FTA SECTION 5310 PROGRAM
SUBRECIPIENT SITE VISIT REVIEW REPORT

Date:

Representative of NYSDOT conducting Site Visit:

Name of Subrecipient:

Representative of Subrecipient Interviewed (Name, Title, Email/Phone):

☐ CHECK IF ATTACHMENTS ARE INCLUDED WITH THIS REPORT

I. Subrecipient Legal Authority

Enter the Subrecipient’s charity registration number below (if applicable):

Confirm the charity registration number and annual filing that is current with Office of the Attorney General (www.charitiesnys.com)

☐ YES    ☐ NO    ☐ Not Applicable

II. Subrecipient Civil Rights Compliance

A. Title VI – Civil Rights

Does the agency have a Title VI Plan that informs the public of Title VI obligations?

☐ YES    ☐ NO

Does it include a statement that the agency is committed to nondiscriminatory service?

☐ YES    ☐ NO

Does it include a description of the procedures that members of the public should follow to request information about the agency’s nondiscrimination obligations?

☐ YES    ☐ NO
Does it include a description of the procedures that members of the public should follow to file a discrimination complaint?

☐ YES  ☐ NO

Describe how the agency ensures that services are available:


Have there been any written complaints?

☐ YES  ☐ NO

If yes, can documentation be provided:


Does the agency document how the grant-funded transportation services are provided on an equal basis, including minority and low-income communities?

☐ YES  ☐ NO

Does the agency have documentation of the public comments received when the service plan is proposed to be changed, bus stops are being added or deleted and fares are being changed?

☐ YES  ☐ NO  ☐ Not Applicable

Does the agency provide documentation of public comment opportunities when planning new services and capital facilities?

☐ YES  ☐ NO  ☐ Not Applicable

Does the agency provide documentation of a plan to identify Limited English Proficiency (LEP) individuals, develop a language assistance program, train staff, provide notice and monitor/update the plan?

☐ YES  ☐ NO

B. Equal Employment Opportunity – Civil Rights

Does the agency have written personnel policies and procedures covering recruitment, hiring, compensation, termination, etc.?

☐ YES  ☐ NO
Does the agency include an equal employment opportunity statement in job announcements?

☐ YES  ☐ NO

Does the agency provide documentation on the recruitment of minorities and persons with disabilities for employment and volunteerism?

☐ YES  ☐ NO

Describe:

Has the agency had a written complaint alleging discrimination in its employment practices in the last 3 years?

☐ YES  ☐ NO

If yes, is documentation provided on resolution:

Does the agency receive federal operating or capital funds in excess of $1 million or planning funds in excess of $250,000, and employ 50 or more employees?

☐ YES  ☐ NO

III. Subrecipient Agency Management & Vehicle Operation

A. Passenger Transportation Service Records

☐ Review the Elderly/Disabled Number of Consumers, One-Way Passenger Trip, Trip Purpose, Vehicle Mileage, Operating Expenses and Operating Revenue tracking information
  • Does this information Corroborate Semi-Annual Reports?  ☐ Yes  ☐ No

If No, Explain in further detail:

☐ YES  ☐ NO
B. Annual Audit
Does the agency receive $500,000 or more annually from all sources of federal of funds?

☐ YES  ☐ NO

If yes, does the agency obtain a Single Audit per the Federal Office of Management and Budget (OMB) A-133 circular?

☐ YES  ☐ NO  ☐ Not Applicable

Is the Federal Single Audit forwarded to NYSDOT?

☐ YES  ☐ NO  ☐ Not Applicable

C. Continuing Control of Assets
☐ Operating Expenses and Maintenance/Repair Record tracking information

- Does this information Corroborate Semi-Annual Reports?  ☐ Yes  ☐ No

If No, Explain in further detail:


Does the agency operate other equipment purchased with state or federal grant funds?

☐ YES  ☐ NO

Is the primary use of the equipment appear to be consistent with the original purpose of the equipment?

☐ YES  ☐ NO

Does the agency show procedures that protect the equipment from misuse, misappropriation, waste and unwarranted deterioration or destruction?

☐ YES  ☐ NO

Does the agency show documentation that it conducts a physical inventory of equipment on a regular basis?

☐ YES  ☐ NO

Frequency:  

D. Transit Operations
Are transit operations open to members of the general public?

☐ YES  ☐ NO

If no, identify eligible passengers:


Does the organization have NYSDOT Operating Authority?

☐ YES  ☐ NO

E. Transportation Coordination
Is the subrecipient’s representative knowledgeable of the Coordinated Plan and the plan’s priorities to evaluate current transportation service performance and to plan for new services?

☐ YES  ☐ NO

Did the subrecipient explain a transportation coordination or vehicle sharing arrangement with other agencies?

☐ YES  ☐ NO

If yes, name agencies:


If no, explain reason:


F. Transportation Safety
Has the agency had an accident or incident requiring one or more of the following within the past year?

a. Vehicle crash requiring the vehicle to be towed from scene?
   □ YES  □ NO

b. Vehicle crash causing driver or passenger injuries, which required medical assistance?
   □ YES  □ NO

c. If yes to either of the above questions, was the driver determined to be at fault?
   □ YES  □ NO

d. Was a citation issued to the driver?
   □ YES  □ NO

e. Were there any moving violations issued to drivers while driving agency equipment, or in the course of agency duties?
   □ YES  □ NO

   If yes, explain:
   

f. Were there any passenger or employee incidents (slip, trip, fall) requiring medical assistance?
   □ YES  □ NO

   If yes, describe:
   

Does the agency have a safety committee?
 □ YES  □ NO

Does the agency investigate accidents and incidents?
 □ YES  □ NO

Does the agency have a communicable disease plan?
 □ YES  □ NO
Does the agency have an “hours of service” policy for drivers?

☐ YES ☐ NO

G. Vehicle Maintenance Records
Does the agency have a written vehicle maintenance plan?

☐ YES ☐ NO

If yes, date written or last updated:

Maintenance manager’s name/title:

H. Charter Bus
Does the agency use federally funded equipment, facilities or operating funds to support charter operations, defined as: “transportation provided at the request of a third-party for the exclusive use of a bus or van for a negotiated price, or transportation provided on an irregular basis or limited duration with a premium fare or paid for by a third party”?

☐ YES ☐ NO

I. School Bus Services
Does the agency use federally funded equipment, facilities or operating funds to offer exclusive school bus services to students?

☐ YES ☐ NO

Does the agency provide tripper service, defined as “regularly scheduled service open to the public, designed to accommodate the needs of school students and personnel using fare collections or subsidy systems”?

☐ YES ☐ NO

If yes, describe:
J. Drug and Alcohol Testing
Does the agency require CDL (commercial driver licenses) for all drivers operating vehicles with a capacity of 16 passengers or more (including the driver)?

| YES | NO |

If yes, does the agency comply with drug and alcohol testing regulations 49 CFR 382?

| YES | NO | Not Applicable |

Does the agency cross state-lines to provide transit services?

| YES | NO |

If yes, does the agency have Federal Motor Carrier Authority (FMCA) to cross state-lines, or is exempt from the regulation?

| YES | NO | Not Applicable |

IV. Subrecipient Compliance with the Americans with Disabilities Act (ADA)

Did the agency provide documentation of pre-trip checklist include cycling the lift to ensure that it is working order and checking for the presence and condition of the tie-downs in the securement area?

| YES | NO |

Does the agency provide information to the public regarding availability of accessible services?

| YES | NO |

If yes, please describe how:

[Blank space]
Does the agency operate Public Fixed-Route or Demand Responsive Service?

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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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If yes to above, answer the following questions:

Does the agency have a complementary paratransit service that provides services to persons with disabilities who are unable to use or access the fixed route?

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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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If yes, can documentation be provided concerning the service strategy:


Does the agency have a program to determine eligibility for paratransit services?

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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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If yes, can documentation be provided concerning eligibility determinations:


Does the agency offer services to non-ADA passengers, in addition to ADA eligible?

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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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If yes, do the agency’s policies protect ADA eligible passengers’ access to service?

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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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Can documentation be provided that equivalency standards are met for the following: Response time?

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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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Fares (no more than twice that of regular fixed-route fare)?

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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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Geographic area of service (Provided at least ¾ mile)?

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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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Can documentation be provided of service denials?

<table>
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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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END OF REPORT