

# Chapter 11: Project Reporting, Monitoring and On-Site Reviews

## **Background**

The Federal Transit Administration gives the State, to the extent permitted by law, maximum discretion in designing and managing the Sections 5310/5311/~~5316/5317~~ Programs. FTA staff provides overall policy for the respective programs; apportion funds annually to the State; develop and implement financial management procedures; and conduct national program reviews and evaluations.

The FTA defers to the State, where possible, the development of specific program standards, criteria, procedures and policies in order to provide Kentucky the flexibility to standardize its management of these federal programs and related state programs.

All participants in the 5310/5311/~~5316/5317~~ formula grant programs in Kentucky are required to complete and submit periodic forms designed to capture data that reflects key performance and utilization aspects of their efforts in rendering transportation services.

## **Project Monitoring and Reporting**

Participants in the Section 5311 program are required to monitor and report on a variety of items, including ridership, revenues, expenses, vehicle and equipment management, drug and alcohol testing, involvement of DBE, service coordination efforts, and Board meeting minutes. Subrecipients file monthly and KYTC/OTD files DBE reports to FTA semi-annually and annually.

A continuous system of checks and balances is built into project monitoring through various means such as subrecipient reports, invoice processing, and the generation of supplemental agreements. These methods are enhanced through open channels of communication, site visits, and a compliance review process.

The open channels of communication and compliance review process are complementary and intended to provide a qualitative closing the “loop” method by continually ensuring that the subrecipient(s) requirements, as identified in the application and resultant contract, are being met through what KYTC/OTD is providing.

## Required Reporting Reporting

FTA requires KYTC/OTD to provide quarterly reports on the progress of their §5303, §5310, §5311, §5316, §5317 and DBE programs and yearly reports on the progress of the Drug & Alcohol Testing Programs (Management Information System) and 5311 ADA Paratransit Plans.

### National Transit Database Program

The National Transit Database (NTD) is the USDOT/Federal Transit Administration’s primary national database for statistics on the transit industry. Section 5311(b)(4) specifies that each Section 5311 recipient shall submit an annual report containing information on capital investment, operations, and service provided under Section 5311. Items to be reported include total annual revenue; sources of revenue; total annual operating costs; total annual capital costs; fleet size and type, and related facilities; revenue vehicle miles; and ridership.

The Office of Transportation Delivery of the Kentucky Transportation Cabinet, as the State agency responsible for administering FTA’s Formula Program for Non-Urbanized Areas (Section 5311), is responsible for ensuring that data is collected and compiled for the data collection and compilation for each Section 5311 subrecipient and transportation provider in the State that benefits from the grant. OTD collects the data for the National Transit Database Program through the monthly submission of uniform operating and financial reports from each transit agency. The information is accumulated and compiled into the format required by the National Transit Database Program. The report is submitted annually to the National Transit Database on the date mandated in the Rural Reporting Manual.

1. Recipient Requirements -The recipient must provide KYTC/OTD with the following monthly reports:

- Drug & Alcohol Testing and Drug and Alcohol Employee Pool Status.
- JARC Report for all JARC recipients
- DBE Report
- Monthly budget line item and invoice & trip information
- **Section 5311/5307 Statistical Report**

Quarterly vehicle utilization reports are required for vehicles purchased through FTA Funds 5310, 5311, 5339, 5309. Quarterly vehicle utilization reports are required for vehicles purchased through ARRA.

Recipient should direct any questions concerning these reports to its Project Manager.

## **Compliance Reviews**

- The regional Project Manager on each Subrecipient performs on-site Compliance Reviews annually. Project Manager will conduct a follow-up review within six months if the Project Manager has any areas of concern. Project Managers will have a due date from the date of the compliance review or follow up review to write up the report for review by the Branch Manager. Project Managers will inspect at least one vehicle each review for safety equipment, spill kits, bus card, etc. Periodically, the Project Manager will ride on a bus route to talk to the riders and to observe driver operations, lift operations, etc. KYTC/OTD maintains all compliance review reports in a FY Compliance Notebook.
- On-site Compliance Reviews are performed by the regional Project Manager on §5310, §5316, §5317 agencies at the same time the §5311 review is performed if the system receives funding from the respective programs. On-site Compliance Reviews are performed on §5310-only agencies periodically. Project Manager will perform a follow-up review within six months if necessary. KYTC/OTD maintains all compliance review reports in a FY Compliance Notebook.
- The Project Manager assigned to ADA will respond to any general public or transit concerns or questions regarding the Americans with Disabilities Act of 1990. The ADA Project Manager will send out letters in January to the Section 5311 fixed-route systems regarding the annual ADA certification. If the regional Project Manager agrees that the transit system's paratransit service is fully meeting all service criteria, then only the ADA assurance is required. The ADA Project Manager should receive the signed assurance by January 26<sup>th</sup>. KYTC/OTD forwards the signed assurances to FTA by April 1<sup>st</sup>. Future or new §5311 fixed route systems will be required to go through the entire ADA Paratransit Plan process, including public hearings and the development of a ongoing mechanism for the participation of individuals with disabilities in service decisions.
- The Civil Rights Project Manager is responsible for the Disadvantaged Business Enterprise (DBE) Program. The KYTC/Office for Civil Rights and Small Business Development (OCRSBD) certifies all businesses through the Unification Certification Program. All certified firms are listed on the cabinet's

website. The new firms are added to the website as they are approved. With each annual §5311 sub-grantee budget, a goal is set for eligible purchases and approved by KYTC/OTD as part of a sub-grantee's annual budget. Transit systems report DBE eligible purchases each month. The Project Managers give this information to the Civil Rights Project Manager for compilation. KYTC/OTD uses this information in the Semi-annual DBE reports prepared by the Civil Rights Project Manager and submitted to FTA. The Civil Rights Project Manager, the Branch Manager, Staff Assistant and the Executive Director in conjunction with the OCRSBD reports on file in the Cabinet, prepare the **every three (3) years** goal report. KYTC/OTD submits this report to FTA by August 1<sup>st</sup>.

- The Civil Rights Project Manager also prepares the Title VI update report by compiling information from the subrecipient Title VI Plans in accordance with the Title VI Circular. Unless there are significant changes, the Title VI update will be submitted to FTA every three years.
- Once a year, the regional Project Manager will review all the pertinent fiscal files of a §5311 transit system. The Project Manager will review all receipts, invoices, etc., for each line item of a specific month's request. **If there are audit or budget concerns, KYTC/OTD may request additional backup documentation on various months.**
- Each Project Manager is responsible for all aspects of grant compliance. Therefore, as an issue arises, the Project Manager shall investigate and offer technical assistance to the sub-grantee on issues such as charter, Buy America, Drug and Alcohol Testing, Private Sector, Purchases, Maintenance, RTAP/Training, etc.
- Below is the compliance review checklist utilized by each Project Manager annually:

KENTUCKY TRANSPORTATION CABINET

Office of Transportation Delivery

FY 2015 ANNUAL COMPLIANCE REVIEW CHECKLIST SECTION's  
5307/5309/5310/5311/5316/5317/5339

CFDA#'s 20.507/20.500/20.513/20.509/20.516/20.521/20.526

AGENCY:

PROJECTS:

PROJECT NUMBER(S):

DATE OF REVIEW:

FY FOLLOW-UP REVIEW: Yes No

DO YOU UTILIZE FTA BEST PRACTICES MANUALS? \_\_\_\_\_

FTA Website: <http://www.fta.dot.gov>

OTD: <http://www.transportation.ky.gov/transportationdelivery>

I. PROJECT DESCRIPTION

A. Significant change in service has been implemented since the last annual Compliance Review. Yes No

B. Describe Intercity Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Describe Appalachian Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks:

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

II. PROJECT FUNDING AND LOCAL SOURCES OF FUNDS

A. Local In-Kind match from identifiable and acceptable sources. **(attachment)** Yes No

B. Insure consistent and adequate cash flow. Yes No

C. Use of Contract Revenue (match/farebox) consistent with application. Yes No

D. RTAP training to be completed by January 31st. Yes No  
Please describe proposed training:

Please describe past FY training:

Remarks:

III. PROCUREMENT (CAPITAL PROJECTS) N/A

Reference: KRS 45A; FTA Circular 4220.1F; 49 CFR Part 26

Procurement Person:

A. Procurement Compliance Yes No

Reference Third Party Contract Clauses.

- verify that federal clauses are included in the executed vendor contract
- verify Buy America, Lobby, Suspension and Debarment certifications
- verify that all documents are signed and dated appropriately
- verify that piggy-back is not tag on
- verify that vehicle manufacturer is on FTA website for DBE compliance
- verify use of <https://www.sam.gov/portal/public/SAM/> for Debarment and Suspension

B. An Independent Cost Estimate is completed prior to the IFB/RFP and a Price/Cost Analysis is completed on the winning bid/proposal.

Yes No

Explain process & review.

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(attachment)

C. A bidders list is maintained. Yes No

(attachment)

D. A Cost or Price Analysis is done to determine reasonableness in connection with every procurement, including change orders and contract modifications.

Yes No

E. Certifications and backup for Pre-Award and Post-Delivery Audits and Altoona Testing have been obtained.

Yes No

- Verify signatures and dates
- Verify Altoona Test for specific vehicle model report was conducted prior to disbursement of funds

F. Vendor contracts approved by Cabinet. Yes

No

G. Written Record of Procurement History Maintained. Yes  
No

H. Date of Written/Board-Approved Procurement Policy: \_\_\_\_\_  
(attachment)  
OTD Comments on Procurement Plan:

IV. PROJECT EQUIPMENT AND PROPERTY MANAGEMENT

Maintenance Contact Person: \_\_\_\_\_

A. Cabinet is vehicle lienholder on FTA active vehicles.

YesNo

B. FTA inventory maintained on equipment, facilities, office equipment, technology, etc. on form supplied by OTD.

YesNo

Is inventory physically conducted every two years?

YesNo

C. ARRA inventory maintained  
(attachments for B & C)

YesNo

D. Ensure disposal procedures followed.

Yes

No

Discuss what is needed: Request OTD permission, Vin #, Mileage, Grant #, Seating Capacity, How to Dispose, What to do with proceeds (State and Federal options).

E. Active Preventive Maintenance Compliance.

Does Agency have a Vehicle Maintenance Plan?

Yes

No

Is Vehicle Maintenance Plan:

Updated? \_\_\_\_\_

Does it Address Goals/objectives? \_\_\_\_\_

Does the Plan Address Warranty of the Vehicles? \_\_\_\_\_

Does the Plan Address FTA on-board

security systems? \_\_\_\_\_

How does the transit system identify Warranty Claims, Recording Claims, Enforcing Claims against Manufacturer? \_\_\_\_\_

\_\_\_\_\_ Is there a software to assist in Maintenance documentation? \_\_\_\_\_

Does the vehicle Maintenance Plan address the maintenance of ADA accessibility features (lifts, ramps etc.)

Select two or more vehicles for compliance. At least (1) with Federal interest and (1) should be ARRA vehicle if operational.

- 1.) Review FTA funded vehicle maintenance procedures (attachment)
- 2.) Verify daily lift inspections (see ADA/lift mechanic certification) (attachment)
- 3.) Verify routine service on above vehicles including oil, brakes, transmission, filters, etc. Reviewer should pull randomly selected vehicle service records. Service records should comply with procedures or manufacturer warranty. (attachment)

F. Provide Incidental Services with FTA vehicles or Facilities, including charter. Yes No  
 Please describe, including how costs are recovered:

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G. Agency Name, telephone number, logo clearly visible on each vehicle. Yes No

H. Describe usage of Support Vehicles:  
 Total #:

I. Describe usage of SUVs:  
 Total #:

J. Describe where vehicles housed after hours:

K. Does any transit staff take transit vehicles home? (Do not include drivers who take vehicles home and who leave directly from their home to pick passengers up without stopping by office first)

If yes, please describe in detail justification for any employee taking a transit vehicle home.

If yes, please explain when this policy began and whether approval was granted by OTD and/or Transit Agency Board of Directors.

L. Vehicle Usage Reports submitted on time. Yes No

M. Transit Asset Management Plan (TAM) in place and on file with OTD Yes No



Remarks: Status of current procurement of Section 5339:

V. **ASSIGNABILITY** (Where part of service is contracted out.)  
Includes ARRA

- A. Subcontracts approved by Cabinet. Yes No N/A  
B. Executed agreements on file. Yes No N/A  
C. List of subcontractors maintained. Yes No N/A

Remarks

VI. **FISCAL MANAGEMENT AND COMPLIANCE**

Fiscal Contact Person:

- A. Itemized Line Item Budget and Standard Invoice in correct format and signed with concise and consistent Vendor's Invoice No. each month.  
Yes No
- B. Describe use of Excess Contract Revenue earned during FY \_\_\_\_\_ 2013:
- C. Checks, invoices, vouchers, and other accounting documents identified and accessible. Yes No  
At least 4 items off the operating budget reviewed with all receipts and backup. (attachment)
- D. Audit Report conducted in accordance with OMB Circular A-133 and the Single Audit Act Amendments of 1996. Yes No
- E. Previous FY Audit Report reviewed/approved by the Office of Transportation Delivery (OTD). Yes No
- F. Accurate monthly report (supported by appropriate documentation) submitted to OTD by 10th of each month. Yes No
- G. All ARRA reports submitted to OTD by correct date, whether monthly or quarterly, ARRA Vehicle Usage Report Yes No
- H. Adequate system of Internal Controls Yes No  
Discuss and Review
- I. How many Offices, Buildings or Transit Facilities are charged (any expenses such as rent, utilities, etc.) to Transit Operating and HSTD Line Item Budgets\_\_\_\_\_?

If more than one please describe total number of offices and justification for each (include # of

transit employees located in each office and how expenses are billed).

- J. How many employees (directors, supervisors, managers, clerks, accountants, bookkeepers, liaisons, receptionist, schedulers, dispatchers, janitors etc) are charged directly to Transit Operating and HSTD Line Item Budgets (do not include drivers, maintenance or indirect employees)\_\_\_\_\_?
- K. How many employees are charged as indirect to Transit Operating and HSTD Line Item Budgets\_\_\_\_\_?
- L. How many mechanic/driver employees are charged directly to Transit Operating and HSTD Line Item Budgets\_\_\_\_\_?

Remarks:

#### VII. INSURANCE (Includes ARRA)

- A. Certification of vehicle insurance. Yes No  
(attachment)
- B. Health Insurance for Employees. Yes No  
(attachment)
- C. Facility Insurance Coverage. Yes No  
(attachment)

Remarks: \$ \_\_\_\_\_ liability per vehicle.

#### VIII. TITLE VI AND E.E.O. COMPLIANCE

Personnel Contact Person:

- A. Subcontracts contain nondiscrimination certification. Yes   
No

- B. Number of Transit Employees \_\_\_\_\_.

Affirmative Action Plan/EEO Plan on file with OTD if more than 50 transit employees and received \$1,000,000 or more last fiscal year.

Yes No

- C. Transit Employee Breakdown:  
American Indian/Alaska Native \_\_\_\_\_  
Asian \_\_\_\_\_

African American \_\_\_\_  
Hispanic/Latino \_\_\_\_  
Native Hawaiian/Other Pacific Islander \_\_\_\_  
Women \_\_\_\_  
Men \_\_\_\_

D. Total Board/Commission Members: \_\_\_\_  
American Indian/Alaska Native \_\_\_\_  
Asian \_\_\_\_  
African American \_\_\_\_  
Hispanic/Latino \_\_\_\_  
Native Hawaiian/Other Pacific Islander \_\_\_\_  
Women \_\_\_\_  
Men \_\_\_\_

Appointed / Elected:

- E. Hiring notices have E.E.O. language.  Yes  No  
(attachment)
- F. Insure equal Training Opportunities.  Yes  No
- G. Written complaint procedures for Title VI  Yes  No
- H. Tracking of Active Investigations Title VI  Yes  No
- I. LEP - Access Plan for Meaningful Access  Yes  No
- J. Aware of principles of Environmental Justice  Yes  No
- K. Needs of low-income addressed  Yes  No
- L. Service and Fare changes analyzed for impact  Yes  No
- M. Written Notice to Beneficiaries  Yes  No  
How is it disseminated to public?

N. Title VI Plan on file with OTD  Yes  No

Remarks:

IX. DISADVANTAGED BUSINESS ENTERPRISE (DBE/WBE) 49 CFR Part 26

- A. Minority/Female goal.  Yes  No
- B. Capital has own specific goal.  Yes  No

Goal: \_\_\_\_% for \_\_\_\_\_

- C. Bidder's List includes DBE firms.  Yes  No  
49 CFR Part 26.11 Discuss & show example.
- D. Policy Statement included in bid packages.  Yes  No
- E. Bidders/primes required to document "good faith efforts."  
 Yes  No

F. Non-discrimination assurance in contract and subcontracts.

Yes No

G. Aware of Prompt Payment Requirements. Yes No

H. Agency DBE participation/good faith efforts documented Yes No

I. Properly executed DBE policy statement on file with Cabinet. Yes No

J. Monthly Report submitted on time. Yes No

N. DBE goal for Fiscal Year 2013 \$ . Amount of dollars spent with DBE firms Fiscal Year 2013 \$ .

O. Small Business needs addressed in contracts, etc. Yes No

Remarks:

X. LABOR PROTECTION PROVISIONS SPECIAL SECTION 5333(b) WARRANTY (formerly Section 13(c) of the Federal Transit Act)

A. General understanding of 5333(b). Yes No

B. Complaints based on 5333(b). Yes No

C. Insure response to complaints documented. (Elaborate on response in "Remarks".) Yes No NA

Remarks:

XI. COORDINATION OF SERVICES/PLANNING

A. List of public and private carriers. Yes No

B. Insure input solicited. Yes No

C. Input documented. Yes No

D. Established procedures followed. Yes No

Remarks:

XII. INVOLVEMENT OF PRIVATE-FOR-PROFIT CARRIERS (Includes ARRA)

A. Involved in transportation services. Yes No

B. Input documented. Yes No

C. Established procedures. Yes No

D. Complaints documented. (Elaborate on complaints and response in "Remarks".) Yes No N/A

Remarks:

**XIII. ELDERLY AND DISABLED COMPLIANCE/ADA**

A. Total Agency Fleet: Accessible vehicles:  
Percent Accessible:

B. Ensure involved in planning process. Yes No

C. Status report every three years on service for disabled. Due Again with FY 2017 application. Yes No

Changes future Details: (1) Current services for disabled; (2) since last application status report; and, (3) plans for services for disabled.

D. Routing, scheduling, etc. accessible (TTY's, Braille, etc.). (attachment) Yes No

E. Accessible features of facilities/vehicles/lifts maintained. (Includes ARRA) Yes No  
Procedures to assure accessible routes and to handle inaccessible pickup/drop-off points, etc. Yes No

F. Are Service Animals & oxygen tanks accommodated? Yes No

G. Are Facilities ADA Accessible? (includes ARRA) Yes No

H. Personnel adequately trained. (attachment) Yes No

Are your drivers and dispatchers aware of the weight requirements for large passengers and the thresholds of the lift? \_\_\_\_\_ What training do they have? \_\_\_\_\_

(attachment) \_\_\_\_\_  
What are your procedures for dealing with these issues:

I. What experiences have you had with "reasonable accommodations": \_\_\_\_\_

J. Are Rules for Riders clearly posted? (attachment) Yes No

K. Do you have written procedures for appeals/complaints? (attachment) Yes No

**BELOW APPLIES TO FIXED ROUTE SERVICES:**

- K. Approved Annual Paratransit Plan/Certification Made. Yes No
- L. Days, hours, etc. of Paratransit equal to fixed route. Yes No
- M. Eligibility/Certification process for Paratransit in place. Yes No
- N. Does Paratransit have appropriate signage? Yes No
- O. Insure stops announced at all transfer points, etc. Yes No  
Procedures to assist seeing-impaired in determining needed vehicles. Yes No

**BELOW APPLIES TO 5307 SUBRECIPIENTS:**

- P. Any fare increases or major service reductions in last year. Yes No
- Q. Process for obtaining public Comment on fare increases or major service reductions. Yes No
- R. Operate fixed route services (including route deviation services and service to sporting events) that operate in both peak and off peak hours? Yes No
- S. Operate any express and commuter service that operates beyond peak hours? Yes No
- T. How did you define your peak and off peak hours for your fixed route services and what are they? \_\_\_\_\_  
\_\_\_\_\_
- U. Do you allow elderly persons, persons with disabilities, and Medicare cardholders to ride fixed route services during off peak hours for a fare that is not more than one half the base fare charged other persons during the peak hours. Yes No
- V. Is anything required at the time of boarding in order to obtain the half fare? \_\_\_\_\_ If yes, what type of card is \_\_\_\_\_ accepted on board? \_\_\_\_\_
- W. What are the procedures to obtain the special ID card? \_\_\_\_\_

X. Do you require any additional information from a Medicare cardholder? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Remarks:

XIV. CHARTER AND SCHOOL BUS OPERATIONS N/A

- A. Charter and/or school bus operations provided. Yes No
- B. Do you transport employees, contractors and Government officials? Yes No
- C. Do you transport participating persons for Emergency preparedness planning/operations? Yes No
- D. Do you transport recipients of funds under Sections 5310, 5311, 5316, 5317? Yes No
- E. Do you transport for declared emergencies up to 45 days? Yes No
- F. Do you transport Government officials for official business for up to 80 service hours annually? Yes No
- G. Do you transport persons of Qualified Human Service Organizations (OHSO)? Yes No
- H. Do you lease FTA-funded equipment to registered charter providers? Yes No
- I. Do you transport when there is no response by a registered charter provider to your e-mail notice within the appropriate timeframe? Yes No  
If yes, review back-up documentation & files.
- J. Do you transport under an agreement with all registered charter providers in your service area? Yes No
- K. Do you transport under a petition to the Administrator for specific exceptions? Yes No
- L. Aware or use charter regulation website. Yes No
- M. Certification of Compliance signed. Yes No
- N. Complaints Received. Yes No
- O. Quarterly Reports Submitted. Yes No N/A

Remarks:

**XV. SUBSTANCE ABUSE PROGRAMS**

D & A Contact Person:

Additional Contacts:

- A. Annual Certification of Compliance with 49 CFR, Part 655 signed. Due Dec 15th  Yes  No
- B. Employees subject to testing:  
 FTA  FMCSA  Agency  
(attach list)
- C. List of employees (additions and deletions) subject to testing updated to OTD in a timely manner. Due 25th  Yes  No  
Correct form used.  Yes  No
- D. Updated, approved Drug & Alcohol Policy.  Yes  No  
Date and Name of Governing Board (attachment)
- E. Documentation on each employee showing received copy of Policy. (attachment of signature)  Yes  No
- F. Documented Employee Education Training Program of at least 60 minutes on drug abuse. (attachment)  Yes  No  
Date of last training:  
Orientation sessions on policy/regulations for new employees. (attachment)  Yes  No  
Orientation/Education training held for new employees before they first perform a safety-sensitive function.  Yes  No
- G. Documented 2 hour training for supervisors? (attachment)  Yes  No  
Date of last training:
- H. Educational material/posters/information on effects and consequences of substance abuse provided and displayed. (walk through) (attachment)  Yes  No
- I. Community Service Hotline Numbers displayed and distributed. (walk through) (attachment)  Yes  No
- J. Contact Person's name/location/telephone number posted in visible place(s). (walk through)  Yes  No
- L. All Collection/Testing sites approved by OTD/NTS and in compliance with 49 CFR Part 40.  Yes  No  
How many sites utilized for drug testing?  
How many sites utilized for alcohol testing?  
Provide List of Sites used and addresses, etc.



(attachment)

Updated training documentation on all collection site technicians  Yes  No

(attachment)

Name of Certified MRO:

- M. Random Drug testing percentage last calendar year:  
Random Alcohol testing % last calendar year:  
(Consult with OTD D & A Manager)  
Written Reason for Not Testing Submitted to OTD as required.  Yes  No
- N. Testing report indicates testing dates and times are spread throughout the month and throughout operating hours and days of the week.  Yes  No
- O. Services/name of a qualified/certified Substance Abuse Professional (SAP) promulgated.  Yes  No  
Certifications/Qualifications on file.  Yes  No  
(attachment)
- P. Subcontractors in compliance.  Yes  No
- Q. Receipt of testing results handled in manner that assures security, privacy, and confidentiality.  Yes  No
- (discuss)
- R. Records maintained in secure location with controlled access. (walk through)  Yes  No  
Review of record keeping (post-accident testing, Random, Chain of Custody forms, etc.): \_\_\_\_\_  
(attachment)
- S. Accurate monthly report submitted to OTD by 10th of each month.  Yes  No

Remarks:

#### XVI. STATE MANAGEMENT PLAN

- A. Date of last update received from KYTC OTD. \_\_\_\_\_  
SMP Comments/Suggestions \_\_\_\_\_
- 

#### XVII. FACILITIES (Includes, renovations, etc.)

- A. Ensure Facilities/Garages clean, ventilated, have fire extinguishers, etc. and safety rules followed.  Yes  No  
Walk-Through

- B. Deed of Restriction on Facility(s).  Yes  No
- C. When was the last Facility Inspection?  Yes  No  
 Date \_\_\_\_\_ What Agency Conducted the last Inspection?  
 (attachment)
- D. What is the condition of the Facility?  Yes  No  
 What improvements need to be made? \_\_\_\_\_
- E. Have any outside Agencies (OSHA, City) conducted inspections on the facility?  
 If yes, what were the findings?  
 Attach Copy of the inspection.
- E. Please provide KYTC with your active preventive facility maintenance procedures, including maintenance of accessible features.
- Does the Facility Plan/Procedures include an organization and assignment of responsibility for facility and equipment maintenance? \_\_\_\_\_
  - Does it include a series of inspections and routine maintenance and defined intervals for these inspections: \_\_\_\_\_
  - Does it have an adequate record keeping system of maintenance and inspection activity? \_\_\_\_\_
  - Does it identify mission critical to safety items which include: buildings, elevators, passenger shelters, parking lots, electrical distribution, plumbing systems, overhead doors, vehicle washers, heating and air units and security and safety equipment.  
 (attachment)

XVIII. TRANSIT BUS SAFETY AND SECURITY

- A. A Safety, Security and Emergency Management Program that will be available to passengers has or is being established.  Yes  No  
 (attachment)
- B. Have utilized the FTA Safety and Security Website and/or the self-assessment tool.  Yes  No  
<http://transit-safety.fta.dot.gov>
- C. Do you have a Certified Safety and Security Manager?  Yes  No  
 Date of Certification \_\_\_\_\_ Expires \_\_\_\_\_

XIX. AGENCY ORGANIZATION

- A. MARK ONE:  Non-Profit  
 Private-For-Profit  
 Municipality  
 Transit Authority
- B. Operating Authority Certificate No: 5311-  
 Understanding of operating authority  Yes  No

Authorized operating area/services:

- C. Safety Inspection Conducted utilizing OTD vehicle inspection checklist (at least one (1) ARRA vehicle if operational and close to site).

Yes No

(\*Check at least one (1) vehicle for Bus Card, First Aid Kit, Spill Kit, Proof of Insurance, registration, fire extinguishers, ramps, etc.)

- D. National Transit Database information: Discuss

FY 12 RidershipFY 13 RidershipFY 14 Projected Ridership

Remarks:

XX. COORDINATED PLAN (5310/5316/5317)

- A. Have you been involved in an initial coordinated plan meeting? Yes No

- B. Were all pertinent stakeholders present? Yes No

- D. Any issues arise from the coordinated meeting? Yes No

- D. Will plans be implemented/updated by April 1st<sup>st</sup> for 5310?   
Yes No

Remarks:

Section 5317 continued New Freedom Project:

Section 5310 New Freedom Project:

Describe Services:

Evidence that it was a new project (after August 10, 2005): \_\_\_\_\_

JARC/Section 5311 JOBS: Evidence that served low income areas or documentation that reflects passengers taken to jobs: \_\_\_\_\_

HUMAN SERVICE TRANSPORTATION DELIVERY: N/A

XXI. MEDICAID

A. Are any of your passengers Non-emergency Medical recipients? Yes No

Classifications transported: 03 04 07 08

B. Do you utilize non-emergency medical funds for FTA match? Yes No

Remarks:

XXII. VOCATIONAL REHABILITATION/DEPARTMENT OF THE BLIND

N/A

A. Do you transport Voc Rehab passengers? Yes No

B. Do you transport Department of Blind clients? Yes No

Remarks:

XXIII. VETERANS TRANSPORTATION AND/OR CALL CENTER

Please describe current or proposed services:

COMMENTS: \_\_\_\_\_

OTD: Please describe current or proposed coordination with

Do you provide Veteran MEDICAL TRIPS ONLY? Yes No

COMMENTS: \_\_\_\_\_

Do you provide Veteran TRUST FUND TRIPS? Yes No

COMMENTS: \_\_\_\_\_

Transit System:

Date of Review:

IN COMPLIANCE

FOLLOW UP NEEDED

COMPLIANCE UPON MODIFICATION/ATTENTION TO THE FOLLOWING ITEMS WITHIN SIX (6) MONTHS OF THE DATE OF THIS REVIEW:\_\_\_\_\_

**NON-COMPLIANCE**

MAJOR ITEMS NEED IMMEDIATE ATTENTION OR RISK LOSS OF FUNDING:

\*Attach additional back-up / comments.

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KYTC/OTD PROJECT MANAGER SIGNATURE                      DATE

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KYTC/OTD PROJECT MANAGER SIGNATURE                      DATE

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