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|  **US Department of Labor**  **SUBRECIPIENT SERVICE AREA INFORMATION DATE:**  |
| **RECIPIENT** |  |
| Contact |  |
| Phone |  |
| Email |  |
| Street Address |  |
| City, State, Zip |  |
| Identify all labor organizations, by name and local number, that represent Recipient’s transit employees (including those who oversee or manage transit contracts)  |  |
| **Contracted Provider Name** |  |
| Identify all labor organizations, by name and local number, that represent the contractor’s transit employees |  |
| Describe type of service and **service area** of the Recipient. Indicate whether fixed route, demand response and include cities and counties served. ***Service Area*** includes the geographic area over which a provider operates and the area whose population it serves. |
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| **Service Area Public Transit Providers and Labor Organizations**List other **public transit providers** in Recipient’s service area(see above), including thepublictransit services to which the Recipient connects, and the labor organizations (including local number) associated with the providers.***Public transit*** includes those entities, whether publicly or privately owned, engaged in general or special service on a regular and continuing basis, including commuter bus and commuter rail. ***Public transit*** does not include: school bus, charter or seasonal service, exclusive ride taxi, or service to individuals or groups that excludes use by the general public.  |
| *Ex.* | *ABC City Transit Agency (Transit Employee Union, Local 14)* |
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