

ONSITE REVIEW OF SECTION 5310 RECIPIENTS BY THE MISSOURI DEPARTMENT OF TRANSPORTATION

Revised: 12/03/12

Recipient's Name: _____
Type of Organization: _____
Address of Organization: _____
Phone Number: _____
Person Contacted: _____
Email Address: _____
Reviewer: **Jessica Keathley**
Date of Onsite Review: _____

Part One - General Accounting/Documentation:

Section One: General/Financial/Miscellaneous

1. What are the major capital needs for your organization in the next fiscal year?

Five years? _____

2. Where does the agency obtain its 20 percent matching funds?

_____.

3. What measures does the organization take to accurately track all inventory of capital items? _____.

4. Inspect all other capital assets, i.e., radio and computer equipment. (*Note serial numbers in reviewer comments section*).

5. What are recipient's main source(s) of revenue and/or contracts for providing services? What percent of each is Federal, State or Local? _____

_____.

6. What finding, if any, did your organization have in the last A-133 audit? Did the organization receive \$500,000 in federal funds in one year? (Determine sufficiency of financial management and retrieve a copy of the annual OMB A-133 audit). _____.
7. During the past year has anyone been refused transportation? _____.
8. What were the reason(s) for refusing transportation service? _____
_____.
9. If the recipient has \$100,000 in grant funded vehicles, does it lobby? ____ If yes, what amount was paid to the lobbyist? What funds did your organization use to pay the lobbyist's fee? _____
10. What are the recipient organizations future vehicle needs?
_____.
11. Does the recipient ever provide exclusive school bus services, tripper services?
_____.
12. What type of driver/safety training does the recipient provide its employees and/or volunteers, i.e., passenger assistance, lift, defensive driving, drug & alcohol, etc? _____.
13. Is the recipient organization aware of the driver/safety training that is available through the Rural Transportation Assistance Program (RTAP) from MoDOT? ____
_____.
14. Does the recipient organization conduct a drug and alcohol program? _____
15. Is the recipient aware of the **FTA versus FMCSA** Drug and Alcohol Testing requirements? _____
16. What efforts does the organization make to ensure maximum feasible coordination? _____.
17. List organizations with whom you coordinate transportation: _____
_____.

Section Two: Civil Rights

1. Does your organization have any Title VI hiring/service provision policies in place? _____ (If yes, obtain a copy/example).

2. Did the organization receive more than \$1,000,000 in federal funds (or \$250,000 in federal planning funds) and does the organization have 50 or more employees? _____.
3. If yes to question 2, has the organization complied with **EEO** program requirements? (Review EEO Plan)? _____.
4. Has your organization had any Title VI Civil Rights complaints filed against it since the last Section 5310 onsite review? _____. Was the MoDOT 5310 program manager notified? _____. Were the problem(s) resolved? _____. (If MoDOT was not notified obtain a copy(s).
5. Does your organization have any Equal Employment Opportunity (EEO) policies in place? _____. (If yes, obtain a copy/example).
6. Has your organization had any EEO complaints filed against you since the last Section 5310 onsite review? _____. Were they resolved? _____.
7. Did your organization receive more than \$250,000 in Federal funds in the past fiscal year? If so, what did your organization do to comply with Federal Disadvantaged Business Enterprise (DBE) requirements? _____
_____.
8. How are ADA service issues handled by your organization and do you have a written policy? (*If yes, obtain a copy/example*) Has your organization had any ADA complaints filed against it since the last 5310 on site review? _____. Was the problem(s) resolved? _____.
9. Are brochures/schedules/other documents provided in language(s) other than English when the agency's Limited English Proficiency plan Four Factor Analysis indicates that the Safe Harbor Provision applies? _____
_____.
10. If you have only one accessible vehicle, what policies or contracts do you have in place to insure an accessible vehicle is available during all services hours? _____
 - a. Service is shut down _____
 - b. Contract with another provider to furnish vehicle _____
 - c. Other _____

Section Three: Vehicle and Equipment Maintenance, Control and Utilization

Type(s) and number of vehicles and equipment: Lift Equipped _____
Non-Accessible _____
Other Equipment _____

1. As a minimum, are all Section 5310 vehicles maintained in accordance with the manufacturers suggested preventative maintenance schedule? _____
(Review maintenance records).
2. Are all accessible Section 5310 vehicles covered by ADA requirements maintained in such a manner that ensures all lifts, securement devices, ramps, signage and systems that allow communications with hearing and vision impaired individuals readily accessible to and usable by those individuals? _____.
3. What, if any procedures are in place, i.e., Pre-trip inspections, lift PM, etc for the ADA requirements? _____
_____.
4. What vehicles does the organization use to provide charter service? _____
_____.
5. How does the organization ensure that charters are incidental and do not shorten the vehicles' useful life? (Please provide supporting documentation and review annual charter publication and responses to this process). _____
_____.
6. How is out of order ADA required equipment identified, is it repaired promptly? _____
_____.
7. What reasonable steps are in place to accommodate individuals with disabilities who would otherwise use the feature? _____

_____.

8. Does recipient lease any Section 5310 vehicles to other transportation providers?
_____. If so, does the lease agreement ensure adherence to all requirements contained in the Capital Assistance Grant Agreement? _____.
Has MoDOT provided written authorization/approval of the lease agreement?
_____.
9. Are the Section 5310 vehicle(s) being used for the purposes for which the grant was approved? _____. How many one-way trips were provided in the previous years, how many elderly/persons with disabilities one-way units?
_____(Examine trip sheets, billing invoices, manifests and also compare total number of rides against elderly and/or persons with disabilities rides).
10. Are any Section 5310 vehicles being utilized for meal delivery service for home bound individuals? _____ If yes, does this service conflict with the provision of transit services or result in a reduction of service to transit passengers? _____
11. Current in-service equipment is not excessive for service being provided?
_____ (Examine vehicle mileage, number of passengers per trip, etc.)
12. Non-vehicle Section 5310 equipment items (radios, computers, etc) being properly controlled and utilized properly. _____
13. Is adequate insurance maintained to protect the Federal interest of the fair market value of the vehicle(s)? (View current copy of policy declaration page)

Part Two – Section 5310 Vehicle Inspection Checklist:

Grantee: _____

Vehicle/Unit #: _____ Accessible/None Accessible

Seating Capacity/# Wheel Chair Positions _____ Vehicle Leased _____

Year: _____ Make: _____ Model: _____

VIN: _____

Inspection Location: _____ Title Onsite: _____

Odometer Reading: _____ Date/Mileage Last PM: _____

Insurance Card: _____ Fire Extinguisher: _____ Reflective Triangles: _____

First Aid Kit: _____ Blood Path Kit: _____ Seat Belt Cutter: _____

MoDOT Stickers: _____ Pre/Post Trip Inspection Log: _____

A/C Working: _____ Heater Working: _____ Wipers Functional: _____

Lift Accessible: _____ # Tie-Downs present and functional: _____/_____

Interior appearance: _____ Exterior appearance: _____

General Comments: _____

Part Two – Section 5310 Vehicle Inspection Checklist:

Grantee: _____

Vehicle/Unit #: _____ Accessible/None Accessible

Seating Capacity/# Wheel Chair Positions _____ Vehicle Leased _____

Year: _____ Make: _____ Model: _____

VIN: _____

Inspection Location: _____ Title Onsite: _____

Odometer Reading: _____ Date/Mileage Last PM: _____

Insurance Card: _____ Fire Extinguisher: _____ Reflective Triangles: _____

First Aid Kit: _____ Blood Path Kit: _____ Seat Belt Cutter: _____

MoDOT Stickers: _____ Pre/Post Trip Inspection Log: _____

A/C Working: _____ Heater Working: _____ Wipers Functional: _____

Lift Accessible: _____ # Tie-Downs present and functional: _____/_____

Interior appearance: _____ Exterior appearance: _____

General Comments: _____

**ANNUAL REVIEW OF SECTION 5311 RECIPIENTS
BY THE MISSOURI DEPARTMENT OF TRANSPORTATION**

Recipient's Name: «Grantee»
Type of Organization: «Type_of_Org»
Address of Organization: «StreetBox»
Phone Number: «Telephone»
Contact Person: «First_Name» «Last_Name»
Email Address: «EMail»
Reviewer: _____ Date of Review: _____

Section One, Organization Overview:

1. Type(s) of transportation service provided
fixed route with complementary paratransit ____ deviated fixed route ____
demand/response ____ taxi coupon ____ other _____
2. Days and hours of operations for transportation services
Mon-Fri _____ Sat _____ Sun _____
Hrs _____ Hrs _____ Hrs _____
3. Annual operating budget _____
_____ % administration _____ % operating
4. List main sources of revenue
_____ federal ____ state ____ local ____
_____ federal ____ state ____ local ____
_____ federal ____ state ____ local ____
_____ federal ____ state ____ local ____
5. Insurance for federally funded equipment and/or facilities
_____ insurance company
_____ expiration date of policy
Type(s) of insurance carried
collision on vehicles _____ liability on vehicles _____
building/equipment replacement _____ directors' liability _____
building/equipment liability _____
other _____
6. Specialty services provided (charter, tripper, package/meal delivery, etc.)

Section Two, Operations

1. Transportation operating deficit for the most recent ended fiscal year:

2. Number of one-way trips provided in the previous fiscal year: _____
3. Average daily fare collection: _____
Fare per ride: _____

Are fares discounted for the elderly/disabled? _____

If yes, list fare: _____

What procedures are followed to ensure donations and fares are properly accounted for? _____

4. How long are trip sheets and other Section 5311 records retained?

5. When scheduling trips, do you require a 24-hour advance reservation?

6. What maintenance procedures do you follow for lift-equipped vehicles?

7. List organizations with whom you coordinate transportation: _____

Do you ever coordinate transportation (such as long distance medical) with other Section 5311 providers? _____

8. How does your organization ensure that charters are incidental and do not shorten the vehicles useful life? _____

(check for documentation supporting this)

9. What vehicles and facilities does your organization use to provide charter service?

10. What findings, if any, did your organization have in the last independent audit?

Have these findings been resolved? _____

11. Describe procedures for assembling drivers and vehicles in case of emergency.

12. Did your organization perform any lobbying activities in the last fiscal year? ____

If so, what amount was paid to the lobbyist? _____

What funds did your organization use to pay the expense of the lobbyist?

Section Three: Substance Abuse Program

(See also: **Appendix A: Policy Review questions,**
Appendix B: Drug and Alcohol Program Manager questions,
Appendix C: Records Management questions)

1. Which company(s) does your organization use for alcohol and drug testing?

Did you procure the contract competitively and does the contract contain all the require FTA certifications and assurances? _____

2. Describe the Substance Abuse training you have conducted in the last year for current employees, new employees, and supervisors. _____
3. What does your organization do with employees who test positive for drugs or alcohol? _____
4. You are required to randomly test employees for drugs and alcohol, what percentage do you test for drugs? _____ and alcohol _____?
5. Were there any positive random tests in the past two years? _____
How were those positive tests handled? _____
6. Were there any random test refusals in the past two years? _____
How were those refusals handled? _____
7. In the past two years, were any dilute negative test results experienced? _____
If so, how were dilute negative tests handled? _____
8. How many safety sensitive employees were hired in the past two years? _____
What were the results of the pre-employment tests over the past two years? _____
For candidates with prior professional driving experience, what documented efforts were made to obtain substance abuse testing information from prior employers? _____
9. In the past two years, how many accidents involved fatalities, or injuries requiring transport from the accident scene or disabling vehicle damage? _____
For such accidents, how many post-accident tests were conducted? _____
For those same accidents, when post-accident testing was not conducted, what documentation shows the justification for not testing? _____
10. In the past two years, were any reasonable suspicion tests conducted of safety-sensitive employees? _____
If so, what were the results? _____
If not, why not? _____
11. Were any return to duty or follow-up tests conducted in the past two years? _____
12. Are any safety-sensitive functions (excluding maintenance for 5311 sub-recipients) provided by contractors? _____ If so, are those contractor employees covered by the transit agency's substance abuse program or the contractor's substance abuse program? _____
If covered by the contractor's program, provide a copy of the contractor substance abuse policy conforming to Part 40 and Part 655. _____
13. In the past two years, how many instances have safety-sensitive employees been held off from work due to legal drugs that impair driving ability? _____
14. Review last 12 months tests for days of the week, days of the month, and time of day.

Section Four: Capital

1. Ask to see copy of inventory of capital items _____
2. Where does your organization derive local match for capital projects? _____

How does your organization secure those dollars each year? _____

3. What are the major capital needs for your organization in the next fiscal year?
_____ Five years? _____
4. What is your organization's largest barrier to capital? _____
5. What can MoDOT do to help your organization? _____
6. Does your organization escrow 15% of your non-federal, non-MoDOT funds to provide match for capital acquisitions? _____ (Review savings/checking account for these records.)

Section Five: Procurement

1. Do you have a written procurement policy? _____
2. Is the policy in compliance with the most current version of FTA Circular 4220.1, as amended? _____
(compare date of last policy amendment to last amendment of 4220.1)
3. What federally funded procurements did your organization perform in the past fiscal year? _____
4. Has your organization procured any architectural and/or engineering services since the last field audit? _____
If yes, were the requirements of the Brooks Act followed? _____
5. How does your organization provide full and open competition in procurement? _____

6. What real property did your organization acquire this year via FTA funds that flowed through MoDOT? _____
7. Has your organization performed any vehicle procurement on its own? _____ (Provide supporting documentation that demonstrates all applicable federal laws were followed.)
How were Buy America provisions handled? _____
8. Does your organization lease any equipment, vehicles, or facilities? _____
Has your organization established written cost effectiveness criteria for leasing?

9. Does your organization know where to locate the list of federally suspended and debarred contractors? _____
10. Review DBE spreadsheet with grantee.

11. Procurement(s) Test:
 - a. item(s)/services procured _____
 - b. dollar value _____
 - c. procurement type (invitation to bid, quotes, RFP) _____
 - d. how was procurement made known to potential vendors? _____

 - e. was MoDOT's DBE directory reviewed for potential DBE certified vendors and were they notified? _____
 - f. what documentation is included with each procurement tested? _____

Section Six: Civil Rights , EEO, and ADA Compliance

1. Has anyone has been refused service in the last 48 months? _____ If yes, explain.

2. Does your organization have EEO and Title VI employment policies in place?

3. Has your organization received any Title VI or EEO complaints in the last 48 months?
_____ If so, were they resolved? _____

- (ask to see documentation)
4. Do you have written set of rider rules? _____
5. Do you have a written complaint procedure, including a Title VI complaint form?

- (ask to see procedures and form)
6. Are service animals and medical equipment (oxygen tanks) permitted on all vehicles?

7. Do rider brochures/schedules/other documents include on Title VI, service animals, and service equipment _____
8. Are these brochures/schedules/other documents provided in language(s) other than English when the agency's Limited English Proficiency plan Four Factor Analysis indicates that the Safe Harbor Provision applies? _____
9. How are ADA service issues handled by your organization? _____
How many vehicles are wheelchair equipped? _____
10. If you have only one accessible vehicle, what policies or contracts do you have in place to insure an accessible vehicle is available during all service hours? _____
service is shut down _____
contract with another provider to furnish vehicle _____
other _____
11. Did your organization receive more than \$1 Million in federal funds (or \$250,000 in federal planning funds) and employ 50 or more employees? _____
If so, what did your organization do to comply with EEO program requirements? _____

For Fixed route Service Only

7. If multiple routes serve the same stops, is each vehicle clearly marked as to what route it serves? _____
8. Are all stops accessible? _____
If not, how are inaccessible stops identified? _____
9. Do drivers announce all major stops verbally _____
Do drivers announce all stops if a passenger requests it? _____
10. Do new drivers receive ADA training before beginning work? _____
Do new drivers receive formal training in lift deployment and wheelchair securement before beginning work? _____
11. Does ADA training for drivers include the following:
 - a. service animals are permitted _____
 - b. standees allowed to use lift _____
 - c. allowing adequate time for boarding/alighting _____
12. Is the following information included in route schedules/other documents?
 - a. respirators and oxygen tanks are permitted _____
 - b. route maps with non-accessible stops labeled _____
 - c. qualifications for paratransit eligibility _____
13. Is recovery/slack time allowed for when scheduling routes to make up for additional time taken for wheelchair or other disabled riders boarding/alighting? _____

Section Seven: Documentation to be provided

1. Insurance policy(s)
2. EEO and Title VI employment policies (if applicable)
3. Trip sheets
4. Log for administrative vehicle(s)
5. Drug & Alcohol Training procedure and policy
6. Completed Drug & Alcohol MIS reports for the previous two years
7. Copy of Capital/Fixed Asset Register
8. Purchasing Guidelines and documents showing procurements comply with all federal regulations
9. Rider Policy(s)
10. Bank statement for escrow account for local match

Section Eight: Physical Site Inspection

1. Inspect vehicles.
 - Check for insurance card in all vehicles
 - Review maintenance log for each vehicle
 - Check for safety equipment, vehicle condition, etc
 - Are Title VI notices posted in all vehicles?

2. Inspect facilities.

Are facilities ADA accessible?

Check for all federally funded capital assets

Are Title VI notices posted in public and employee areas?

Section Nine: Intercity Bus (only for ICB sub-recipients)

Maintenance:

1. Does Provider have a written maintenance plan? _____

2. Are manufacturer's recommendations being followed or is the plan more restrictive?

3. Compare maintenance plan/manufacturer's recommendations to actual maintenance records for each federally funded vehicle.

4. Ask for "breakdown" records for each vehicle. How many breakdowns occurred per miles operated on the Missouri sections of the routes? _____

5. How long was the average delay for the breakdowns (if any)? _____

6. How does your organization inventory equipment, vehicles and facilities obtained with federal funds? (Compare inventory records)

Substance Abuse Prevention Program

(See also: **Appendix A: Policy Review questions,**
Appendix B: Drug and Alcohol Program Manager questions,
Appendix C: Records Management questions)

1. Review testing records for randomness and minimum percentages for testing (50% drug testing for CDL/10% alcohol testing). _____

2. Review accident records for drug/alcohol testing compliance. _____

3. Which company(s) does your organization use for alcohol and drug testing? Did you procure the contract competitively and does the contract contain all the required FTA clauses and certifications?

4. Describe the Substance Abuse Program training you have conducted in the last year for current employees: _____

In the last year for new employees: _____

In the last year for supervisors: _____

5. What does your organization do with employees who test positive for drugs or alcohol?

6. Review last 12 months of random tests for days of the week, days of the month, and time of day for testing:

7. How does your agency reconcile compliance with FTA requirements and FMCSA Substance Abuse Program requirements?

ADA Compliance

1. Were new coaches procured in the past three (3) years? _____.

If yes, what ADA required accessibility features were included?

2. Were any coaches re-manufactured in the past three (3) years? _____.

If yes, did that rebuilding of the bus extend its useful service life five (5) or more years?

If yes, what required accessibility features were included in that process?

3. Are all of your company's coaches accessible to persons with disabilities? _____

If no, how is equivalent service provided to persons with disabilities?

If no, does your company require up to 48 hours advance notice for accessible service?

4. Is or will 100% of your fleet be accessible by October 29, 2012? _____

If no, does your company plan to request a time extension from the USDOT Secretary?

If no, what other methods (leasing?) will be used to meet the compliance date?

5. How does your company assure accessibility for persons with disabilities travelling on interlined trips?

6. Does your company operate demand-response (charter) over-the-road bus service?

If yes, how does your company address the needs of individuals with disabilities?

7. Does your company use no more than 25% of your buses for fixed-route service? _____

If yes, as a small mixed-service operator, does your company conduct all of its trips on an advance-reservation basis?

(Note per 49 CFR 37.191 (b) – a small mixed-service operator is not required to comply with the accessible bus acquisition/equivalent services obligations of 49 CFR 37.183 (b))

8. How does your company handle intermediate stops and rest stops when transporting individuals with disabilities?

9. Does your company own, lease or control any facility at which a rest stop or an intermediate stop takes place? _____

If yes, where are those stops located and how do those stops comply fully with applicable requirements of the ADA?

10. Do any of your company's coaches have on-board inaccessible restrooms?

If yes, for express runs of three (3) hours or more without a rest stop, how does your company address the needs of passengers with disabilities who cannot use the inaccessible onboard restroom?

11. Please describe your company's system of regular and frequent maintenance checks of lifts to determine if they are operative?

12. If a coach driver finds a lift inoperative, by what method and how immediate is that information conveyed to company supervisors?

13. How are accessibility features, other than lifts, inspected and maintained?

14. How soon is a coach with an inoperative lift taken out of service?

15. If no other vehicle is available to replace a coach with an inoperative lift, what is the maximum number of days that a coach with an inoperative lift will remain in service?

16. How does your company handle the situation where the number of wheelchair users exceeds the number of securement positions available on the coach?

17. In what instances have persons with disabilities been denied service?

18. Have company representatives ever requested non-company personnel to assist a person with disabilities in boarding a coach or with other assistance?

19. Has the company ever requested a passenger with disabilities to reschedule a trip or change travel time in order to receive transportation?

20. What, if any, differences exist in the provision of reservation services for persons with disabilities compared to those provided other passengers?

21. By what means, and how often are company personnel trained to proficiency in the following areas:

a. Operation of accessibility features and equipment

b. Maintenance of accessibility features and equipment

c. Boarding assistance

d. Securement of mobility aids

e. Sensitive and appropriate interaction with passengers with disabilities

f. Handling and storage of mobility devices

g. Familiarity with ADA requirements in 49 CFR Part 37 – Subpart H – Over the Road Buses

22. What is company policy for the securement of wheelchairs?

23. How do company policy and/or procedures address the situation when the mobility device cannot be secured or restrained satisfactorily by the vehicle's securement system?

Are transfers (to a passenger seat) required in such situations (#23)?

24. May standees use the wheelchair lift?

25. How does the company identify transfer points, major intersections, destination points and intervals along the route for the purpose of announcements to passengers?

26. How do coach drivers handle requests for specific stops to be announced?

27. At places where more than one route services a stop, such as terminals, what provisions are made by which an individual with a visual impairment or other disability can identify the proper vehicle to enter?

28. What is the company's policy with regards to service animals accompanying persons with disabilities?

29. What accessible formats does the company provide to enable users with disabilities to obtain information and schedule service?

30. What is the company's policy or procedures with regards to transporting people using a respirator or portable oxygen supply?

Operations:

1. How are FTA/MoDOT funded vehicles assigned to routes?

2. How are vehicles assigned to routes that run in Missouri?

3. What have been the type and frequency of service complaints?

4. What have been the type & frequency of vehicle crashes/accidents?

5. How does your organization address the requirements for liability, casualty and property insurance?

6. How is on-time performance measured and what schedule adherence issues have been experienced with Missouri routes?

7. Describe procedures for assembling drivers and vehicles in case of an emergency.

8. What findings, if any, did your organization have in the last independent financial audit? How were those findings resolved?

9. When was your organization's last FMCSA audit or inspection? What were the findings, if any, and how were those findings resolved?

10. How are liability and casualty insurance requirements addressed?

Procurement:

1. What materials, goods, supplies, consumables or services does your organization obtain with the funds received from MoDOT?

2. If MoDOT grant funds were involved, then what procurement methods were used to obtain those materials, goods, supplies, consumables and/or services?

3. Review procurement solicitation documents for compliance to FTA and MoDOT requirements.

4. Review procurement contract documents for compliance to FTA and MoDOT requirements.

Civil Rights:

1. Title VI – Nondiscrimination –

a. Does your organization have a written antidiscrimination policy?

b. How does your organization receive and process discrimination complaints? How is that process documented?

c. What has been your organization's history of discrimination complaints and lawsuits?

2. Equal Employment Opportunity (EEO)

a. Did your organization receive more than \$1 Million in federal transit funds (or \$250,000 in federal planning funds) and employ 50 or more employees? If so, what did your organization do to comply with EEO program requirements?

b. In absence of a formal EEO program document, how does your organization ensure that applicants are hired in a nondiscriminatory manner and that the composition of the workforce by race and sex mirrors that of the applicable labor markets?

3. Disadvantaged Business Enterprise (DBE)

a. How does your organization make certified DBE firms as well as minority and women-owned firms aware of procurement opportunities?

b. How does your organization identify certified DBE firms?

c. What language does your organization incorporate in solicitation advertisements and contracts with respect to the DBE program?

d. How does your organization track and record DBE involvement?

4. Section 504 of the Rehabilitation Act of 1973 / A.D.A. (also above)

a. How does your organization address disability issues involving employees and customers?

b. How does your organization receive and process complaints from individuals with disabilities? How is that process documented?

c. Does your organization have an ADA transition plan or an ADA evaluation plan? What issues were identified in those plans?

5. Environmental Justice

a. How are minority and low income populations impacted by the services provided by your organization?

b. By what methods are minority and low income populations provided with meaningful input into the decisions for the delivery of intercity bus service?

6. Limited English Proficiency (LEP)

a. Has an analysis been undertaken to determine the need for customer and employee documents in a language other than English?

b. What materials does your organization provide in a language other than English?

**ANNUAL REVIEW OF SECTION 5309 RECIPIENTS
BY THE MISSOURI DEPARTMENT OF TRANSPORTATION**

Recipient's Name:
Type of Organization:
Address of Organization:
Phone Number:
Director of Organization:
Email Address:
Reviewer: _____ Date of Review: _____

Section One, Organization Overview:

1. Type(s) of transportation service provided, i.e.,
fixed route with complementary paratransit _____
deviated fixed route with complementary paratransit _____
demand/response _____
taxi coupon _____
other _____

2. Days and hours of operations for transportation services
Mon-Fri _____ Sat _____ Sun _____
Hrs _____ Hrs _____ Hrs _____

3. Annual operating budget _____

4. List main sources of revenue

_____	federal	___	state	___	local	___
_____	federal	___	state	___	local	___
_____	federal	___	state	___	local	___
_____	federal	___	state	___	local	___
_____	federal	___	state	___	local	___

5. Insurance for federally funded equipment and/or facilities

_____	insurance company
_____	expiration date of policy

Type(s) of insurance carried

collision on vehicles	_____
liability on vehicles	_____
building/equipment replacement	_____
building/equipment liability	_____
other	_____

6. Specialty services provided (charter, tripper, package/meal delivery, etc.)

Section Two, Operations

1. Do you have written maintenance procedures for your vehicles, shop equipment, facilities?

2. List organizations with whom you coordinate transportation _____

3. Do you have a written drug & alcohol policy? (Review Federal Drug and Alcohol Testing Program requirements at this time.)

4. Describe the Substance Abuse training you have conducted in the last year for current employees: _____, new employees _____, and supervisors _____

5. What does your organization do with employees who test positive for drugs or alcohol?

6. You are required to randomly test employees for drugs and alcohol, what percentage do you test for drugs? _____ and alcohol _____?

7. Review last 12 months tests for days of the week, days of the month, and time of day.

8. Review and discuss the annual MIS Report.

9. How does your organization ensure that charters are incidental and do not shorten the vehicles useful life? Please provide documentation supporting this.

10. What vehicles and facilities does your organization use to provide charter service?

11. What findings, if any, did your organization have in the last independent audit? Have these findings been resolved? _____

12. Describe procedures for assembling drivers and vehicles in case of emergency. _____

Section Three, Capital

1. Ask to see copy of inventory of capital items

2. What federally funded procurements did your organization perform in the past fiscal year?

3. How does your organization provide full and open competition in procurement? _____

4. What real property did your organization acquire this year via FTA funds that flowed through MoDOT? _____

5. Has your organization performed any vehicle procurement on its own? Provide supporting documentation that demonstrates all applicable federal laws were followed. How were Buy America provisions handled? _____

6. Did your organization receive more than \$1 Million in federal funds (or \$250,000 in federal planning funds) and employ 50 or more employees? If so, what did your organization do to comply with EEO program requirements?

7. Does your organization lease any equipment, vehicles, or facilities? Has your organization established written cost effectiveness criteria for leasing?

8. Where does your organization derive local match for capital projects? How does your organization secure those dollars each year?

9. Does your organization know where to locate the list of federally suspended and debarred contractors?

_____ <http://epls.arnet.gov> _____

10. What are the major capital needs for your organization in the next fiscal year? Five years?

11. What is your organization's largest barrier to capital?

12. Did your organization perform any lobbying activities in the last fiscal year? If so, what amount was paid to the lobbyist? What funds did your organization do to pay of the expense of the lobbyist?

13. What can MoDOT do to help your organization?

Section Four, Civil Rights and ADA Compliance

1. Has anyone has been refused service in the last 12 months? If yes, explain.

2. Does your organization have EEO and Title VI employment policies in place?

3. Has your organization received any Title VI or EEO complaints in the past year? If so, were they resolved?

4. Do you have written set of rider rules? _____
Do you have a written complaint procedure? _____

Are service animals and medical equipment (oxygen tanks) permitted on all vehicles? _____
Do rider brochures/schedules/other documents include this information? _____

5. How are ADA service issues handled by your organization? How many vehicles are wheelchair equipped? _____

6. If you have only one accessible vehicle, what policies or contracts do you have in place to insure an accessible vehicle is available during all service hours?
service is shut down _____
contract with another provider to furnish vehicle _____
other _____

For Fixed route Service Only

7. If multiple routes serve the same stops, is each vehicle clearly marked as to what route it serves? _____

8. Are all stops accessible? _____ If not, how are inaccessible stops identified? _____

9. Do drivers announce all major stops verbally? _____
Do drivers announce all stops if a passenger requests it? _____

10. Do new drivers receive ADA training before beginning work? _____
Do new drivers receive formal training in lift deployment and wheelchair securement before beginning work? _____

11. Does ADA training for drivers include the following:
a. service animals are permitted _____
b. standees allowed to use lift _____
c. allowing adequate time for boarding/alighting _____

12. Is the following information included in route schedules/other documents?
a. respirators and oxygen tanks are permitted _____
b. route maps with non-accessible stops labeled _____
c. qualifications for paratransit eligibility _____

13. Is recovery/slack time allowed for when scheduling routes to make up for additional time taken for wheelchair or other disabled riders boarding/alighting?

Section Five, Documentation to be provided

1. Insurance policy(s)
2. EEO and Title VI employment policies (if applicable)
3. Drug & Alcohol Training procedure and policy
4. Completed Drug & Alcohol MIS reports for the previous two years
5. Copy of Capital/Fixed Asset Register
6. Purchasing Guidelines and documents showing procurements comply with all federal regulations
7. Rider Policy(s)

Section Six, Physical Site Inspection

- 1. Inspect vehicles.
 - Check for insurance card in all vehicles
 - Review maintenance log for each vehicle
 - Check for safety equipment, vehicle condition, etc

- 2. Inspect facilities.
 - Are facilities ADA accessible?
 - Check for all federally funded capital assets

Reviewer's comments:

Reviewers Signature

Date

I concur that by affixing my signature below that all answers and comments given are true and accurate to the best of my knowledge.

Recipient Signature

Date