



THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY
12234

Office of Educational Management Services
Room 876, Education Building Annex
Tel: (518) 474-6541
Fax: (518) 474-1983

Regional Transportation Pilot Program Agreement

School districts, BOCES, and other interested parties that are participating in the New York State Education Department Regional Transportation Pilot agree to estimate and analyze the extent to which savings can be achieved through the formation of regional pupil transportation systems.

Approved Regional Transportation pilot participants must provide to the Office of Educational Management Services at the address above:

- Approval from each participating board of education or organization stating their interest and willingness to participate in the pilot;
- At the end of the study a statement from each participating district or organization of how effective the study was or what they did as a result of the findings;
- Quarterly updates on progress and activity that occurred during the quarter and identification of any obstacles encountered;
- An annual report with data *before* regional transportation compared with data *after* regional transportation. Included in the data should be prior and current: transportation expenses, operating costs per student transported, operating costs per route bus, staffing levels, number of buses, and any other such data that would help inform the review of the study;
- Data that includes the number of pupils transported, the average cost of transporting each category (regular home to school, special ed., non-public, homeless, etc.), and the number and size of buses used;
- Data per district and then combined with before and after data;
- If a shared management or shared maintenance pilot study is being done, then we would want some before and after data per district on those costs broken out; and
- At the end of the study, we request a final report on the findings of the study.

Projects may employ the services of transportation and other consultants to assist with the collection of data necessary to develop a transportation model, including computerized routing data and reports, which will demonstrate a cost savings and result in a reduced cost per student transported. The cost of such studies will be eligible expenses for State Transportation Aid. Pilot participants will provide complete copies of all consultant studies to the Department.

Approved Pilot Projects will engage in regular contact with staff of the Office of Educational Management Services. Staff will be available to provide technical assistance on statutory and regulatory provisions, in addition to having expertise in best practices for the provision of safe pupil transportation services and financial management of school operations. Project participants are encouraged to identify barriers to the provision of regional services which may require Department review and assistance to identify needed statutory or regulatory change. The Department will consider

worthy legislative proposals that result from this review for incorporation in its legislative program or Regents State Aid Proposal.

The Department will analyze the information collected from projects and share this in an annual report which the Commissioner will provide to the Regents, Governor, Legislature and various legislative committees by November 1st of each year. The annual report will also identify barriers to the implementation of regional transportation systems and strategies to address such barriers. It may recommend statutory and regulatory changes needed to promote the implementation of regional transportation systems and to ensure the proper accountability and oversight of these systems and any other information or analysis the Commissioner deems appropriate.

School District(s)/BOCES Name(s):

Focus of Regional Transportation Pilot (check all that apply):

Home to School _____ Students with Disabilities _____ Homeless _____ Shared
Maintenance _____ Transportation to BOCES programs _____ Nonpublic pupil
transportation _____ Other (please specify):

Contact Person: _____

Number: _____

Email Address: _____ **Fax Number:** _____

Signature of CEO of lead organization: _____

TERM of Regional Pilot Program : ____/____/____ to ____/____/____

Dates of Quarterly Reports: _____

FOR SED USE ONLY APPROVAL

Rec'd: _____

Approved by: _____ Date: _____

FOR SED USE ONLY DISAPPROVAL

Rec'd: _____

Disapproved by: _____ Date: _____

Reason for Disapproval: _____