

**CALTRANS Administered FTA Section 5310 Program
Agency Monitoring**

Agency Name:

Date:

Contact Name:

Telephone Number:

Email Address:

GENERAL MONITORING QUESTIONS

1. What type(s) of Caltrans funded 5310 project(s) has your agency been awarded: (check all that apply)

- Operating Assistance
 - Mobility Management
 - Vehicle
 - Equipment
-
-

2. What type of clientele is served daily? (check all that apply)

- Seniors
 - Individuals with Disabilities
 - General public
 - Other _____
-

3. Are bi-annual reports current? Yes No

3rd Party Contracting

4. Do you currently have a third party contract for operating, mobility management, or an MOU or third party contract utilizing* the Section 5310 vehicles? Yes No

5. Did you receive Caltrans approval for the MOU or contract? Yes No If no, please explain and request copy for review and approval. _____

6. Provide the name and description of the agency with whom the grantee is contracting: _____

7. How long is the MOU or contract in effect? _____

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Disadvantaged Business Enterprise (DBE)

8. **A. Is the current and signed DBE Implementation Plan uploaded into BlackCat?** Yes No

- If no, please upload signed agreement within 30 days.

B. Please provide the name and contact information for your agency's Disadvantaged Business Enterprise Liaison Officer (DBELO).

- **Has the DBELO changed?**

Yes No

- **Does the DBELO have direct and independent access to the CEO or highest official in the organization?**

Yes No

C. If applicable, has your agency submitted to Caltrans the required semi-annual reporting forms (Uniform Report and ADM-3069) for periods April 1 – September 30 and October 1 – March 31, within 10 business days after the end of each reporting period?

Yes No

- If yes, please provide the last semi-annual reporting forms that were submitted to Caltrans and review the report with the agency's representative.
- If no, your agency is non-compliant with the terms and conditions of the standard agreement.

D. If applicable, please provide a copy of each signed contract between your agency and a certified DBE for work to be performed on this standard agreement. This must include name, address of the DBE, DBE certification number, a description of work to be performed, the dollar amount and signature of the DBE.

If you do not have any DBE contracts, then please include documentation to demonstrate your good faith efforts to hire a DBE. Examples of Good Faith Efforts include, but not limited to:

- Ensuring DBE's are aware of contracting opportunities by advertising for DBE on your website, focus groups, meetings, news, events, journal, etc.;
- Soliciting disadvantaged businesses by fax, e-mail, and telephone; and
- Justification of why work cannot be broken down into smaller tasks or quantities such as for example (uniforms, supplies, office supplies, janitorial services, preventative maintenance, vehicle repairs, etc.)

This must include documentation to demonstrate no available DBE to perform the work is available OR copies of solicitations/advertisements, AND explanation.

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E. If applicable, has your agency substituted any DBE contracts for your current awarded contracts?

Yes No

- If yes, then you must provide a justification for the substitution of not utilizing a DBE firm.

F. If applicable, has your prime contractor received prior Caltrans' DBELO approval for the termination for convenience by not utilizing a DBE firm?

Yes No

- If yes, please provide the approval documentation.
- If no, your agency is non-compliant with the terms and conditions of the standard agreement.

G. If applicable, does your agency perform on-site monitoring of every contract which DBE participation is claimed including contracts for professional services?

Yes No

- Who is performing the on-site monitoring review? Please provide a daily activity log of the date of the site review.
- If no, please provide us a plan within 60 days of when you will start performing on-site monitoring.

H. Please describe your agencies process for handling complaints and/or protests relating to the DBE Program.

- Please provide a copy of your agency's policy.
- If your agency does not have a process in place, please provide a process for handling complaints within 60 days of this finding.

I. Has your agency received any complaints or procurement protests alleging that you did not comply with the DBE regulations for federally funded projects?

Yes No

- If yes, please provide documentation.
- If no, go to the next question.

J. If applicable, please provide a copy of the canceled checks for the contracted amount of the work performed by the DBE firm.

- If there are no cancelled checks, please provide verifiable accounting documents that payments were made to the DBE firm for the contracted work performed.

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Equal Employment Opportunity

9. How many transit-related employees does your agency have? 1-49, 50-99 or 100+

10a. Does the agency post notices setting forth an Equal Employment Opportunity policy? Yes
 No

10b. Are the EEO notices posted in a conspicuous place? Yes No

11a. Describe how the agency's EEO policies are made available to employees and applicants?

11b. If required, does your agency have an approved EEO Plan uploaded in BlackCat?

Yes No

(Note: Abbreviated plans are required for agencies with 50-99 transit-related employees or operating assistance in excess of \$1 million in the previous federal fiscal year or received planning assistance in excess of \$250,000 in the previous federal fiscal year and a full plan is required for agencies with 100+ transit-related employees – and received in excess of \$1 million in capital and/or operating assistance in the previous federal fiscal year, or received in excess of \$250,000 in planning assistance in the previous federal fiscal year)

Title VI Requirements

12. Is the current/DRMT approved Title VI Plan uploaded in BlackCat? Yes No

12. Are Title VI Notices posted on/in:

- Agency's Website
- Public areas of the agency's office(s), including reception desk and meeting rooms
- Transit vehicles

13. Instructions on filing a Title VI discrimination complaint and complaint form are posted on agency's website?

Yes No If No, please explain. _____

14. Any Title VI investigations, complaints or lawsuits filed since Title VI Plan approved or last Title VI update?

Yes No If Yes, please explain. _____

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Americans with Disabilities Act Requirements

15. Does your agency have a process in place to resolve disability-related complaints from the public?

Yes No If Yes, please explain. _____

16. Has your agency received any complaints of discrimination due to disability?

Yes No If Yes, please explain. _____

17. Does the FTA Office of Civil Rights have any open complaints on file against your agency?

Yes No If Yes, please describe the nature of the complaint(s) and actions taken to date. _____

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Americans with Disabilities Act Service Provision Requirements

18. Does the provider maintain access features? (Entry doors, bathrooms, vehicles)

Yes No If No, please explain. _____

19a. Are provider communications and public information about transportation services available using accessible formats and technology?

Yes No If No, please explain. _____

19b. ADA complaint process: is the policy made available on agency's website or other public information site?

Yes No If No, please explain: _____

19b1. Does the agency keep a summary of complaint files for at least five years?

Yes No - If No, please explain: _____

19c. Does the subrecipient have a reasonable modification policy? If so, obtain a copy.

Yes No:

If No, please explain: _____

19c1. Is the policy on the agency website or in public information materials?

Yes No

If No, please explain: _____

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VEHICLE PROJECTS ONLY

20. Are lifts in operating condition?

Yes No If No, please explain. _____

21.a. Are the lifts and securements properly used?

Yes No If No, please explain. _____

21.b. Lift and Securement Use – **(confirm policy)** – transportation of all mobility devices that lifts/ramps can accommodate - (may not refuse service if device cannot be used) driver will provide assistance as needed, standees may use lifts.

Yes No If No, please explain. _____

22. Does the provider allow service animals onboard? Yes No

Is there a written policy? Yes No If No, please explain. _____

23. Does the provider use the accessibility features it has?

Yes No If No, please explain. _____

24. Does the provider allow persons using respirators or portable oxygen? Yes No

Is there a written policy? Yes No If No, please explain. _____

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25. Does the provider allow adequate time for vehicle boarding and disembarking? (How do you address the situation when you are running behind schedule and you have clients that require more time boarding and disembarking? Do you have a procedure? Is this covered in your New Driver Training?)

Yes No If No, please explain. _____

26. Does the agency provide for personal attendant when necessary? Yes No.

If so, is training provided? Yes No.

Is there a written policy? Yes No.

If No, please explain. _____

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OPERATING ASSISTANCE PROJECT MONITORING QUESTIONS

COMPLETE ONE FORM FOR EACH ACTIVE OPERATING ASSISTANCE STANDARD AGREEMENT

Standard Agreement Number:

Is your agency on track to meet its Performance Measures as outlined in your 5310 application?

Yes No If No, please explain. _____

If your agency is not on track to meet its Performance Measures, what steps has your agency taken to get your project back on track?

Has the scope or description of the project changed since the time of application?

Yes No If yes, please explain. _____

Was the change in scope/description approved by Caltrans? Yes No

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MOBILITY MANAGEMENT PROJECT MONITORING QUESTIONS

COMPLETE ONE FORM FOR EACH ACTIVE MOBILITY MANAGEMENT STANDARD AGREEMENT

Standard Agreement Number:

Based on your agency's Mobility Management Plan, is your agency on track to meet its Performance Measures as outlined in your 5310 application?

Yes No If No, please explain. _____

If your agency is not on track to meet its Performance Measures, what steps has your agency taken to get your project back on track?

Has the scope or description of the project changed since the time of application?

Yes No If yes, please explain. _____

Was the change in scope/description approved by Caltrans? Yes No

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VEHICLE MONITORING PROJECT QUESTIONS

1. What type of service is provided?

- Subscription
 - Dial a Ride
 - Fixed Route
 - Other _____
-

2. Is the service area as described in the application still accurate? Yes No If no, specify below:

- Routes and areas _____
- Vehicle assignment _____

3. What are the daily hours of operation? _____ AM to _____ PM

4. Are services primarily provided to seniors and persons with disabilities? Yes No If no, explain:

5. Is "incidental service"* provided? If so, please describe: _____

*Incidental service is defined as transportation service beyond the agency's regular service to their disabled and/or senior clients. Incidental service may include, but is not limited to, meal delivery to the homebound, weekend excursions for agency's clients, and service to the public on an incidental (occasional) basis. **Incidental service is allowed to the extent that the incidental service does not interfere with regular service to individuals with disabilities and seniors. Charter service is not allowed.**

6. Do the vehicles have idle time? Yes No If yes, describe indicating time of day: _____

7. Has the agency properly disposed of all vehicles that have been replaced with Section 5310 funds?

Yes No If no, please explain: _____

8. Are you coordinating with agency(s) mentioned in application? Yes No If no, please explain:

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9a. Describe any new coordination of vehicles and/or related activities and identify coordinating agency(s):

10. Is the agency's usage of the equipment meeting the conditions of the Standard Agreement(s)?

Yes No If no, please explain: _____

10.a. Do changes described in question 10 above require:

- Written justification/documentation by the grantee*
 - Modification/amendment to the standard agreement*
- *(note: refer to Headquarters liaison for follow-up)*

11. Is the Certificate of Liability Insurance current? Yes No
Date of Coverage _____

12. Is a preventative maintenance program in place? Yes No

A. Please provide proof of compliance of preventative maintenance program.

13. Check off if the following records are maintained? Did Caltrans Staff review the records?
Yes No

- Driver's record - participates in DMV Pull Notice Program
- System for dispatching vehicles and training of staff in the dispatching function
- Last CHP Inspection report available
- New Drivers Orientation and Training, including classroom, behind the wheel and testing and certification
- On-going drivers safety training
- Sensitivity Training
- Emergency Preparedness, First Aid and CPR training
- Contingency plan when equipment is out of service
- Driver's authorized vehicle trip record
- Daily Vehicle Inspection Report – Pre and Post trip inspections (including positive cycling of wheelchair lift).
- Inspection, Maintenance, Lubrication and Report Records
- Vehicle Preventative and Routine Maintenance Plan (including for Wheelchair Lift/Ramp)
- Drug testing, if appropriate

14. Have any vehicles been involved in an accident? Yes, continue below. No

14a. Was the accident reported to Caltrans? Yes No If no, describe incident below: _____

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14b. Were repairs completed? Yes No If no, please explain. _____

18. Overall comments: _____

EQUIPMENT PROJECT MONITORING QUESTIONS

1. Base Station Yes No Serial No.

2. Computer Yes No Serial No.

3. Tablets Yes No Serial No.

Serial No.

Serial No.

Serial No.

4. How is the computer system utilized?

5. Other Equipment Yes No If yes, list equipment.

6. General Comments:

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FTA 5310 Reviewer:

- All forms are complete and accurate
- All deficiencies are identified and documented

General Comments and Followup needed:
