

# Division of Rail and Mass Transportation

**2020**

**Agency Monitoring Visit**

**for**

**Agency Name:**

**Agency Representatives:**

**Site Visit Date:** [Click here to enter a date.](#)

**Prepared by:**

**California Department of Transportation  
Division of Rail & Mass Transportation  
Federal Rural Transit Programs**

**Name(s):**

**Phone Number(s):**

**Email Address(es):**



## OVERVIEW

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The California Department of Transportation (Caltrans), Division of Rail and Mass Transportation (DRMT), District Transit Representative will conduct compliance reviews of all subrecipients that have received or are currently receiving Federal Transit Administration (FTA) funding administered by DRMT. The review will examine the subrecipient's oversight practices in order to evaluate subrecipient compliance with FTA and program requirements. The compliance review consists of an on-site review of subrecipient file documents (FTA and program requirements), management practices, implementation of FTA programs, and inspection of FTA funded assets. There are ten areas comprising the review. These include programs, and inspection of FTA funded assets. Subrecipients are subject to the standard agreement under Article II General Terms and Conditions, Clause 5-Enforcement/Remedies for Non-Compliance. Failure to comply with the terms and conditions of the standard agreement may result in the withholding of federal funds for reimbursement, withholding of new federal awards and or the suspension or termination of the standard agreement.

Is this agency's organization contacts in BlackCat up to date?

Yes  No

Is this agency's organization important documents current and uploaded in BlackCat? (Title VI, EEO, ADA, DBE, TAM and Maintenance Plans)

Yes  No

a. If no, when do you plan on uploading the important documents in BlackCat?

## FINANCIAL MANAGEMENT

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Pursuant to 49 CFR 18.20 and FTA Circular 5010.1D, Ch. VI, subrecipients are required to have adequate accounting and financial record keeping standards to manage federal transit grant funds.

1. Are there comprehensive written policies and procedures for your fiscal/accounting system?

Yes  No

**2. Are there procedures for determining the eligibility (direct and indirect cost) for reimbursements? Please describe your agency's procedures.**

Yes  No

**3. Are requests for reimbursements reviewed to ensure that only allowable expenses have been submitted? Please describe who prepares the request for reimbursement, who reviews, certifies and signs the final documents?**

Yes  No

**4. Please describe your agency's procedures to prevent over and/or duplicate billings?**

**5. Are contractor(s) and/or employees paid in a timely manner?**

Yes  No

**6. Were any indirect costs charged to the grant? If yes, are costs supported by an indirect cost allocation plan which was prepared in accordance with 2 CFR Part 200 and approved by Caltrans, the FTA or cognizant agency?**

Yes  No

**7. Does your agency provide service in an urbanized area? If yes, what methodology do you use to segregate the urban costs from the rural costs?**

Yes  No

**Comments:** \_\_\_\_\_

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**8. Have you changed fares since your last review?**

Yes  No

**9. How did you notify the public of the fare change?**

Agency Website  Newspaper  Radio  Flyer

Public Hearing  TV/Cable  Other Specify:

**10. Was an analysis done on the impact of the low income?**

Yes  No

- a. If yes, what was the result of the analysis. Please provide a copy of the analysis.

## PROCUREMENT

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**5310, 5311, 5311f, 5316, 5317, and 5339 Federally Assisted Procurements: (Place an X next to the applicable Programs) “Third-party contracts, modifications, and exercising optional periods of performance require DRMT approval prior to implementation. Subrecipient agencies implementing third-party contracts, modifications, or option years without prior approval risk being denied FTA reimbursement.”**

1. **How many third-party contracts does your agency have?**

a. If none, skip to DBE

2. **How many of the third-party contracts are for operating/preventive maintenance assistance?**

3. **How many of the third-party contracts are for capital projects?**

4. **Have you received DRMT approval for all current third-party contracts supported with 5310/5311/5311f/5316/5317/5339 funding?**

Yes  No

- a. If no, please identify the third-party contracts and provide a copy of the executed contract by the end of this monitoring meeting.

5. **Have any third-party contracts been amended, modified, and/or optional period of performance been exercised?**

Yes  No

6. **Have you received DRMT approval for all current third-party contracts, amendments, modifications, and/or the exercise of option periods supported with FTA funding?**

Yes  No  N/A

- a. If no, please identify the third-party contracts and provide a copy of the executed amendment, modification, and/or exercise of optional period of performance by the end of this monitoring meeting.

**7. Identify current third-party contracts, contractors, expiration dates for the base term, and optional periods of performance:**

<b>Contract Service/Good</b>	<b>Contractor</b>	<b>Base Period</b>	<b>Optional Period(s)</b>
<i>Example: Operating Assistance</i>	<i>We Operate, Inc.</i>	<i>7/1/2003-6/30/2008</i>	<i>Yr. 1: 7/1/2008-6/30/2009 Yr. 2: 7/1/2009-6/30/2010</i>

**DISADVANTAGED BUSINESS ENTERPRISE (DBE)**

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

**Has the DBELO changed?**

Yes  No

**Is the DBE Implementation Agreement signed by your agency’s CEO?**

Yes  No

a. If yes, please provide a copy of the signed DBE Implementation Agreement.

b. If no, please provide us a signed agreement within 30 days.

**2. 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

a. If yes, please provide the last semi-annual reporting forms that were submitted to Caltrans and review the report with the agency’s representative.

b. If no, your agency is non-compliant with the terms and conditions of the standard agreement.

- 3. 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 no 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.**

- 4. Has your agency substituted any DBE contracts for your current awarded contracts?**

Yes  No

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

- 5. Has your prime contractor received prior Caltrans' DBELO approval for the termination for convenience by not utilizing a DBE firm?**

Yes  No

a. If yes, please provide the approval documentation.

b. If no, your agency is non-compliant with the terms and conditions of the standard agreement.

- 6. Does your agency perform on-site monitoring of every contract which DBE participation is claimed including contracts for professional services?**

Yes  No

a. Who is performing the on-site monitoring review? Please provide a daily activity log of the date of the site review.

b. If no, please provide us a plan within 60 days of when you will start performing on-site monitoring.

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

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

**8. 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

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

**9. Please provide a copy of the cancelled 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.**

**TRANSIT ASSET MANAGEMENT (TAM)**

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**1. Does your agency have a current FTA compliant Transit Asset Management Plan?**

Yes  No

***Policies and Procedures***

**2. Does your agency make incidental use of any FTA funded asset?**

Yes  No

Incidental Use: The limited authorized non-transit use of project property. Such use must be compatible with the approved purposes of the project and not interfere with intended public transportation uses of project property. An incidental use does not affect a property's transit capacity or use. FTA may concur in incidental use after the award of the grant. **(Example would be a transit agency facility/station/building that rents out a space for a coffee kiosk and magazine stand.)**

- a. If yes, was Caltrans and FTA approval obtained? Yes  No
- b. Is continuing control of the property maintained? Yes  No
- c. Is revenue derived from the incidental use applied for transit planning, capital, or operating expenses? Yes  No
- d. Please describe the nature of your agency's FTA funded asset's incidental use:

### ***Inventory***

**3. Have there been any changes to the status of real property and/or equipment since the last monitoring visit?**

Yes  No

a. If yes, was the change captured/noted in the BlackCat Grants Management system.

Yes  No

**4. Is there a security control system (fencing, security systems, etc.) in place to prevent loss, damage or theft of property?**

Yes  No

a. Please describe your security control system. (Please attach documentation on separate sheet).

### ***Maintenance Program (Please review agency's Maintenance Plan prior to visit)***

#### **5. Inspection Checklist**

- |                                                                                                                                                                                                 |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| a. Are pre-trip inspections conducted?                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Does the preventive maintenance plan describe the inspection procedures for each item listed on the inspection servicing checklist?                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Does the schedule indicate when (according to mileage or time) each service is scheduled to be performed?                                                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Does the schedule indicate the date/mileage when services were performed?                                                                                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Using the vehicle maintenance log with the service schedule and pre-trip inspection checklist, compare when a service was due vs. when service was performed. Is the correlation reasonable? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Is any FTA funded equipment operated by your agency under warranty? If yes, how are claims for warranties requested?                                                                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Are warranty claims pursued prior to seeking reimbursement from Caltrans? ( <b>Ask for document of any recent claims made.</b> )                                                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |

#### **6. Maintenance Procedures for Accessible Equipment**





January 1 – March 31	April 30
April 1 – June 30	July 30
July 1 – September 30	October 30
October 1 – December 31	January 30

<https://www.transit.dot.gov/regulations-and-guidance/access/charter-bus-service/charter-bus-service-quarterly-reports>

## SCHOOL BUS

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1. **Is federally funded equipment or facilities used to provide school bus operations exclusively for the transportation of students and school personnel?**

Yes  No

2. **Is “Tripper Service” provided? *School tripper service should operate and look like all other regular service.***

Yes  No

“Tripper service,” “allows grantees to provide service, which is mass transit service modified to accommodate the needs of school students and personnel. Buses used for tripper service must be clearly marked as open to the public and may not carry designations such as “School Bus”. These buses may stop only at a grantee’s regular service stop. All routes traveled by tripper buses must be within a grantee’s regular route service as indicated in their published route schedules. The purpose of this provision is to ensure that buses acquired with Federal assistance are clearly perceived by the public as available to their use.

## AMERICANS WITH DISABILITIES ACT (ADA)

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1. **Does your agency have a policy in place to resolve disability-related complaints from the public?**

Yes  No

a. If yes, please describe the policy.

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

Yes  No

a. If yes, what is the status of the complaint/s?

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

Yes  No

a. If yes, please describe the nature of complaints and actions taken to date.

**4. Is the complaint policy made publicly available on agency's website or any other public information site?**

Yes  No

**5. Does your agency keep complaint files for at least 5 years?**

Yes  No

***Securement, Lift, Availability and Access (Ask for their written policy to cover questions 6, 7, 11, 12 and 25)***

**6. Are the lifts and securements properly used?**

Yes  No

**7. Does your agency allow service animals onboard?**

Yes  No

a. Is there a written policy? Yes  No

**8. Are your agency's communications and public information about transportation services available using accessible formats and technology?**

Yes  No

**9. Does your agency allow persons using respirators or portable oxygen?**

Yes  No

a. Is there a written policy? Yes  No

**10. Does your agency allow adequate time for vehicle boarding and disembarking?**

Yes  No

**11. Does your agency allow for personal attendant when necessary?**

Yes  No

- a. If so, is training provided? Yes  No
- b. Is there a written policy? Yes  No

**12. Are fares charged for personal care attendants?**

Yes  No

***Training and Service Equivalency***

**13. Is training provided to agency personnel and subcontractors for the safe operation of vehicles, accessibility equipment, and the proper treatment of persons with disabilities?**

Yes  No

- a. Number of staff trained this year:

**14. Using the same type of service (i.e., fixed route, paratransit, demand response), is the fare and service provided to a disabled passenger no more than twice the fare that is charged to a non-disabled passenger?**

Yes  No

**15. Are trips prioritized for any purpose?**

Yes  No

- a. If yes, please describe. (Please attach documentation on separate sheet):

**16. How does your agency ensure that there is no pattern or practice of trip denials?  
(Have agency provide copy of log for last 90 days)**

- a. Untimely pick-ups?
- b. Missed trips?
- c. Excessively long trips?

**17. How are trip denials recorded?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Paratransit as a Complement to Fixed-Route Service**

**18. Is a fixed route service provided?**

Yes  No

a. If no, skip to question 30. If yes, do you have a Complementary Paratransit Plan?

Yes  No

**When was the plan updated? Initial paratransit plans have been required since January 26, 1992.**

**19. Are eligibility decisions for Americans with Disability Act (ADA) and Dial-a-Ride made within 21 working days of receipt of completed application?**

Yes  No

**20. Is there an appeals process?**

Yes  No

**21. Does the process allow the applicant the opportunity to be heard and to present information?**

Yes  No

**22. Are customers allowed to place their requests until the close of business on the day preceding service?** *Next-day service does not mean 24 hours advance reservation. This means that if your normal business hours are 8:00 a.m. to 4:00 p.m. on weekdays, then reservation services must be provided during that time frame, until 4:00 p.m.*

Yes  No

**23. Are trips scheduled within one hour of the requested trip time?**

Yes  No

**24. Are fares charged to ADA individuals using Paratransit service no more than twice the fixed route fare?**

Yes  No

**25. Is service provided within 3/4 mile of fixed routes?**

Yes  No

**26. Is service available during the same hours and days as fixed route?**

Yes  No

***Blended Paratransit*** - Transportation service that provides ADA Complementary Paratransit on the Same Vehicle as the Fixed Route Service. In limited circumstances, subrecipients and private nonprofit entities are allowed to provide both ADA Complementary Paratransit service on the same vehicle as the Fixed Route service. The fixed route vehicle deviates only for people with disabilities who have been determined to be eligible for ADA Paratransit service. Service must be provided according to the same requirements for complementary paratransit (eligibility process and service criteria such as service area, response time, fares, absence of trip purpose restrictions, hours and days of service and origin to destination service). Agencies providing this service option shall have policies and procedures in place to ensure that the service operates without capacity constraints (for example, trip denials, untimely pickups) as specified in ADA regulations.

**27. Does your agency provide Blended Paratransit service?**

Yes  No  N/A

a. If yes, provide your agency's policy and procedures for service criteria for complementary paratransit.

**28. Does your agency have an eligibility process to ensure non-fixed route ADA riders are eligible to utilize Blended Paratransit service?**

Yes  No  N/A

**29. Does the Blended Paratransit service meet the same criteria as complementary paratransit service?** In terms of: (1) Response time; (2) Fares; (3) Geographic area of service; (4) Hours and days of service; (5) Restrictions or priorities based on trip purpose; (6) Availability of information and reservations capability; and (7) any constraints on capacity or service availability.

Yes  No  N/A  **Comments:**

***Route Deviation Service*** - To be considered demand responsive, the service must deviate for the general public, not just persons with disabilities. If deviations are restricted to a particular group, the service ceases to be a form of demand-responsive service for the general public. ***(Check agency website prior to visit.)***

**30. Does your agency provide route deviation service?**

Yes  No  N/A

If yes, continue below...

**31. Is the route deviation service open to the general public?**

Yes  No  N/A

**32. Is the service publicly advertised as route deviation service?**

Yes  No  N/A

**33. Observation Check: Caltrans staff should observe a minimum of one of the following subrecipient functions. It is recommended the transit agency be contacted prior to performing any observation.**

- a.  Riding the service
- b.  Observing transit agency reservation process
- c.  Observing transit agency scheduling
- d.  Observing transit agency dispatching
- e.  Observing ADA complementary paratransit eligibility process

**Description of the Results of the Observation:**

## TITLE VI

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### *Complaints and Lawsuits (Site Visit)*

**1. Is the public made aware of the option to file a Title VI complaint with organizations other than the subrecipient (i.e. Caltrans and/or FTA)?**

Yes  No

If yes, who:

***Observation Check: Caltrans Staff should observe the agency's website prior to and during the visit. (We recommend that staff travel with a laptop during agency visits.)***

### **During Site Visit**

2. **Is the Title VI Notice to the employees and the public posted in a conspicuous place? (i.e. on vehicle, in lobby, on timetable/Rider’s Guide and/or other printed material)?**

Yes  No

a. Is notice available for LEP Population (Limited English Proficient Population)?

Yes  No

3. **Examples of translated documents available for the LEP? (If subrecipient serves or potentially serves a significant LEP population).**

Yes  No

### **EQUAL EMPLOYMENT OPPORTUNITY**

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1. **Does your agency employ 100 or more transit-related employees, and; receive capital or operating assistance in excess of \$1,000,000.00, or; receive planning assistance in excess of \$250,000?**

Yes  No

a. If yes, reviewer observed EEO Notices posted on job advertisements, in break rooms, employee manuals, etc?

Yes  No

2. Does your agency have an approved EEO Plan? The FTA requires that all agencies regardless of the number of employees, must have an approved EEO Plan in place but not required to be submitted to the FTA if the agency has less than 100 employees.

Yes  No

**If no, provide timeframe to have an EEO Plan in place.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **DRUG AND ALCOHOL PROGRAM**

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*Pursuant to 49 CFR Part 655, recipients of Section 5311 funds must have a drug and alcohol testing program in place for all safety-sensitive employees. Transit Providers are required to maintain a drug-free workplace for all employees and to have*



an ongoing drug-free awareness program. FTA retains oversight of Drug and Alcohol monitoring for Section 5307 Transit Providers.

**1. Is the transit service subcontracted?**

Yes  No

a. If yes, how do you monitor subcontractors with safety sensitive employees to ensure drug and alcohol testing programs are administered in accordance with the regulations?

**2. Does your agency and/or your contractors have drug testing programs for safety-sensitive employees?**

**Agency** Yes  No  N/A   
**Contractor** Yes  No  N/A

**3. Does your agency and/or your contractors with safety-sensitive employees have a drug and alcohol policy?**

a. If yes, when were these policies last updated?

**Agency** Yes  No  N/A   
**Contractor** Yes  No  N/A

**4. Does your agency and/or your contractors with safety-sensitive employees conduct the required types of drug and alcohol testing?**

**Agency** Yes  No  N/A   
**Contractor** Yes  No  N/A

**5. Are your agency and/or your contractors' confidential drug and alcohol testing result records kept in a location that is locked and inaccessible to other employees? (Please physically verify on-site when conducting the agency monitoring visit.)**

**Agency** Yes  No  N/A   
**Contractor** Yes  No  N/A

**OVERALL COMMENTS**

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## RESULTS OF THE REVIEW

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Compliant  Noncompliant

**Total Number of Deficiencies:**

**Description of Deficiencies:**

**Measures to Prevent Recurrence(s):**

**Caltrans Representatives:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
Please print name

**Agency Representatives:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
Please print name

**Monitoring done by state employee and is a visual inspection only.**