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? ______

______________________________

7/15/2020
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 □

   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. 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. 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. 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. 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. 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.

7/15/2020
Equal Employment Opportunity

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

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

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

Title VI Requirements

12. Is the current Title VI Plan uploaded into 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. 

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. 

7/15/2020
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. ________________

Americans with Disabilities Act Service Provision Requirements

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

☐ Yes  ☐ No  If No, please explain. ________________________________

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

☐ Yes  ☐ No  If No, please explain. ________________________________

VEHICLE PROJECTS ONLY

20. Are lifts in operating condition?

☐ Yes  ☐ No  If No, please explain. ________________________________

21. Are the lifts and securements properly used?

☐ 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.

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.
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 (page 16)?

☐ 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
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 (page 16)?

☐ 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
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:

7/15/2020
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

7/15/2020
14a. Was the accident reported to Caltrans? □ Yes □ No  If no, describe incident below:  
__________________________________________________________________________________

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.  
__________________________________________________________________________________

4. How is the computer system utilized?  
__________________________________________________________________________________

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

6. General Comments: