

Organizational Profile Form

(__your program name here__)
(__your program address here__)
(__your program phone numbers here__)

BACKGROUND

Year Started: _____
Organization Status: _____
Type of Program: _____

RELATIONSHIPS

Affiliations: _____
Service Relationships: _____

TRANSPORTATION SERVICE

Area Served: _____
Vehicle Type and Number: _____
Driver Type and Number: _____
Riders Targeted: _____
Rider Reservations: _____
Purpose of Rides: _____
Availability of Transport: _____
Types of Service: _____
Rider Fee Structure: _____
Escort Availability: _____
Annual Number of Riders Served: _____
Total Number of Rides Provided: _____
Use of Technology: _____

FINANCIAL INFORMATION

Transportation Program Budget: _____
Funding Sources: _____
Major Areas of Expense: _____

RISK MANAGEMENT

Driver Screening: _____
Driver Training: _____
Insurance (for Organization, Riders, Drivers and Vehicles): _____

MARKETING

Strategies: _____
Methods: _____