Please take a moment to tell us about the transportation needs that are important to you. We encourage you to share your opinions, interests, and concerns about transportation, particularly the needs in the community where you live. Your feedback is an important part of the 2025 12-Year Transportation Program update process. Your input is also used to inform other state and regional transportation plans and programs such as Pennsylvania's Long Range Transportation Plan and Freight Movement Plan.

Please tell us what YOU think!

## **TELL US HOW YOU TRAVEL**

Think about how you travel throughout the commonwealth. What mode(s) of travel do you use for a typical commute? (select all that apply)

	Public Tran  Never	sit (includes b	uses and paratrans	it) Often	Everyday
	Drive Alone  Never	(you are the c	only person occupyi	ng the vehicle)	Everyday
	Carpool/Ric	deshare (inclu	ides carpool, van p	ool, taxi and Ul	ber/Lyft)  Everyday
d e	Motorcycle (includes motorized two or three-wheeled bikes such as scooters and mopeds, but relectric or gas powered pedal bicycles)				
	Never	Rarely	Sometimes	Often	Everyday
्र	<b>Bicycle</b> (includes any bicycling for purposes other than recreation or exercise. It may include electric or gas powered pedal bikes)				
	Never	Rarely	Sometimes	Often	Everyday
大	Walking (indoor standard v		for purposes other	than recreation	n or exercise; also use of a motorized
	Never	Rarely	Sometimes	Often	Everyday
X Aviation (includes helicopters, commercial and private airplanes)			anes)		
	Never	Rarely	Sometimes	Often	Everyday
	Passenger Rail (includes light rail, subways, and Amtrak)				
	Never	Rarely	Sometimes	Often	Everyday
?	Other (Inclu	des watercraft	, horse, carriage, et	c. for purposes	s other than recreation)
	please specify:				



#### TELL US WHAT IS MOST IMPORTANT TO YOU

Please rank the transportation priorities below to show what is most important to you. Indicate the importance by ranking each one from 0 (not important) to 5 (most important) in the small box to the left of each priority. The total of your ranking can not exceed 20. For example, you can have no more than 4 priorities ranked as a 5. (5 x 4 = 20)



#### **Aviation**

Modern facilities, operations and a wide-range of commercial airline choices at airports



#### Freight

Modern highways, railways, airports and waterways to support the economy and ensure the efficient movement of goods and services



#### **Traffic Flow**

Using technology to improve traffic flow and construction of new roads and additional travel lanes to safely move people and goods more efficiently



#### **Transit**

Accessible and timely public transportation that covers an extensive service area and crosses regions



#### **Road Pavement**

Repairing, restoring, reconstructing and maintaining Pennsylvania's 120,000 miles of state and local roadways to improve your travel



## **Bicycling**

Safe bicycle routes and facilities throughout the commonwealth to get you where you need to go



## Walking

Accessible and connected routes to get you where you need to go safely



#### Passenger Rail

Intercity and commuter rail service across Pennsylvania with out-of-state connections



**Bridges** 

Repairing, replacing and maintaining Pennsylvania's 31,000 state and local bridges



#### **Interstate Highways**

Specific, prioritized investments in reconstructing Pennsylvania's 1,868 miles of Interstate Highways

# Our Priorities for You: Safety and Efficiency

The feedback is documented, reviewed and shared with our planning partners. The information is then used to help identify needs and prioritize transportation projects in the updated 12-Year Program.

Do	you	want	to	add	another	priority?
----	-----	------	----	-----	---------	-----------

	Yes	O No			
Plea	Please list your suggestion below:				





### **TELL US HOW MUCH YOU WOULD SPEND**

PennDOT faces challenges with balancing transportation needs with available financial resources. Even with the enhanced revenues generated by Act 89 of 2013, the demand for improvements far exceeds the available budget. To assist the STC and PennDOT with prioritizing investment, please share how you would budget your transportation dollars. If you had \$100 to spend on transportation, where would you allocate your resources?

Please place your budget amount in the box next to the dollar sign \$. The goal is to fund all transportation areas without exceeding your budget of \$100.



#### Preservation

All existing transportation assets are maintained and preserved at a high level of safety, reliability, and performance. This includes, but is not limited to, highway resurfacing and bridge repair and replacement.



### Bicycling/Walking

Providing safe options to access walking and biking, linking cities and communities. Investments could include bicycle lanes, pedestrian safety improvements and improved connections to other types of transportation.



#### More lanes, new roads

Building new roadways and reconstructing existing highways to increase capacity and ease traffic.



## **Technology**

Integrate state-of-the-art technology to improve the operation and safety of the transportation network. Investments could include smart traffic signals, highway message boards and other services to better inform drivers, connected and autonomous vehicles technology, and other highway, transit, and passenger rail technology.



### Ride more, drive less

Public transit, passenger rail, ride-share, and carpooling offer alternatives to driving alone. Investments could include new transit service, high-speed rail lines, increased frequency of service, High Occupancy Vehicle (HOV) lanes and park and ride lots.



## **Economic Support**

Emphasize improvements to ensure the reliable movement of goods to help get your packages to you on time. This would include additional roadway capacity and connections to support critical highway, rail, water, and airport facilities.

## Do you want to increase the budget?

Suggest how Pennsylvania can increase transportation funding.

\_\_\_\_\_





## **TELL US YOUR TRANSPORTATION ISSUES**

Please identify the categ	ory that best descri	bes your issue	(check one):	
O Bridge O Freight	Pedestrian/Bike	Roadway	Transit	
Please help us identify	the location.			
Street Name or State Ro	ute Number:			
Municipality:		(	County:	
Closest Landmark or Inte	ersection:			
Please explain the issu	ue:			
Please identify the categ	ory that best descri	bes your issue	(check one):	
O Bridge O Freight	Pedestrian/Bike	Roadway	Transit	
Please help us identify	the location.			
Street Name or State Roo	ute Number:			
Municipality: County:				
Closest Landmark or Inte	ersection:			
Please explain the issu	ue:			

Do you want to tell us more? We want to hear about it.

To provide more detailed feedback, please use the Project Feedback Form available by request. See contact information on page 5.





## **TELL US A LITTLE ABOUT YOU**

The diversity of participation in this survey is also a very important part of the transportation planning process. Please complete the remaining questions to finish the survey.

1. Your age:		5. Which stakeholder group do you primarily			
a. Under 18	f. 55-64	represent as a participant in the survey?			
b. 18-24	g. 65-74	(please select one)			
c. 25-34	h. 75-84	a. General Public			
d. 35-44	i. 85 and older	b. Government/Elected Official			
e. 45-54	j. Rather not say	c. Transportation Organization  Name			
2. Your gender:		d. Metropolitan Planning Organization/			
a. Female	b. Male	Rural Planning Organization			
c. Third gender/n	onconforming	Name			
d. I prefer to self-	describe	<ul> <li>e. Other Name Name  6. Please provide your email and phone number if you would like to receive updates and notices on future opportunities to participate.</li> </ul>			
e. I prefer not to	answer				
3. Zip code:					
4. What category best describes you?		Email:			
(select all that a	•	Phone:			
White		Tione.			
O Hispanic, Latino	or Spanish Origin	Thank you for taking the survey!			
Black or African American		PennDOT, the State Transportation Commission and			
Asian		their Planning Partners throughout the commonwealth appreciate your time and input. The results of this survey will be available for review in June of this year			
American Indian	or Alaska Native				
0		on the State Transportation Commission website:			
Middle Eastern or North African  Native Hawaiian or Other Pacific Islander		www.TalkPATransportation.com.  Please send your completed form to: Pennsylvania Department of Transportation Center for Program Development & Management			
					Some other race, ethnicity or origin
Rather not say					

PennDOT will make all reasonable modifications to policies, programs, and documents to ensure that people with disabilities and those with limited English proficiency have an equal opportunity to enjoy all of its programs, services, and activities.

Email: RA-PennDOTSTC@pa.gov

Twelve Year Program Section

Center for Program Development & Management

Attn: Daniel L. Keane, Transportation Planning Manager

400 North St., 6th Floor | Harrisburg, PA 17120-0211

To request assistance to participate in the survey, please contact the Department's Program Center by emailing RA-PennDOTSTC@pa.gov or calling 717-783-2262 from 7:30 AM to 4:00 PM. If you have other questions or challenges, contact PennDOT's Bureau of Equal Opportunity to request help by emailing beodot@pa.gov or calling 717-787-5891; TTY (711).

- or -





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