



# Fact Sheet: Social Services Transportation Advisory Council (SSTAC)



## Summary

Every two months, the SSTAC meets to discuss, and advise the Shasta Regional Transportation Agency (SRTA) on transit needs and major transit issues in the Shasta Region. The meetings consist of members from the public at large and nine to thirteen voting members appointed by SRTA. Anyone may participate at SSTAC meetings, and voting members mostly represent various groups of under-served transit users, as mandated by [Public Utilities Code §99238](#). The [current meeting agenda](#) may be downloaded one week prior to the meeting.

## Mission

Review, recommend, and promote the development and use of accessible transportation services within the Shasta Region.

## Overview of SSTAC Participation

1. Advise on needs of transit dependent and transit disadvantaged persons (see categories below)
2. Identify unmet transit needs
3. Review and recommend SRTA action on unmet transit needs
4. Advise on major transportation issues, including coordination and consolidation of transit

SSTAC composition and conduct are subject to the provisions of [Public Utilities Code §99238](#) and SRTA's [SSTAC Bylaws](#).

## Voting Members

SRTA strives to attain geographic and minority representation among the SSTAC membership from a broad representation of providers and the public. Voting members serve three-year terms and may be reappointed. SSTAC representatives consist of the categories listed below.

### Categories of SSTAC Voting Membership

- (1) One representative of existing transit users who is 60 years of age or older.
- (2) One representative of existing transit users who is disabled.
- (3) Two representatives of the local social service providers for seniors, including one representative of a social service transportation provider, if one exists.
- (4) Two representatives of local social service providers for the disabled, including one representative of a social service transportation provider, if one exists.
- (5) One representative of a local social service provider for persons of limited means.
- (6) Two representatives from the local consolidated transportation service agency, if one exists, including one representative from an operator, if one exists.
- (7) The transportation planning agency may appoint additional members.

**SHASTA COUNTY  
SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL (SSTAC)  
APPLICATION FOR APPOINTMENT**

The Shasta Regional Transportation Agency (SRTA) is seeking members of the public to serve on its SSTAC. The SSTAC advises SRTA on the transportation needs of transit dependent and transit disadvantaged persons, and other major transportation issues such as transit coordination. We encourage you to apply. If not selected as a voting member, alternates and members of the public may still participate in SSTAC meetings.

Please read the SSTAC Fact Sheet before filling out this application. Provide any additional comments or information on a separate document, attach it to the application, and return it to the address listed at the bottom of this application form. Applications are also available on line at <http://tinyurl.com/sstac>.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE: HOME:** \_\_\_\_\_ **BUSINESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

<b>WHICH SSTAC VOTING MEMBER CATEGORIES DO YOU QUALIFY FOR (SEE <b>SSTAC FACT SHEET</b>):</b>		<b>THE SSTAC MEETS EVERY OTHER MONTH. WILL YOU HAVE DIFFICULTY ATTENDING <u>THE REST OF THE MEETINGS</u> THIS TERM?</b>
<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 5	YES
<input type="checkbox"/> Category 2	<input type="checkbox"/> Category 6	
<input type="checkbox"/> Category 3	<input type="checkbox"/> Category 7	NO
<input type="checkbox"/> Category 4		

**WHAT DO YOU HOPE TO ACHIEVE ON THE COUNCIL:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BACKGROUND AND QUALIFICATIONS:**

Describe your personal experience with transit as a passenger or working for an organization (how many times or how many months/years you have ridden transit, which transit services you have used in Shasta and elsewhere, what percent of your job and *how* is it devoted to transit, etc.). Attach additional pages, if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SSTAC MEMBER DIVERSITY:**

Pursuant to CA PUC § 99238, Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq, and FTA C 4702.1B, SRTA strives to attain geographic and minority representation among SSTAC members.

A. Please mark one box in the blue section and one box in the red section.

Race and Ethnicity		
Hispanic or Latino	American Indian or Alaska Native	Other Race/Biracial/Multiracial
Not Hispanic or Latino	Asian	White
Elect not to report	Black or African American	Elect not to report
	Native Hawaiian or Other Pacific Islander	

B. Geographical area you represent (Area your agency serves; where you work/live; etc.):

**CERTIFICATION**

I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Appointment will be considered at a Shasta Regional Transportation Agency Board of Directors meeting. Any information you submit on your application will become a matter of public record.

**Return Application to:**

Shasta Regional Transportation Agency  
SSTAC  
1255 East Street, Suite 202  
Redding, CA 96001  
Phone 530-262-6190, Fax 530-262-6189, Email [srta@srta.ca.gov](mailto:srta@srta.ca.gov)

More information regarding the SSTAC and its responsibilities can be found at <http://tinyurl.com/sstac> or by contacting Keith Williams at (530) 262-6192 or by email at [kwilliams@srta.ca.gov](mailto:kwilliams@srta.ca.gov).

**If information is needed in another language, contact (530) 262-6190. Si se necesita información en español, llame (530) 262-6190.**