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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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