INSTRUCTIONS

As a subrecipient of the NYS Department of Transportation (NYSDOT) under the FTA Section 5310 Program, through which your agency received federal financial assistance, your agency is required to respond to this Pre-Site Visit Questionnaire. Answer each of the following questions under each Section (I., II., III. & IV.), either Yes, No or Not Applicable (if available). These questions apply only to federally funded equipment when specific to the grant equipment.

Once all questions are completed, enter the Name, Title, Date, Contact Phone & Email, and Signature of the Authorized Representative of the Agency, and return entire Questionnaire to:

<table>
<thead>
<tr>
<th>via mail:</th>
<th>via email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYS Department of Transportation</td>
<td><a href="mailto:mhaas@dot.state.ny.us">mhaas@dot.state.ny.us</a></td>
</tr>
<tr>
<td>Public Transportation Bureau</td>
<td></td>
</tr>
<tr>
<td>50 Wolf Road, POD 54</td>
<td></td>
</tr>
<tr>
<td>Albany, NY 12232</td>
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</tbody>
</table>

If you should have questions concerning this Questionnaire, please contact the NYSDOT Public Transportation Bureau at (518) 457-8335 or email mhaas@dot.state.ny.us.

QUESTIONNAIRE

Legal Name of Subrecipient responding:

[ ]

DBA (if applicable):

[ ]

<table>
<thead>
<tr>
<th>Subrecipient Mailing Address</th>
<th>Physical Address of Federally Funded Equipment</th>
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</table>
I. Subrecipient Legal Authority

If a private not-for-profit agency, does the agency have federal 501(c)(3) non-profit status, and is it a registered non-profit corporation in the State of New York (charity registration number and annual filing that is current with Office of the Attorney General)?

☐ YES  ☐ NO  ☐ Not Applicable

Enter the Subrecipient’s charity registration number below:

II. Subrecipient Civil Rights Compliance

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, describe:

☐ YES  ☐ NO
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 offer the public an opportunity to comment 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 public comment opportunities when planning new services and capital facilities?

☐ YES  ☐ NO  ☐ Not Applicable

Does the agency have 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

**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 recruit 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, please describe and indicate if resolved:
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

**Passenger Transportation Service Records**

Does the agency use software to track ridership provided?

☐ YES  ☐ NO

Are records accessible on-site where vehicle equipment is located?

☐ YES  ☐ NO

Is the schedule/dispatch log compared with passenger reports on a regular basis?

☐ YES  ☐ NO

Do agency records account for all requests for service, including ride refusals?

☐ YES  ☐ NO

**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

**Continuing Control of Assets**

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

☐ YES  ☐ NO
Is the primary use of the equipment consistent with the original purpose of the equipment?

□ YES □ NO

Indicate if equipment records include: (check all that apply)
- Description,
- ID number,
- Title information,
- Procurement source,
- Acquisition date,
- Total Cost,
- Percentage of state or federal grant share,
- Contract number from which it was procured,
- Location of use,
- Condition, and
- Disposition information (including date of disposal, sale price and method of determining fair market value).

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

□ YES □ NO

Does the agency conduct a physical inventory of equipment on a regular basis?

□ YES □ NO

Frequency: ____________________

Transit Operations
Are transit operations open to the general public?

□ YES □ NO

If no, identify eligible passengers:

__________________________________________________________

Operational Goals and Data Collection
Does the agency have goals to measure transportation service delivery. For example, cost per ride, cost per mile, rides per mile and per hour?

□ YES □ NO
Does the agency use data collected to monitor operations and to develop efficiencies in providing transit services?

☐ YES  ☐ NO

**Transportation Coordination**
Does the Agency coordinate with other agencies to reduce operating costs, reduce duplication of services, gain service contracts financed with state and federal (human service) funds or to serve more people?

☐ YES  ☐ NO

If yes, Explain:


Has the agency participated in developing a local or regional human service/transportation coordinated plan?

☐ YES  ☐ NO

If yes, explain how often this occurs:


Are the agency’s board members knowledgeable of the Coordinated Plan and does it use the plan’s priorities to evaluate current transit performance and to plan for new services?

☐ YES  ☐ NO

Does the agency have a vehicle sharing arrangement with other agencies?

☐ YES  ☐ NO

If yes, name agencies:


If no, explain reason:


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

**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: ____________________________

**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

**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:

______________________________________________________________
**Drug and Alcohol Testing**
Does your agency require CDL (commercial driver licenses) for all drivers operating vehicles with a capacity of 16 passengers or more (including the driver)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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If yes, does the agency comply with drug and alcohol testing regulations 49 CFR 382?

<table>
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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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Does the agency cross state-lines to provide transit services?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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If yes, does the agency have Federal Motor Carrier Authority (FMCA) to cross state-lines, or is exempt from the regulation?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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**Lobbying**
Has the agency, its contractors or subcontractors used non-federal funds for lobbying in connection with a request for federal financial assistance?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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If yes, has the Standard Form LLL been submitted to NYSDOT and FTA?

<table>
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<tr>
<th>YES</th>
<th>NO</th>
<th>Not Applicable</th>
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**IV. Subrecipient Compliance with the Americans with Disabilities Act (ADA)**

Does agency 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?

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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Does agency require use of securement devices?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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Does the agency have a written policy requiring use of securement devices?

☐ YES  ☐ NO

Does the agency allow the wheelchair lift to be used by standees to board/de-board the vehicle?

☐ YES  ☐ NO

Does the agency require the driver to assist passengers with disabilities, if they need assistance, to board and de-board the vehicle?

☐ YES  ☐ NO

Does the agency allow service animals to travel with persons with disabilities?

☐ YES  ☐ NO

For fixed route only: Does the agency require that the driver announce stops (or does the vehicle have an audible announcement in lieu of driver announcements)?

☐ YES  ☐ NO

For paratransit only: Does the agency allow Personal Care Attendants to travel with persons with disabilities and at no additional cost?

☐ YES  ☐ NO

Does the agency allow persons with disabilities using respirators or portable oxygen on either the bus or paratransit?

☐ YES  ☐ NO

Do the agency’s policies ensure adequate time for boarding and de-boarding for persons with disabilities?

☐ YES  ☐ NO

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

☐ YES  ☐ NO

If yes, please describe how:

__________________________________________________________________________
Does the agency operate Public Fixed-Route or Demand Responsive Service?

☐ YES  ☐ NO

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?

☐ YES  ☐ NO  ☐ Not Applicable

If yes, indicate service strategy:

Route deviation, separate paratransit operated by agency, contracted out to other entity, other (please list):

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

☐ YES  ☐ NO  ☐ Not Applicable

If yes, indicate entity performing eligibility determinations:

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

☐ YES  ☐ NO  ☐ Not Applicable

If yes, do the agency’s policies protect ADA eligible passengers’ access to service?

☐ YES  ☐ NO  ☐ Not Applicable

Are equivalency standards met for the following:
Response time?

☐ YES  ☐ NO  ☐ Not Applicable

Fares (no more than twice that of regular fixed-route fare)?

☐ YES  ☐ NO  ☐ Not Applicable

Geographic area of service (Provided at least ¾ mile)?

☐ YES  ☐ NO  ☐ Not Applicable
Is service at least curb-to-curb?

[ ] YES  [ ] NO  [ ] Not Applicable

Per reasonable accommodations, is service door-to-door for specific ADA-eligible individuals who require more service?

[ ] YES  [ ] NO  [ ] Not Applicable

Are reservations available on a day-before basis?

[ ] YES  [ ] NO  [ ] Not Applicable

Are all trip requests fulfilled?

[ ] YES  [ ] NO  [ ] Not Applicable

Are denials limited to unforeseen events?

[ ] YES  [ ] NO  [ ] Not Applicable

Are all denials documented?

[ ] YES  [ ] NO  [ ] Not Applicable

______________________________________________________________________________

I attest that this Questionnaire is answered truthfully, to be best of my knowledge.

Name of Authorized Representative of Subrecipient

Title

Date

Contact Phone

Contact Email

[ ]

Authorized Representative

Signature