%
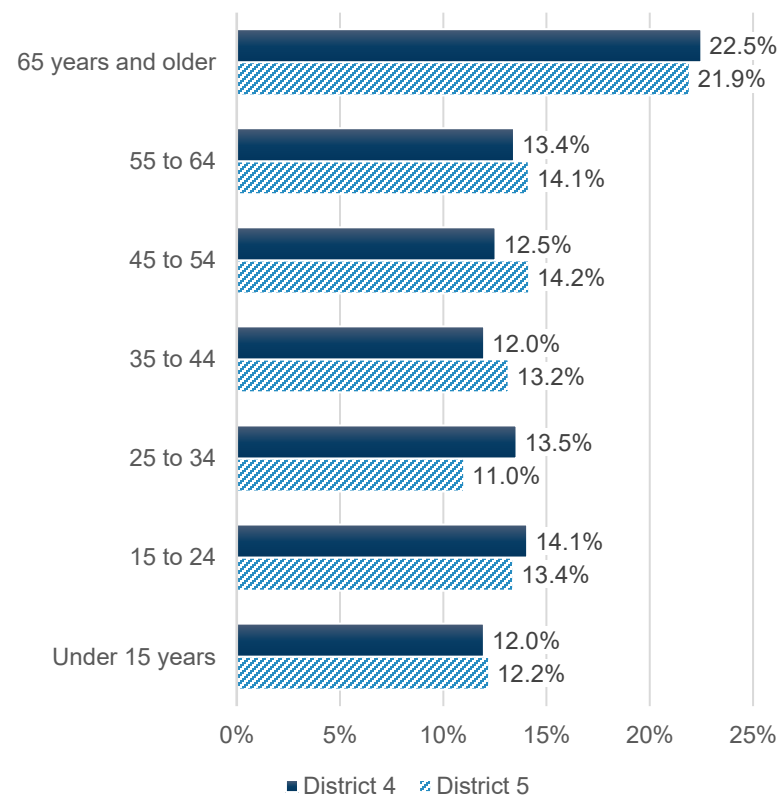
Source: ACS 5-Year Estimates (2017-2021)

Poverty

District 4 has a significantly larger percentage of its population living below the poverty level, approximately 18%, compared to 10% in District 5. The percentage of the population living below the poverty level and working full-time hovers around 1% in both districts.

Figure 3-12: Population Below Federal Poverty Level | Eastern Piedmont IMD Region

District 4: 17.9% Percent Below Poverty Level, 1.4% Percent Below Poverty Level AND Working Full-Time
District 5: 10.0% Percent Below Poverty Level, 0.7% Percent Below Poverty Level AND Working Full-Time

■ Percent Below Poverty Level
■ Percent Below Poverty Level AND Working Full-Time
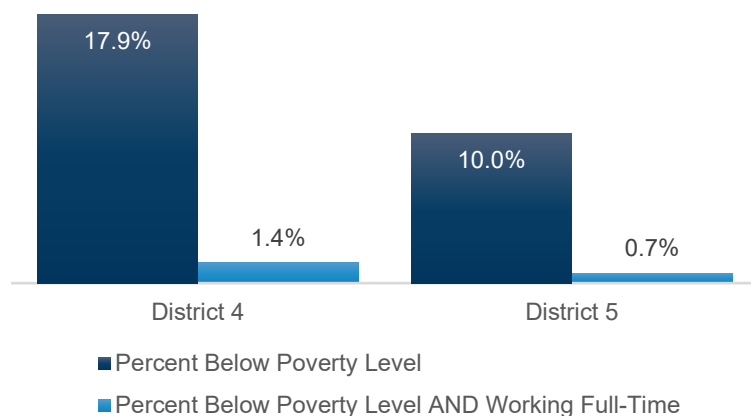
Source: ACS 5-Year Estimates (2017-2021)

Map 3-10: Poverty | Eastern Piedmont IMD Region

LCP District Boundary

Urban Area

Percent of Population Living Below the Poverty Level

0% - 7.5%
7.5% - 15%
15% - 22.5%
22.5% - 30%
>30%
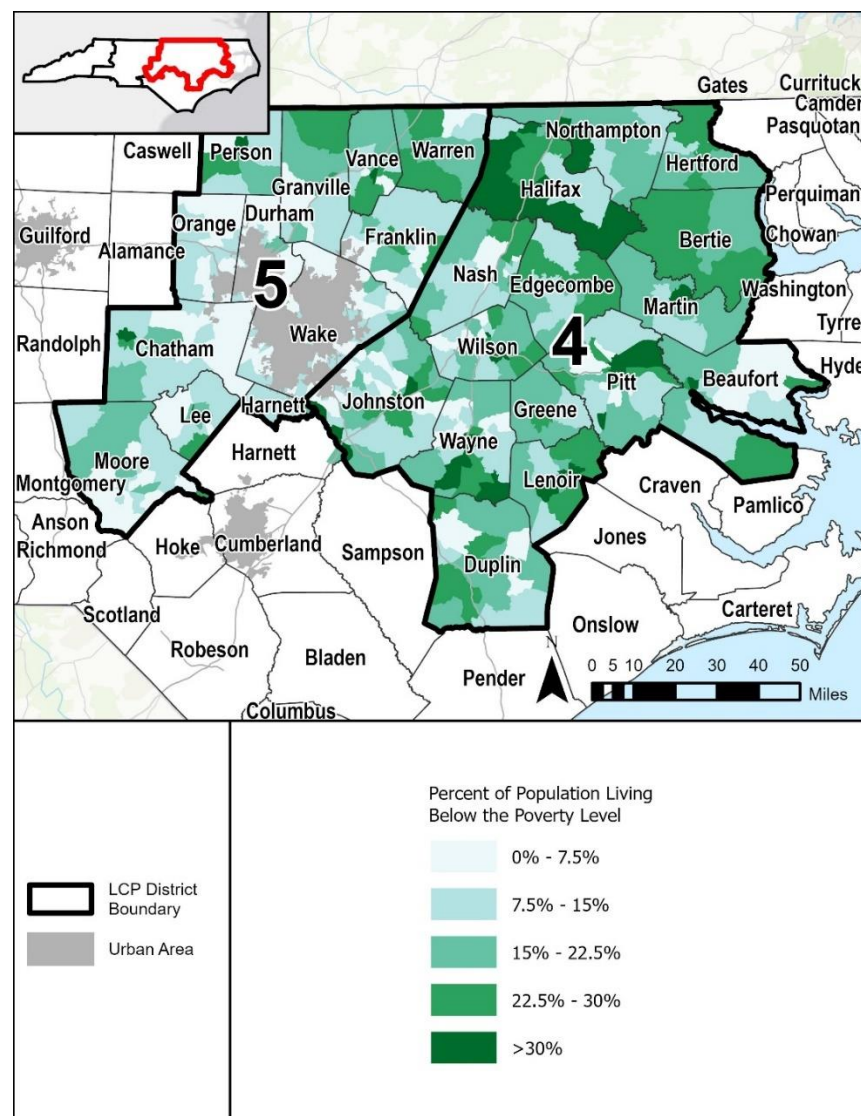
Figure 3-13: Race and Ethnicity | Eastern Piedmont IMD Region

Legend:
- ■ Hispanic or Latino
- ■ Two or more races
- ■ Some other race alone
- ■ Native Hawaiian and Other Pacific Islander alone
- ■ Asian alone
- ■ American Indian and Alaska Native alone
- ■ Black or African American alone
- ■ White alone

District 4 values: 9.9%, 33.9%, 52.0%
District 5 values: 10.2%, 3.3%, 3.7%, 20.6%, 61.3%
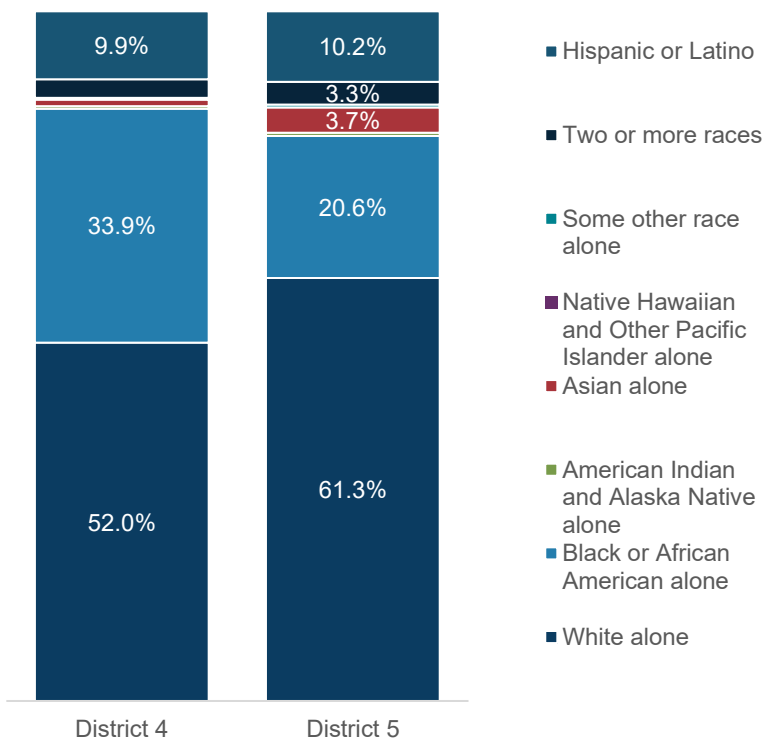
Race and Ethnicity	District 4	District 5
Hispanic or Latino	9.9%	10.2%
Two or more races	2.7%	3.3%
Some other race alone	0.2%	0.4%
Native Hawaiian and other Pacific Islander alone	0.1%	0.0%
Asian alone	0.9%	3.7%
American Indian and Alaska Native alone	0.4%	0.4%
Black or African American alone	33.9%	20.6%
White alone	52.0%	61.3%

Source: ACS 5-Year Estimates (2017-2021)

Race and Ethnicity

Minority groups in the Eastern Piedmont IMD Region comprise over 40% of the total population. Over one-third of the District 4 population is Black or African American. The Hispanic and Latino population comprises over 10% of the total population in both Districts 4 and 5.

Map 3-11: Minorities | Eastern Piedmont IMD Region

Legend:
LCP District Boundary
Urban Area

Percent Minority Population
- 0% - 15%
- 15% - 30%
- 30% - 45%
- 45% - 60%
- >60%
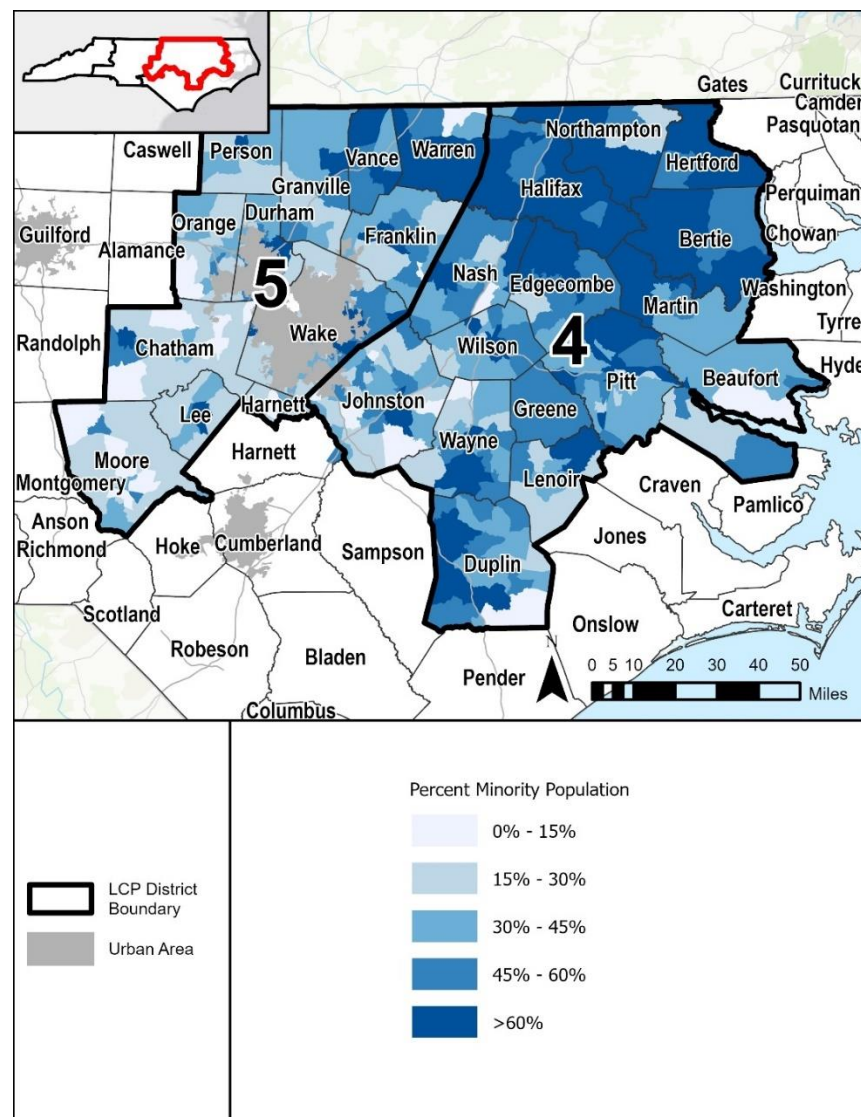
Persons with Disabilities

District 4 has a slightly higher prevalence of individuals with one or more disabilities than District 5. Approximately 16% of the population (and 51.5% of the 65+ population) in District 4 have one or more disabilities, compared to 12% of the population (and 57.5% of the 65+ population) in District 5.

Figure 3-14: Population with Disabilities | Eastern Piedmont IMD Region

- ■ Percent of Total Population with Disabilities
- ■ Percent of 65+ Population with Disabilities
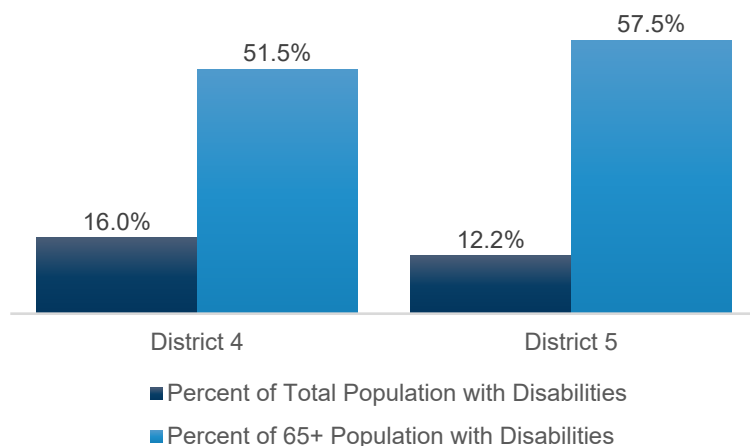
Source: ACS 5-Year Estimates (2017-2021)

Map 3-12: Persons with Disabilities | Eastern Piedmont IMD Region
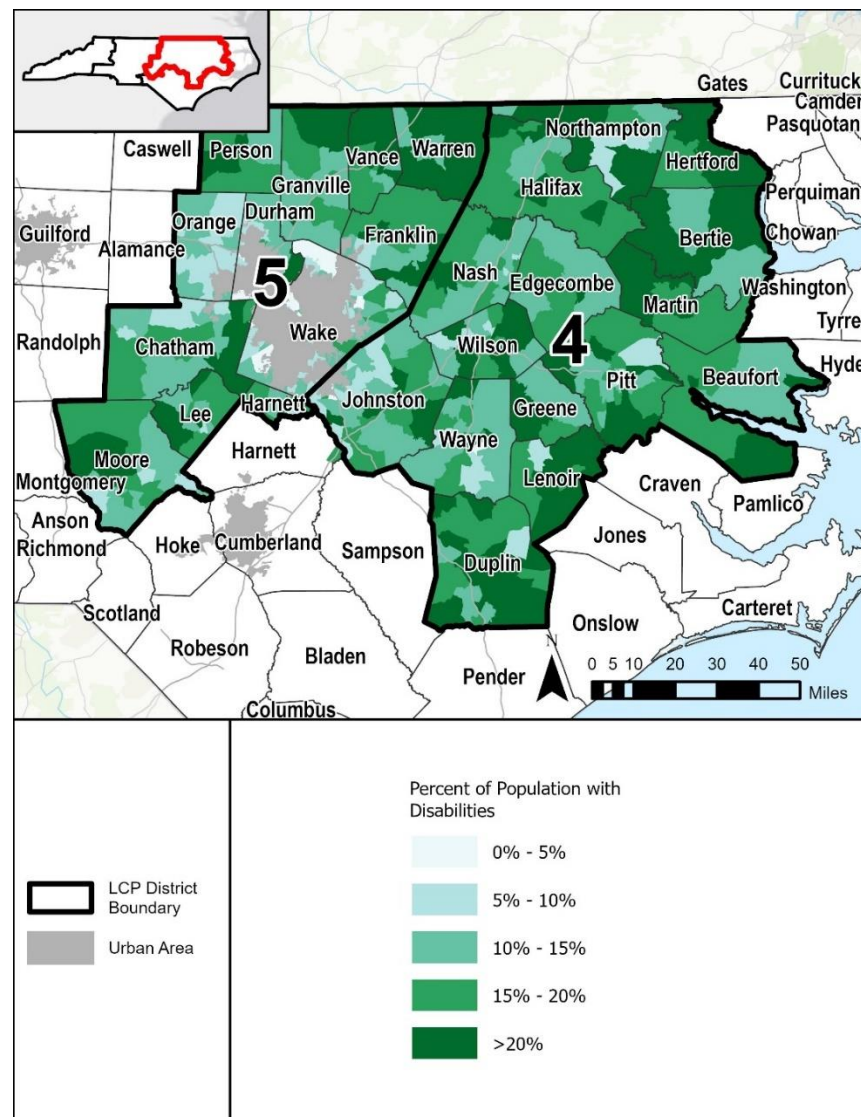
Figure 3-15: Vehicles Available by Household | Eastern Piedmont IMD Region

	District 4	District 5
3+ vehicles available	27.5%	27.6%
2 vehicles available	34.6%	41.4%
1 vehicle available	30.4%	27.2%
No vehicle available	7.5%	3.8%

■ No vehicle available ■ 1 vehicle available
■ 2 vehicles available ■ 3+ vehicles available

Vehicles Available table:
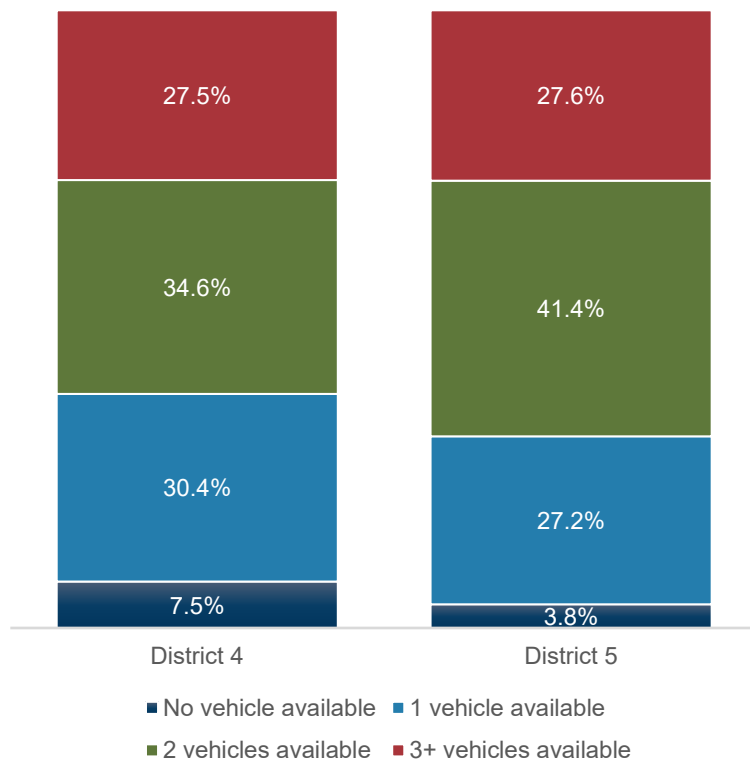
Vehicles Available	District 4	District 5
3+ vehicles available	27.5%	27.6%
2 vehicles available	34.6%	41.4%
1 vehicle available	30.4%	27.2%
No vehicle available	7.5%	3.8%

Source: ACS 5-Year Estimates (2017-2021)

Vehicle Access

The prevalence of zero-vehicle households is almost twice as high in District 4 than in District 5 at 7.5% and 3.8%, respectively. In both districts, approximately two-thirds of the population has access to one or two vehicles.

Map 3-13: Vehicle Access | Eastern Piedmont IMD Region
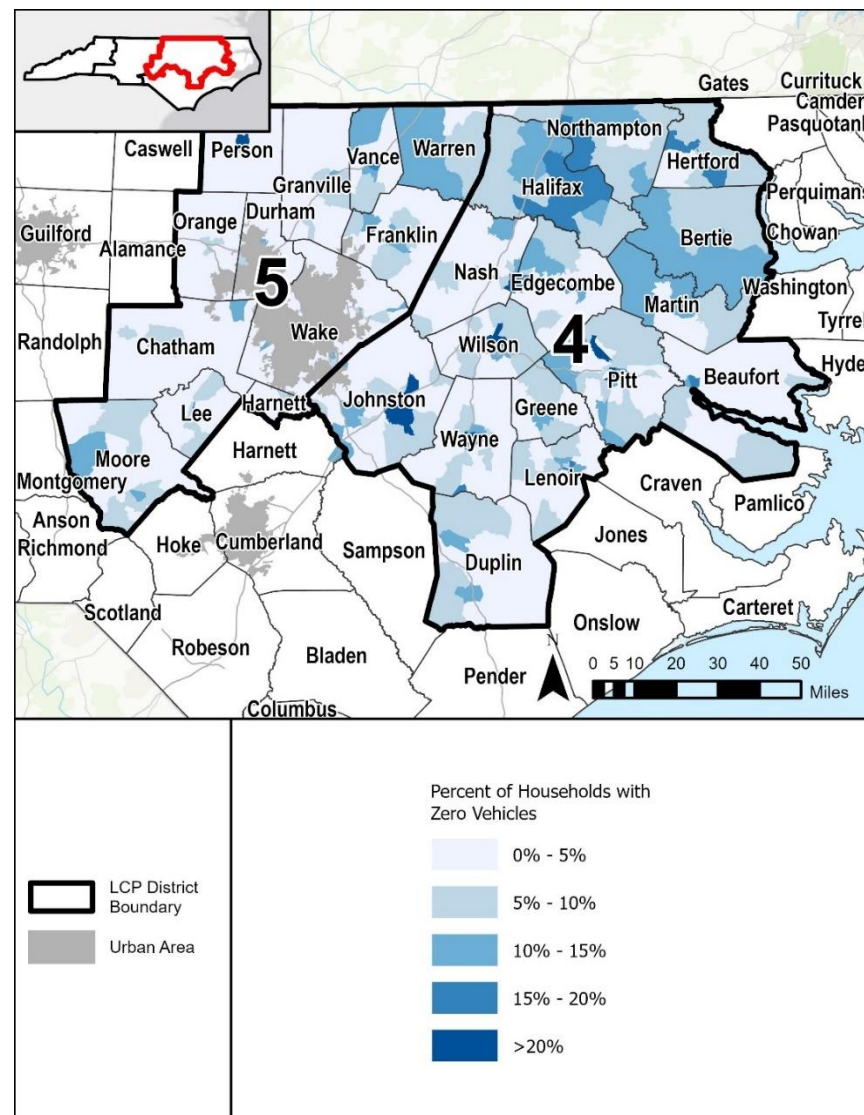
Veteran Status

Approximately 9% of the adult population in District 4 is comprised of veterans. At 7.6%, the percentage of veterans in District 5 is slightly lower.

Figure 3-16: Percent of Veterans | Eastern Piedmont IMD Region
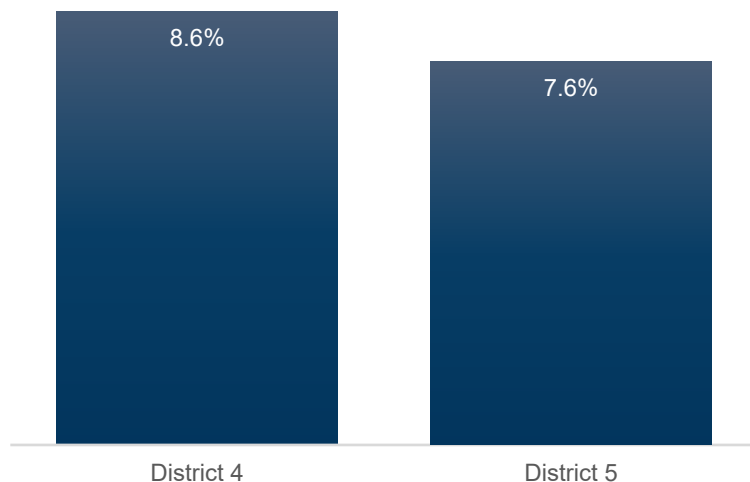
Source: ACS 5-Year Estimates (2017-2021)

Map 3-14: Veteran Status | Eastern Piedmont IMD Region
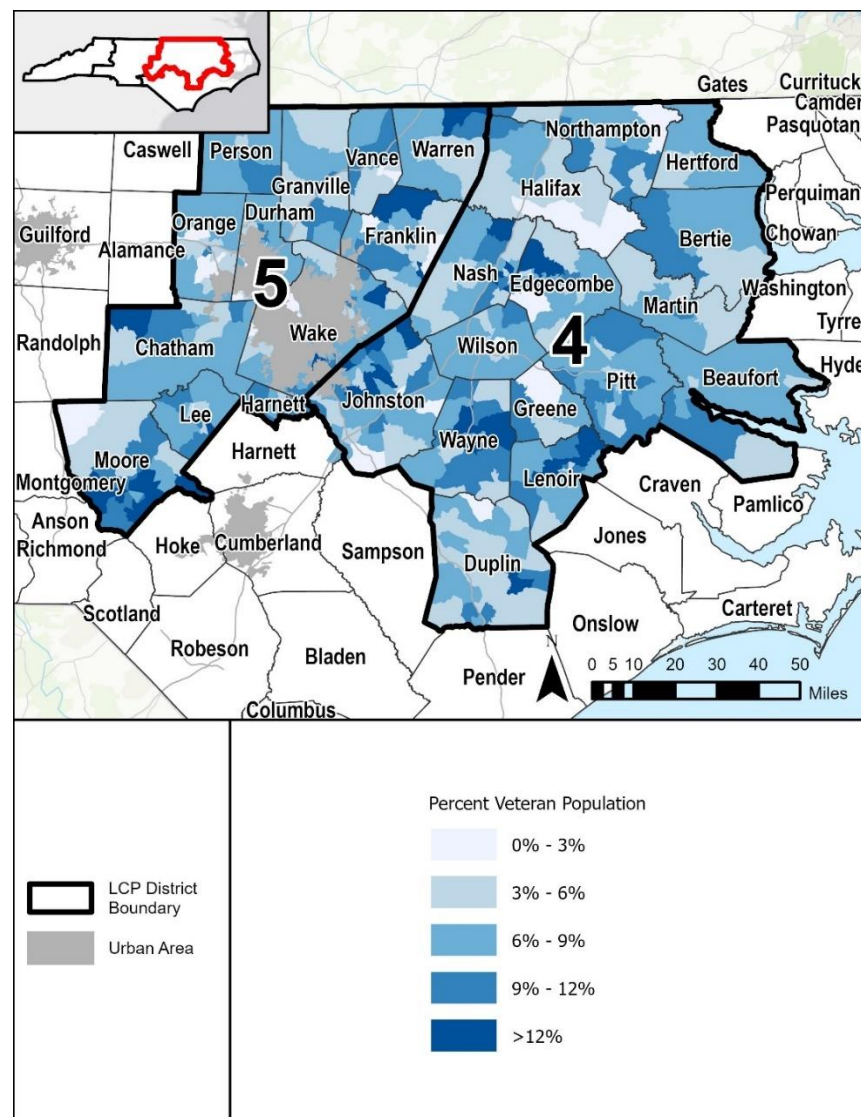
Map 3-15: Population Density | Western Piedmont IMD Region
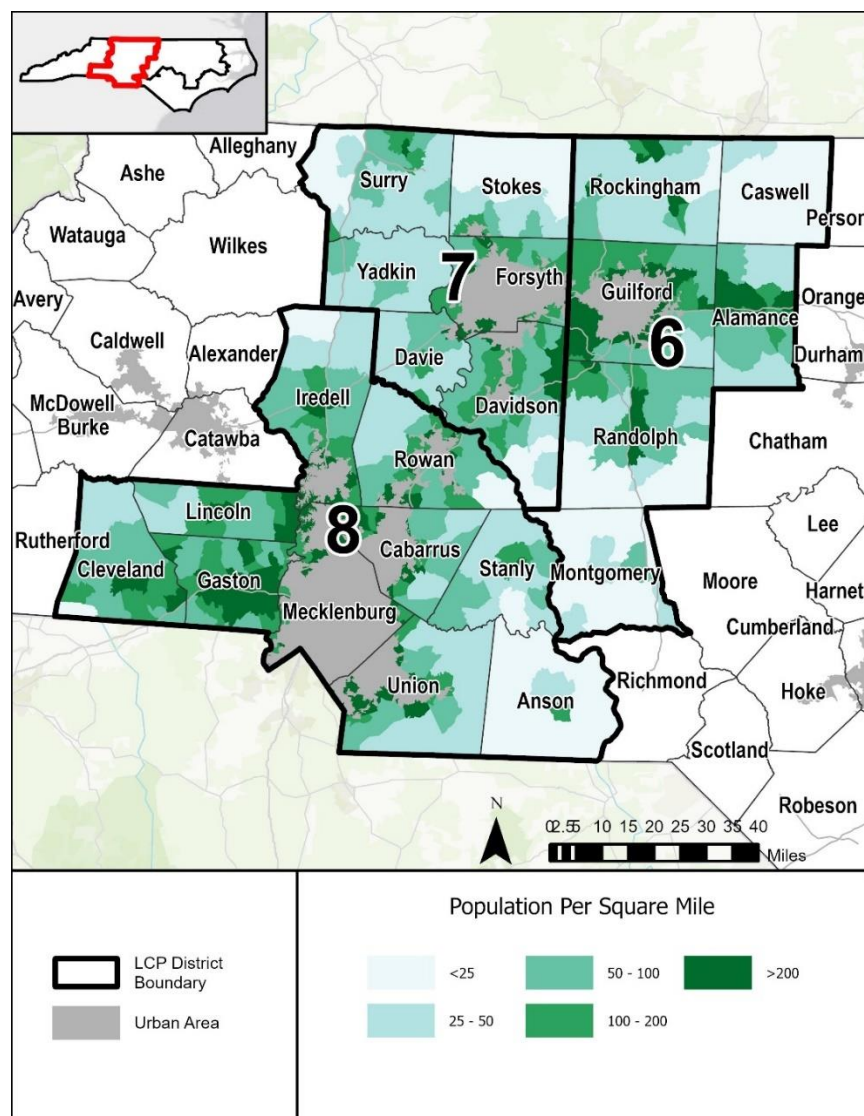
Western Piedmont IMD Region
The Western Region consists of three LCP districts (District 6, 7, and 8) in west central North Carolina.

Population
District 8 is the most populous and densely populated in the Western Piedmont Region, with over 1,000,000 residents and 110 people per square mile. Although District 6 has more than 750,000 people and District 7 consists of less than half a million, both have less than 100 people per square mile.

Figure 3-17: Population | Western Piedmont IMD Region
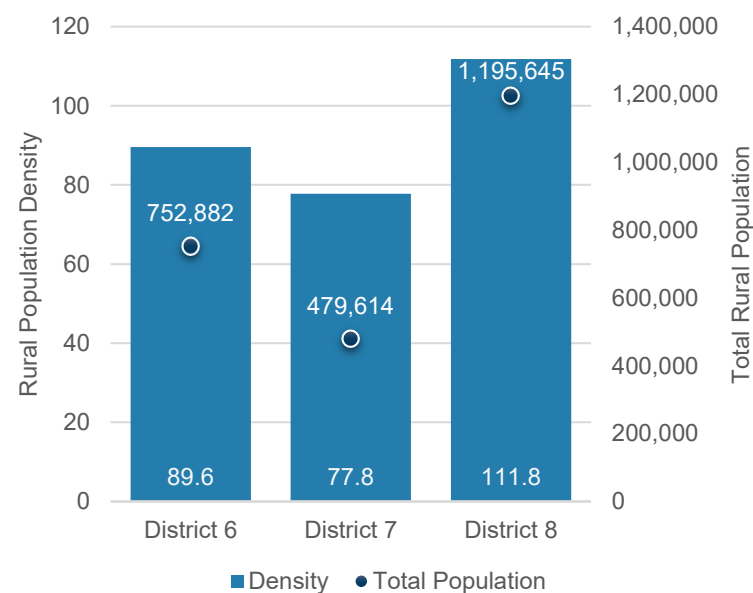
Source: ACS 5-Year Estimates (2017-2021)

Age | Older Adults

All districts in the Western Piedmont IMD Region share similar compositions of population by age group. District 7 has the highest percentage of adults age 65 and over (25%), followed by District 6 (22%) and District 8 (21%).

Figure 3-18: Age Distribution | Western Piedmont IMD Region

Age group	District 6	District 7	District 8
65 years and older	22.4%	24.9%	21.0%
55 to 64	14.7%	15.3%	14.6%
45 to 54	13.2%	12.9%	14.2%
35 to 44	11.8%	11.4%	12.5%
25 to 34	12.2%	11.4%	11.6%
15 to 24	13.9%	12.6%	14.0%
Under 15 years	11.8%	11.6%	12.1%

■ District 6   ▨ District 7   ✳ District 8

Source: ACS 5-Year Estimates (2017-2021)
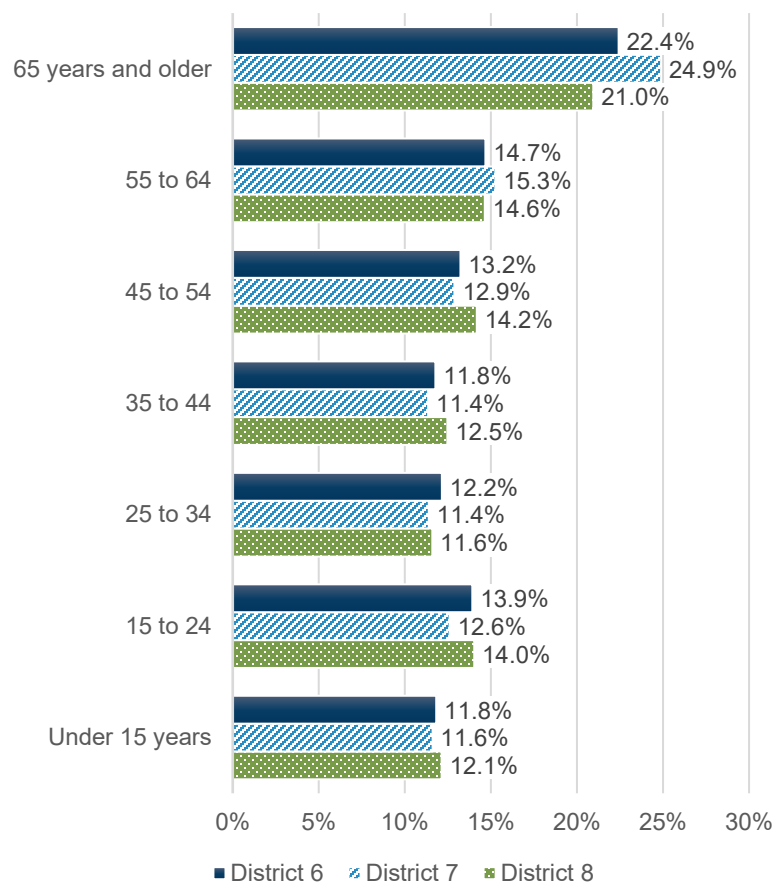
Map 3-16: Older Adults | Western Piedmont IMD Region

Percent of Population Aged 65 and Over
- 0% - 10%
- 10% - 20%
- 20% - 30%
- 30% - 40%
- >40%

LCP District Boundary

Urban Area
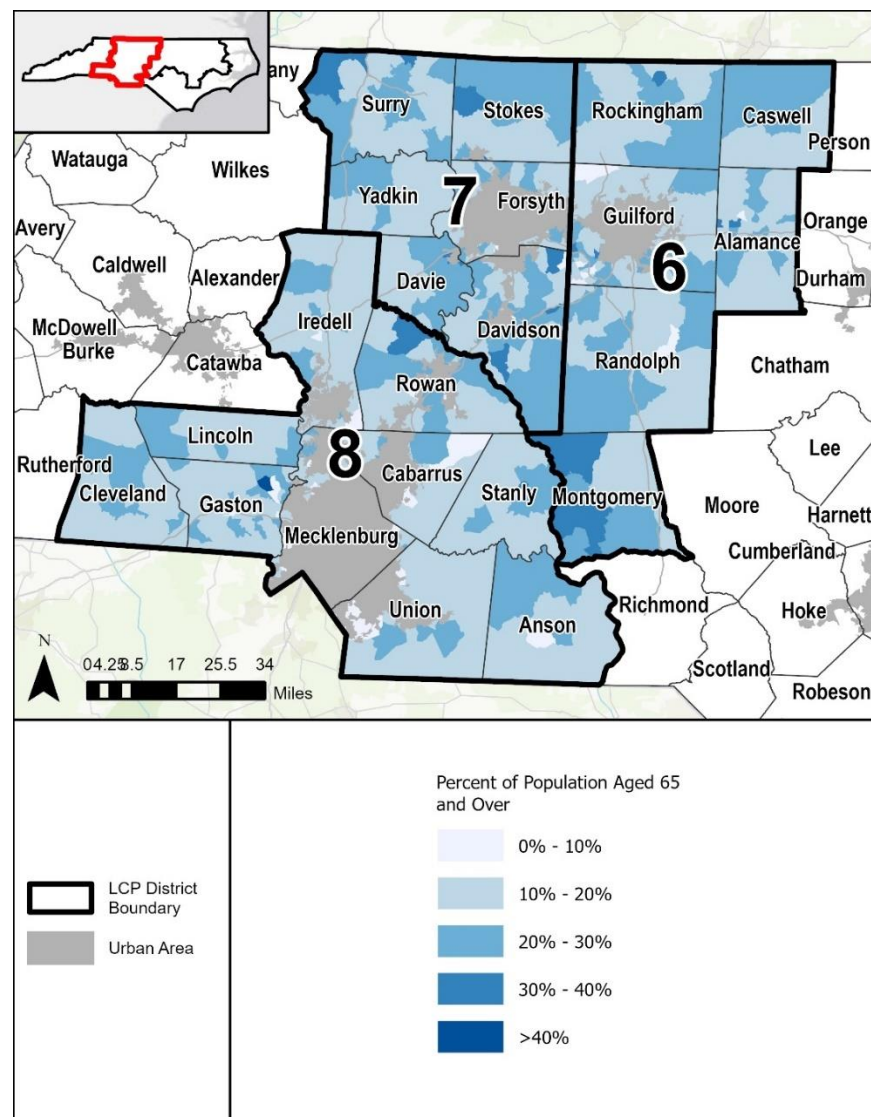
Map 3-17: Poverty | Western Piedmont IMD Region
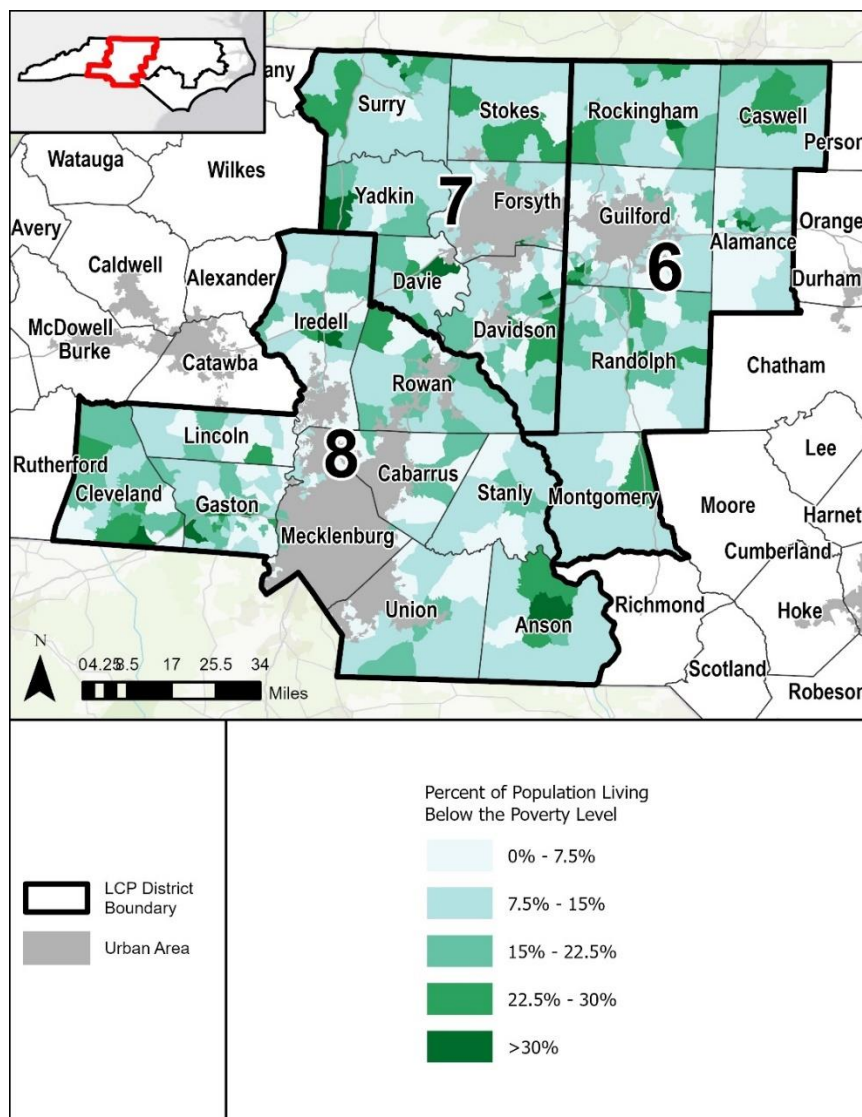
Poverty

The three districts in the Western Piedmont IMD Region share similar rates of poverty. District 7 has a slightly higher percentage of its population living below the poverty level (13.9%) compared to District 6 (13.4%). The lowest rate of poverty is observed in District 8 (11%). Within each district, about one out of every hundred people lives below the poverty level and works full time.

Figure 3-19: Population Below Federal Poverty Level | Western Piedmont IMD Region
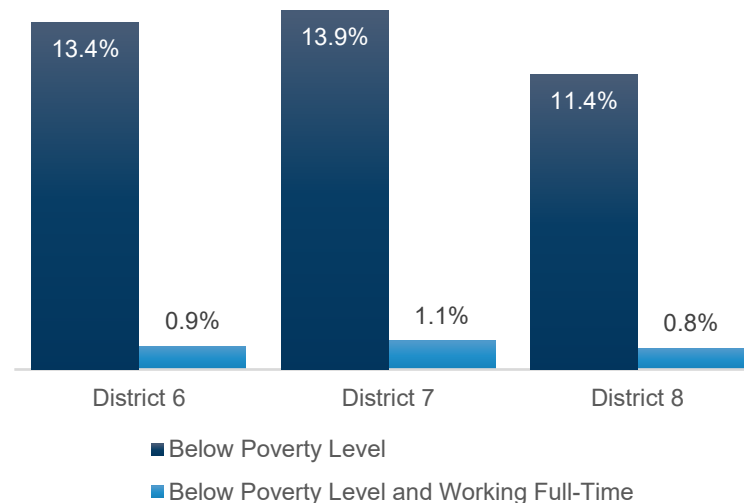
Source: ACS 5-Year Estimates (2017-2021)

Race and Ethnicity

Minority groups in the Western Piedmont IMD Region comprise over a quarter of the total population. Over half of the minority population consists of Black or African Americans. The Hispanic and Latino population comprises over 8% of the total population.

Map 3-18: Minorities | Western Piedmont IMD Region

Percent Minority Population

- 0% - 15%
- 15% - 30%
- 30% - 45%
- 45% - 60%
- >60%

LCP District Boundary

Urban Area
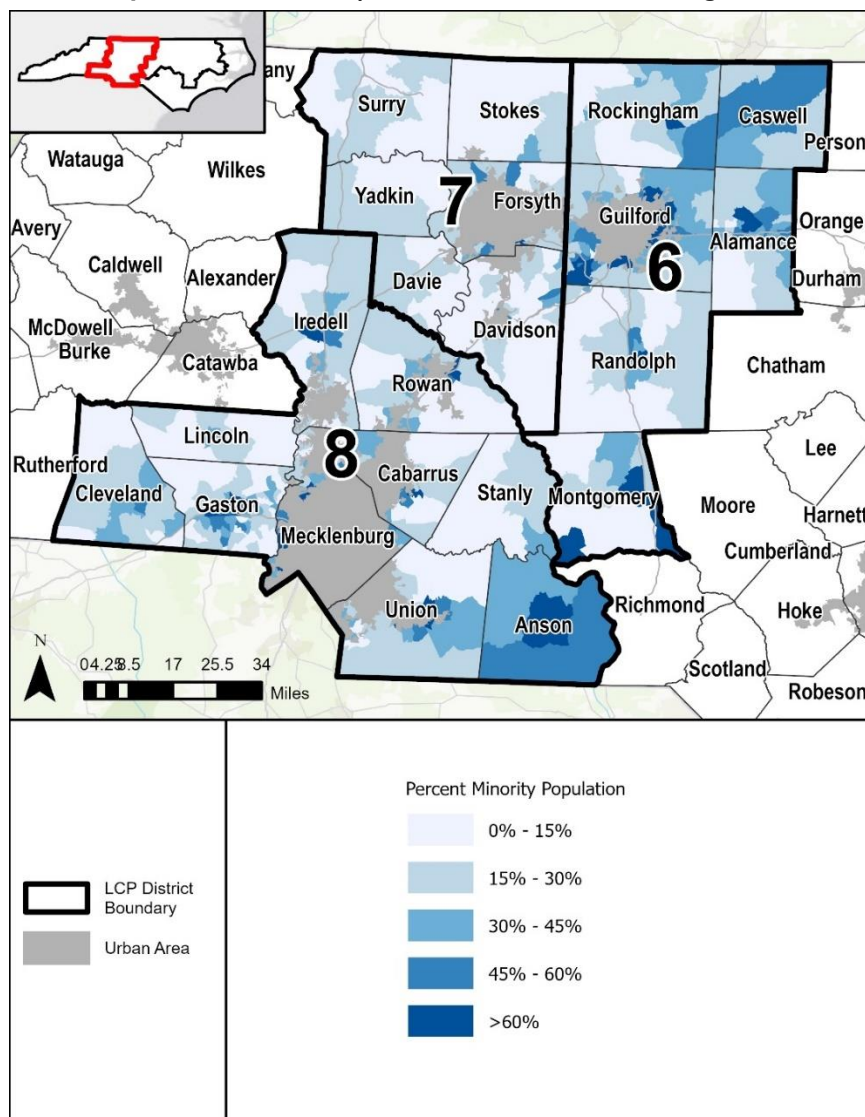
Figure 3-20: Race and Ethnicity | Western Piedmont IMD Region
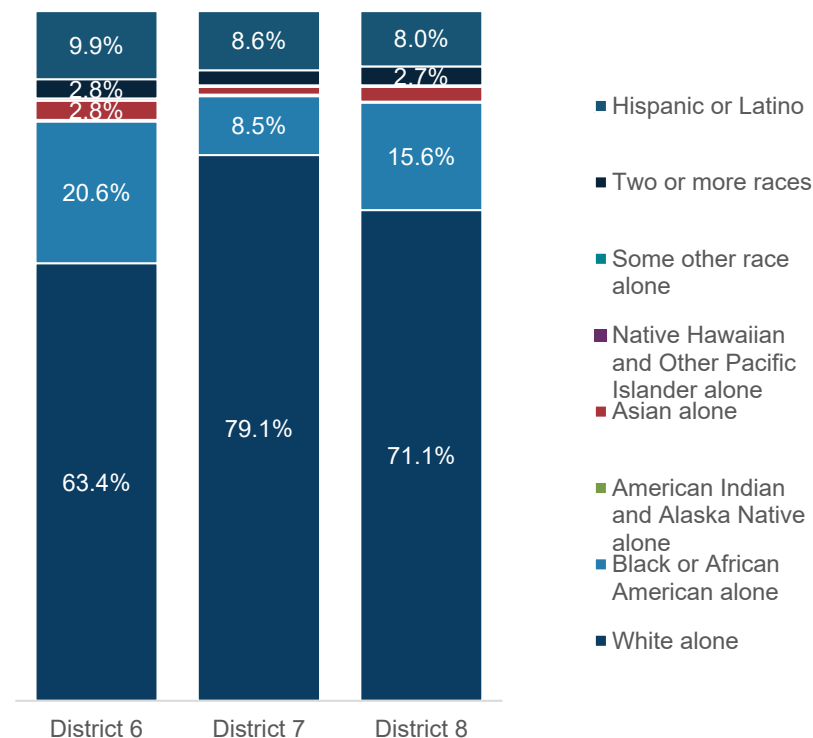
Race and Ethnicity	District 6	District 7	District 8
Hispanic or Latino	9.9%	8.6%	8.0%
Two or more races	2.8%	2.2%	2.7%
Some other race alone	0.3%	0.2%	0.2%
Native Hawaiian and other Pacific Islander alone	0.0%	0.0%	0.0%
Asian alone	2.8%	1.1%	2.1%
American Indian and Alaska Native alone	0.2%	0.2%	0.1%
Black or African American alone	20.6%	8.5%	15.6%
White alone	63.4%	79.1%	71.1%

Source: ACS 5-Year Estimates (2017-2021)

3-21

Map 3-19: Persons with Disabilities | Western Piedmont IMD Region

Percent of Population with Disabilities
- 0% - 5%
- 5% - 10%
- 10% - 15%
- 15% - 20%
- >20%

LCP District Boundary

Urban Area
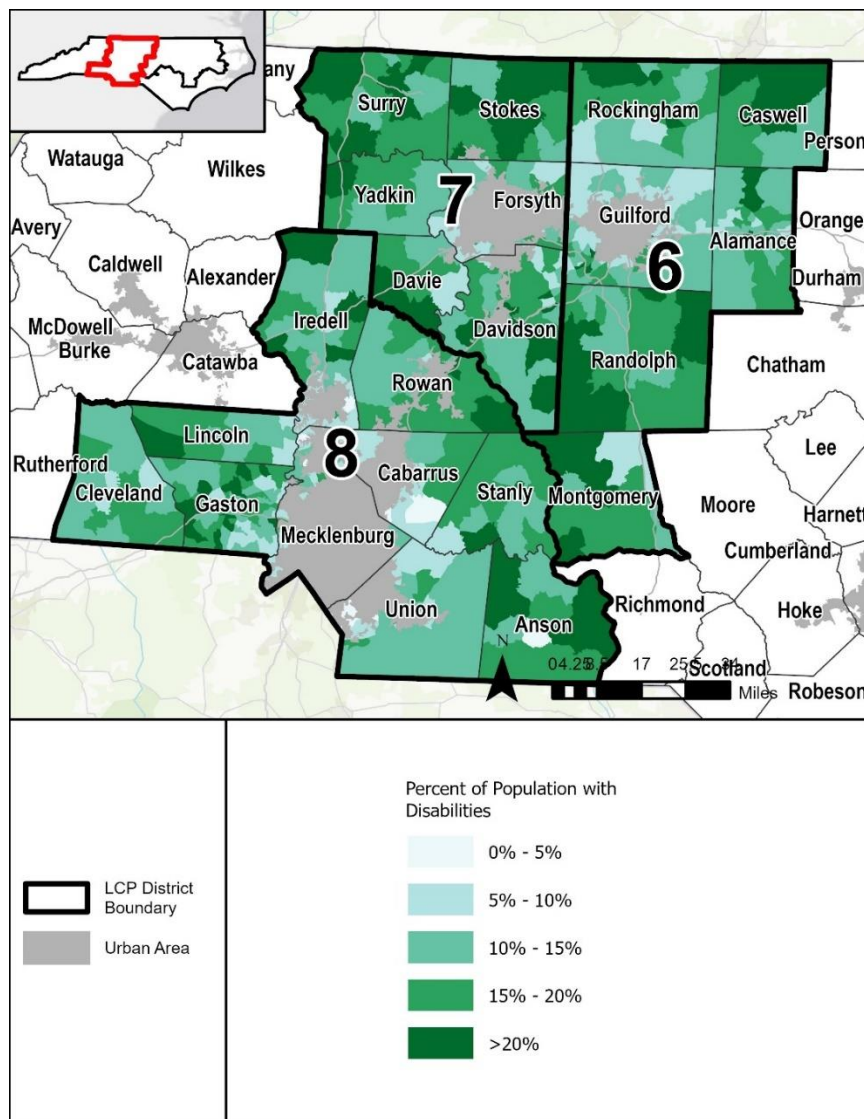
Persons with Disabilities

The three districts in the Western Piedmont IMD Region share similar percentages of populations with disabilities. District 7 has a slightly higher percentage of its population with one or more disabilities (15% total and 58% of adults over 65) than District 6 (14% total and 57% of adults over 65). District 8 has the lowest rate of total individuals with disabilities and those with disabilities that are older than 65, 13% and 55%, respectively.

Figure 3-21: Population with Disabilities | Western Piedmont IMD Region

District 6: 13.8%, 57.0%
District 7: 15.3%, 58.4%
District 8: 12.6%, 55.4%

■ Percent of Total Population with Disabilities
■ Percent of 65+ Population with Disabilities
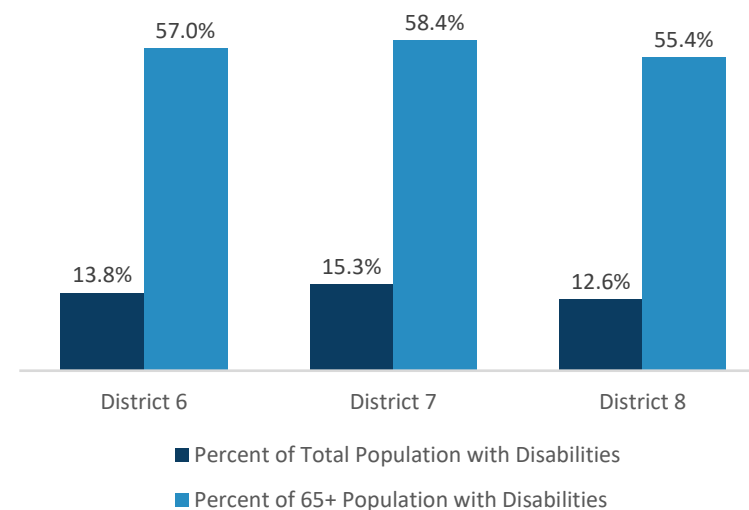
Source: ACS 5-Year Estimates (2017-2021)

Vehicle Access

All three districts exhibit similar rates of vehicle accessibility. About 4% of households in each district do not have access to a vehicle. Approximately three out of ten households in each of the three districts have access to one vehicle or less.

Map 3-20: Vehicle Access | Western Piedmont IMD Region
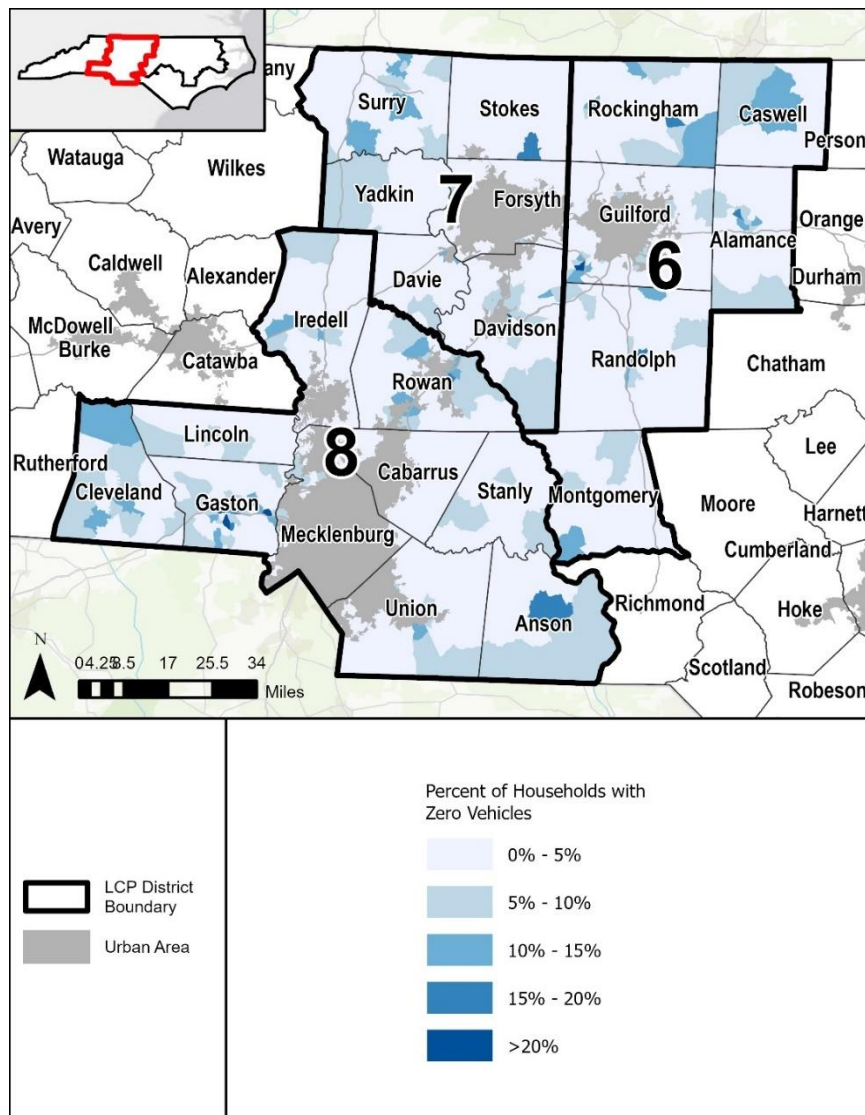
Figure 3-22: Vehicles Available by Household | Western Piedmont IMD Region
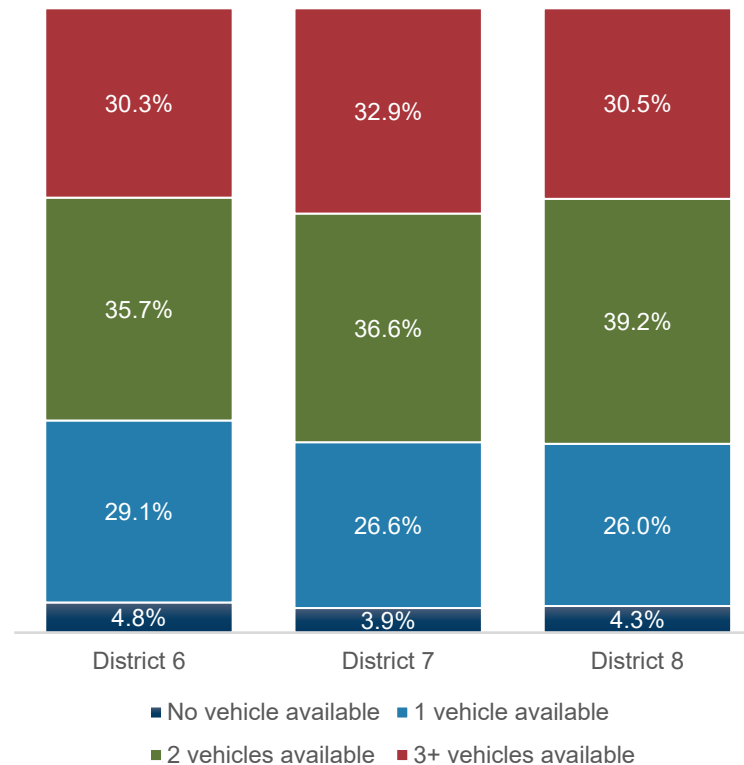
Vehicles Available	District 6	District 7	District 8
3+ vehicles available	30.3%	32.9%	30.5%
2 vehicles available	35.7%	36.6%	39.2%
1 vehicle available	29.1%	26.6%	26.0%
No vehicle available	4.8%	3.9%	4.3%

Source: ACS 5-Year Estimates (2017-2021)

3-23

Map 3-21: Veteran Status | Western Piedmont IMD Region

Percent Veteran Population

- 0% - 3%
- 3% - 6%
- 6% - 9%
- 9% - 12%
- >12%

LCP District Boundary

Urban Area
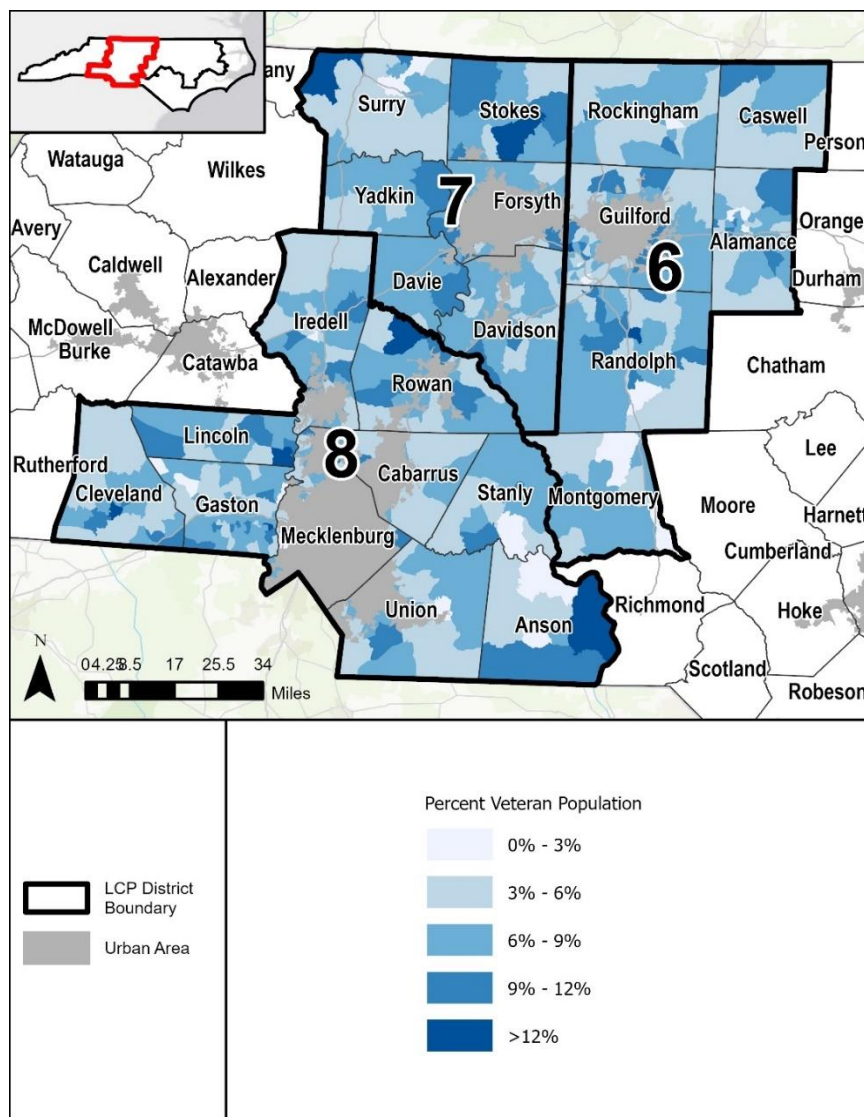
Veteran Status

About 7% of the adult population is comprised of veterans in each of the three districts in the Western Piedmont IMD region.

Figure 3-23: Percent of Veterans | Western Piedmont IMD Region

District 6: 7.1%
District 7: 7.6%
District 8: 7.2%
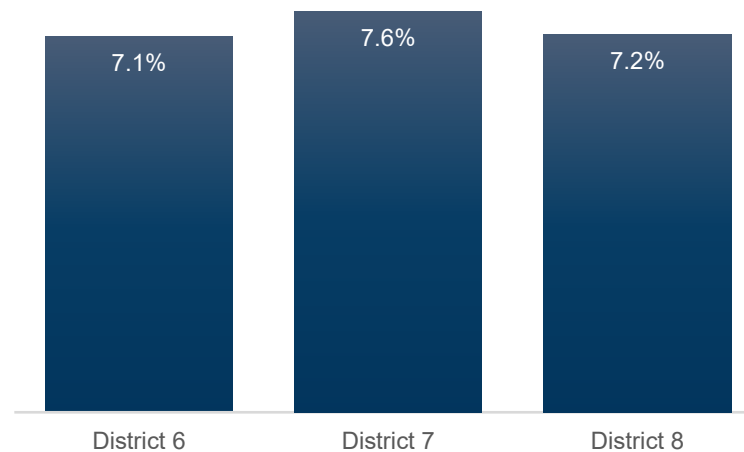
Source: ACS 5-Year Estimates (2017-2021)

Mountains IMD Region

The Mountains IMD Region consists of LCP Districts 9 and 10 in western North Carolina.

Population

District 9 has a slightly larger and denser population (116,000 additional residents and an average of four additional people per square mile) compared to District 10.

Figure 3-24: Population | Mountains IMD Region
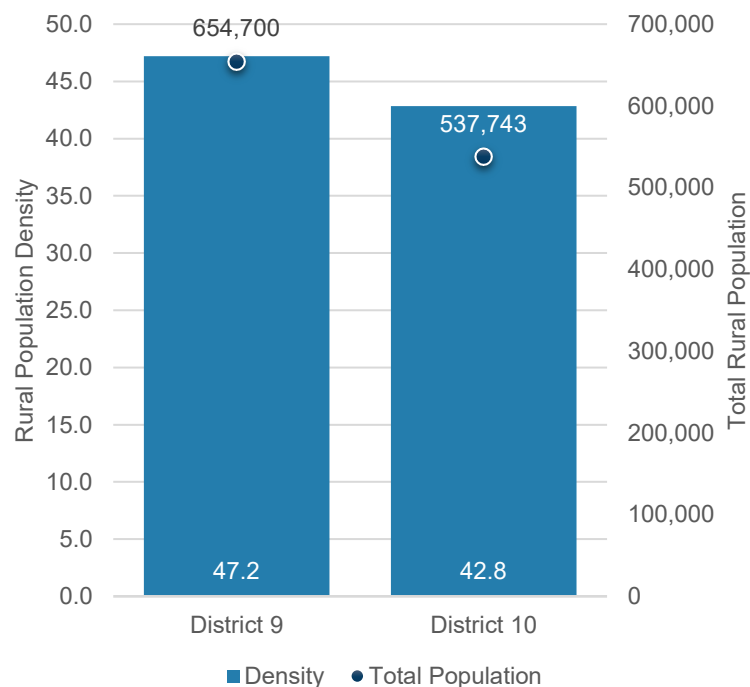
Source: ACS 5-Year Estimates (2017-2021)

Map 3-22: Population Density | Mountains IMD Region

Population Per Square Mile

LCP District Boundary

Urban Area

<25

25 - 50

51 - 100

101 - 200

>200
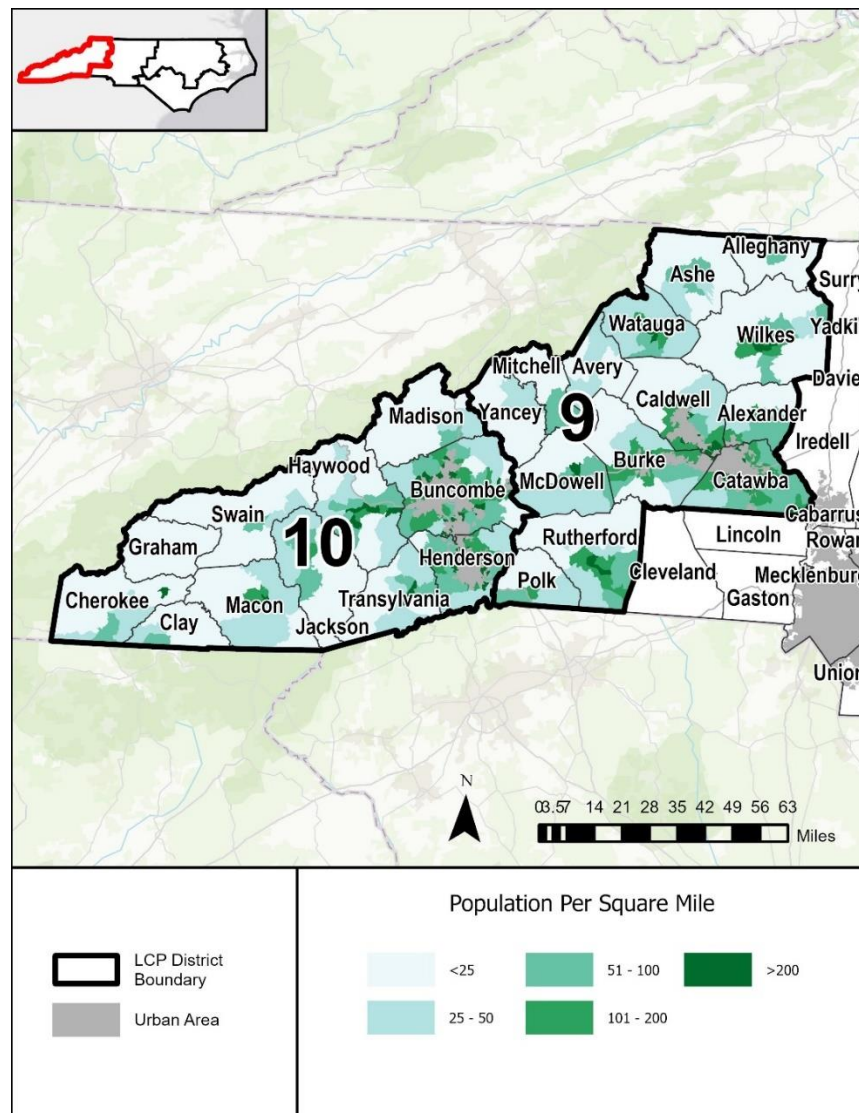
Map 3-23: Older Adults | Mountains IMD Region

Percent of Population Aged 65 and Over

- 0% - 10%
- 10% - 20%
- 20% - 30%
- 30% - 40%
- >40%

LCP District Boundary

Urban Area
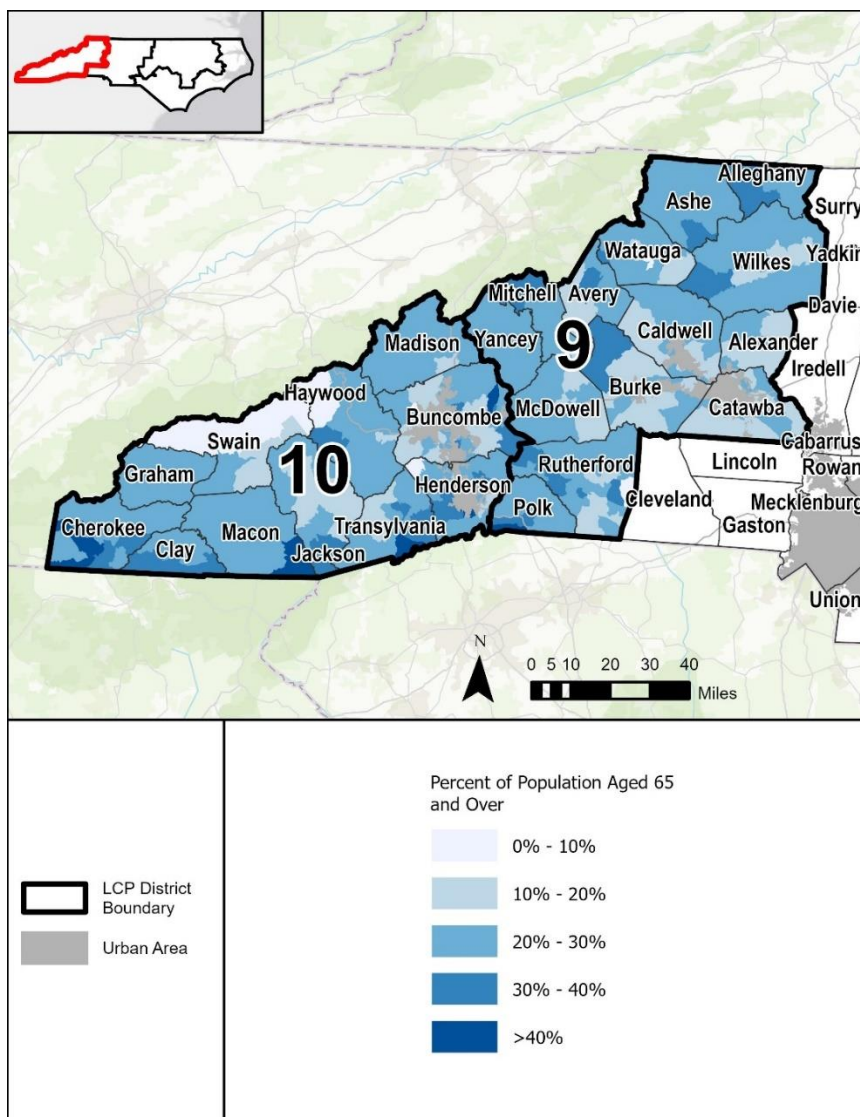
Age | Older Adults

The breakdown of population by age groups is similar between District 9 and District 10. Approximately 25% of District 9 is comprised of adults over the age of 65, while District 10's share of older adults is slightly larger (30%).

Figure 3-25: Age Distribution | Mountains IMD Region

Age Group	District 9	District 10
65 years and older	26.4%	29.7%
55 to 64	14.8%	13.9%
45 to 54	12.6%	12.4%
35 to 44	11.1%	11.5%
25 to 34	12.4%	11.2%
15 to 24	12.6%	11.5%
Under 15 years	10.2%	9.9%
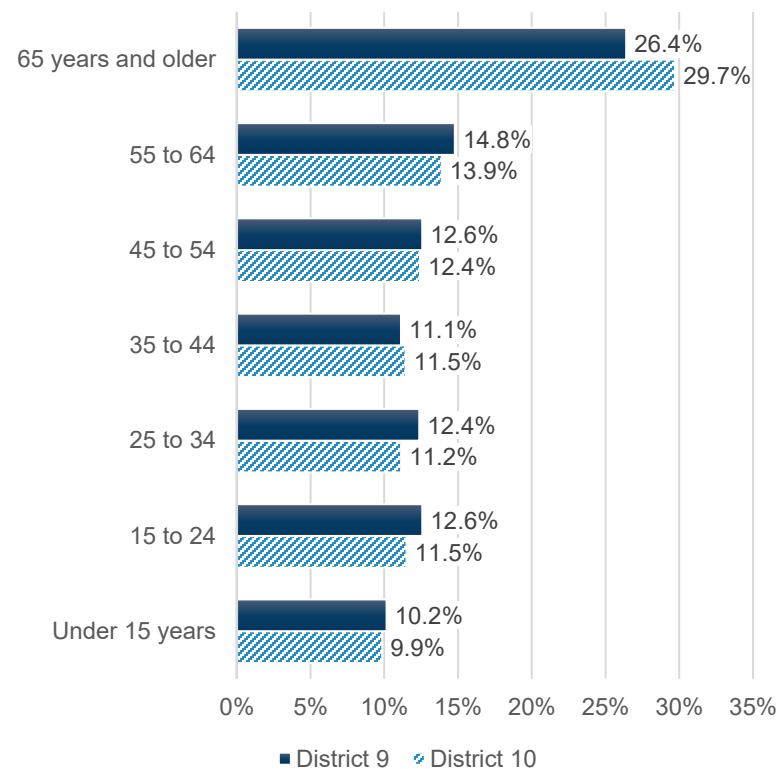
Source: ACS 5-Year Estimates (2017-2021)

Poverty

The rate of poverty (15%) in District 9 is higher compared to District 10 (12%). About 1% of the total population in each district lives below the poverty level and works full-time.

Figure 3-26: Population Below Federal Poverty Level | Mountains IMD Region
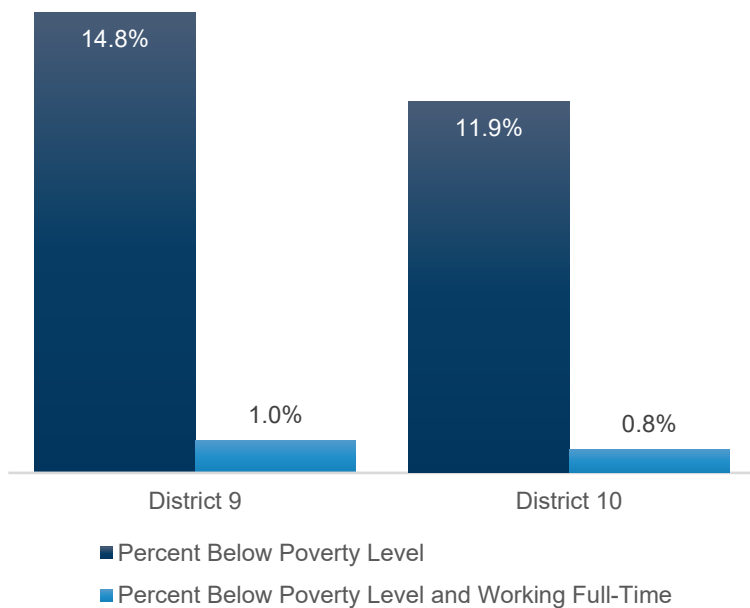
Source: ACS 5-Year Estimates (2017-2021)

Map 3-24: Poverty | Mountains IMD Region
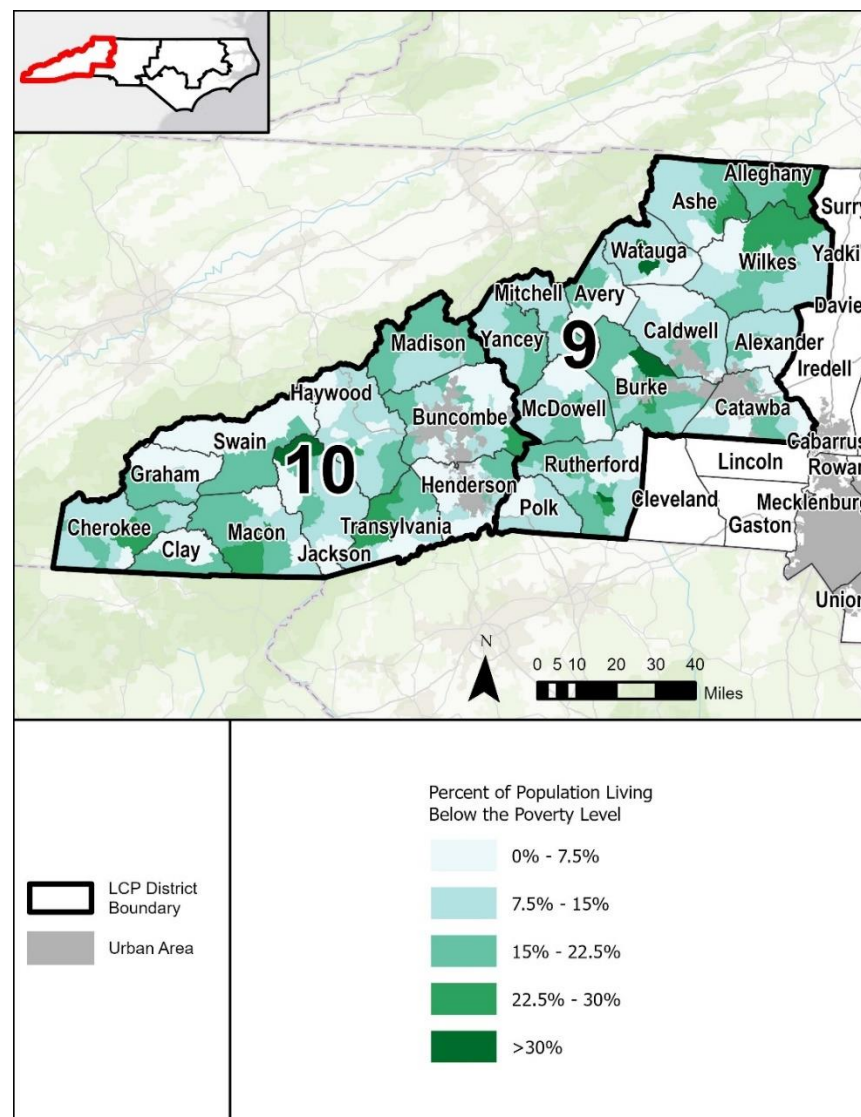
Figure 3-27: Race and Ethnicity | Mountains IMD Region

Legend:
- Hispanic or Latino
- Two or more races
- Some other race alone
- Native Hawaiian and Other Pacific Islander alone
- Asian alone
- American Indian and Alaska Native alone
- Black or African American alone
- White alone
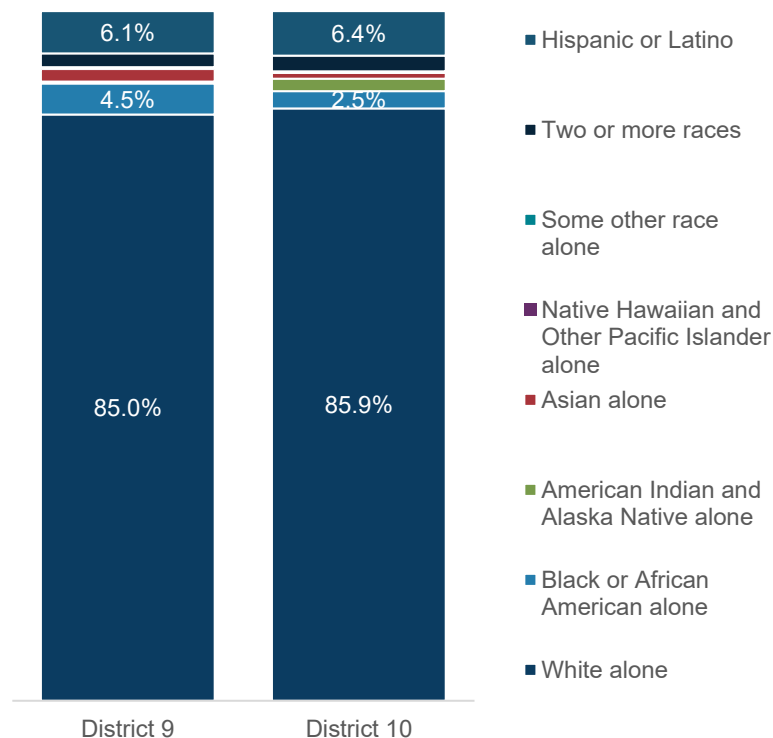
Race and Ethnicity	District 9	District 10
Hispanic or Latino	6.1%	6.4%
Two or more races	2.0%	2.3%
Some other race alone	0.2%	0.2%
Native Hawaiian and other Pacific Islander alone	0.1%	0.0%
Asian alone	1.8%	0.9%
American Indian and Alaska Native alone	0.2%	1.8%
Black or African American alone	4.5%	2.5%
White alone	85.0%	85.9%

Source: ACS 5-Year Estimates (2017-2021)

Race and Ethnicity

Minority groups in the Mountains IMD Region comprise approximately 15% of the total population. The Hispanic and Latino population comprises 6% and Black or African Americans make up almost 4% of the total population.

Map 3-25: Minorities | Mountains IMD Region

Legend:
- LCP District Boundary
- Urban Area

Percent Minority Population
- 0% - 15%
- 15% - 30%
- 30% - 45%
- 45% - 60%
- >60%
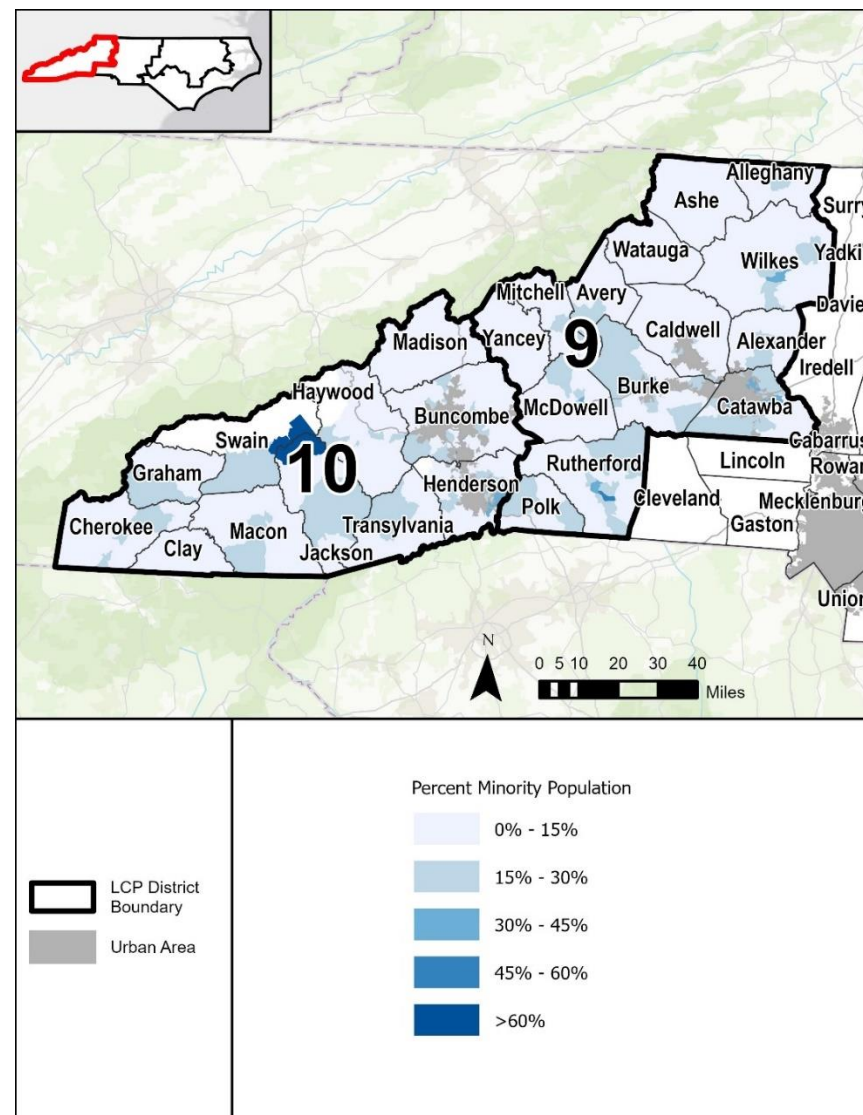
Persons with Disabilities

In District 9, 17% of the total population and 55% of older adults have one or more disabilities. These are both higher than in District 10, where people with disabilities constitute 15% of the total population and 69% of the older adult population.

Figure 3-28: Population with Disabilities | Mountains IMD

- Percent of Total Population with Disabilities
- Percent of 65+ Population with Disabilities
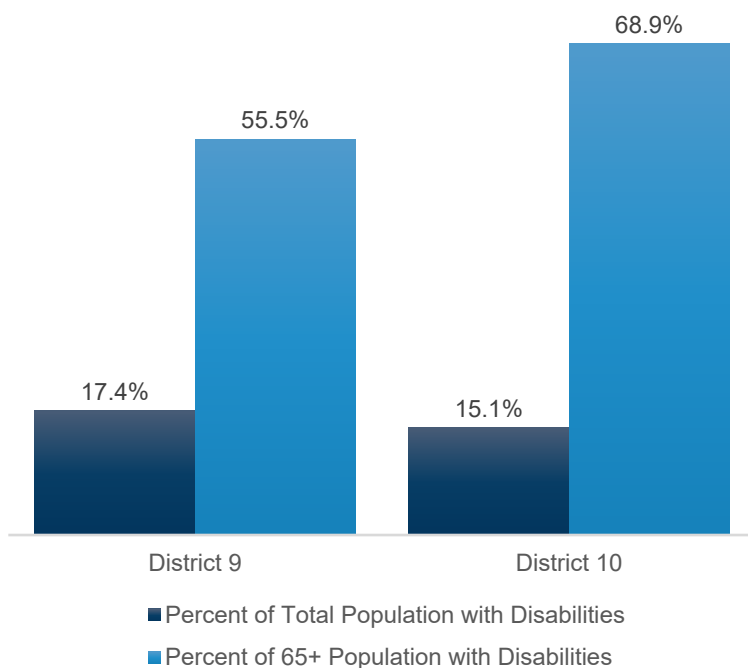
Source: ACS 5-Year Estimates (2017-2021)

Map 3-26: Persons with Disabilities | Mountains IMD Region

Percent of Population with Disabilities

- 0% - 5%
- 5% - 10%
- 10% - 15%
- 15% - 20%
- >20%

LCP District Boundary

Urban Area
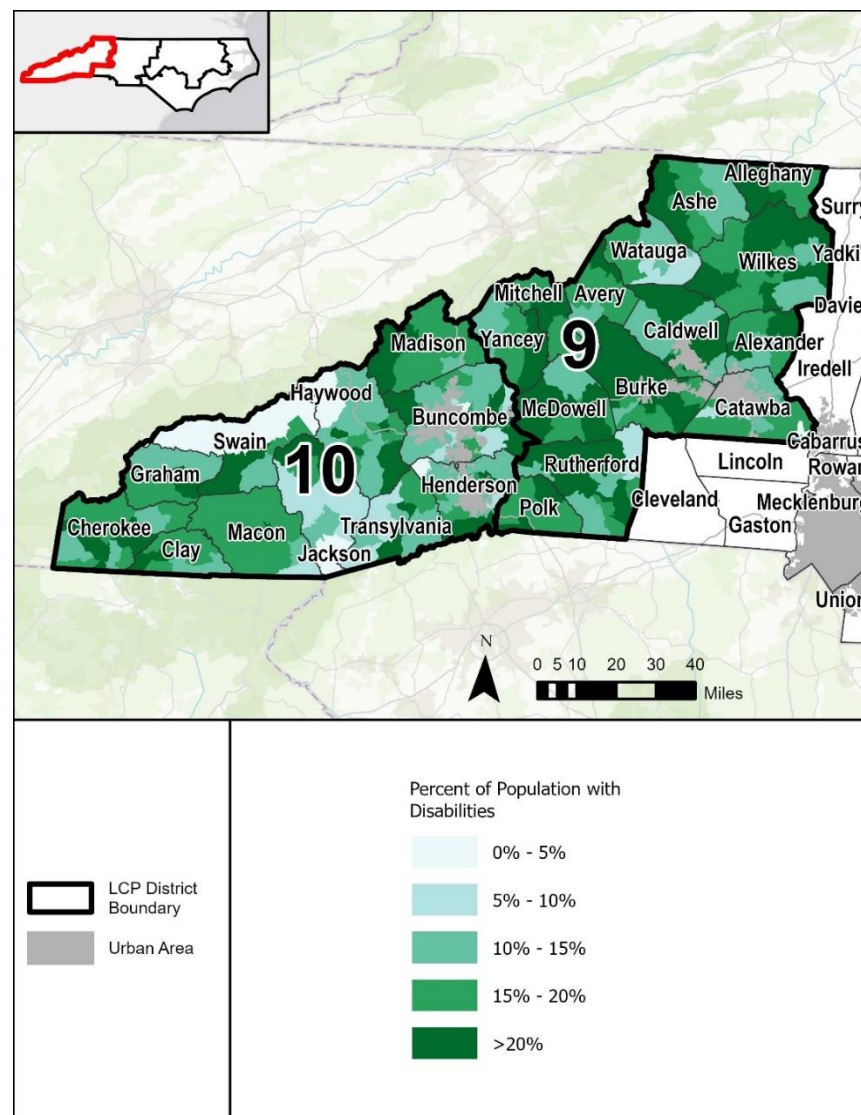
Figure 3-29: Vehicles Available by Household | Mountains IMD

District 9	District 10
31.0%	25.1%
37.0%	39.5%
27.3%	30.9%
4.7%	4.5%

■ No vehicle available ■ 1 vehicle available
■ 2 vehicles available ■ 3+ vehicles available
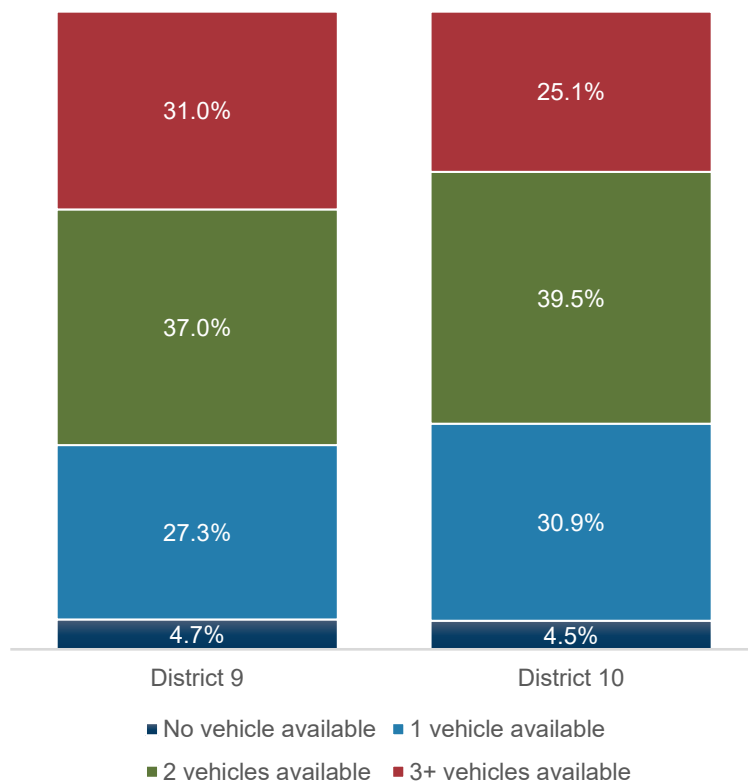
Vehicles Available	District 9	District 10
3+ vehicles available	31.0%	25.1%
2 vehicles available	37.0%	39.5%
1 vehicle available	27.3%	30.9%
No vehicle available	4.7%	4.5%

Source: ACS 5-Year Estimates (2017-2021)

Vehicle Access

Both districts exhibit similar rates of zero-vehicle households (nearly 5%). However, District 9 has a slightly higher prevealence of multi-vehicle households (68%) than District 10 (65%).

Map 3-27: Vehicle Access | Mountains IMD Region

LCP District Boundary

Urban Area

Percent of Households with Zero Vehicles

■ 0% - 5%
■ 5% - 10%
■ 10% - 15%
■ 15% - 20%
■ >20%

3-30
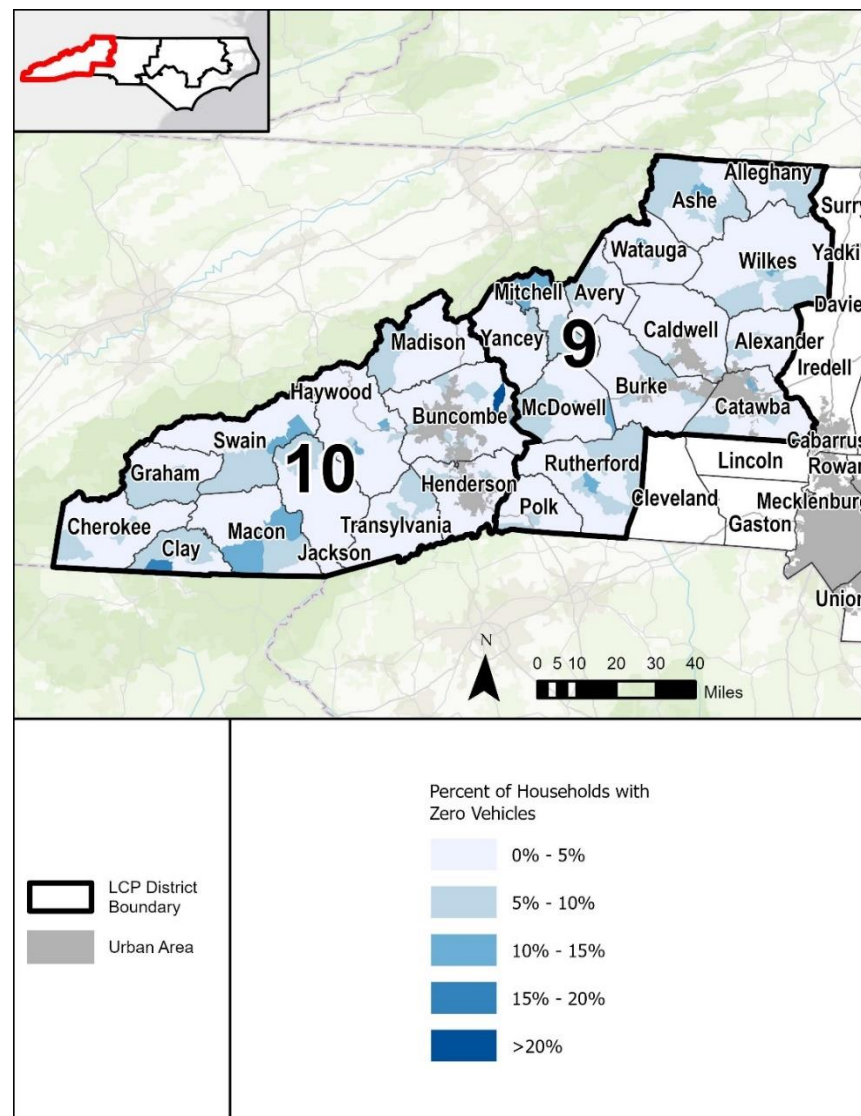
Veteran Status

District 10 has a higher concentration of veterans (8% of the adult population) in comparison to District 9 (7%).

Figure 3-30: Percent of Veterans | Mountains IMD Region
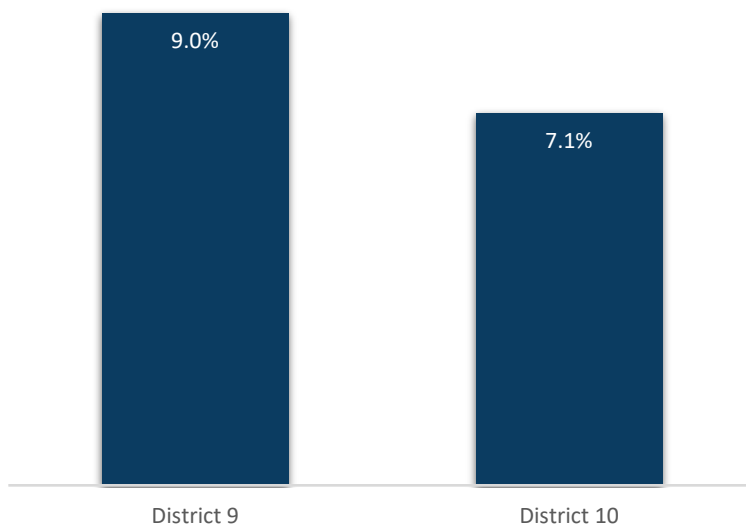
Source: ACS 5-Year Estimates (2017-2021)

Map 3-28: Veteran Status | Mountains IMD Region
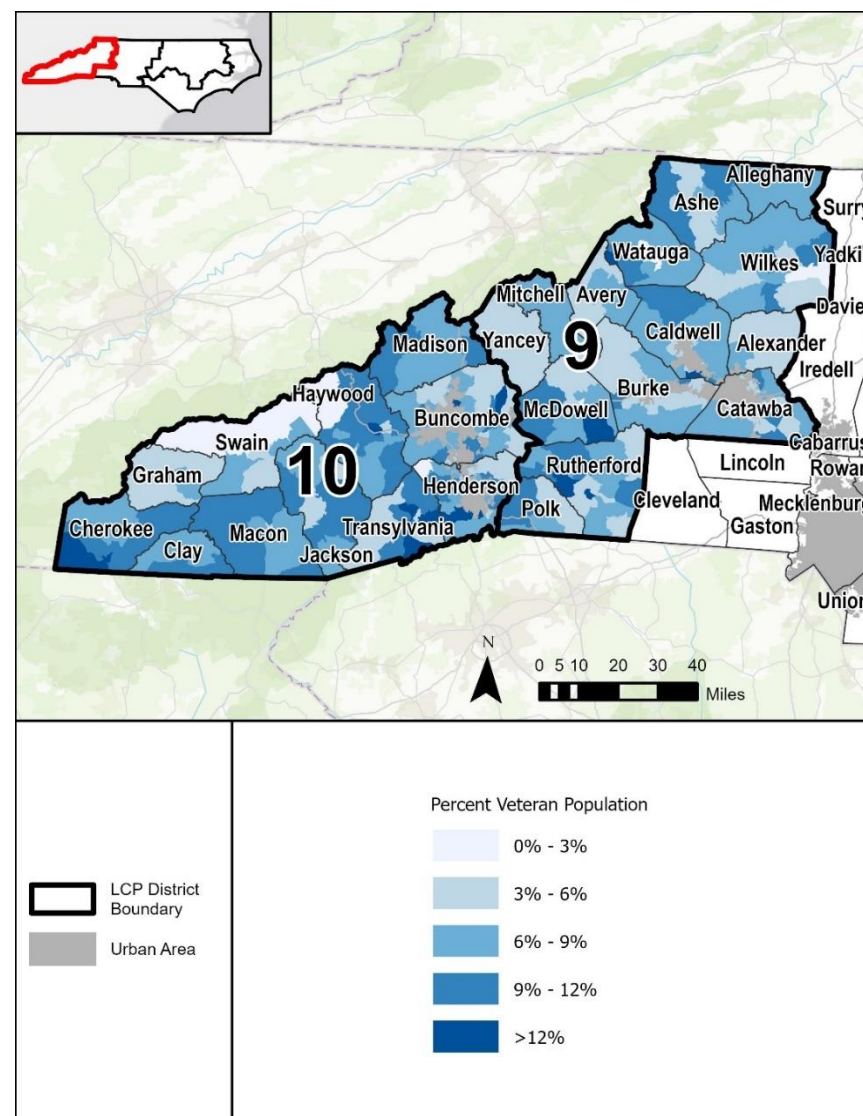
Percent Veteran Population

- 0% - 3%
- 3% - 6%
- 6% - 9%
- 9% - 12%
- >12%

LCP District Boundary

Urban Area

Demographic and Socioeconomic Analysis

Significant Locations

Existing Services Assessment

Significant Locations

Significant locations are major destinations to which residents have a great need to travel. These locations often include medical facilities, educational centers, and certain government offices. The populations that benefit from § 5310 and ROAP funding may frequent these locations.

Significant locations in small urban or rural areas throughout North Carolina are based on available geodata from NC OneMap (https://www.nconemap.gov/). The following percentages presented by LCP District are based on the total number of significant locations in small urban or rural areas in each LCP District divided by the total number of significant locations in small urban or rural areas in the IMD Region. The percentages presented to the left reflect the statewide proportion of a significant location type in small urban or rural areas compared to the total number of a significant location type throughout the state.

Coastal Plains IMD Region

Most significant locations in the Coastal Plains IMD Region are located in District 2. District 2 has more than half (51.9%) of the pharmacies, approximately half (49.5%) of the medical facilities, and many (43.5%) of the hospitals in the Coastal Plains IMD Region. Approximately half (46%) of the public health departments in the Coastal Plains IMD Region are located in District 1. More higher education centers (47.1%) and nursing homes (44.6%) are located in District 3. Due to the geographic distribution of significant locations, District 2 may have more intra-district travel whereas Districts 1 and 3 may have more inter-district trips.

Figure 3-31: Significant Locations | Coastal Plains IMD Region
Source: NC OneMap

Significant Locations	District 1	District 2	District 3
Higher Education Centers	17.6%	35.3%	47.1%
Hospitals	17.4%	43.5%	39.1%
Public Health Department	46.2%	30.8%	23.1%
Pharmacies	13.5%	51.9%	34.6%
Nursing Homes	15.7%	39.7%	44.6%
Medical Facilities	16.6%	49.5%	33.9%
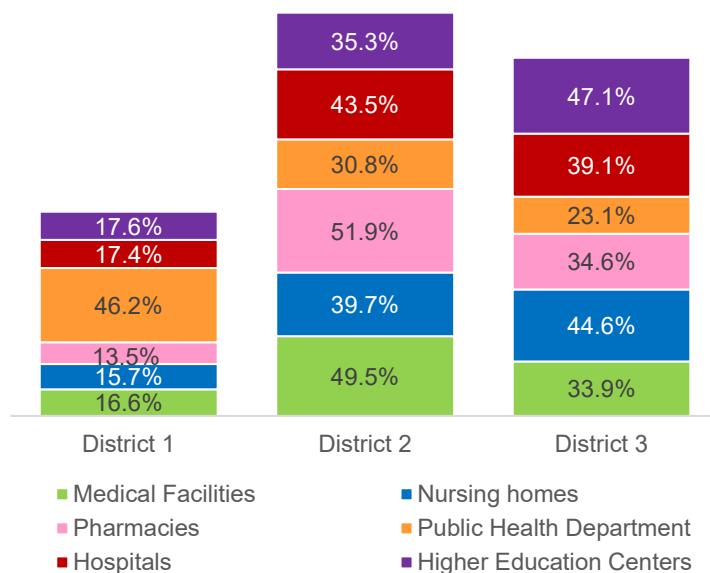
Map 3-29: Significant Locations | Coastal Plains IMD Region
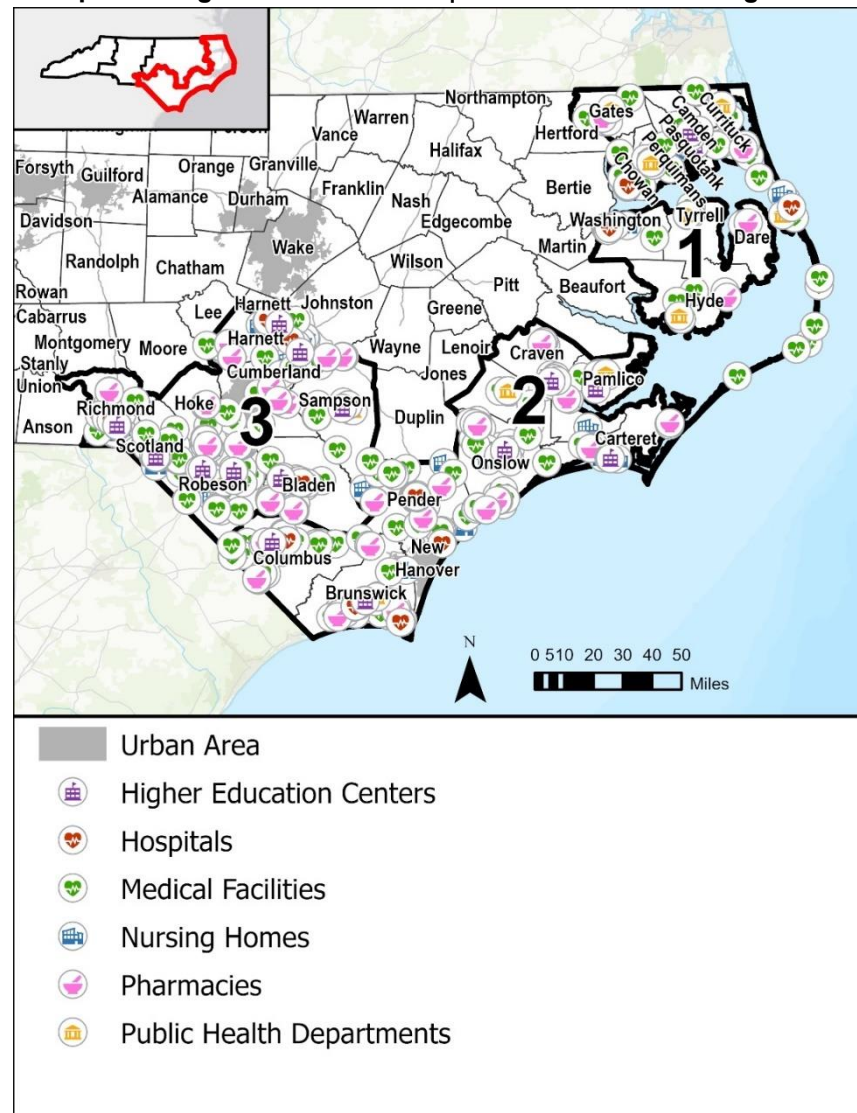
Map 3-30: Significant Locations | Eastern Piedmont IMD Region

Legend:
- Urban Area
- Higher Education Centers
- Hospitals
- Medical Facilities
- Nursing Homes
- Pharmacies
- Public Health Departments
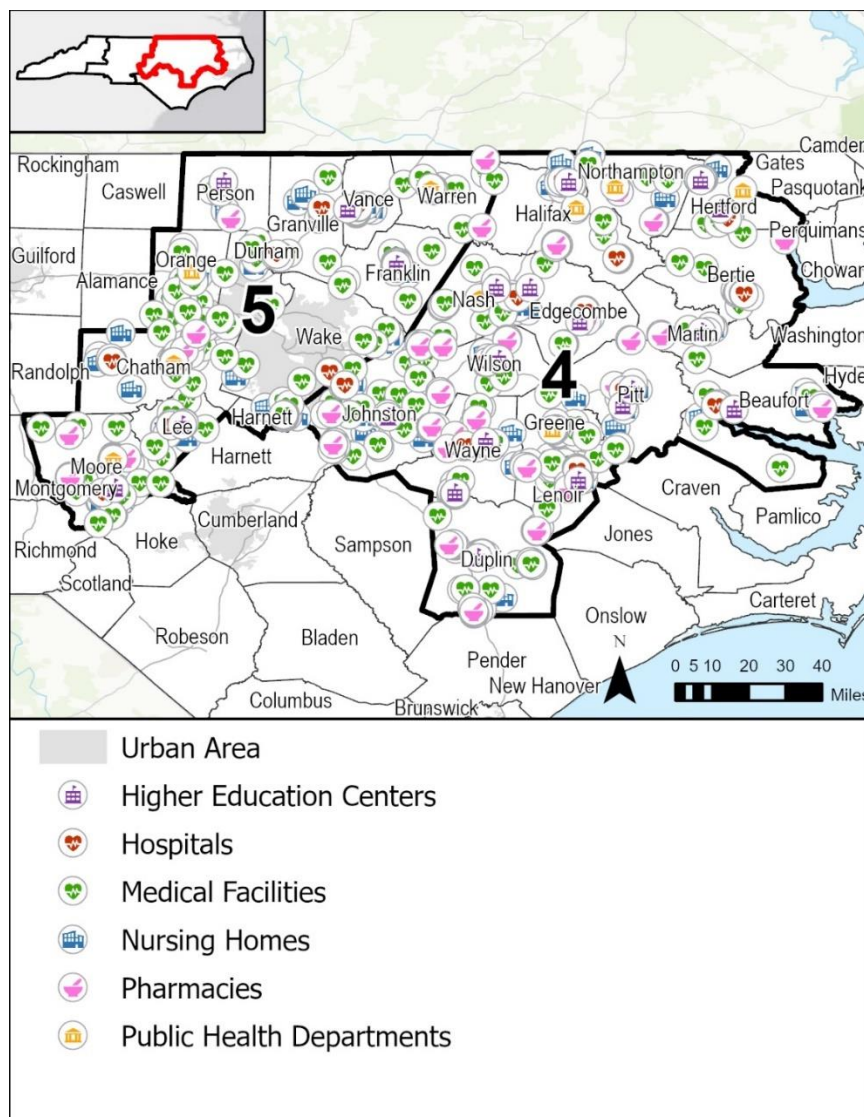
Eastern Piedmont IMD Region

District 4 has a larger distribution of the significant locations in the Eastern Piedmont IMD Region. Although District 5 has a lower distribution of significant locations, it has large clusters of various healthcare facilities throughout. District 4 may have more intra-district travel and District 5 may need additional travel support to District 4 for higher education centers.

Figure 3-32: Significant Locations | Eastern Piedmont IMD Region
Source: NC OneMap

Significant Locations	District 4	District 5
Higher Education Centers	77.3%	22.7%
Hospitals	68.0%	32.0%
Public Health Department	62.5%	37.5%
Pharmacies	75.4%	24.6%
Nursing Homes	64.9%	35.1%
Medical Facilities	56.1%	43.9%

District 4:
- 77.3%
- 68.0%
- 62.5%
- 75.4%
- 64.9%
- 56.1%

District 5:
- 22.7%
- 32.0%
- 37.5%
- 24.6%
- 35.1%
- 43.9%

Legend:
- Medical Facilities
- Nursing homes
- Pharmacies
- Public Health Department
- Hospitals
- Higher Education Centers
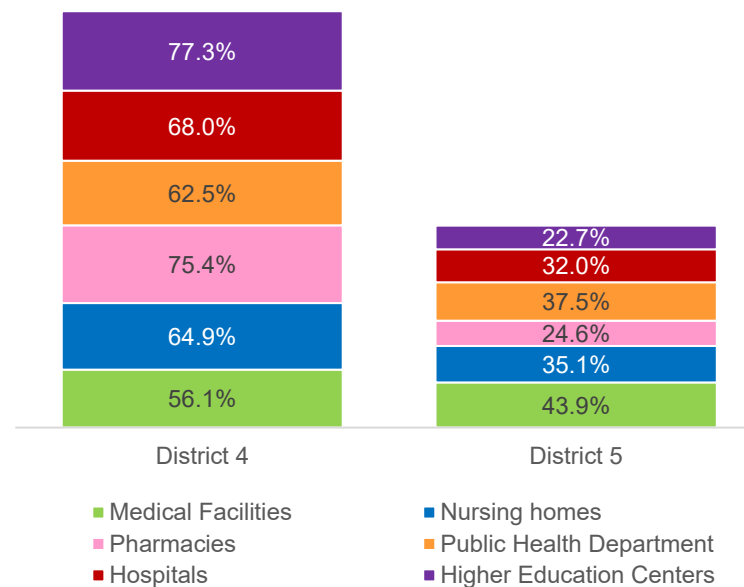
Western Piedmont IMD Region

The greatest density of significant locations in the Western Piedmont IMD Region are located in District 8. District 8 has almost half of the public health departments (43.8%), hospitals (47.8%), and higher education (47.1%) in the Western Piedmont IMD Region. More nursing homes (42.9%) are located in District 6 than the other Western Piedmont IMD Region districts. There may be a higher demand for travel to District 8 than other Western Piedmont IMD Region districts due to the high concentration of significant locations.

Figure 3-33: Significant Locations | Western Piedmont IMD Region

Source: NC OneMap

Significant Locations	District 6	District 7	District 8
Higher Education Centers	41.2%	11.8%	47.1%
Hospitals	30.4%	21.7%	47.8%
Public Health Department	31.3%	25.0%	43.8%
Pharmacies	32.8%	27.6%	39.7%
Nursing Homes	42.9%	18.7%	38.4%
Medical Facilities	35.6%	26.8%	37.7%
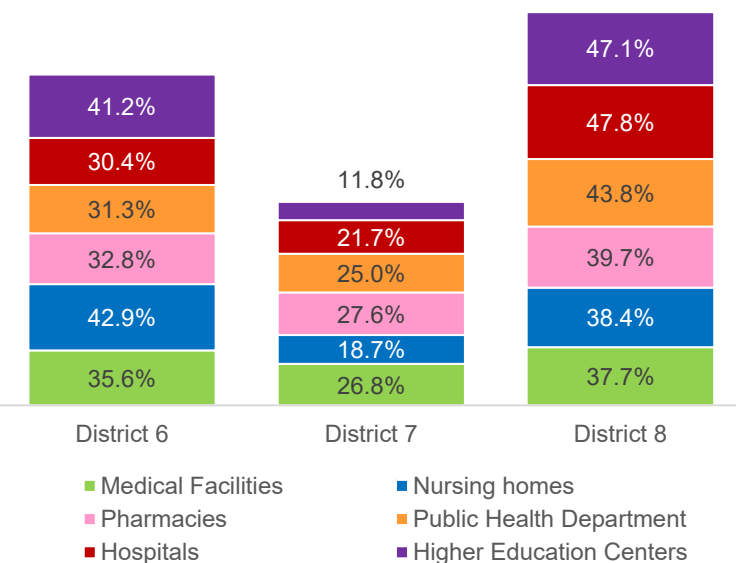
Map 3-31: Significant Locations | Western Piedmont IMD Region

Map 3-31: Significant Locations | Western Piedmont IMD Region

Legend:
- Urban Area
- Higher Education Centers
- Hospitals
- Nursing Homes
- Medical Facilities
- Pharmacies
- Public Health Departments

Map 3-32: Significant Locations | Mountains IMD Region

Legend:
- Urban Area
- Higher Education Centers
- Hospitals
- Nursing Homes
- Medical Facilities
- Pharmacies
- Public Health Departments
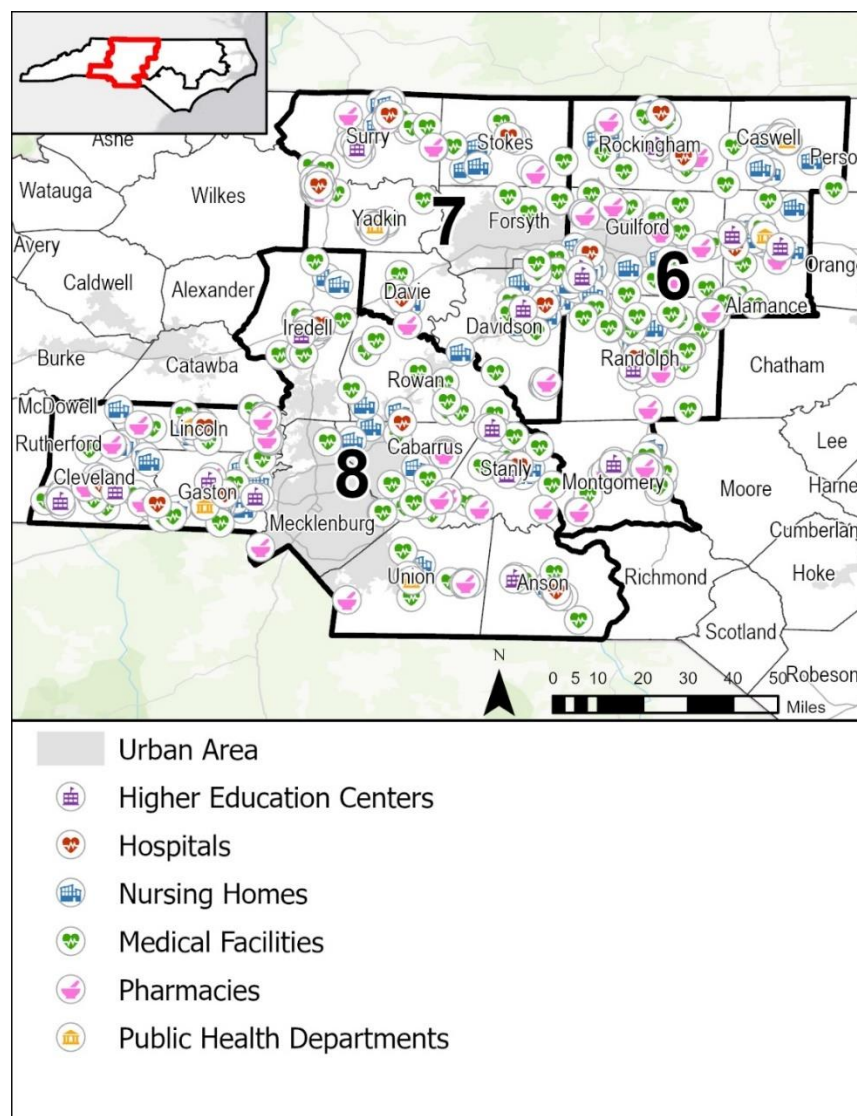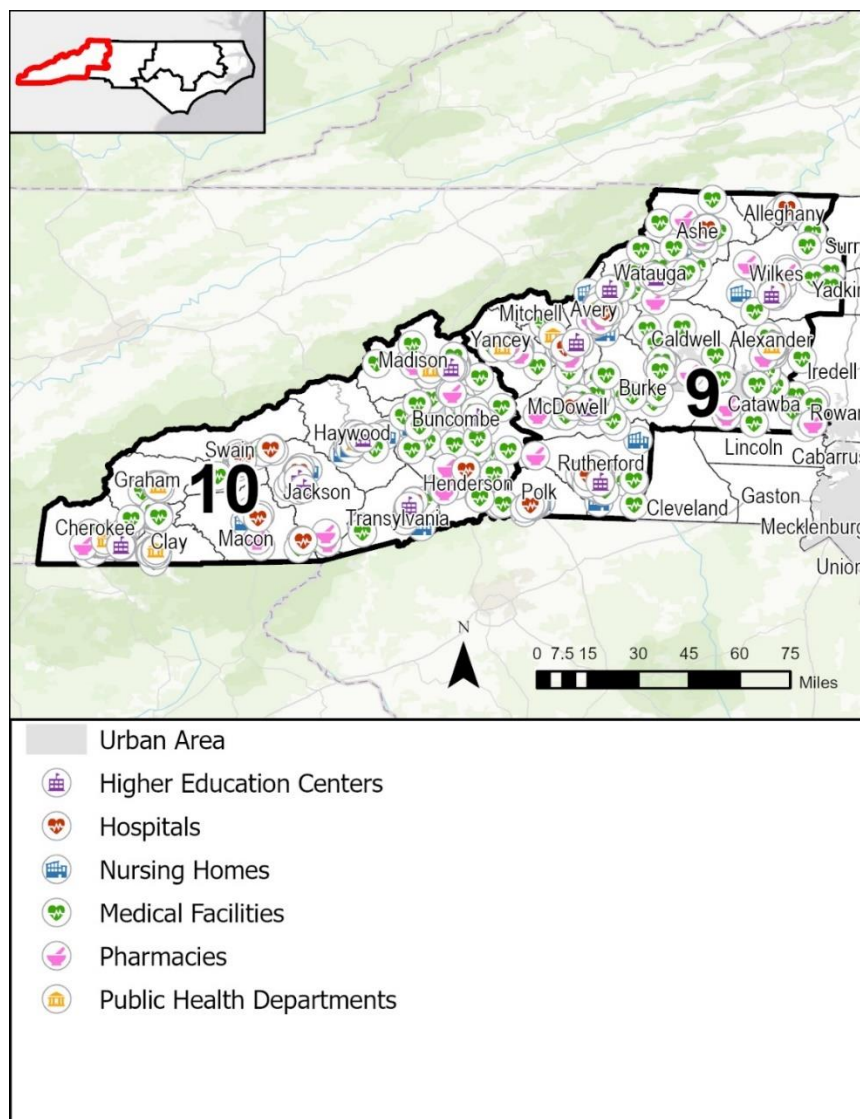
Mountains IMD Region

Districts 9 and 10 have a similar distribution of significant locations in the Mountains IMD Region. District 9 has more than half of the pharmacies (66.7%), medical facilities (60.8%), public health departments (59.1%), and nursing homes (56.9%) in the Mountains IMD Region. Although Districts 9 and 10 share an equal distribution of hospitals, there may be a higher demand for medical trips to District 9 as it has a higher distribution of healthcare service locations.

Figure 3-34: Significant Locations | Mountains IMD Region

Source: NC OneMap

Significant Locations	District 9	District 10
Higher Education Centers	46.2%	53.8%
Hospitals	50.0%	50.0%
Public Health Department	59.1%	40.9%
Pharmacies	66.7%	33.3%
Nursing Homes	56.9%	43.1%
Medical Facilities	60.8%	39.2%

District 9 / District 10

- Medical Facilities
- Nursing homes
- Pharmacies
- Public Health Department
- Hospitals
- Higher Education Centers
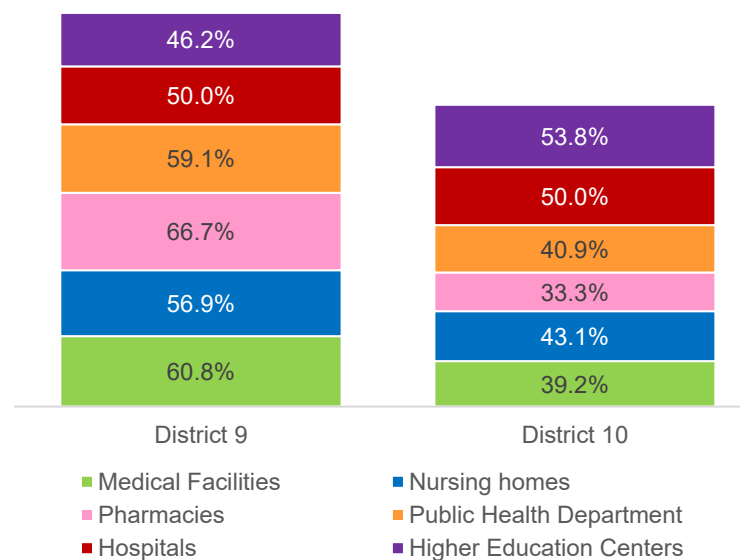
Existing Services and Coordination Assessment

This section provides an overview of public transportation services throughout the small UZAs and rural areas in North Carolina. County public transportation agencies are categorized into community, consolidated small city-community, consolidated urban-community, and regional community types according to NCDOT and are defined below. There are 98 public transportation agencies statewide, with 78 (including multi-county and single county agencies) that primarily serve the study area.

- Community Agencies – Single-county systems that provide transportation to the general public, as well as to eligible human service agency and elderly clients.
- Consolidated Small City-County Agencies – Single-county systems that have a significant level of service offered in one of the towns.
- Consolidated Urban-Community – Systems that include an urbanized area and a single county.
- Regional Community - Multi-county transit programs that operate primarily in rural areas.

A detailed table of all public transportation services, including the provider, National Transit Database (NTD) reporting name, service area, and service types by each LCP District is in Appendix C.

Demographic and Socioeconomic Analysis

Significant Locations

Existing Services Assessment

Map 3-33: Public Transportation | Coastal Plains IMD Region

Map 3-33: Public Transportation | Coastal Plains IMD Region
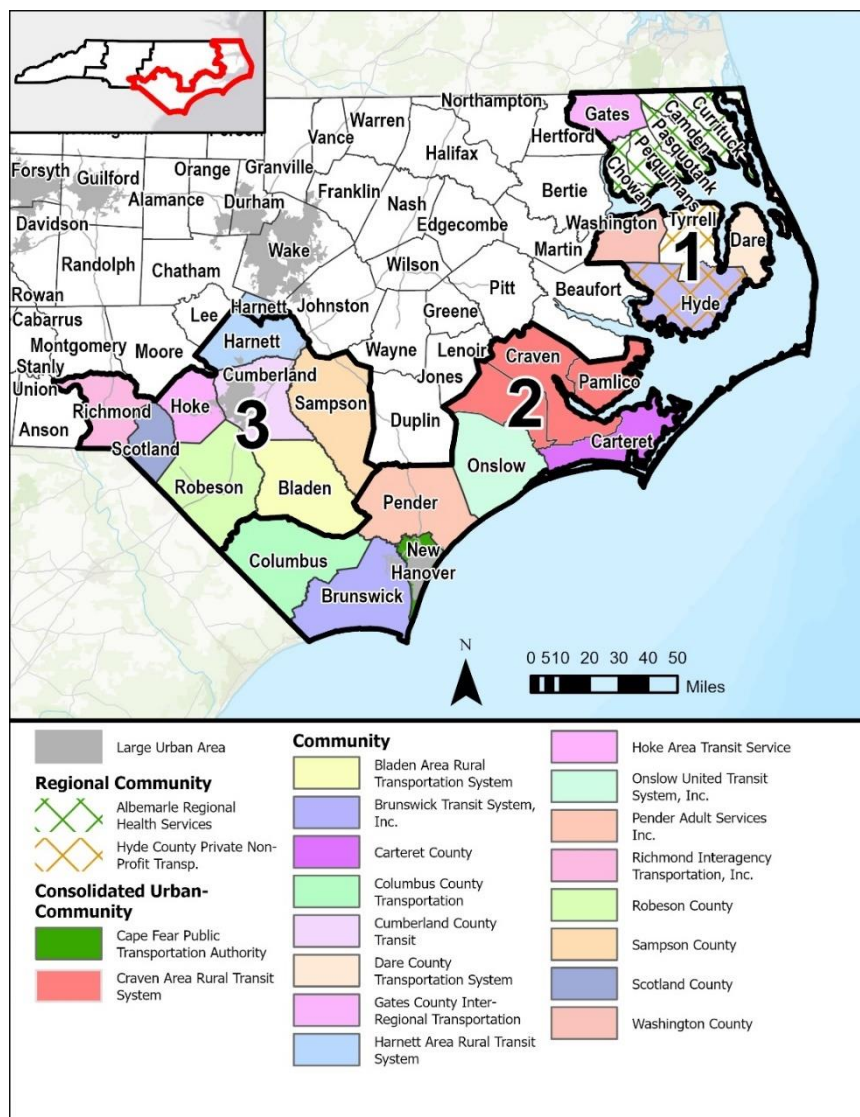
Coastal Plains IMD Region

Of the 20 public transportation agencies in the Coastal Plains IMD Region, there are 2 consolidated urban-community agency, 2 regional community agencies, and 16 community agencies. Both regional community agencies are in LCP District 1.

Table 3-1: Public Transportation Agencies by Type | Coastal Plains IMD Region

LCP District	Transit System Name	Agency Type
1	Dare County Transportation System	Community
1	Gates County Inter-Regional Transportation	Community
1	Washington County	Community
1	Albemarle Regional Health Services	Regional Community
1	Hyde County Private Non-Profit Transp.	Regional Community
2	Brunswick Transit System, Inc.	Community
2	Carteret County	Community
2	Columbus County Transportation	Community
2	Onslow United Transit System, Inc	Community
2	Pender Adult Services Inc.	Community
2	Cape Fear Public Transportation Authority	Consolidated Urban-Community
2	Craven Area Rural Transit System	Consolidated Urban-Community
2	Jacksonville Transit	Consolidated Urban-Community
3	Bladen Area Rural Transportation System	Community
3	Cumberland County Transit	Community
3	Harnett Area Rural Transit System	Community
3	Hoke Area Transit Service	Community
3	Richmond Interagency Transportation, Inc.	Community
3	Robeson County	Community
3	Sampson County	Community
3	Scotland County	Community

Eastern Piedmont IMD Region

There are 19 public transportation agencies in the Eastern Piedmont IMD Region. There is 1 consolidated small city-community agency, 3 consolidated urban-community agencies, 2 regional community agencies, and 13 community agencies.

Table 3-2: Public Transportation Agencies by Type | Eastern Piedmont IMD Region

LCP District	Transit System Name	Agency Type
4	Beaufort County Developmental Center, Inc.	Community
4	Duplin County Transportation Dept.	Community
4	Greene County Transportation	Community
4	Johnston County Area Transit	Community
4	Lenoir County Transit	Community
4	Martin County Transit	Community
4	Pitt County/Pitt Area Transit System	Community
4	Wilson County Transportation Services	Consolidated Small City-Community
4	Goldsboro-Wayne Transportation Authority	Consolidated Urban-Community
4	Tar River Transit	Consolidated Urban-Community
4	Choanoke Public Transportation Authority	Regional Community
5	Chatham Transit Network	Community
5	Lee County	Community
5	Moore County Transportation Services	Community
5	Orange County Public Transportation	Community
5	Person Area Transportation System	Community
5	Wake County Transit	Community
5	Durham County	Consolidated Urban-Community
5	Kerr Area Transportation Authority	Regional Community

Map 3-34: Public Transportation | Eastern Piedmont IMD Region

Map 3-34: Public Transportation | Eastern Piedmont IMD Region
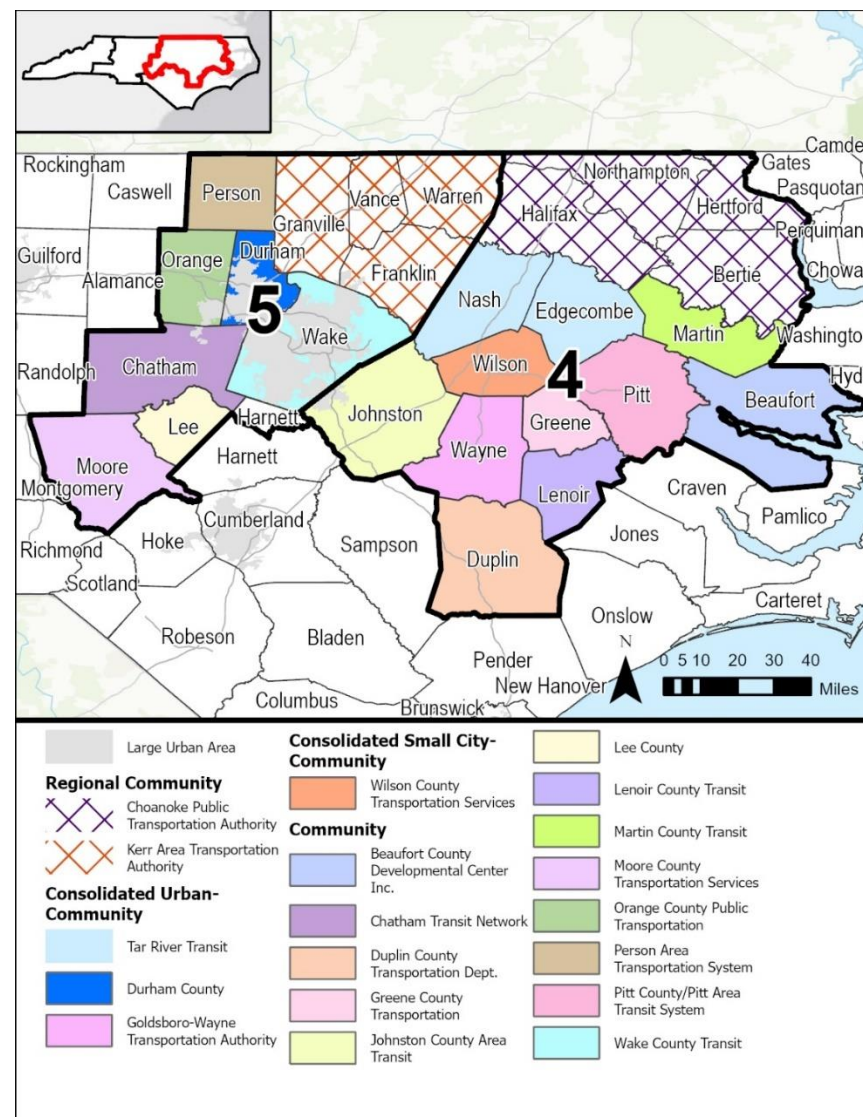
Map 3-35: Public Transportation | Western Piedmont IMD Region
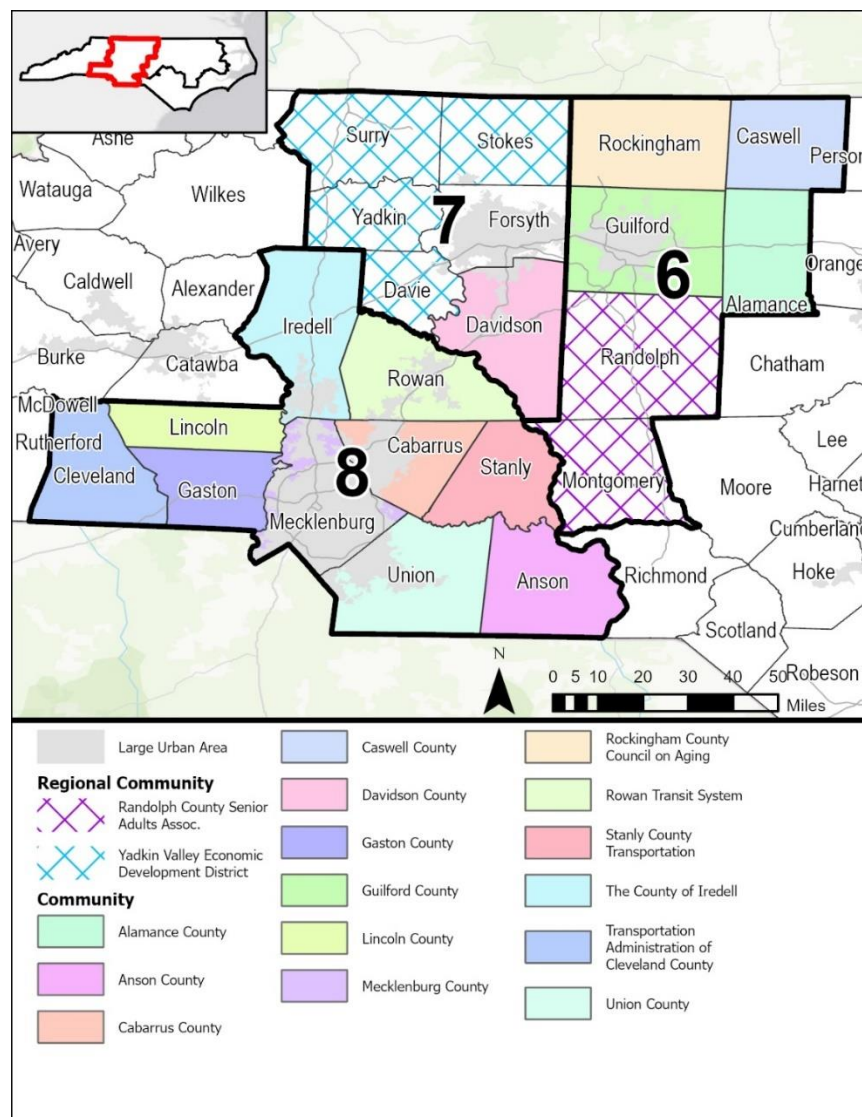
Western Piedmont IMD Region

In the Western Piedmont IMD Region, there are 2 regional community agencies and 15 community agencies. Districts 6 and 7 both have regional transportation agencies, suggesting that there is a need for additional inter-county trips in these areas.

Table 3-3: Public Transportation Agencies by Type | Western Piedmont IMD Region

LCP District	Transit System Name	Type
6	Alamance County	Community
6	Caswell County	Community
6	Guilford County	Community
6	Rockingham County Council on Aging Inc.	Community
6	Randolph County Senior Adults Assoc.	Regional Community
7	Davidson County	Community
7	Yadkin Valley Economic Development District	Regional Community
8	Anson County	Community
8	Cabarrus County	Community
8	Cleveland County	Community
8	Gaston County	Community
8	The County of Iredell	Community
8	Lincoln County	Community
8	Mecklenburg County	Community
8	Rowan Transit System	Community
8	Stanly County Transportation	Community
8	Union County	Community

Mountains IMD Region

There are 22 public transportation agencies in the Mountains IMD Region, including 1 consolidated small city-community, 1 consolidated urban-community, and 20 community agencies.

Table 3-4: Public Transportation Agencies by Type | Mountains IMD Region

LCP District	Transit System Name	Type
9	Alleghany County	Community
9	Ashe County Transportation Authority	Community
9	Avery County Transportation Authority	Community
9	McDowell County Transportation	Community
9	Mitchell County Transportation Authority	Community
9	Polk County Transportation Authority	Community
9	Rutherford County	Community
9	Wilkes Transportation Authority	Community
9	Yancey County Transportation Authority	Community
9	AppalCART	Consolidated Small City-Community
9	Western Piedmont Regional Transit Authority (Greenway Transit)	Consolidated Urban-Community
10	Buncombe County/Mountain Mobility	Community
10	Cherokee County	Community
10	Clay County	Community
10	Graham County	Community
10	Henderson County/ Apple Country	Community
10	Jackson County	Community
10	Macon County	Community
10	Madison County Transportation Authority	Community
10	Mountain Projects Inc.	Community
10	Swain County Focal Point on Aging Inc	Community
10	Transylvania County	Community
10	Western Carolina Community Action	Community

Map 3-36: Public Transportation | Mountains IMD Region
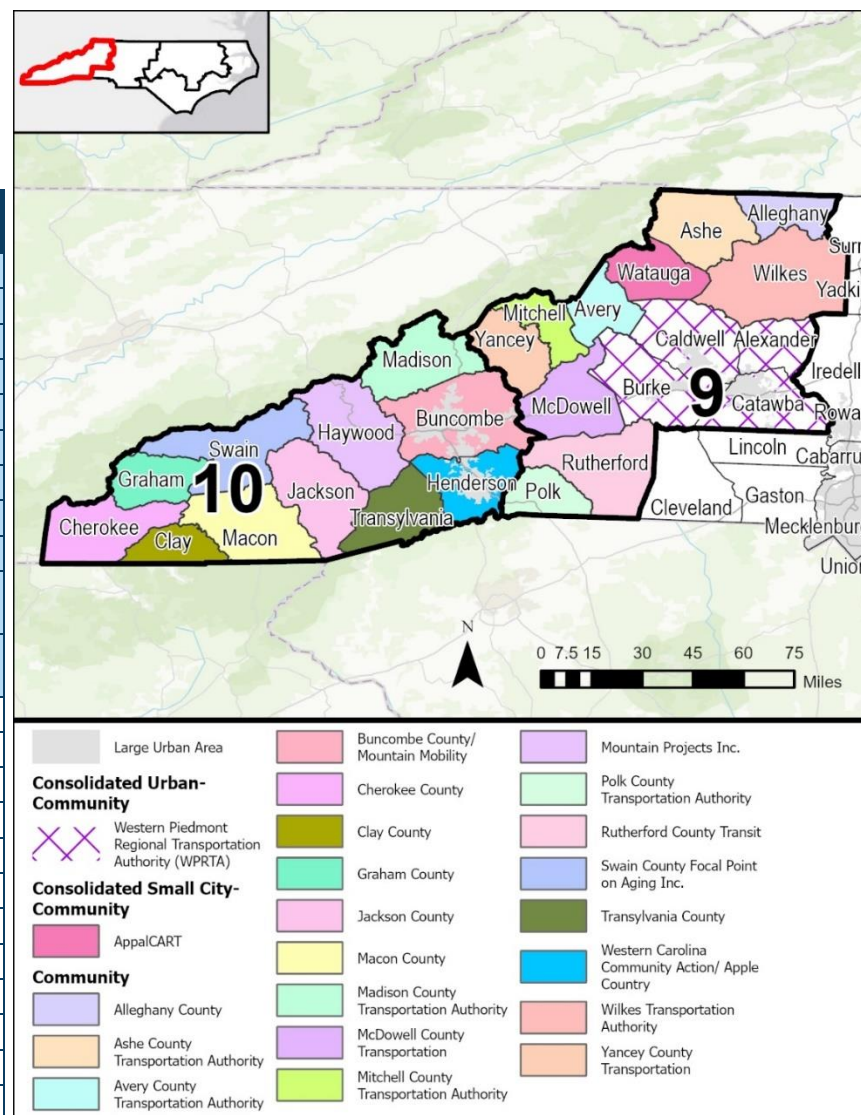
Section 4. Local Planning Process Review of Unmet Needs

Before 2018, small urban MPOs and RPOs in North Carolina had to develop separate LCPs to meet the federal prerequisites for securing § 5310 funding. An assessment of these individual LCPs prepared prior to 2018 was conducted to identify unfulfilled transportation and mobility needs, specifically pertaining to older adults and individuals with disabilities in detail for respective local areas. The documents reviewed are summarized in Appendix D. Major themes derived from the documents reviewed are shown in the graphic to the right. Overall, the plans reviewed aimed to create an integrated and efficient public transportation system that meet the mobility needs of older adults and individuals with disabilities.

These unmet needs reflect common challenges faced by public transportation providers throughout the state, with a wide range of topics affecting service coverage, connectivity, and public awareness. Strategies to meet the unmet needs included enhancing coordination, increasing access and service levels, and implementing technology to improve service efficiency.

Public Engagement Summary

1,809
Public Input Survey Responses

209
Public Workshop Participants

658
Virtual Rooms Visits

2,676 Engaged

Section 5.Public Engagement

Public input was gathered to evaluate and assist in prioritization of strategies to address unmet transportation needs and service gaps.

Public involvement efforts provide critical feedback and are part of the basis for developing an understanding of transit needs in a community, as they gather information to ascertain community perceptions and expectations on local and regional transit services.

Several public involvement techniques and activities were used to ensure a wide range of opportunities for the state and key stakeholders to actively participate in the plan development.

Involvement techniques include activities that engage stakeholders and the public through direct methods. Stakeholders were engaged through Coordinating Committee meetings, Coordinating Committee emails, and updates via the IMD monthly Transit System. The public was engaged through public workshops and public input surveys. Information distribution techniques include the use of printed and online materials and include social media outreach and email blasts.

Coordinating Committee

A Coordinating Committee was established to provide direction and context for the development of the LCP. It is composed of stakeholders from public and private agencies/organizations that provide transportation and are eligible for or administer § 5310 funding, as well as representatives from many of the state's RPOs. Due to the number of committee members involved and the statewide nature of the effort, all meetings and correspondence were held virtually.

In total, there were 3 virtual roundtable meetings where participants took part in assessing existing needs and prioritizing future transit needs using questions to prompt conversation about the process. An additional meeting was held in January 2024 to review strategy prioritization.

Coordinating Committee members, planning organizations, and other transportation providers participated in and distributed a survey to sub-recipients that asked respondents to rank challenges related to meeting the mobility needs of clients, the strategies that are the most and least successful at improving the effectiveness of § 5310 funding, and projects/coordination actions that will help meet the mobility needs of clients. In total, there were 78 respondents. The graphic to the right shows the top challenges and projects/coordination actions that were ranked by all respondents.

Top Challenges

1. Limited Funding

2. Accessibility

3. Affordable Transportation

Top Projects/Coordination Actions

1. Improve Service Efficiency/Coordination

2. Maintain Existing Services

3. New or Extended Services

Public Input Survey

The online public input survey was designed to collect input from the public on the sufficiency/ prioritization of public transportation in their community, their frequency of public transportation use, existing transit trip purposes, and their preferences on needed improvements. In total, there were 1,809 survey respondents with 1,337 submitted online and 472 on paper.

One third of all responses were from the NCDOT Eastern Piedmont IMD Region (LCP Districts 4 and 5), the most of any region. When considering improvements, 29% of respondents preferred more destinations served fewer times a day and 42% indicated they would like more passenger infrastructure. Furthermore, 42% respondents indicated they were willing to pay less and schedule a day earlier, while 48% would like an app accessible by smart phone. Additional detailed responses can be found in Appendix E.

Locally Coordinated Plan Public Surveys Complete by County
- 0
- 1 - 5
- 5 - 10
- 11 - 20
- 21 - 50
- >50

57% Do not think public transportation is prioritized/sufficient in their community
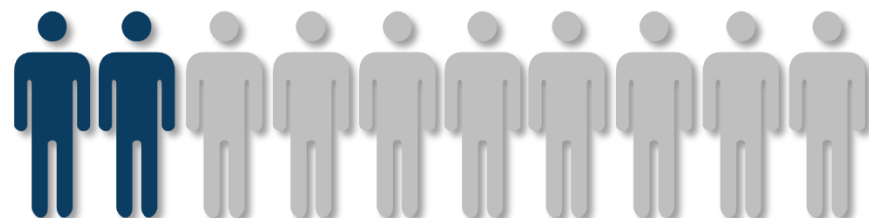
17% Use transit services daily or weekly

Which improvement would you prefer?

Left option	Left %	Right %	Right option
Fewer destinations served more frequently	39.3%	60.7%	More destinations served fewer times a day
Pay more, on-demand service	32.9%	67.1%	Pay less, schedule a day before
Real-time bus information	37.9%	62.1%	More passenger infrastructure
Service on Saturday and Sunday	37.9%	62.1%	More service closer to your house
Talking to an operator on the phone	34.4%	65.6%	An app accessible by smart phone

49%

Personally Use or Have Clients that Use Transit

18%

Use Transit Daily or Weekly

58%

Have Private On-Demand Services in Their Community

Public Workshops

To present the LCP process, gain an understanding of participants' views about utilizing transit, and identify priorities, three virtual public workshops were held in August and September 2023. Over 200 attendees participated across the three workshops.

Throughout the three virtual workshops, members of the public were encouraged to engage, ask questions, or give comments. Although the workshops were offered at various days/times to provide flexibility for participants, the presentation was the same. Following the presentations, attendees could ask questions. The questions were then answered live and the participant who submitted the question could engage. Live polling was implemented to gauge the participants interaction with transit, frequency of use, trip purposes, and if on-demand services exist in their community. Additionally, participants were asked how they heard about the workshop and if they had taken the survey.

Furthermore, the recorded presentation was posted on the project virtual room and the project website to ensure that the public could continue to participate if they could not attend at the time.

Other Outreach and Promotion

A combination of outreach methods was utilized to help educate and inform the public on the LCP process.

Virtual Room

A virtual room was constructed to provide on-demand access to information and to gather feedback from the public. Throughout the LCP process, the virtual room hosted map data, presentations, video recordings of public workshops, copies of surveys for printing, and a link to the online public input survey.

Media Coordination

To spread the word and increase engagement throughout public outreach efforts, such as the virtual room, public input survey, and public workshops, a press release was distributed, which resulted in several media outlets putting out information about the study.

Furthermore, a flyer promoting the survey, virtual room, and public workshops was developed to distribute to all public and private organizations that provide transportation to promote participation.

NCDOT Webpage

NCDOT created and maintained a webpage for the public to keep updated on the latest outreach events and project updates. The webpage also hosted information on the LCP process, public outreach workshop recording, and other relevant information. Additionally, NCDOT used the webpage to encourage the public to take the public input surveys and to attend the virtual public workshops.
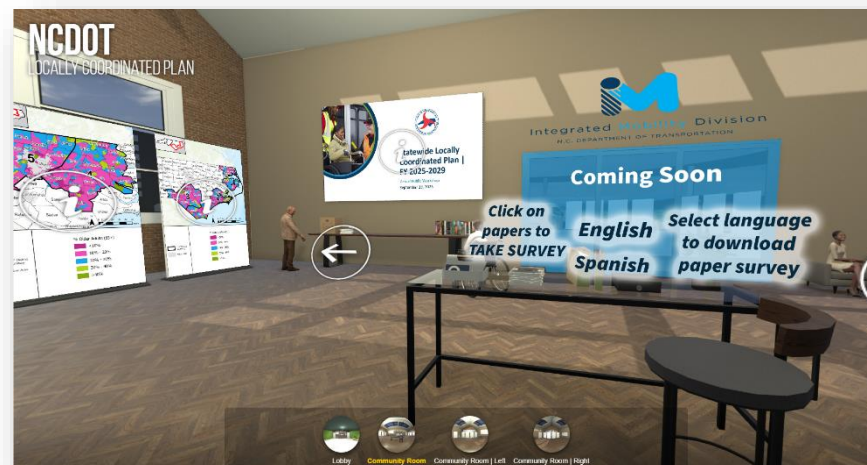
Statewide Locally Coordinated Plan Update

The Statewide Locally Coordinated Plan, prepared under the guidance of the N.C. Department of Transportation's Integrated Mobility Division, identifies opportunities to expand mobility options for seniors and individuals with disabilities, particularly in rural and small urban areas.

The first plan was established in 2018 to cover fiscal years 2022-2024. NCDOT is updating the plan to cover fiscal years 2025-2029. Community needs will be analyzed, and strategies will be developed, which will be prioritized for implementation in the 5-year time frame.

The Bipartisan Infrastructure Law, which authorizes up to $108 bil transportation programs, continues to require a comprehensive St Plan to identify and select projects eligible for Section 5310 (Enh Individuals with Disabilities) funding. The Plan also meets plannin funded Rural Operating Assistance Program.

This plan includes:

- Coordination with transportation planning agencies
- Public and private transportation providers
- Participation by older adults and people with disabilities
- Non-profit transportation providers

Integrated Mobility Division

Benefits of Public Transit

Local Transit Search

Intercity Bus Service

N.C. Public Transit Systems

Statewide Strategic Plan

Doing Business

CoastalReview.org
A Daily News Service of the North Carolina Coastal Federation
(https://coastalreview.org/)

NCDOT seeks input on draft transportation access plan

08/28/2023 by Staff Report (https://coastalreview.org/author/staffreport/)

Woman in power wheelchair. Photo: National Aging and Disability Transportation Center (https://www.nadtc.org/)

North Carolina Department of Transportation officials are asking for public input on a draft plan to improve transportation access for seniors and people living with disabilities in small urban and rural areas.

Section 6.Identification of Strategies to Meet Unmet Transportation Needs

A clear understanding of district areas and unmet transportation needs was established in order to create meaningful strategies to address unmet transportation needs. These strategies are focused on older adults and individuals with disabilities in accordance with FTA's § 5310 program and may benefit the public.

Unmet Needs

Unmet transportation needs were identified through public input, including a public input survey and public workshops, data analysis, Coordinating Committee member comments, and review of existing transit levels. Funding limitations were not considered when identifying unmet needs, so additional funding may be necessary. The following describes the unmet needs:

- **New Service Types** – Different modes or types of services such as fixed-route, demand-response, or on-demand services to support and connect riders.
- **Accessible Vehicle Procurement/ Replacement** – Acquire or replace vehicles that are past their useful life. The vehicles must comply with accessibility requirements and standards.
- **Extended Service Span** – Extend operating hours, including earlier or later service to continue to connect riders to lifeline trips.
- **Service Area Expansion** – Increase geographic coverage to serve or connect to communities or areas that were previously underserved or not covered. This may include regional service.
- **Weekend Service** – Implement or increase service on weekends to enhance connection to lifeline trips.

Identification of Strategies Process

6-1

- **New service types**
- **Accessible vehicle procurement/ replacement**
- **Extended Service Span**
- **Service Area Expansion**
- **Weekend Service**
- **Infrastructure Improvements and Accessibility**
- **Affordable Transportation**
- **New Trip Types**
- **Bus Stop Implementation and Improvement**
- **Applicable Information Technology Systems**
- **Multimodal Infrastructure and Accessibility**

- **Infrastructure Improvements and Accessibility** – Implement or upgrade infrastructure connecting to transit services to make it more accessible and accommodating for all individuals, including those with disabilities.
- **Affordable Transportation** – Ensure the fares are reasonable and affordable for the community at any level of service.
- **New Trip Types** – Introduce new trip types to connect to key destinations like medical centers or employment hubs.
- **Bus Stop Implementation and Improvement** – Install new bus stops or enhance existing infrastructure by adding shelters, benches, signage, and accessibility features.
- **Applicable Information Technology Systems** – Implement technology systems like real-time tracking, mobile apps for scheduling, payment systems, and passenger information services to enhance the efficiency and convenience of service.
- **Multimodal Infrastructure Improvements and Accessibility** – Enhance infrastructure to facilitate the use of multiple transportation modes is needed to increase connectivity between different transportation options.

Table 6-1: Unmet Needs by LCP District

Unmet Need	1	2	3	4	5	6	7	8	9	10
Limited funding	★	★	★	★	★	★	★	★	★	★
New service types	★	★	★	★	★	★	★	★	★	★
Accessible vehicle procurement/replacement	★	★	★	★	★	★	★	★	★	★
Extended service span	★	★	★	★	★	★	★	★	★	★
Service area expansion	★	★	★	★	★	★	★	★	★	★
Weekend service	✓	★	★	★	★	★	★	★	★	★
Infrastructure improvements and accessibility	★	★	✓	★	★	★	★	★	✓	✓
Affordable transportation	✓	★	✓	✓	✓	★	★	★	★	★
New trip types	✓	✓	✓	✓	✓	★	★	★	★	★
Bus stop implementation and improvement	✓	✓	★	✓	✓	✓	★	★	✓	✓
Applicable information technology systems	★	✓	✓	✓	✓	✓	✓	✓	✓	✓
Multimodal infrastructure improvements and accessibility	✓	✓	★	✓	✓	✓	✓	✓	✓	✓

"★" Denotes a prioritized need

"✓" Denotes a need

Strategies to Meet Unmet Needs

- Capital Purchase of Service
- Mobility Management
- Provide Operational Expenses
- Expand reliable/accessible fleets within FTA useful life
- Expand transit service area
- Improve agency efficiency through technology
- Add new or extend services
- Increase funding for administrative support
- Provide a range of service types
- Improve service efficiency and coordination
- Increase support for accessible infrastructure
- Implement microtransit pilot program
- Increase financial accessibility to service

Strategies to Meet Unmet Needs

The strategies to meet unmet transportation needs were developed by incorporating the needs of older adults and individuals with disabilities with input from the Coordinating Committee, stakeholders and the public. The strategies address the identified needs effectively and benefit older adults and individuals with disabilities by enhancing accessibility, increasing service options, and improving inclusive safety elements.

Statewide

Overall, there are repeated needs and strategies that could be addressed at the state level or in all LCP Districts. This includes increasing agency funding for administration and operations, maintaining existing transit services, expanding service areas, improving agency efficiency through technology, increasing support for accessible infrastructure, adding new or extended services, providing a range of service types, implementing microtransit pilot programs, and increasing financial accessibility to service.

A strategy was designated as recommended if it was repeatedly noted throughout public input, specifically mentioned in Coordinating Committee feedback, or observed as a priority through the plans review. A strategy was deemed applicable if it satisfied any of the previously outlined criteria, but was not observed as frequently. The following symbols are shown throughout the proposed strategy tables by LCP district:

"✓" denotes recommended strategy

"●" denotes applicable strategy

Table 6-2: Strategy | Capital Purchase of Service

Strategy	1	2	3	4	5	6	7	8	9	10
Capital Purchase of Service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase funding for existing or new service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-3: Strategy | Mobility Management

Strategy	1	2	3	4	5	6	7	8	9	10
Use mobility management strategies	✓	✓	●	✓	✓	●	✓	✓	●	✓
Implement mobility managers	✓	✓	●	✓	✓	●	✓	✓	●	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-4: Strategy | Provide Operational Expenses

Strategy	1	2	3	4	5	6	7	8	9	10
Provide Operational Expenses	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase funding for existing or new service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-5: Strategy | Expand Reliable and Accessible Fleets Within FTA Useful Life

Strategy	1	2	3	4	5	6	7	8	9	10
Expand reliable and accessible fleets within FTA useful life	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase funding for reliable and accessible fleets within FTA useful life	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase funding for accessible vehicle enhancements	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase fleet size for expanded and enhanced services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-6: Strategy | Expand Transit Service Area

Strategy	1	2	3	4	5	6	7	8	9	10
Expand transit service area	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Expand door-to-door service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase funding for expansion of transit services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Serve new destinations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implement new fixed routes (if applicable)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase access to medical services	✓	✓	●	✓	✓	✓	✓	✓	●	✓
Increase connections to other transit agencies to promote regional connectivity	✓	✓	●	✓	✓	✓	●	✓	✓	✓
Increase access to major destinations such as airports	●	✓	●	●	✓	✓	●	●	✓	✓
Increase access to job centers	●	●	●	●	●	●	●	✓	●	●

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-7: Strategy | Improve Agency Efficiency through Technology

Strategy	1	2	3	4	5	6	7	8	9	10
Improve agency efficiency through technology	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implement applicable information technology systems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implement new technology/capital as it becomes available	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Support the development and implementation of Intelligent Transportation Systems (ITS)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-8: Strategy | Use Mobility Management Strategies

Strategy	1	2	3	4	5	6	7	8	9	10
Use mobility management strategies	✓	✓	●	✓	✓	●	✓	✓	●	✓
Implement mobility managers	✓	✓	●	✓	✓	●	✓	✓	●	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-9: Strategy | Increased Support for Accessible Infrastructure

Strategy	1	2	3	4	5	6	7	8	9	10
Increase support for accessible infrastructure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implement passenger infrastructure improvements and accessibility	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Establish partnerships with local and county governments to increase accessible infrastructure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Enhance amenities at existing high-ridership bus stops or major transfer stations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Add bus stop infrastructure at all bus stops	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase and expand comprehensive multimodal transportation infrastructure	✓	✓	●	●	●	✓	●	✓	●	✓
Implement or add park-and-ride facilities	●	●	●	●	●	✓	●	●	✓	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-10: Strategy | New or Extended Services

Strategy	1	2	3	4	5	6	7	8	9	10
New or extended services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Extend service hours	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Add/increase weekend service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase frequency of fixed-route service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provide connections from demand-response service to fixed route services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-11: Strategy | Provide A Range of Service Types

Strategy	1	2	3	4	5	6	7	8	9	10
Provide a range of service types	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Add new service types/trip types	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase support for workforce connections	●	●	●	●	✓	●	●	●	●	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-12: Strategy | Improve Service Efficiency and Coordination

Strategy	1	2	3	4	5	6	7	8	9	10
Improve service efficiency and coordination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simplify funding process	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase convenience of using transit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Continue and/or increase travel training support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Enhance efficiency, coordination, and effectiveness in contracting processes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implement technology to leverage and coordinate contracting processes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Audit current contracting process to identify inefficiencies and areas for improvement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase marketing and distribution of information	✓	✓	●	✓	●	●	●	●	●	●
Increase flexibility in scheduling of trips	✓	✓	●	●	●	●	●	●	●	●
Coordinate with local higher education centers	●	●	●	✓	●	●	●	●	●	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-13: Strategy | Microtransit Pilot Program

Strategy	1	2	3	4	5	6	7	8	9	10
Microtransit pilot program	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implement technology-based on-demand service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-14: Strategy | Increase Funding for Administrative and Operating Support

Strategy	1	2	3	4	5	6	7	8	9	10
Increase funding for administrative and operating support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fund relevant studies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Increase funding for administrative support	✓	✓	●	●	✓	✓	●	✓	✓	✓
Increase driver pay	✓	✓	●	●	✓	✓	●	✓	✓	✓

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Table 6-15: Strategy | Increase Financial Accessibility to Service

Strategy	1	2	3	4	5	6	7	8	9	10
Increase financial accessibility to service	●	✓	●	✓	✓	●	●	●	✓	●
Increase affordability of transit use for older adults and individuals with disabilities	●	✓	●	✓	✓	●	●	●	✓	●

"✓" Denotes recommended strategy

"●" Denotes applicable strategy

Public Support

Findings from public outreach efforts and input from Coordinating Committee was reviewed to gauge public interest.

Quality of Life Improvement

Assesses strategy's ability to improve the well-being and satisfaction of current and potential riders.

Activity Hub/Connectivity

Potential connectivity to other transit agencies and activity centers/hubs was reviewed to measure the level of connectivity.

Financial Feasibility

The estimated cost of implementation was assessed together with the likelihood of policy support.

Ease of Implementation

The level of simplicity and feasibility associated with implementing a strategy was evaluated.

Impact on User Safety

The impact of a strategy to improve user safety, with an emphasis on older adults and individuals with disabilities, was evaluated.

Section 7. Priorities for Implementation

After the strategies to address unmet needs were derived, an evaluation framework was developed to assess practical applicability. The framework with its evaluation criteria was used to help ensure that the strategies are prioritized in a logical and actionable way.

Evaluation Criteria and Methodology

A qualitative-quantitative hybrid methodology was developed to prioritize the improvements previously presented. The six equally weighted evaluation categories identified to prioritize the improvements are shown to the left.

Scoring

Each recommended strategy was prioritized using the criteria shown to the left. The following is the three-tier scoring system used, indicating the scale of support for each strategy by criterion:

- Most supportive (purple with solid diamond)
- More supportive (light purple with half-filled diamond), or
- Supportive (white with hollow diamond)

| Most Supportive | More Supportive | Supportive |
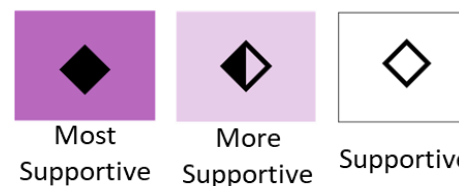
Additionally, strategies are shown ranked by their priority level — very high, high, or medium. The following tables show the strategy prioritization by LCP district.

Strategy	Public support	Quality of Life Improvement	Activity Hub/ Connectivity	Financial Feasibility	Ease of Implementation	Safety	Priority
Provide operational expenses	◆	◆	◆	◈	◈	◈	Very High
Capital purchase of service	◆	◆	◆	◈	◈	◈	Very High
Expand transit service area	◆	◆	◆	◇	◈	◈	Very High
Provide a range of service types	◆	◆	◆	◇	◈	◈	Very High
Improve service efficiency and coordination	◈	◈	◈	◈	◆	◆	Very High
Microtransit pilot program	◈	◆	◆	◈	◈	◆	Very High
New or extended services	◆	◆	◆	◇	◇	◈	High
Increased support for accessible infrastructure	◆	◈	◈	◈	◇	◆	High
Improve agency efficiency through technology	◈	◈	◈	◈	◈	◆	High
Use mobility management strategies	◇	◆	◆	◈	◈	◈	High
Expand reliable and accessible fleets within FTA useful life	◇	◆	◈	◇	◇	◆	Medium
Increased funding for administrative and operating support	◈	◇	◇	◇	◆	◇	Medium

LCP District 2

Strategy	Public support	Quality of Life Improvement	Activity Hub/ Connectivity	Financial Feasibility	Ease of Implementation	Safety	Priority
Provide operational expenses	◆	◆	◆	◈	◈	◈	**Very High**
Capital purchase of service	◆	◆	◆	◈	◈	◈	**Very High**
Use mobility management strategies	◆	◆	◆	◈	◈	◈	**Very High**
Expand transit service area	◆	◆	◆	◇	◈	◈	**Very High**
Provide a range of service types	◆	◆	◆	◇	◈	◈	**Very High**
Microtransit pilot program	◈	◆	◆	◈	◈	◆	**Very High**
Improve agency efficiency through technology	◆	◈	◈	◈	◈	◆	**High**
Improve service efficiency and coordination	◈	◈	◈	◈	◆	◆	**High**
Increased support for accessible infrastructure	◆	◆	◈	◈	◇	◆	**High**
Increase financial accessibility to service	◆	◆	◈	◇	◇	◈	**High**
New or extended services	◈	◆	◆	◇	◇	◈	**High**
Increased funding for reliable and accessible fleets within FTA useful life	◇	◆	◈	◇	◇	◆	**Medium**
Increased funding for administrative and operating support	◆	◇	◇	◇	◆	◇	**Medium**

Strategy	Public support	Quality of Life Improvement	Activity Hub/ Connectivity	Financial Feasibility	Ease of Implementation	Safety	Priority
Provide operational expenses	◆	◆	◆	◈	◈	◈	Very High
Capital purchase of service	◆	◆	◆	◈	◈	◈	Very High
Microtransit pilot program	◈	◆	◆	◈	◈	◆	Very High
Improve service efficiency and coordination	◆	◈	◈	◈	◆	◆	Very High
Expand transit service area	◆	◆	◆	◇	◈	◈	Very High
Improve agency efficiency through technology	◆	◈	◈	◈	◈	◆	Very High
Increased support for accessible infrastructure	◆	◆	◈	◈	◇	◆	High
New or extended services	◈	◆	◆	◇	◇	◈	High
Increased funding for administrative support	◆	◇	◇	◈	◆	◇	High
Increased funding for reliable and accessible fleets within FTA useful life	◇	◆	◈	◇	◇	◆	Medium
Increased funding for administrative and operating support	◆	◇	◇	◇	◆	◇	Medium

Strategy	Public support	Quality of Life Improvement	Activity Hub/ Connectivity	Financial Feasibility	Ease of Implementation	Safety	Priority
Provide operational expenses	◆	◆	◆	◐	◐	◐	**Very High**
Capital purchase of service	◆	◆	◆	◐	◐	◐	**Very High**
Microtransit pilot program	◆	◆	◆	◐	◐	◆	**Very High**
Use mobility management strategies	◆	◆	◆	◐	◐	◐	**Very High**
Expand transit service area	◆	◆	◆	◇	◐	◐	**Very High**
Improve service efficiency and coordination	◐	◐	◐	◐	◆	◆	**Very High**
Provide a range of service types	◆	◆	◆	◇	◇	◐	**High**
New or extended services	◆	◆	◆	◇	◇	◐	**High**
Increased support for accessible infrastructure	◆	◆	◐	◐	◇	◆	**High**
Improve agency efficiency through technology	◐	◐	◐	◐	◐	◆	**High**
Increase financial accessibility to service	◆	◆	◐	◇	◇	◐	**Medium**
Increased funding for reliable and accessible fleets within FTA useful life	◇	◆	◐	◇	◇	◆	**Medium**
Increased funding for administrative and operating support	◐	◇	◇	◇	◆	◇	**Medium**

LCP District 5

Strategy	Public support	Quality of Life Improvement	Activity Hub/ Connectivity	Financial Feasibility	Ease of Implementation	Safety	Priority
Provide operational expenses	◆	◆	◆	◐	◐	◐	**Very High**
Capital purchase of service	◆	◆	◆	◐	◐	◐	**Very High**
Microtransit pilot program	◆	◆	◆	◐	◐	◆	**Very High**
Use mobility management strategies	◆	◆	◆	◐	◐	◐	**Very High**
Expand transit service area	◆	◆	◆	◇	◐	◐	**Very High**
Improve agency efficiency through technology	◆	◐	◐	◐	◐	◆	**Very High**
Improve service efficiency and coordination	◐	◐	◐	◐	◆	◆	**High**
New or extended services	◆	◆	◆	◇	◇	◐	**High**
Increased support for accessible infrastructure	◆	◆	◐	◐	◇	◆	**High**
Increase financial accessibility to service	◆	◆	◐	◇	◇	◐	**High**
Provide a range of service types	◐	◆	◆	◇	◇	◐	**High**
Increased funding for reliable and accessible fleets within FTA useful life	◇	◆	◐	◇	◇	◆	**Medium**
Increased funding for administrative and operating support	◇	◇	◇	◇	◆	◇	**Medium**

LCP District 6

Strategy	Public support	Quality of Life Improvement	Activity Hub/ Connectivity	Financial Feasibility	Ease of Implementation	Safety	Priority
Provide operational expenses	◆	◆	◆	◈	◈	◈	Very High
Capital purchase of service	◆	◆	◆	◈	◈	◈	Very High
Microtransit pilot program	◈	◆	◆	◈	◈	◆	Very High
Expand transit service area	◆	◆	◆	◇	◈	◈	Very High
Improve agency efficiency through technology	◆	◈	◈	◈	◈	◆	Very High
Improve service efficiency and coordination	◈	◈	◈	◈	◆	◆	Very High
New or extended services	◆	◆	◆	◇	◇	◈	High
Increased support for accessible infrastructure	◆	◆	◈	◈	◇	◆	High
Provide a range of service types	◈	◆	◆	◇	◇	◈	High
Increased funding for reliable and accessible fleets within FTA useful life	◇	◆	◈	◇	◇	◆	Medium
Increased funding for administrative and operating support	◆	◇	◇	◇	◆	◇	Medium

Strategy	Public support	Quality of Life Improvement	Activity Hub/ Connectivity	Financial Feasibility	Ease of Implementation	Safety	Priority
Provide operational expenses	◆	◆	◆	◧	◧	◧	**Very High**
Capital purchase of service	◆	◆	◆	◧	◧	◧	**Very High**
Improve service efficiency and coordination	◆	◧	◧	◧	◆	◆	**Very High**
Use mobility management strategies	◆	◆	◆	◧	◧	◧	**Very High**
Microtransit pilot program	◧	◆	◆	◧	◧	◆	**Very High**
Expand transit service area	◆	◆	◆	◇	◧	◧	**Very High**
Improve agency efficiency through technology	◆	◧	◧	◧	◧	◆	**High**
New or extended services	◆	◆	◆	◇	◇	◧	**High**
Increased support for accessible infrastructure	◆	◆	◧	◧	◇	◆	**High**
Provide a range of service types	◧	◆	◆	◇	◇	◧	**High**
Increased funding for reliable and accessible fleets within FTA useful life	◇	◆	◧	◇	◇	◆	**Medium**
Increased funding for administrative and operating support	◧	◇	◇	◇	◆	◇	**Medium**

LCP District 8

Strategy	Public support	Quality of Life Improvement	Activity Hub/ Connectivity	Financial Feasibility	Ease of Implementation	Safety	Priority
Provide operational expenses	◆	◆	◆	◐	◐	◐	**Very High**
Capital purchase of service	◆	◆	◆	◐	◐	◐	**Very High**
Microtransit pilot program	◆	◆	◆	◐	◐	◆	**Very High**
Expand transit service area	◆	◆	◆	◇	◐	◐	**Very High**
Improve agency efficiency through technology	◆	◐	◐	◐	◐	◆	**Very High**
Improve service efficiency and coordination	◐	◐	◐	◐	◆	◆	**Very High**
Provide a range of service types	◆	◆	◆	◇	◇	◐	**High**
Increased support for accessible infrastructure	◆	◆	◐	◐	◇	◆	**High**
Use mobility management strategies	◐	◆	◆	◐	◐	◐	**High**
New or extended services	◐	◆	◆	◇	◇	◐	**High**
Increased funding for reliable and accessible fleets within FTA useful life	◇	◆	◐	◇	◇	◆	**Medium**
Increased funding for administrative and operating support	◆	◇	◇	◇	◆	◇	**Medium**

Strategy	Public support	Quality of Life Improvement	Activity Hub/ Connectivity	Financial Feasibility	Ease of Implementation	Safety	Priority
Provide operational expenses	◆	◆	◆	◐	◐	◐	Very High
Capital purchase of service	◆	◆	◆	◐	◐	◐	Very High
Microtransit pilot program	◆	◆	◆	◐	◐	◆	Very High
Expand transit service area	◆	◆	◆	◇	◐	◐	Very High
Improve agency efficiency through technology	◆	◐	◐	◐	◐	◆	Very High
Improve service efficiency and coordination	◐	◐	◐	◐	◆	◆	Very High
Provide a range of service types	◆	◆	◆	◇	◇	◐	High
Increased support for accessible infrastructure	◆	◆	◐	◐	◇	◆	High
Increase financial accessibility to service	◆	◆	◐	◇	◇	◐	High
New or extended services	◐	◆	◆	◇	◇	◐	High
Increased funding for reliable and accessible fleets within FTA useful life	◇	◆	◐	◇	◇	◆	Medium
Increased funding for administrative and operating support	◐	◇	◇	◇	◆	◇	Medium

Strategy	Public support	Quality of Life Improvement	Activity Hub/ Connectivity	Financial Feasibility	Ease of Implementation	Safety	Priority
Provide operational expenses	◆	◆	◆	◈	◈	◈	**Very High**
Capital purchase of service	◆	◆	◆	◈	◈	◈	**Very High**
Microtransit pilot program	◆	◆	◆	◈	◈	◆	**Very High**
Use mobility management strategies	◆	◆	◆	◈	◈	◆	**Very High**
Expand transit service area	◆	◆	◆	◇	◈	◈	**Very High**
Improve agency efficiency through technology	◆	◈	◈	◈	◈	◆	**Very High**
Improve service efficiency and coordination	◈	◈	◈	◈	◆	◆	**High**
Provide a range of service types	◆	◆	◆	◇	◇	◈	**High**
New or extended services	◆	◆	◆	◇	◇	◈	**High**
Increased support for accessible infrastructure	◆	◆	◈	◈	◇	◆	**High**
Increased funding for reliable and accessible fleets within FTA useful life	◇	◆	◈	◇	◇	◆	**Medium**
Increased funding for administrative and operating support	◈	◇	◇	◇	◆	◇	**Medium**

Appendix A. LCP District Establishment

Table A-1: Coastal Plains IMD Region | LCP Districts | Counties

LCP District/County
1/Camden
1/Chowan
1/Currituck
1/Dare
1/Gates
1/Hyde
1/Pasquotank
1/Perquimans
1/Tyrrell
1/Washington
2/Brunswick
2/Carteret
2/Columbus
2/Craven
2/Jones
2/New Hanover
2/Onslow
2/Pamlico
2/Pender
3/Bladen
3/Cumberland
3/Harnett
3/Hoke
3/Richmond
3/Robeson
3/Sampson
3/Scotland

Table A-2: Eastern Piedmont IMD Region | LCP Districts | Counties

LCP District /County
4/Duplin
4/Greene
4/Lenoir
4/Wayne
4/Pitt
4/Beaufort
4/Martin
4/Bertie
4/Halifax
4/Hertford
4/Northampton
4/Nash
4/Edgecombe
4/Johnston
4/Wilson
5/Beaufort
5/Bertie
5/Duplin
5/Edgecombe
5/Greene
5/Halifax
5/Hertford
5/Johnston
5/Lenoir
5/Martin
5/Nash
5/Northampton

Table A-3: Western Piedmont IMD Region | LCP Districts | Counties

LCP District/County
6/Alamance
6/Caswell
6/Guilford
6/Montgomery
6/Randolph
6/Rockingham
7/Davidson
7/Davie
7/Forsyth
7/Stokes
7/Surry
7/Yadkin
8/Anson
8/Cabarrus
8/Cleveland
8/Gaston
8/Iredell
8/Lincoln
8/Mecklenburg
8/Rowan
8/Stanly
8/Union

Table A-4: Mountains IMD Region | LCP Districts | Counties

LCP District /County
9/Alexander
9/Alleghany
9/Ashe
9/Avery
9/Burke
9/Caldwell
9/Catawba
9/McDowell
9/Mitchell
9/Polk
9/Rutherford
9/Watauga
9/Wilkes
9/Yancey
10/Buncombe
10/Cherokee
10/Clay
10/Graham
10/Haywood
10/Henderson
10/Jackson
10/Macon
10/Madison
10/Swain
10/Transylvania

Appendix B. Funding Analysis

Coastal Plains IMD Region

Section 5310

Table B-1: Section 5310 Funding Analysis | Coastal Plains IMD Region | FY17-19

District	FY 17 DR Op.	FY 17 DR Cap.	FY 17 MB Op.	FY 17 MB Cap.	FY 18 DR Op.	FY 18 DR Cap.	FY 18 MB Op.	FY 18 MB Cap.	FY 19 DR Op.	FY 19 DR Cap.	FY 19 MB Op.	FY 19 MB Cap.
District 1	$245.0K	$0	$0	$0	$306.7K	$51.1K	$0	$0	$317.9K	$0	$0	$0
District 2	$173.5K	$0	$11.5K	$0	$281.2K	$133.3K	$0	$0	$269.5K	$0	$0	$0
District 3	$107.2K	$0	$0	$0	$1.2M	$.0K	$0	$0	$149.2K	$0	$0	$0

Source: NCDOT IMD

Table B-2: Section 5310 Funding Analysis | Coastal Plains IMD Region | FY20-21

District	FY 20 DR Op.	FY 20 DR Cap.	FY 20 MB Op.	FY 20 MB Cap.	FY 21 DR Op.	FY 21 DR Cap.	FY 21 MB Op.	FY 21 MB Cap.
District 1	$93.0K	$0	$0	$0	$122.9K	$0	$0	$0
District 2	$177.5K	$0	$0	$0	$12.5K	$0	$0	$0
District 3	$315.4K	$0	$0	$0	$115.2K	$0	$0	$0

Source: NCDOT IMD

ROAP

Table B-1: ROAP Funding Analysis | Coastal Plains IMD Region | FY19-21

District	FY 19 EDTAP	FY 19 EMPL	FY 19 RGP	FY 20 EDTAP	FY 20 EMPL	FY 20 RGP	FY 21 EDTAP	FY 21 EMPL	FY 21 RGP
District 1	$526.1K	$70.6K	$527.9K	$613.7K	$81.2K	$622.9K	$0	$0	$0
District 2	$744.8K	$199.2K	$686.8K	$870.0K	$229.4K	$810.4K	$0	$0	$0
District 3	$681.6K	$201.8K	$724.1K	$796.4K	$232.5K	$854.4K	$0	$0	$0

Source: NCDOT IMD

Table B-2: ROAP Funding Analysis | Coastal Plains IMD Region | FY22-23

District	FY 22 EDTAP	FY 22 EMPL	FY 22 RGP	FY 23 EDTAP	FY 23 EMPL	FY 23 RGP
District 1	$596.4K	$78.9K	$605.4K	$542.9K	$72.5K	$550.4K
District 2	$845.5K	$223.0K	$787.6K	$769.7K	$203.7K	$716.3K
District 3	$774.0K	$225.9K	$830.4K	$704.6K	$206.4K	$755.2K

Source: NCDOT IMD

Eastern Piedmont IMD Region

Section 5310

Table B-1: Section 5310 Funding Analysis | Eastern Piedmont IMD Region | FY17-19

District	FY 17 DR Op.	FY 17 DR Cap.	FY 17 MB Op.	FY 17 MB Cap.	FY 18 DR Op.	FY 18 DR Cap.	FY 18 MB Op.	FY 18 MB Cap.	FY 19 DR Op.	FY 19 DR Cap.	FY 19 MB Op.	FY 19 MB Cap.
District 4	$72.4K	$0	$0	$0	$154.1K	$307.4K	$0	$0	$176.1K	$0	$0	$0
District 5	$246.6K	$43.1K	$0	$0	$282.7K	$0	$0	$0	$332.3K	$95.8K	$0	$0

Source: NCDOT IMD

Table B-2: Section 5310 Funding Analysis | Eastern Piedmont IMD Region | FY20-21

District	FY 20 DR Op.	FY 20 DR Cap.	FY 20 MB Op.	FY 20 MB Cap.	FY 21 DR Op.	FY 21 DR Cap.	FY 21 MB Op.	FY 21 MB Cap.
District 4	$305.4K	$0	$0	$0	$2.1K	$0	$0	$0
District 5	$194.1K	$1.6K	$0	$0	$179.1K	$61.1K	$0	$0

Source: NCDOT IMD

ROAP

Table B-1: ROAP Funding Analysis | Eastern Piedmont IMD Region | FY19-21

District	FY 19 EDTAP	FY 19 EMPL	FY 19 RGP	FY 20 EDTAP	FY 20 EMPL	FY 20 RGP	FY 21 EDTAP	FY 21 EMPL	FY 21 RGP
District 4	$1.1M	$274.9K	$1.2M	$1.3M	$316.9K	$1.4M	$0	$0	$0
District 5	$1.1M	$411.9K	$893.7K	$1.2M	$474.6K	$1.1M	$0	$0	$0

Source: NCDOT IMD

Table B-2: ROAP Funding Analysis | Eastern Piedmont IMD Region | FY22-23

District	FY 22 EDTAP	FY 22 EMPL	FY 22 RGP	FY 23 EDTAP	FY 23 EMPL	FY 23 RGP
District 4	$1.3M	$308.0K	$1.4M	$1.2M	$281.8K	$1.3M
District 5	$1.2M	$461.3K	$1.0M	$1.1M	$420.6K	$932.2K

Source: NCDOT IMD

Western Piedmont IMD Region

Section 5310

Table B-1: Section 5310 Funding Analysis | Western Piedmont IMD Region | FY17-19

District	FY 17 DR Op.	FY 17 DR Cap.	FY 17 MB Op.	FY 17 MB Cap.	FY 18 DR Op.	FY 18 DR Cap.	FY 18 MB Op.	FY 18 MB Cap.	FY 19 DR Op.	FY 19 DR Cap.	FY 19 MB Op.	FY 19 MB Cap.
District 6	$400.0K	$0	$0	$0	$400.6K	$0	$0	$0	$246.3K	$12.0K	$0	$0
District 7	$0	$0	$0	$0	$190.3K	$0	$66.7K	$0	$203.5K	$24.3K	$67.0K	$0
District 8	$471.1K	$0	$11.3K	$0	$273.0K	$0	$0	$70.1K	$796.1K	$0	$0	$0

Source: NCDOT IMD

Table B-2: Section 5310 Funding Analysis | Western Piedmont IMD Region | FY20-21

District	FY 20 DR Op.	FY 20 DR Cap.	FY 20 MB Op.	FY 20 MB Cap.	FY 21 DR Op.	FY 21 DR Cap.	FY 21 MB Op.	FY 21 MB Cap.
District 6	$117.0K	$0	$0	$0	$203.8K	$0	$150.3K	$0
District 7	$124.6K	$0	$0	$0	$0	$0	$0	$0
District 8	$21.3K	$0	$35.3K	$0	$163.6K	$0	$0	$0

Source: NCDOT IMD

ROAP

Table B-1: ROAP Funding Analysis | Western Piedmont IMD Region | FY19-21

District	FY 19 EDTAP	FY 19 EMPL	FY 19 RGP	FY 20 EDTAP	FY 20 EMPL	FY 20 RGP	FY 21 EDTAP	FY 21 EMPL	FY 21 RGP
District 6	$617.3K	$222.4K	$552.3K	$721.2K	$256.5K	$651.7K	$0	$0	$0
District 7	$545.1K	$168.8K	$416.5K	$637.1K	$194.6K	$491.5K	$0	$0	$0
District 8	$1.1M	$496.0K	$818.8K	$1.3M	$572.6K	$966.1K	$0	$0	$0

Source: NCDOT IMD

Table B-2: ROAP Funding Analysis | Western Piedmont IMD Region | FY22-23

District	FY 22 EDTAP	FY 22 EMPL	FY 22 RGP	FY 23 EDTAP	FY 23 EMPL	FY 23 RGP
District 6	$700.9K	$249.3K	$633.3K	$637.9K	$227.3K	$576.0K
District 7	$619.2K	$189.1K	$477.6K	$563.7K	$172.6K	$434.5K
District 8	$1.3M	$556.5K	$938.9K	$1.2M	$507.1K	$854.3K

Source: NCDOT IMD

Mountains IMD Region

Section 5310

Table B-1: Section 5310 Funding Analysis | Eastern Piedmont IMD Region | FY17-19

District	FY 17 DR Op.	FY 17 DR Cap.	FY 17 MB Op.	FY 17 MB Cap.	FY 18 DR Op.	FY 18 DR Cap.	FY 18 MB Op.	FY 18 MB Cap.	FY 19 DR Op.	FY 19 DR Cap.	FY 19 MB Op.	FY 19 MB Cap.
District 9	$60.2K	$42.6K	$79.7K	$0	$90.7K	$0	$0	$0	$110.7K	$0	$0	$0
District 10	$473.9K	$43.0K	$33.9K	$0	$376.5K	$0	$70.7K	$0	$393.2K	$0	$40.7K	$0

Source: NCDOT IMD

Table B-2: Section 5310 Funding Analysis | Eastern Piedmont IMD Region | FY20-21

District	FY 20 DR Op.	FY 20 DR Cap.	FY 20 MB Op.	FY 20 MB Cap.	FY 21 DR Op.	FY 21 DR Cap.	FY 21 MB Op.	FY 21 MB Cap.
District 9	$52.5K	$0	$0	$0	$21.3K	$.0K	$.0K	$0
District 10	$416.2K	$0	$0	$0	$305.5K	$.0K	$4.5K	$0

Source: NCDOT IMD

ROAP

Table B-1: ROAP Funding Analysis | Eastern Piedmont IMD Region | FY19-21

District	FY 19 EDTAP	FY 19 EMPL	FY 19 RGP	FY 20 EDTAP	FY 20 EMPL	FY 20 RGP	FY 21 EDTAP	FY 21 EMPL	FY 21 RGP
District 9	$956.1K	$186.1K	$964.1K	$1.1M	$214.1K	$1.1M	$0	$0	$0
District 10	$772.9K	$154.3K	$726.7K	$903.4K	$177.7K	$857.6K	$0	$0	$0

Source: NCDOT IMD

Table B-2: ROAP Funding Analysis | Eastern Piedmont IMD Region | FY22-23

District	FY 22 EDTAP	FY 22 EMPL	FY 22 RGP	FY 23 EDTAP	FY 23 EMPL	FY 23 RGP
District 9	$1.1M	$208.1K	$1.1M	$988.4K	$190.5K	$1.0M
District 10	$877.9K	$172.6K	$833.4K	$799.3K	$158.0K	$757.9K

Source: NCDOT IMD

Appendix C. Existing Services | Public Transportation

Table C-1: Transportation Providers | Coastal Plains IMD Region | LCP District 1

Name	Doing Business As (DBA)	Organization Type	Reporter Type	Service Area
Albemarle Regional Health Services	Independent Public Agency or Authority of Transit Service	Rural	Chowan, Perquimans, Pasquotank, Camden, Currituck
County of Hyde	City, County or Local Government Unit or	Rural	Hyde
Dare County	City, County or Local Government Unit or DOT	Rural	Dare
Gates County	City, County or Local Government Unit or DOT	Rural	Gates
Hyde County Private Non-Profit Transp. Corp. Inc.	Private-Non-Profit Corporation	Rural	Hyde, Tyrrell
Washington County	City, County or Local Government Unit or DOT	Rural	Washington

Table C-2: Transportation Providers | Coastal Plains IMD Region | LCP District 2

Name	Doing Business As (DBA)	Organization Type	Reporter Type	Service Area
Brunswick Transit System Inc.	Private-Non-Profit Corporation	Rural	Brunswick
Cape Fear Public Transportation Authority	Wave Transit	Independent Public Agency or Authority of Transit Service	Urban	New Hanover
Carteret County	City, County or Local Government Unit or DOT	Rural	Carteret
Columbus County	City, County or Local Government Unit or DOT	Rural	Columbus
Craven County	Craven Area Rural Transit System	City, County or Local Government Unit or DOT	Urban	Craven, Jones, Pamlico
Onslow United Transit System	Private-Non-Profit Corporation	Urban	Onslow
Pender Adult Services, Inc.	City, County or Local Government Unit or DOT	Rural	Pender

Table C-3: Transportation Providers | Coastal Plains IMD Region | LCP District 3

Name	Doing Business As (DBA)	Organization Type	Reporter Type	Service Area
Bladen County	City, County or Local Government Unit or DOT	Rural	Bladen
Cumberland County	City, County or Local Government Unit or DOT	Urban	Cumberland
Harnett County	City, County or Local Government Unit or DOT	Rural	Harnett
Hoke County	City, County or Local Government Unit or DOT	Urban	Hoke
Richmond Interagency Transportation Inc.	Private-Non-Profit Corporation	Rural	Richmond
Robeson County	City, County or Local Government Unit or DOT	Rural	Robeson
Sampson County	City, County or Local Government Unit or DOT	Rural	Sampson
Scotland County	City, County or Local Government Unit or DOT	Rural	Scotland

Table C-4: Transportation Providers | Eastern Piedmont IMD Region | LCP District 4

Name	DBA	Organization Type	Reporter Type	Service Area
Beaufort County Developmental Center, Inc.	City, County or Local Government Unit or DOT	Rural	Beaufort
Choanoke Public Transportation Authority	Private-Non-Profit Corporation	Rural	Bertie, Halifax, Hertford, and Northampton
Wilson Transit System	City, County or Local Government Unit or DOT	Rural	Wilson
Duplin County	City, County or Local Government Unit or DOT	Rural	Duplin
Goldsboro-Wayne Transportation Authority	Independent Public Agency or Authority of Transit Service	Urban	Wayne
Greene County	City, County or Local Government Unit or DOT	Rural	Greene
Johnston Co. Council on Aging Inc.	Area Agency on Aging	Rural	Johnston
Lenoir County	City, County or Local Government Unit or DOT	Rural	Lenoir
Martin County	City, County or Local Government Unit or DOT	Rural	Martin
Pitt County	Pitt Area Transit System	City, County or Local Government Unit or DOT	Urban	Pitt

Table C-5: Transportation Providers | Eastern Piedmont IMD Region | LCP District 5

Name	DBA	Organization Type	Reporter Type	Service Area
Chatham Transit Network	Private-Non-Profit Corporation	Rural	Chatham
Durham County	City, County or Local Government Unit or DOT	Urban	Durham
Kerr Area Transportation Authority	Independent Public Agency or Authority of Transit Service	Rural	Franklin, Granville, Vance, and Warren
Lee County	City, County or Local Government Unit or DOT	Rural	Lee
Moore County	City, County or Local Government Unit or DOT	Rural	Moore
Orange County	Orange County Public Transportation	City, County or Local Government Unit or DOT	Urban	Orange
Person County	City, County or Local Government Unit or DOT	Rural	Person
Wake County	Wake County DSS	City, County or Local Government Unit or DOT	Urban	Wake

Table C-6: Transportation Providers | Western Piedmont IMD Region | LCP District 6

Name	DBA	Organization Type	Reporter Type	Service Area
Alamance County Transportation Authority	Independent Public Agency or Authority of Transit Service	Urban	Alamance
Caswell County	City, County or Local Government Unit or DOT	Rural	Caswell
Guilford County	Guilford County Transportation & Mobility Services	City, County or Local Government Unit or DOT	Urban	Guilford
Randolph County Senior Adult Association Inc.	Area Agency on Aging	Rural	Montgomery, Randolph
Rockingham County Council on Aging	City, County or Local Government Unit or DOT	Rural	Rockingham

Table C-7: Transportation Providers | Western Piedmont IMD Region | LCP District 7

Name	DBA	Organization Type	Reporter Type	Service Area
Davidson County	Davidson County Transportation	City, County or Local Government Unit or DOT	Urban	Davidson
Yadkin Valley Economic Development District, Inc.	Private-Non-Profit Corporation	Rural	Davie, Stokes, Surry, and Yadkin

Table C-8: Transportation Providers | Western Piedmont IMD Region | LCP District 8

Name	DBA	Organization Type	Reporter Type	Service Area
Anson County	City, County or Local Government Unit or DOT	Rural	Anson
Cabarrus County	Cabarrus County Transportation	City, County or Local Government Unit or DOT	Urban	Cabarrus
Gaston County	City, County or Local Government Unit or DOT	Urban	Gaston
Lincoln County	City, County or Local Government Unit or DOT	Rural	Lincoln
Mecklenburg County	City, County or Local Government Unit or DOT	Urban	Mecklenburg
Rowan County	Rowan Transit System	City, County or Local Government Unit or DOT	Urban	Rowan
Stanly County	City, County or Local Government Unit or DOT	Rural	Stanly
The County of Iredell	Iredell County Area Transportation Services	City, County or Local Government Unit or DOT	Urban	Iredell
Transp. Administration of Cleveland County. Inc	Private-Non-Profit Corporation	Rural	Cleveland
Union County	Union County Transportation	City, County or Local Government Unit or DOT	Urban	Union

Table C-9: Transportation Providers | Mountains IMD Region | LCP District 9

Name	DBA	Organization Type	Reporter Type	Service Area
Alleghany County	City, County or Local Government Unit or DOT	Rural	Alleghany
AppalCart	Independent Public Agency or Authority of Transit Service	Rural	Watauga
Ashe County Transportation Authority Inc	Independent Public Agency or Authority of Transit Service	Rural	Ashe
Avery County Transportation Authority	City, County or Local Government Unit or DOT	Rural	Avery
McDowell Transit	City, County or Local Government Unit or DOT	Rural	McDowell
Mitchell County Transportation Authority	City, County or Local Government Unit or DOT	Rural	Mitchell
Polk County Transportation Authority	City, County or Local Government Unit or DOT	Rural	Polk
Rutherford County	City, County or Local Government Unit or DOT	Rural	Rutherford
Wilkes Transportation Authority	Independent Public Agency or Authority of Transit Service	Rural	Wilkes
Yancey County Transportation Authority	City, County or Local Government Unit or DOT	Rural	Yancey

Table C-10: Transportation Providers | Mountains IMD Region | LCP District 10

Name	DBA	Organization Type	Reporter Type	Service Area
Cherokee County	City, County or Local Government Unit or DOT	Rural	Cherokee
Clay County	City, County or Local Government Unit or DOT	Rural	Clay
Graham County	City, County or Local Government Unit or DOT	Rural	Graham
Henderson County/ Apple Country	City, County or Local Government Unit or DOT	Urban	Henderson
Jackson County	City, County or Local Government Unit or DOT	Rural	Jackson
Macon County	City, County or Local Government Unit or DOT	Rural	Macon
Madison County Transportation Authority	City, County or Local Government Unit or DOT	Rural	Madison
Mountain Projects, Inc.	Private-Non-Profit Corporation	Urban	Buncombe
Swain County Focal Point on Aging	City, County or Local Government Unit or DOT	Rural	Swain
Transylvania County	City, County or Local Government Unit or DOT	Rural	Transylvania
Western Carolina Community Action	Private-Non-Profit Corporation	Rural	Henderson

Appendix D. Local Review of Unmet Needs

Table D-1: Review of Statewide LCP | Recommendations

Recommendations
Recommendations to Address Gaps | Demand Response
Expand Existing Service:
• Extend hours and days of service for existing service
• Expand eligibility to serve more trip purposes and customers
• Coordinate transfers between demand response and fixed-route transit
Capital Needs:
• Purchase or replace ADA-compliant vehicles
• Enhance technology, like routing and scheduling software; real-time passenger information; or intelligent transportation systems, and improve data collection methods
New Service or Funding:
• Reduce fares for customers or provide additional funding for medical/other essential trips
• Create deviated fixed-routes or vanpools
Recommendations to Address Gaps | Fixed-Route
Expand Existing Service:
• Extend hours and days of service for existing service
• Expand coverage to suburban and rural areas, especially employment centers
• Increase frequency on existing service
Capital Needs: Create and improve bus stop amenities and park-and-ride facilities
New Service: Create express routes along major corridors and to major employers
Recommendations to Address Other Common Gaps
• Ensure vital connections like Social Security offices and hospitals/medical facilities are available from every provider
• Coordinate service among demand response providers in neighboring counties. This may take the form of coordinating certain types of trips, like medical trips for veterans, or coordinating trips that cross county borders
• Create access to colleges and universities through new service or connections to existing service
• Enhance education about services in residents' home counties and how to use transit when traveling in other counties.
• Increase information available on providers' websites; make websites accessible for vision/hearing-impaired residents

Table D-2: Review of Northeast Regional LCP | LCP Districts 1 and 4 | Beaufort, Bertie, Camden, Chowan, Dare, Gates, Halifax, Hertford, Hyde, Martin, Northampton Pasquotank, Perquimans, Pitt, Tyrrell, and Washington Counties | 2013

Unmet Needs for Beaufort, Bertie, Camden, Chowan, Dare, Gates, Halifax, Hertford, Hyde, Martin, Northampton Pasquotank, Perquimans, Pitt, Tyrrell, and Washington Counties
Services to medical facilities
Services to employment centers
Services to shopping centers/grocery stores
Agency cooperation (transfer rider system/stations)
Education/promotion (older/first time/inexperienced riders)
Aging agencies concerned about seniors who are unable to get to meetings, get groceries, or access medical care

Table D-3: Review of Northeast Regional LCP | LCP Districts 1 and 4 | Albermarle RPO | Dare County | 2013

Gap Analysis for Dare County
Increase public transportation for older adults and persons with disabilities, out of county medical, and employment transportation
Increased funding to fill needs
Coordinated trips and park and ride for Hatteras Ferry service (Mainland Dare to Hatteras)
Tourism trolly to serve Roanoke Island
Seasonal Deviated Fixed Route (Manteo to Kitty Hawk)

Table D-4: Review of Northeast Regional LCP | LCP Districts 1 and 4 | Albermarle RPO | Gates County | 2013

Gap Analysis for Gates County
Services to medical
Services to shopping
Coordination with VA
Services for individuals without Medicaid
Increased access to rural areas
Coordination with other counties Beach Trips during Summer Months
Connecter (feeder) services for Nutrition due to time restraints
Increased programming for mental health and persons with disabilities
Increase funding for Veteran Service Trips

Table D-5: Review of Northeast Regional LCP | LCP Districts 1 and 4 | Albermarle RPO | Hyde County | 2013

Gap Analysis for Gates County
Services to medical
Services to employment centers (Fairfield Area, Dare County)
Services to shopping
Services for individuals without Medicaid
Increased access to areas with service gaps
Education service to Beaufort County Community College for classes
Shuttle service from Hatteras Ferry to Ocracoke Village during peak tourism season
Park and Ride lot in Ocracoke

Table D-6: Review of Northeast Regional LCP | LCP Districts 1 and 4 | Albermarle RPO | Camden, Chowan, Currituck, Pasquotank, and Perquimans Counties | 2013

Unmet Needs/Analysis for Camden, Chowan, Currituck, Pasquotank, and Perquimans Counties
Vanpool service for employment
Weekend service to serve employment
Evening service to serve employment
Need more Elderly and Disabled Transportation Assistance Program(EDTAP); not enough for entire region
Larger vehicles to serve employment
More training for inexperienced/hesitant clients that are elderly/individuals with disabilities
Services to Greenville Hospital/Medical

Table D-7: Review of Northeast Regional LCP | LCP Districts 1 and 4 | Albermarle RPO | Tyrrell County | 2013

Unmet Needs/Analysis for Tyrrell County
Increase service for general public
Extra vehicles for expanded service
Increased access to out of county medical trips

Table D-8: Review of Northeast Regional LCP | Mid-East RPO | LCP Districts 1 and 4 | Beaufort and Martin Counties | 2013

Unmet Needs/Analysis for Beaufort and Martin Counties
Medical Access to Greenville Monday-Friday
Coordinating with Pitt Area Transit in Stokes to increase coverage in an area currently underserviced
Coordinate with Pitt Area Transit in Bethel
Beaufort Area Transit and Martin County will coordinate transfers at the end of Market Street for riders going to Washington on MWF
Increased service for medical to Greenville, Raleigh/Durham
Increased cross county transportation need to Williamston Senior Center

Table D-9: Review of Northeast Regional LCP | Mid-East RPO | LCP Districts 1 and 4 | Pitt County | 2013

Unmet Needs/Analysis for Pitt County
Need volunteer driver/voucher program
Transportation opportunities outside of main travel roads
Coordinating with Beaufort Area Transit and Martin County Transit in Stokes to increase coverage in an area currently underserviced
Coordinate with Martin County in Bethel
Fixed Route Service to areas in southern Pitt (Ayden/Grifton)
Expanded GREAT (Greenville Transit) into Winterville along NC 11/903

Table D-10: Review of Northeast Regional LCP | Peanut Belt RPO | LCP Districts 1 and 4 | Bertie, Halifax, Hertford, and Northampton Counties | 2013

Unmet Needs/Analysis for Bertie, Halifax, Hertford, and Northampton Counties
Increase service to western end of Bertie County
Evening service to provide additional trips to shopping centers, elder fair, and educational opportunities
Food pantry coordination (Center Locations & Schedules)
Voucher program for volunteers
Saturday service
Education trips
Recreation trips
Need mobility manager
Medical Trips to Durham VA, Duke, UNC-CH, Vidant (Greenville), Richmond VA, Hampton Roads VA
Post-Hospital discharge follow up visits (for frail, weak, sick) to primary care/pharmacy
Access to Social Security Administration Offices/DSS/Health Depts.
Increase affordable shopping trips from Jackson to Roanoke Rapids
Increase affordable shopping trips from Scotland Neck/Hollister to Rocky Mount/Tarboro

Unmet Needs/Analysis for Bladen County
High Priority
• More service to underserved areas; mainly located east of the Cape Fear River
• Funding for more vehicles and staff - system expansion
Medium Priority
• Funding for employment transportation and employment related activities
• Coordination with adjoining counties
• Transportation for situations of crisis
Low Priority
• Older adults need more transportation options
• Assistance for riders who are older adults and persons with disabilities on and off vehicles and in and out of buildings
• Extended service schedule
• Areas of Kelly and Tobermory need more service
• There is a need for a centralized Call Center that would coordinate transportation services between the five counties in Region N (Robeson, Richmond, Scotland, Hoke, and Bladen).

Unmet Needs/Analysis for Cumberland County
High Priority
• Bus routes in the Cedar Creek part of the County
• Creation of more regional transportation connections
• More bus service in Hope Mills and Grays Creek
• Cross-county employment transportation options
• More weekend service for older adults and persons with disabilities
• More non-medical service for older adults and persons with disabilities
Medium Priority
• More door-to-door service for older adults and persons with disabilities
• Extended services on weekends
• More employment transportation from rural areas to the FAST Transfer Center
• More funding and staff for transportation services
• Elderly transportation to nutrition sites and recreation
• Route pickups and drop-offs at key destinations
Low Priority
• More sidewalks connecting to bus stops
• Central call station for all services
• Increased education for riders
• Improved service to the Cedar Creek and Stedman areas for low-income populations and seniors
• Student and worker transportation needs throughout the day
• Sensitivity training for operators, drivers and dispatchers
• Customer service training program for companies providing transportation
• A one-stop facility to pick-up riders and drop them off at multiple locations
• The ability to add additional trips to requested trips as needed
• Fixed route service needs to be destination based (specific site to specific site)
• Service after 7 pm transporting to and from municipal meetings

Table D-13: Review of Mid-Carolina RPO LCP | LCP District 3 | Mid-Carolina RPO | Harnett County | 2013

Unmet Needs/Analysis for Harnett County
High Priority
• Need for increased funding
• Handicap accessible vans
• Technology and infrastructure improvements
• Additional transportation for persons with disabilities
Medium Priority
• Fixed route services are needed to address increasing demand
• More trips are needed to urban counties
• Employment transportation to and from work
Low Priority
• Nights and weekend service
• Regional coordination efforts
• More vans to serve increase in demand

Unmet Needs/Analysis for Sampson County
High Priority
• Services after 5 pm and weekends for shopping, employment, dialysis, and medical trips
• System expansion; more vehicles
• Serving limited service areas in North and Northwestern Sampson County
• More resources for kidney dialysis patients
Medium Priority
• Weekend service
• Outreach to the public, specifically Hispanics and the Elderly
• Increased Veteran awareness of out-of-county medical services
• Volunteer coordinators needed
• More flexibility with senior services
Low Priority
• Business assistance in outreach and cost sharing
• ADA/Paratransit assistants
• Better coordination between transportation providers and medical services
• Staffing to assist Hispanic populations
• Education to service providers regarding diverse cultures that may need service

Unmet Needs for Edgecombe, Johnston, Nash, and Wilson Counties
Improvements
• More Rural Services for Small Towns
• Public Bus with Routine Schedule – Fixed Routes
• Timeliness; Availability; Extended Destinations
• Services for Students
• Increased Services to New Destinations
• Vanpool/Park and Ride
• Employment – DSS
• Multi-Model Connectivity
• Increase in service hours to connect employment trips
Services not provided
• Need services for individuals who do not receive Medicaid
• Need additional fixed-routes
• Need city shuttles and van services at low fees
• Need to connect commuters to all parts of county
• Need additional door to door services
• Increase services to medical and senior centers
Need services for Out of County Employment
Need Park and Ride Services

Table D-16: Review of Upper Coastal Plain RPO LCP | LCP District 4 | Upper Coastal Plain RPO | Edgecombe County | 2013

Gap Analysis for Edgecombe County
Transportation services from Rocky Mount to employment centers within Tarboro

Table D-17: Review of Upper Coastal Plain RPO LCP | LCP District 4 | Upper Coastal Plain RPO | Johnston County | 2013

Gap Analysis for Johnston County
Additional services for dialysis and medical services into Raleigh Area
Park & Ride services to employment into Raleigh Area
Vanpool services into employment centers out of County
Vanpool services to medical facilities in the Zebulon area
Additional services between Princeton and Pine Level.
Special focus on additional services around Four Oaks.

Table D-18: Review of Upper Coastal Plain RPO LCP | LCP District 4 | Upper Coastal Plain RPO | Nash County | 2013

Gap Analysis for Nash County
Additional services to western Nash County for households with no vehicle and low-income households.
Services to new dialysis center in Spring Hope.
Services to new corporate park and medical center in Middlesex.
Services to Boicewillis and Walmart east of Nashville.
Additional services to Bloomer Hill and Cummins Employment near Whitakers.
Additional services to the Community Center northeast of Dortches.

Table D-19: Review of Upper Coastal Plain RPO LCP | LCP District 4 | Upper Coastal Plain RPO | Wilson County | 2013

Gap Analysis for Wilson County
Additional transportation services for all night employment.
Additional services along 301 corridor to Tobacco Factories to the North of Wilson.
Additional service for night classes at Wilson Community College.
Services to dialysis centers in the Wilson Area.
Night and weekend services for Wal-Mart and other shopping needs.
Additional services in general for the western area of Wilson.

Table D-20: Review of Triangle Area RPO LCP | LCP District 5 | Triangle Area RPO | Chatham County | 2013

Unmet Needs/Analysis for Chatham County	
Door-to-door service	Address decentralization of medical facilities
Return trips for medical emergency	Circulator routes with remote collection points (rural)
Re-evaluation of routes serving Senior Center	Assuring timeliness of service
Expansion of general transportation service	County-to-county transfers
Expanded service in northern Orange/rural areas	Affordability of service
Collaboration with medical services	Coordination of service (staff person)
Addressing food deserts	More detailed instruction for riders
Trips need to serve county service centers	Customer service improvements
Funding partnerships (e.g., medical)	Amenities for transit stops
More evening/weekend/morning service	Recreation trips
Access across county lines	Dissemination of user-friendly information
Coordination with DSS/Medicaid; access for people eligible but not yet enrolled	Information in other languages
Education	Training for "Go Triangle" call center
Higher frequency	Enhancements for mobility-impaired
Coordination with neighbor systems on transfers (e.g., timing for medical trips)	

Table D-21: Review of Triangle Area RPO LCP | LCP District 5 | Triangle Area RPO | Chatham County | 2013 (continued)

Unmet Needs/Analysis for Chatham County
Bike racks at stops and on vehicles
Improved transportation to education centers
Volunteer driver program
More park & ride lots

Table D-22: Review of Triangle Area RPO LCP | LCP District 5 | Triangle Area RPO | Lee and Moore Counties | 2013

Unmet Needs/Analysis for Lee and Moore Counties
Cross-county line transportation
Increase time span of service
Increase service to meet general needs (e.g., non-medical trips, etc.)
Need user-friendly information
Ability to update information (internal and external) in a timely manner
Getting information to drivers
Stops with transit amenities
Increase number of stops
Increase local service – deviated fixed routes
Timeliness of pickup and drop off
Cooperation with private providers
Ability to accept vouchers
Language barriers/translation
Clarity about what is covered (Medicaid, etc.)
Need to serve employment centers
Access to community college and job training
Strengthen Transportation Advisory Board
Link transit and land use planning
"Door-to-Door" service
Recreation, after-school, and summer trips
Service to elderly and persons with disabilities

Table D-23: Review of Triangle Area RPO LCP | LCP District 5 | Triangle Area RPO | Orange County | 2013

Unmet Needs/Analysis for Orange County	
Door-to-door service	Address decentralization of medical facilities
Return trips for medical emergency	Circulator routes with remote collection points (rural)
Re-evaluation of routes serving Senior Center	Assuring timeliness of service
Expansion of general transportation service	County-to-county transfers
Expanded service in northern Orange/rural areas	Affordability of service
Collaboration with medical services	Coordination of service (staff person)
Addressing food deserts	More detailed instruction for riders
Trips need to serve county service centers	Customer service improvements
Funding partnerships (e.g., medical)	Amenities for transit stops
More evening/weekend/morning service	Recreation trips
Access across county lines	Dissemination of user-friendly information
Coordination with DSS/Medicaid; access for people eligible but not yet enrolled	Information in other languages
Education	Training for "Go Triangle" call center
Higher frequency	

Table D-24: Review of Triangle Area RPO LCP | LCP District 5 | Triangle Area RPO | Orange County | 2013 (continued)

Unmet Needs/Analysis for Orange County
Enhancements for mobility-impaired
Coordination with neighbor systems on transfers (e.g., timing for medical trips)
Bike racks at stops and on vehicles
Improved transportation to education centers
Volunteer driver program
More park and ride lots

Table D-25: Review of Davie County LCP | LCP District 7 | Northwest Piedmont RPO | 2014

Unmet Needs for Davie County
Improve flexibility and reduce limitations in transportation services
Add vehicles to improve capacity at peak times
Assistance for elderly residents who are avoiding nursing home placement and staying in their homes longer
Matching funds for transportation grants and in-kind opportunities
Regular, dependable commuter transportation for Davie residents who work at Baptist Hospital, Forsyth Hospital, and downtown Winston-Salem
Affordable out of county trips for medical purposes, especially to the VA Hospital in Salisbury and cancer facilities in Winston-Salem
Add additional wheelchair accessible vehicles to the fleet
Transportation to county special events on weekends and evenings
Assistance and education on reservation requirements to elderly residents that arrange their own transportation
More funding for gaps in general services and non-Medicaid customers
Education for general public about transit services
Assistance for caregivers traveling with passengers
Greater promotion of public transit service
Increase services to older adults and persons with disabilities for shopping and errands
Additional transportation providers to increase service options
More funding for medical transportation for older adults and persons with disabilities who are cancer patients to ensure adequate access for life saving treatments like dialysis patients have

Table D-26: Review of Stokes County LCP | LCP District 7 | Northwest Piedmont RPO | 2016

Unmet Needs for Stokes County
Increase service options before and after regular business hours
Add destinations for shopping, pharmacies, and errands
More affordable transportation options for elderly, low-income, and uninsured individuals
More dependable transportation services to work and job interviews
Increase transportation assistance for families to WIC Office and other human services agencies
Add connections to PART bus services and Winston-Salem Transit
Increase connections from/to Danbury, Walnut Cove, and King
Add medical facilities on Kirby Road and Moore-RJR Drive as destinations
Add same-day service for medical and out-of-county trips
More transportation options for veterans traveling to health care facilities in Winston-Salem and Salisbury
Add door-to-door service and transit stops
Create posted signs of pick-up/drop-off locations, schedules, and destinations
More frequent service options
Add transportation route for Forsyth Tech campuses in Walnut Cove, Sertoma, King, Winston-Salem, and other local facilities (e.g., libraries)
Add convalescent transport to free up Advanced Life Support (ALS) ambulances
Add more handicap accessible vehicles to transit fleets
More funding for medical trips and general transportation funding

Table D-27: Review of Surry County LCP | LCP District 7 | Northwest Piedmont RPO | 2014

Unmet Needs/Analysis for Surry County
C-GAP Communication
• Improved communication between city and county planners and transit providers
• Improved communications with local elected officials
• Improved communications between adjacent transit providers
Improve Logistics
• Expand municipal circulator routes
• Extended routes to rural areas
• Extended service hours
• Improve network of connected routes
• Improve employment transportation options
• Investigate additional funding options
Expand Partnerships
• Provide voluntary driver incentives
• Organize volunteer uber ride sharing service
• Utilize church transportation services
Improve Marketing and Information
• Increase overall marketing
• Additional public education efforts, especially to older adults
• Intentional distribution, especially outside of town centers
• Improved technology and social media
• Spanish materials
Future Advanced Improvements
• Improved advanced technology including:
o Apps, GPS Services, and other technological improvements designed to improve cost effectiveness and services provided.
• Improved access to fixed-routes including:
o Bus Shelters
o Sidewalk/Bicycle Improvements Near Bus Stops

Table D-28: Review of Yadkin County LCP | LCP District 7 | Northwest Piedmont RPO | 2016

Unmet Needs/Analysis for Yadkin County
Improved Operations
• Improve network of connected routes.
• Implement deviated fixed-route systems across the County and municipalities.
• Implement a County-wide public transportation system
• Ensure timely pickup and drop off.
• Ensure individuals are able to shop or essentials when not covered by Medicaid.
• Provide after-hours/extended transportation options.
• Implement new technologies to improve service (smart phone apps, GPS Services and other new technologies)
Increased Community Education
• Improve communication efforts and marketing of available resources and services.
• Ensure materials are available in Spanish
Improved Funding and Accountability
• Prioritize funding to expand services in rural areas.
• Expand staffing and vehicles to serve all county residents
• Ensure transportation services remain cost-effective.
• Dedicate funding for additional access to transportation.
• Ensure fiscal accountability.
• Identify additional funding options
• Investigate additional funding options
Improved Interagency Communication
• Improved communication between agencies.
• Improved communication and support from local governments and County agencies.
• Improved communication between transportation providers.
Improved Assistance for Special Populations
• Funding for individuals with intellectual/developmental disabilities
• Prioritize spending based upon client need (no other alternatives) rather than want or convenience

Figure E-1: "Which transit agency/transportation provider do you use most often?"

Appendix E. Engagement Data

Public Input Survey

Most Used Transit Agencies

Over two-thirds of survey respondents indicated which transit provider they use often. There was a wide variety of responses, with Charlotte Area Transit System (CATS) appearing most frequently, as 66 respondents acknowledged their frequent use of the service. The most frequently mentioned transit agencies are those that serve large urban areas, such as Charlotte and Raleigh.

Table E-1: "Which transit agency/transportation provider do you use most often?"

Choice	Total Respondents	%
Charlotte Area Transit System (CATS)	66	5.4%
GoRaleigh	49	4.0%
Wake County Transit	47	3.8%
Buncombe County	43	3.5%
Rutherford County Transit	39	3.2%
Jackson County Transit	22	1.8%
Onslow United Transit System	22	1.8%
Harnett Area Rural Transit System	18	1.5%
GoDurham	17	1.4%
Chatham Transit Network	15	1.2%
Other	891	72.5%
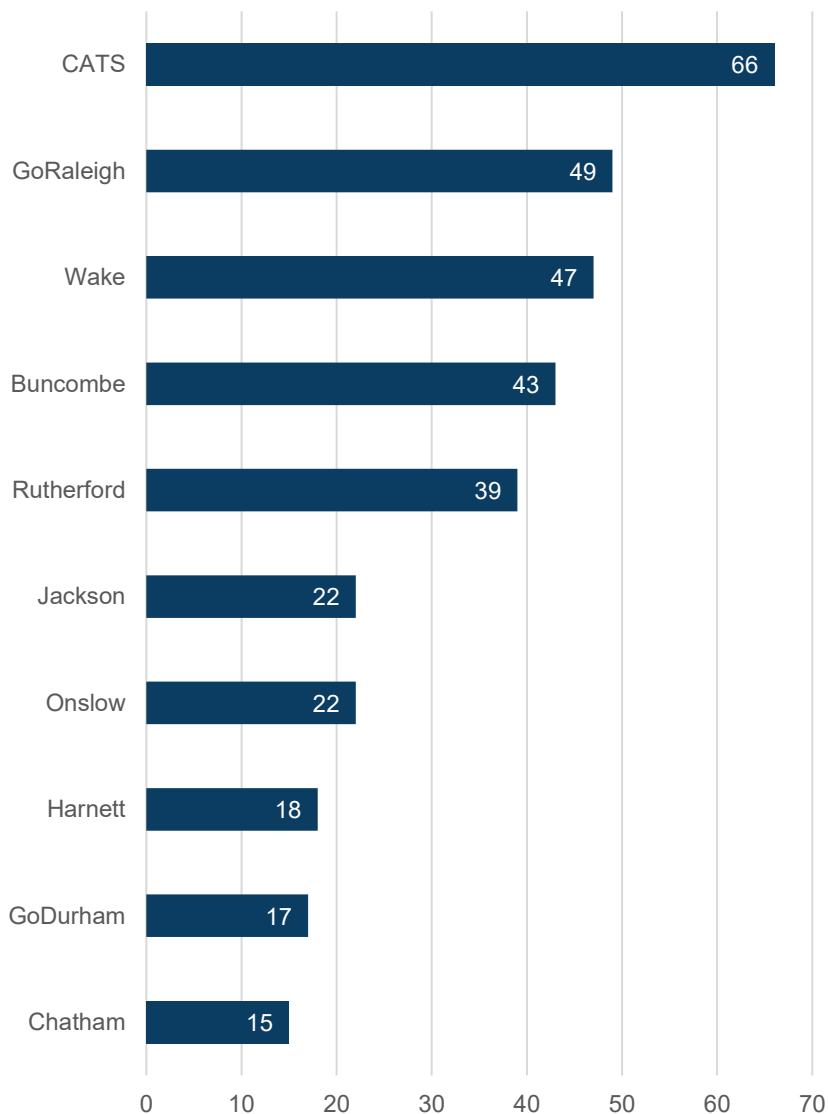
Perception of Public Transportation Prioritization

Respondents generally leaned toward the belief that public transportation is not prioritized/sufficient in their communities. Nearly 60% of respondents shared this sentiment, while approximately 20% thought that public transportation is prioritized/sufficient in their communities. Over 20% selected "Neutral" as their response.

Table E-2: "Do you think public transportation is prioritized/sufficient in your community?"

Choice	Total Respondents	%
Strongly Agree	164	9.3%
Agree	210	12.0%
Neutral	375	21.4%
Disagree	468	26.7%
Strongly Disagree	539	30.7%

Figure E-2: "Do you think public transportation is prioritized/sufficient in your community?"
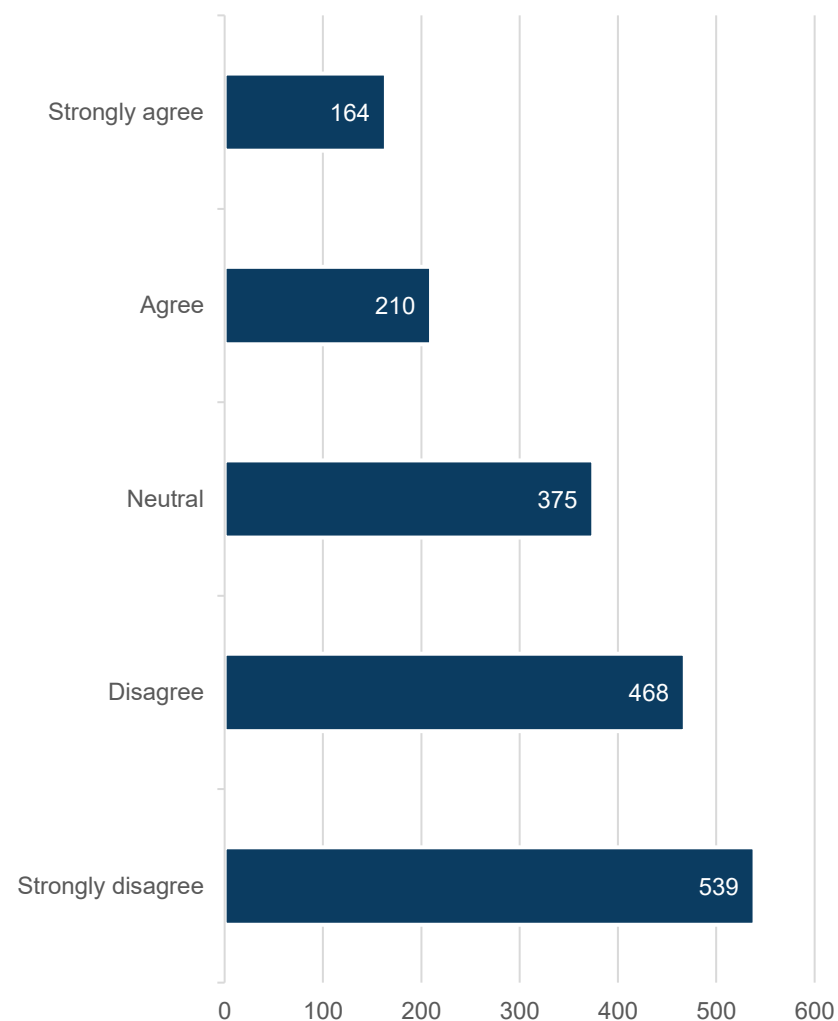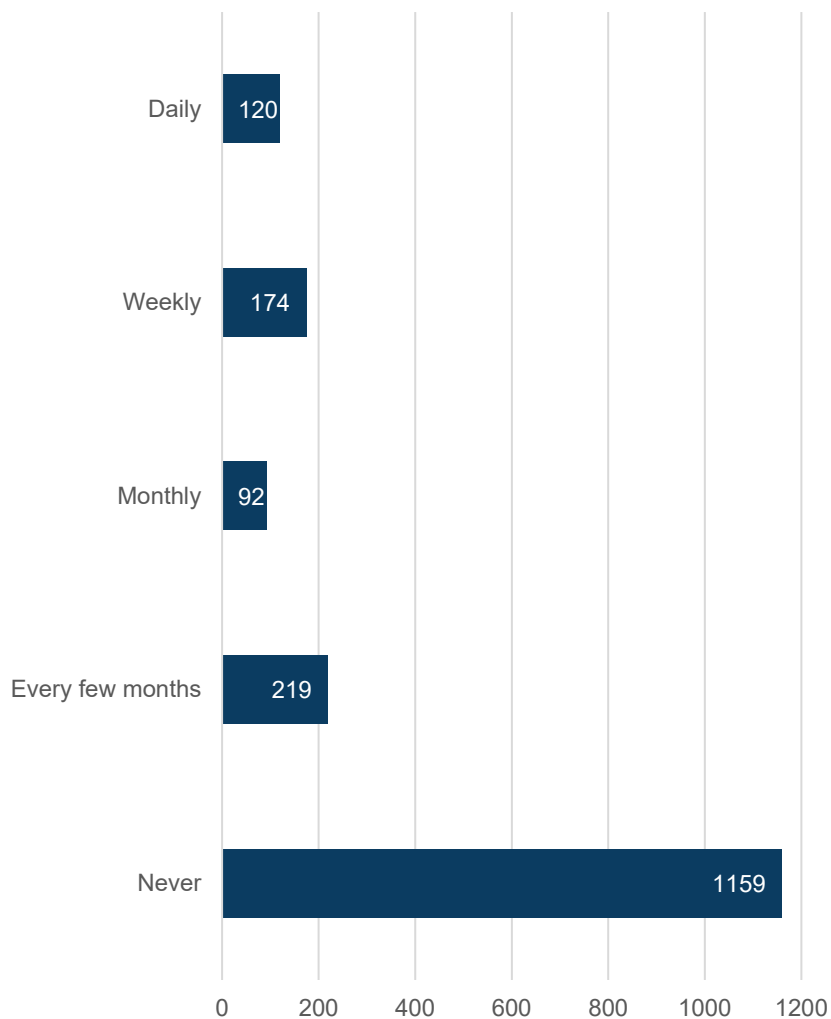
Figure E-3: "How often do you use transit services?"

Frequency of Transit Use

Most respondents never use transit. Of those that use transit, only 120 respondents identified themselves as daily transit users, and most transit users who took this survey do not use transit every day.

Table E-3: "How often do you use transit services?"

Choice	Total Respondents	%
Daily	120	6.8%
Weekly	174	9.9%
Monthly	92	5.2%
Every few months	219	12.4%
Never	1,159	65.7%

Top Transit Destinations

When asked to choose their top three destinations to travel using public transportation, nearly half of all respondents selected "shopping." Also highly selected destinations were   non-emergency medical destinations, senior centers, and work.

Table E-4: "If you use public transportation now or decide to us it in the future, where would you likely go?"

Choice	Total Respondents	%
Shopping	998	32.1%
Medical Destinations	746	24.0%
Senior Center	437	14.0%
Work	400	12.8%
Hospitals	217	7.0%
Colleges/Universities	157	5.0%
Social Service Center	121	3.9%
Dialysis Centers	37	1.2%

Figure E-4: "If you use public transportation now or decide to use it in the future, where would you likely go?"
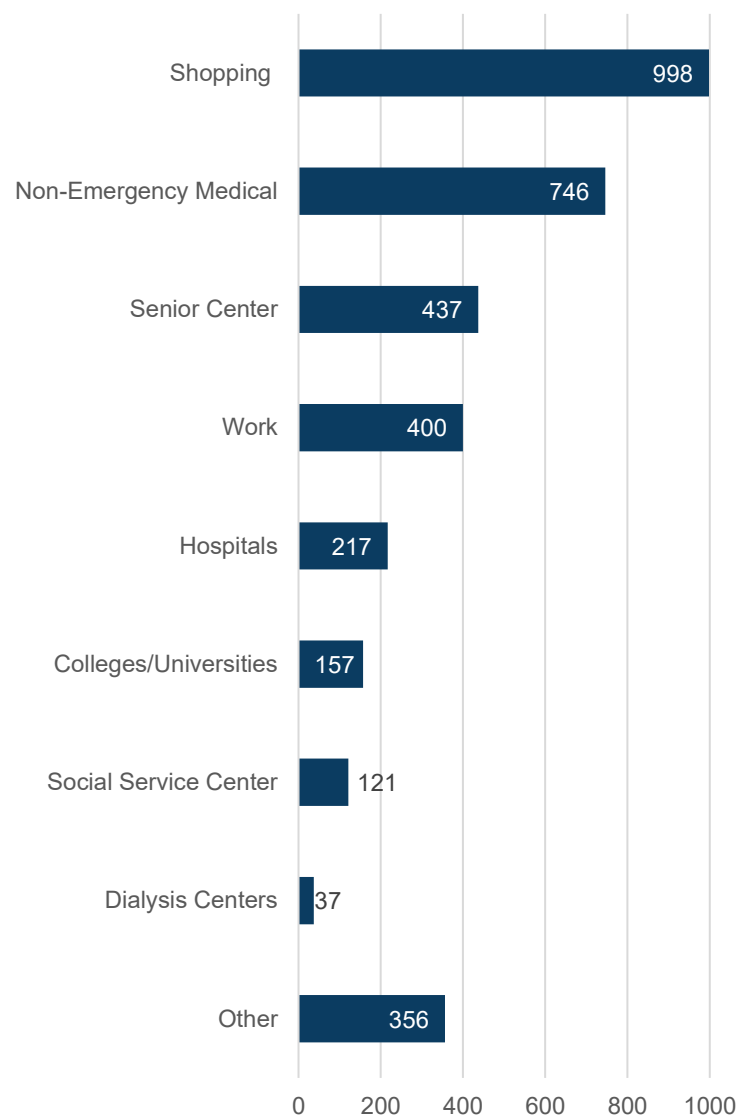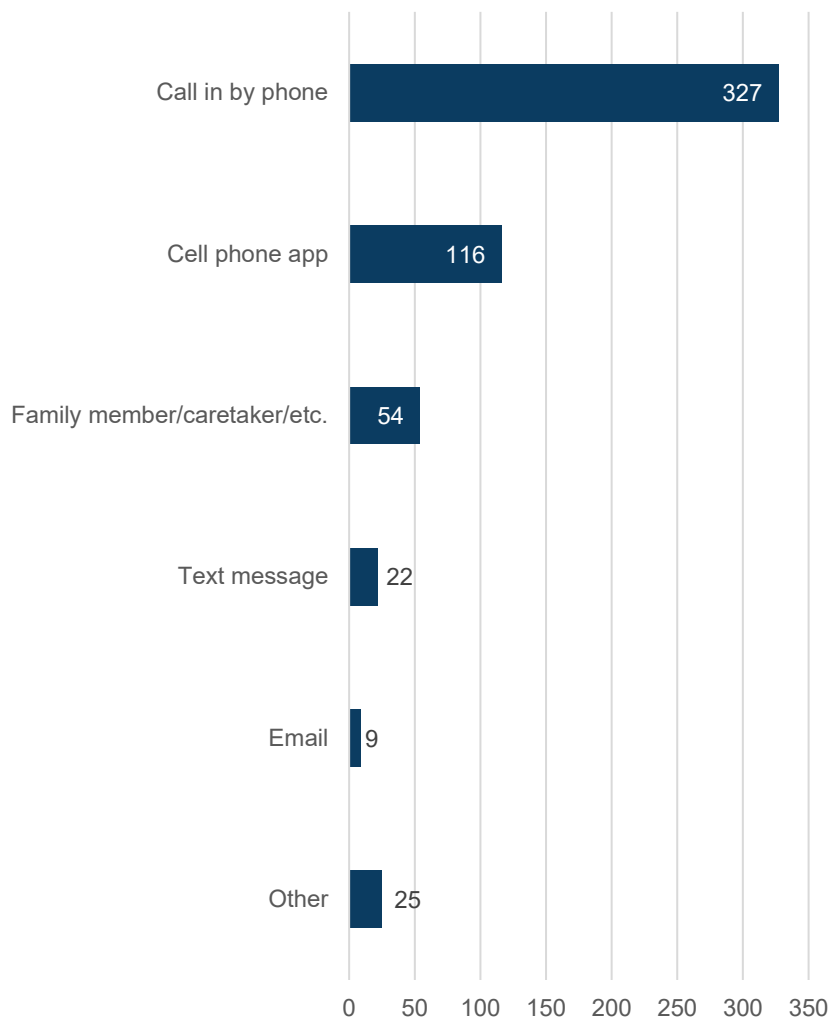
Figure E-5: "If you use a reservation public transportation service and you schedule your own rides, what method do you use to schedule your rides?"

Methods of Scheduling Rides
Of the survey respondents who use a reservation service to schedule rides, most call in by telephone. However, there is also a sizeable portion of respondents who use a cell phone app. Only a handful of respondents used methods other than calling in by telephone or using cell phone apps.

Table E-5: "If you use a reservation public transportation service and you schedule your own rides, what method do you use to schedule your rides?"

Choice	Total Respondents	%
Call in by phone	327	59.1%
Email	9	1.6%
Text message	22	4.0%
Cell phone app	116	21.0%
Family member/ caretaker/etc.	54	9.8%
Other	25	4.5%

Perception of Private On-Demand Services

There were more respondents who felt comfortable using private on-demand transportation services (like Uber and Lyft) than those who did not feel comfortable using them. Those who are unsure about their comfort level constitute over a third of all respondents, as many rural communities in North Carolina do not have abundant private on-demand transportation services.

Table E-6: "Please select your comfort level with using private on-demand services (e.g., Uber/Lyft) in your community"

Choice	Total Respondents	%
Already use/would use	660	38.6%
Uncomfortable	416	24.3%
I am not sure/uncertain	635	37.1%

Figure E-6: "Please select your comfort level with using private on-demand services (e.g., Uber/Lyft) in your community"
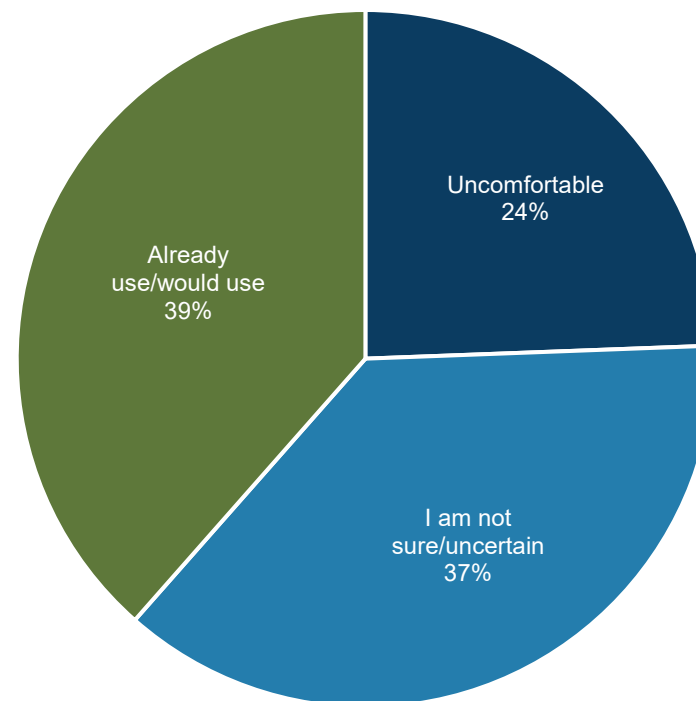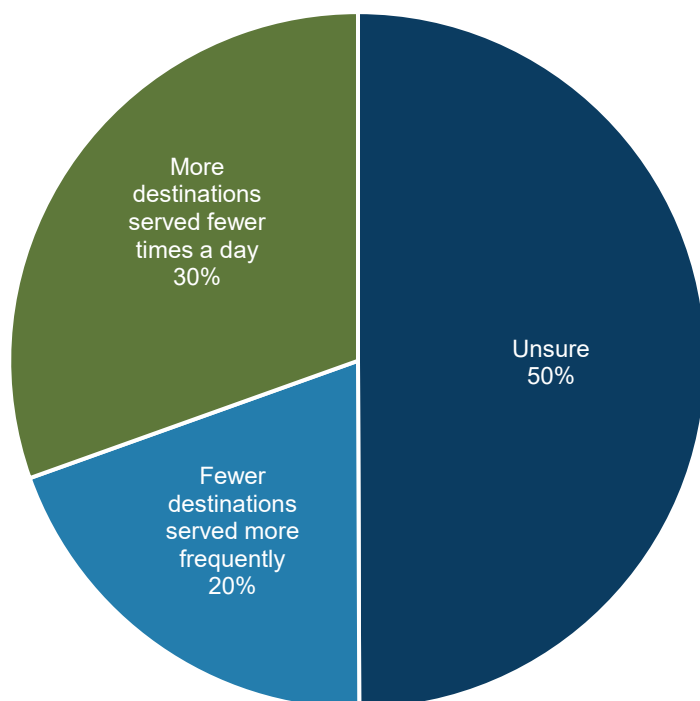
Figure E-7: "When considering service improvements, please indicate which improvement you prefer"

Frequency versus Coverage

Half of all survey respondents were unsure if they would prefer transit service that would serve more destinations fewer times a day, or transit which would serve fewer destinations more frequently, as many survey respondents do not use transit. About 30% preferred greater coverage and 20% preferred more frequent service.

Table E-7: "When considering service improvements, please indicate which improvement you prefer"

Choice	Total Respondents	%
More destinations served fewer times a day	519	30.3%
Fewer destinations served more frequently	336	19.6%
Unsure	860	50.1%

Service Span versus Coverage

Respondents who prefer more service closer to their house greatly outnumber those who would rather have service on weekends. Those who are unsure about their preference constitute about 30% of all respondents.

Table E-8: "When considering service improvements, please indicate which improvement you prefer"

Choice	Total Respondents	%
More service closer to your house	751	43.4%
Service on Saturday and Sunday	459	26.5%
Unsure	520	30.1%

Figure E-8: "When considering service improvements, please indicate which improvement you prefer"

Unsure 30%

Service on Saturday and Sunday 27%

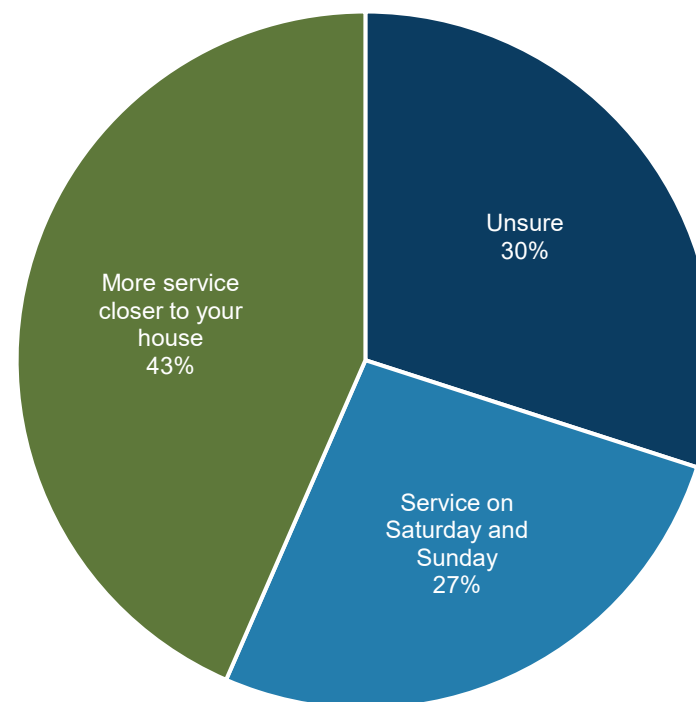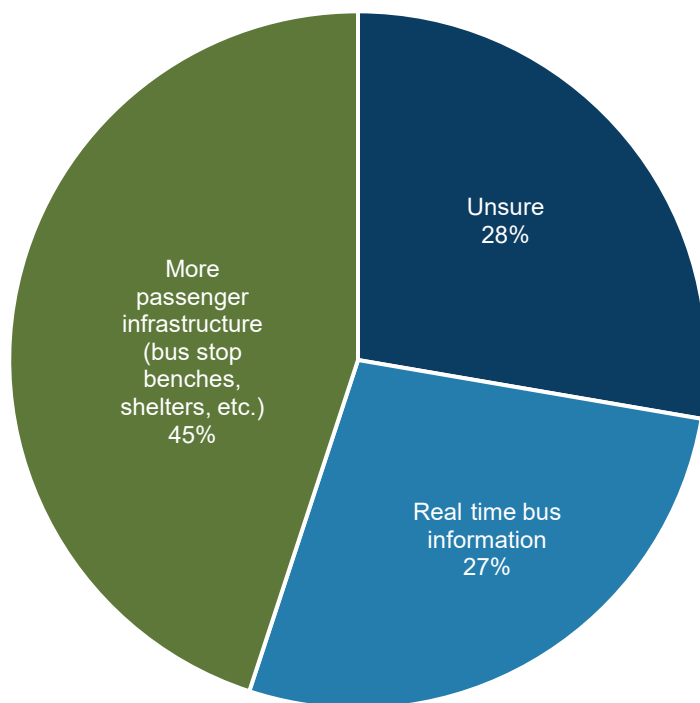More service closer to your house 43%

Figure E-9: "When considering capital improvements, please indicate which improvement you would prefer"

Real-time Bus Information versus Bus Stop Infrastructure

Regarding capital improvements, there are about 20% more respondents who prefer more passenger infrastructure at bus stops than those who would rather have access to real-time bus information. Those who are unsure about their preference constitute more than a quarter of all respondents.

Table E-9: "When considering capital improvements, please indicate which improvement you would prefer"

Choice	Total Respondents	%
More passenger infrastructure	763	44.9%
Real-time bus information	465	27.4%
Unsure	472	27.8%

Cost and Convenience Tradeoff

Twice as many respondents preferred paying less to schedule transportation in advance instead of paying more for on-demand service, indicating an emphasis on the value of cost over convenience. A third of respondents were unsure of their preference.

Table E-10: "When considering convenience and cost, please indicate which you prefer"

Choice	Total Respondents	%
Pay less, schedule a day before	758	44.7%
Pay more, on-demand service	372	22.0%
Unsure	564	33.3%

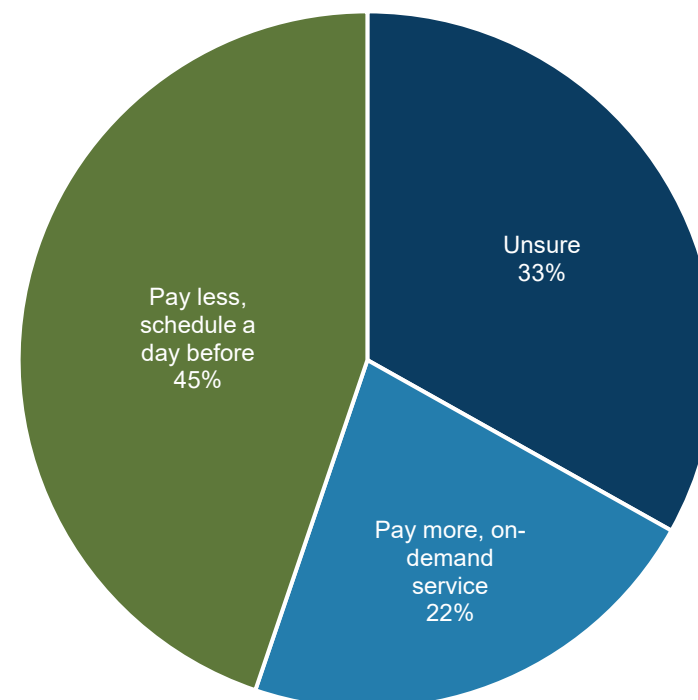**Figure E-10: "When considering convenience and cost, please indicate which you prefer"**

Figure E-10: "When considering convenience and cost, please indicate which you prefer"

Unsure 33%
Pay more, on-demand service 22%
Pay less, schedule a day before 45%

Figure E-11: "When considering how you request public transportation service, please indicate which you prefer"

An app accessible by smart phone 52%

Unsure 21%

Talking to an operator on the phone 27%
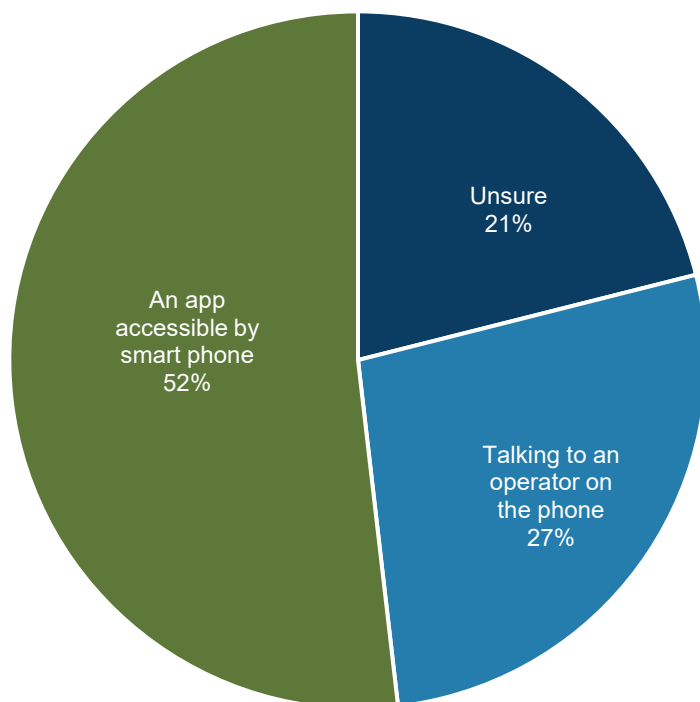
Public Transportation Request Preferences

Regarding methods for requesting public transportation services, a vast majority of survey respondents would prefer to schedule trips using an app accessible by smartphone rather than talking to an operator on the phone. About one out of five respondents were unsure of their preferred method.

Table E-11: "When considering how you request public transportation service, please indicate which you prefer"

Choice	Total Respondents	%
An app accessible by smartphone	873	51.8%
Talking to an operator on the phone	457	27.1%
Unsure	356	21.1%

Age

The typical age of a respondent for this survey skews high. Over half of all respondents are over the age of 65. While there were a considerable number of respondents between the ages of 31 and 64, only about 3% of all respondents are 30 or younger.

Table E-12: Age

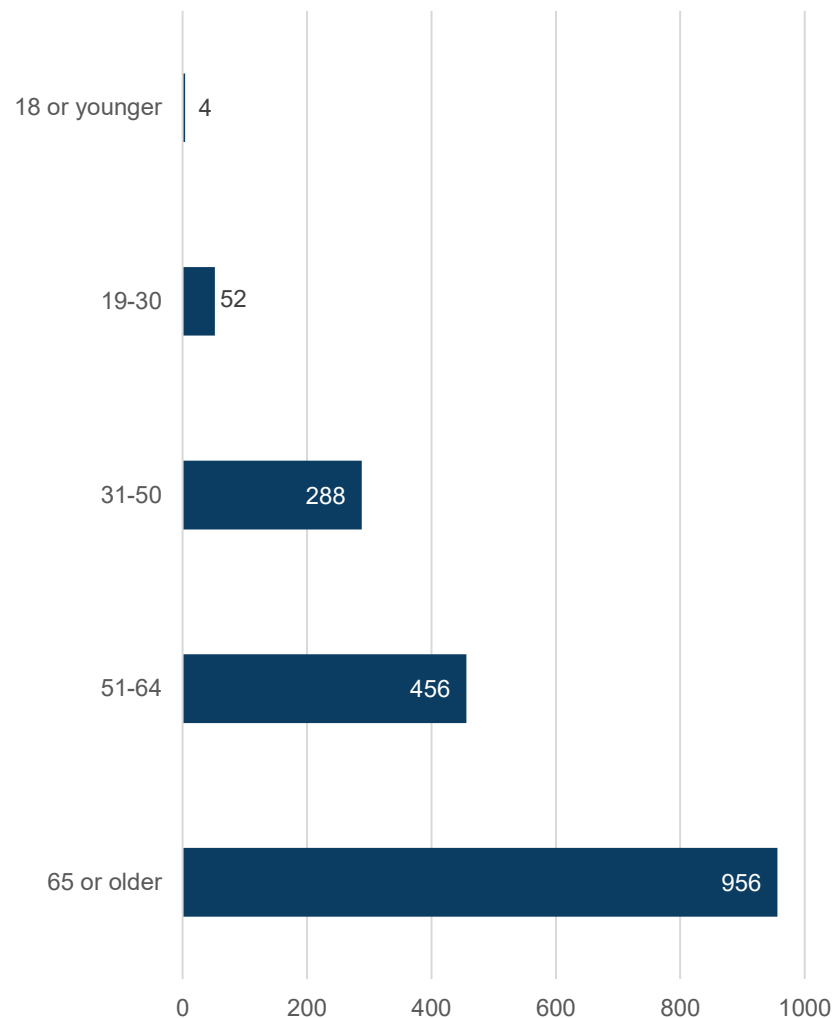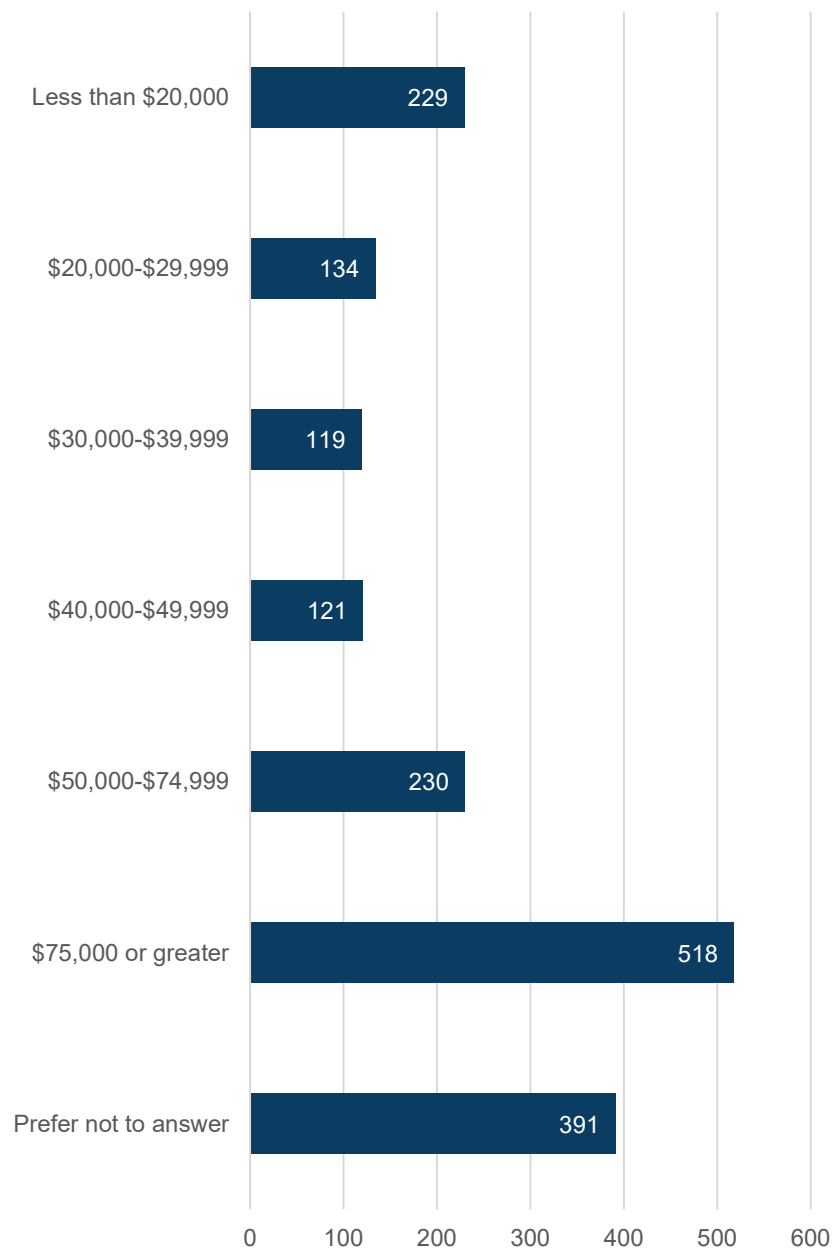| Choice	Total Respondents	%
18 or younger	4	0.2%
19-30	52	3.0%
31-50	289	16.4%
51-64	457	26.0%
65 or older	956	54.4%

Figure E-12: Age

Figure E-13: Annual Household Income

Annual Household Income

About a third of respondents reported an annual household income over $75,000 in 2022. The next most frequently mentioned income brackets were "$50,000-$74,999" and "Less than $20,000." Over 20% of those who took the survey elected not to share their household income.

Table E-13: Annual Household Income

Choice	Total Respondents	%
Less than $20,000	229	13.1%
$20,000-$29,999	134	7.7%
$30,000-$39,999	119	6.8%
$40,000-$49,999	121	6.9%
$50,000-$74,999	230	13.2%
$75,000 or greater	518	29.7%
Prefer not to answer	391	22.4%

Vehicle Access

An overwhelming majority of survey respondents have access to a personal vehicle, which may explain the high rate of respondents who never use transit. Only 15% of respondents do not share or have access to a personal vehicle.

Table E-14: "I have access to a personal vehicle"

Choice	Total Respondents	%
Yes	1,343	76.4%
No	264	15.0%
I share a vehicle with a member of the household	152	8.6%

Figure E-14: Vehicle Access

E-14

Figure E-15: Gender

Pie chart segments:
- Prefer not to answer 4%
- Non-binary 1%
- Male 41%
- Female 54%

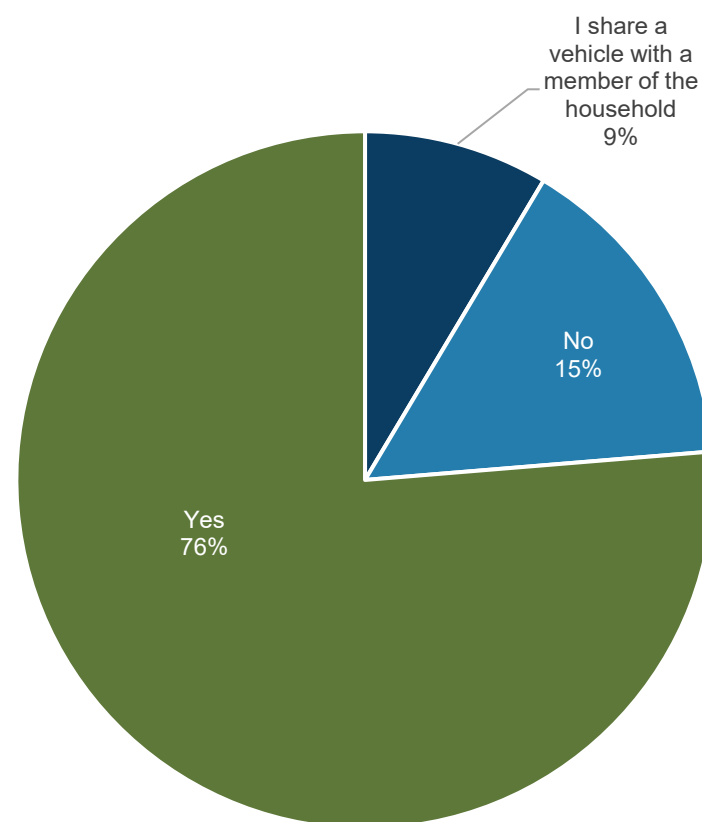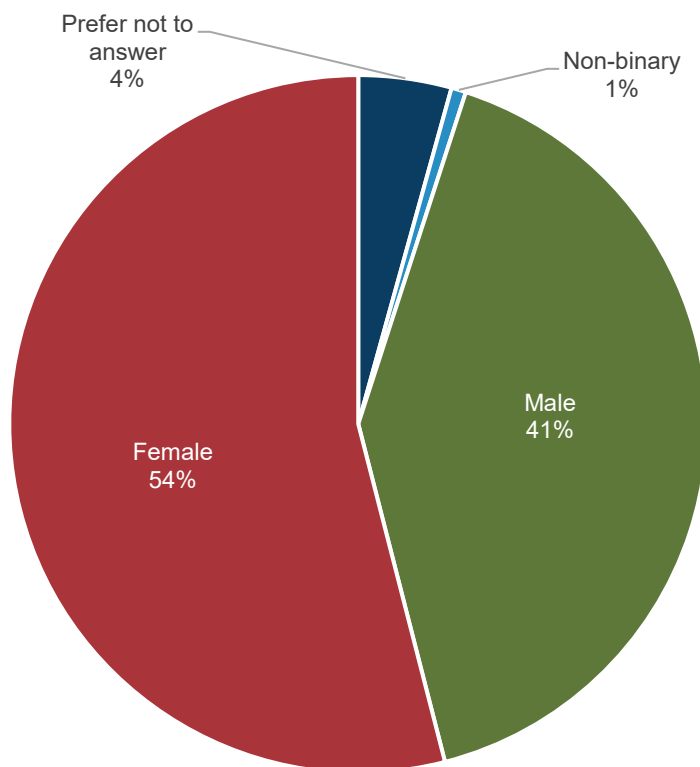## Gender

Survey respondents identifying their gender as female outnumbered male-gendered respondents. Approximately 1% of respondents indicated their gender as non-binary and 4% elected not to share their gender.

Table E-15: Gender

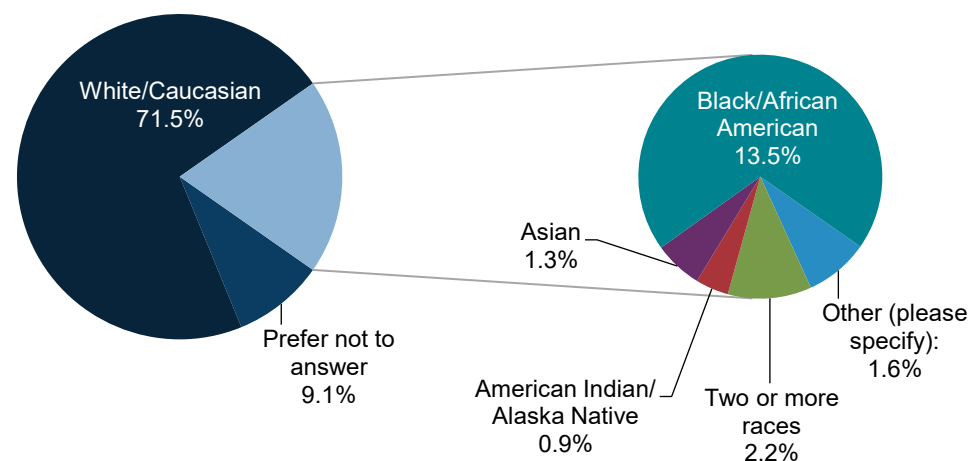| Choice	Total Respondents	%
Female	947	53.9%
Male	724	41.2%
Non-binary	12	0.7%
Prefer not to answer	75	4.3%

Race

Over 70% of respondents indicated their race as "White/Caucasian." The next highest race indicated by respondents was "Black African/American" at approximately 14%. About 9% of respondents elected not to indicate their race.

Table E-16: Race

Choice	Total Respondents	%
White/Caucasian	1,258	71.5%
Black/African American	238	13.5%
Two or more races	38	2.2%
Asian	22	1.3%
American Indian/ Alaska Native	15	0.9%
Other	30	1.6%
Prefer not to answer	160	9.1%

Figure E-16: Race

White/Caucasian 71.5%
Prefer not to answer 9.1%
Black/African American 13.5%
Asian 1.3%
American Indian/ Alaska Native 0.9%
Two or more races 2.2%
Other (please specify): 1.6%

Summary of Comments from the Public Survey (by LCP District)

One survey question presented respondents with the opportunity to include additional comments. The tables below categorize the comments by topic and by the LCP district of the respondents.

Table E-17: Summary of Public Survey Comments

Accessibility	1	2	3	4	5	6	7	8	9	10
Access to medical services	✓	✓	-	✓	✓	✓	✓	✓	-	✓
Door-to-door service	✓	-	-	-	✓	-	-	✓	-	-
Real-time tracking	-	-	-	-	✓	-	-	-	-	✓
Affordability of using transit (and transportation in general)	-	✓	-	✓	✓	-	-	✓	-	-
Convenience of using transit	✓	-	-	✓	✓	-	-	-	-	-
Accessibility/ease of using technology to ride transit	✓	✓	-	-	✓	-	-	-	-	-
Public transportation accessibility for older adults	✓	✓	-	✓	✓	✓	✓	✓	-	✓
Public transportation accessibility for those with disabilities	✓	✓	-	✓	✓	✓	✓	✓	✓	✓
Lack of available/sufficient ridesharing services	✓	-	-	-	✓	✓	-	-	✓	✓

Interlocal Connectivity	1	2	3	4	5	6	7	8	9	10
Regional transit	-	✓	-	✓	✓	✓	-	✓	✓	✓
Connectivity between transit systems/services	-	✓	-	✓	✓	-	-	✓	-	-
Airport access	-	-	-	-	✓	✓	-	-	✓	✓

Allocation of Funding	1	2	3	4	5	6	7	8	9	10
Affordability of using transit (and transportation in general)	-	✓	-	✓	✓	-	-	✓	-	-
Desire for market-driven solutions	-	-	-	✓	✓	✓	✓	✓	-	-
Desire for actual implementation of plans and concepts	-	✓	-	-	-	-	-	✓	✓	-
Comprehensive multimodal transportation infrastructure	✓	✓	✓	✓	✓	✓	-	✓	✓	✓
Bus stop infrastructure/improvements	-	-	✓	-	✓	-	-	✓	-	✓
Affordability of using transit (and transportation in general)	-	✓	-	✓	✓	-	-	✓	-	-