

What is #MDT10Ahead?

Miami-Dade County's Department of Transportation and Public Works' (DTPW) Transit Development Plan (TDP) is a ten-year strategic vision that helps Miami-Dade Transit (MDT) operate and grow a safer, cleaner, quicker, and more connected transportation system. This brief survey uses your input to influence our plans looking forward to the next decade.

What this survey does? The TDP evaluates DTPW's existing transit system, identifies ongoing and future service improvements as well as capital investments, and ultimately presents a financial plan based on available funding.

How you can help?

- Fill out and mail back this short survey to:
**Department of Transportation and Public Works
Transit Development Plan**
701 NW 1st Court, 17th Floor, Miami, FL 33136
- Submit additional comments via email at:
MDT10Ahead@miamidade.gov
- Fill out the online survey at: Follow us on social media at **@GoMiamiDade** on Twitter, Instagram, and Facebook. Use **#MDT10Ahead** to join the conversation.



Recommended Service Plan: The ten-year implementation plan guides decisions about existing and future services. The plan is based on service standards, citizen input (like this survey), and stakeholder coordination.

Capital Investment Plan: This plan prioritizes investments in buses, stations, infrastructure, and equipment needed to preserve and expand the transit system and implement the Recommended Service Plan.

Financial Plan: The financial plan identifies all available financial resources and identifies financial needs based on the Recommended Service Plan and Capital Improvement Plan.

For more details, visit:

www.miamidade.gov/MDT10Ahead

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PLACE
STAMP
HERE



MIAMI-DADE DEPT OF TRANSPORTATION
AND PUBLIC WORKS
701 NW 1ST CT FL 17
MIAMI FL 33136-9809

MIAMI-DADE COUNTY'S TRANSIT DEVELOPMENT PLAN (TDP) SURVEY

miamidade.gov/MDT10Ahead

DTPW 2026-2035 TDP Survey

At DTPW, we strive to provide a transportation system that's safe, sustainable, efficient, and connected for all County residents and visitors.

But we can't do it alone! Your feedback is instrumental in improving our County's public transportation system.

We appreciate that time is precious and so this survey should only take a few minutes.

USAGE CHARACTERISTICS

1. Why do you ride Miami-Dade public transportation?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> a. Not applicable / I do not use transit in Miami-Dade | <input type="checkbox"/> g. Comfortable passenger cars |
| <input type="checkbox"/> b. Do not own a car/driver's license | <input type="checkbox"/> h. Saves time |
| <input type="checkbox"/> c. Reliable | <input type="checkbox"/> i. Environmentally friendly |
| <input type="checkbox"/> d. Convenient | <input type="checkbox"/> j. Clean stations/ passenger cars |
| <input type="checkbox"/> e. Good value/saves money | <input type="checkbox"/> k. Proximity to home/work/other |
| <input type="checkbox"/> f. Avoids traffic congestion | <input type="checkbox"/> l. Other _____ |

2. What places do you most commonly travel to/from when you ride public transportation? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> a. Work or work-related location | <input type="checkbox"/> g. Shopping |
| <input type="checkbox"/> b. School grades K-12 | <input type="checkbox"/> h. Food and dining |
| <input type="checkbox"/> c. Vocational school | <input type="checkbox"/> i. Personal errands |
| <input type="checkbox"/> d. College/university | <input type="checkbox"/> j. Visit friends/family |
| <input type="checkbox"/> e. Medical facility (not work related) | <input type="checkbox"/> k. Entertainment |
| <input type="checkbox"/> f. Airport | <input type="checkbox"/> l. Recreational/sporting events |

3. What type(s) of transit do you use most frequently and how frequently?

| FREQUENCY | 4+ TIMES A WEEK | 1-3 TIMES A WEEK | A FEW TIMES A MONTH | RARELY | NEVER |
|-----------------------------------|-----------------|------------------|---------------------|--------|-------|
| Metrobus/ Metro Express | | | | | |
| Metromover | | | | | |
| Metrorail | | | | | |
| Municipal Circulator | | | | | |
| Special Transit Service (STS) | | | | | |
| MetroConnect (On-Demand Services) | | | | | |

4. How do you usually get to and from your bus/train stop?

- | | |
|--|--|
| <input type="checkbox"/> a. Walk | <input type="checkbox"/> e. Rideshare (Uber, Lyft, etc.) |
| <input type="checkbox"/> b. Bike or scooter | <input type="checkbox"/> f. Other _____ |
| <input type="checkbox"/> c. I drive to the station / Park and Ride | |
| <input type="checkbox"/> d. I get dropped off at the station / Kiss and Ride | |

5. How do you normally access transit service information?

- | | |
|---|---|
| <input type="checkbox"/> a. GO Miami-Dade Transit App | <input type="checkbox"/> e. Miami-Dade Transit Rider Alerts |
| <input type="checkbox"/> b. DTPW Website | <input type="checkbox"/> f. Map Services (Google/ Apple Maps) |
| <input type="checkbox"/> c. Social Media | <input type="checkbox"/> g. Other _____ |
| <input type="checkbox"/> d. Printed Schedules | |

SATISFACTION

6. How satisfied are you with public transportation services?

- | | |
|--|---|
| <input type="checkbox"/> a. Very satisfied | <input type="checkbox"/> d. Dissatisfied |
| <input type="checkbox"/> b. Satisfied | <input type="checkbox"/> e. Very dissatisfied |
| <input type="checkbox"/> c. Neutral | |

IMPROVEMENTS

7. What improvements would encourage you to use transit more often? Please rank these options from 1 (highest) to 11 (lowest) priority.

- | | |
|---|--|
| ___ a. More frequent service | ___ g. Better first/last mile options |
| ___ b. Shorter wait times | ___ h. Expanded hours |
| ___ c. Bus/train arrives on-time | ___ i. Expanded routes/ coverage |
| ___ d. Better connectivity to other transit services/ modes | ___ j. Safety / Security |
| ___ e. Lower fares | ___ k. More stop amenities including shelters, benches |
| ___ f. Cleaner stations/ vehicles | |

8. What should DTPW's Strategic Priorities be for the next 10 Years? Please rank these options from 1 (highest) to 7 (lowest) priority.

- | |
|--|
| ___ a. More rail service |
| ___ b. Expanded bus service |
| ___ c. Reduced-fare options |
| ___ d. Safer stops/stations |
| ___ e. Bike lanes and scooter-friendly routes |
| ___ f. Zero-emission vehicles |
| ___ g. More bus stop amenities including shelters, benches |

SAFETY

9. How would you rate the overall safety of public transportation system in Miami-Dade County?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> a. Very safe | <input type="checkbox"/> d. Unsafe |
| <input type="checkbox"/> b. Safe | <input type="checkbox"/> e. Very unsafe |
| <input type="checkbox"/> c. Neutral | |

Please explain your answer: _____

10. The sidewalks, bike paths, or other ways of getting to your nearest transit stop are safe and easy to use.

- | | |
|--|---|
| <input type="checkbox"/> a. Strongly agree | <input type="checkbox"/> d. Disagree |
| <input type="checkbox"/> b. Agree | <input type="checkbox"/> e. Strongly disagree |
| <input type="checkbox"/> c. Neutral | |

Great job! You are almost done.
The next few are optional.

DEMOGRAPHICS OPTIONAL QUESTIONS

11. Which gender do you identify with?

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> a. Male | <input type="checkbox"/> b. Female | <input type="checkbox"/> c. Prefer not to answer |
|----------------------------------|------------------------------------|--|

12. What is your age group?

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> a. Under 16 | <input type="checkbox"/> e. 45-54 |
| <input type="checkbox"/> b. 16-24 | <input type="checkbox"/> f. 55-64 |
| <input type="checkbox"/> c. 25-34 | <input type="checkbox"/> g. Over 65 |
| <input type="checkbox"/> d. 35-44 | |

13. Which best describes your race/ethnicity

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> a. Asian | <input type="checkbox"/> d. Spanish/Latino/ Hispanic |
| <input type="checkbox"/> b. Black/African American | <input type="checkbox"/> e. American Indian |
| <input type="checkbox"/> c. White | <input type="checkbox"/> f. Other |

14. What is your household's approximate total annual income?

- | | |
|--|--|
| <input type="checkbox"/> a. Less than \$15,000 | <input type="checkbox"/> f. \$55,000-\$74,999 |
| <input type="checkbox"/> b. \$15,000-\$24,999 | <input type="checkbox"/> g. \$75,000-\$99,999 |
| <input type="checkbox"/> c. \$25,000-\$34,999 | <input type="checkbox"/> h. \$100,000+ |
| <input type="checkbox"/> d. \$35,000-\$44,999 | <input type="checkbox"/> i. Prefer not to answer |
| <input type="checkbox"/> e. \$45,000-\$54,999 | |

15. How many working motor vehicles are available in your household?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> a. None | <input type="checkbox"/> c. Two |
| <input type="checkbox"/> b. One | <input type="checkbox"/> d. More than two |