

SENIOR MOBILITY PROGRAM: ANNUAL QUESTIONNAIRE AND DOCUMENT REQUEST

Agency name _____

Part I - Questionnaire

1. Does Agency meet the 20-percent match requirement, i.e. use one or more of the following to fund at least 20-percent of its SMP services: cash subsidies, fare revenues, donations, in-kind contributions such as salaries and benefits for the Agency's employees who perform work on the program?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
2. Are the Agency's SMP services open only to those 60 years of age or older?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
3. Does the Agency require all participants to register before riding, and does registration include age or birthdate?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
4. Are the Agency's SMP trips restricted to within Orange County or in the case of medical trips to within 10 miles of the Orange County border?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
5. If the Agency uses taxicabs and/or other transportation providers, have the current contracts for such services been competitively procured?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
6. If the Agency uses taxicabs and/or other transportation providers, does the Agency include in its contract with the provider that the provider participate in a drug and alcohol testing program?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
7. Are wheelchair accessible vehicles available for the Agency's SMP services?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
8. If the Agency offers taxi service for SMP services for seniors, are all trips paid for with OCTA SMP funds consistent with the trip types as specified in the Guidelines?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
9. Does the Agency and/or its contractor(s) perform preventive maintenance and pre-trip inspections on vehicles used for SMP services?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
10. Does the Agency provide self-insurance or insurance policies for any liability that may arise as a result of SMP services?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
11. Does the Agency have a drug and alcohol monitoring program that applies to any Agency employee or contract service provider employee who drives an SMP vehicle?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
12. Are all operators of vehicles used for SMP properly licensed and trained to proficiency to perform duties safely and in a manner that treats riders with respect and dignity?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.
13. Has the Agency adopted a Service Plan using the template provided by OCTA as shown in the attachment, and has that Service Plan been adopted by the Agency's governing body?
 Yes ☐
 No ☐ If no, please explain on a separate sheet.

- 14.** Has the Agency revised its Service Plan since submittal of its latest Annual Questionnaire and Document Request?

Not applicable to first year ADQR is used.

Yes ☐

No ☐ If no, please explain on a separate sheet.

- 15.** Are all costs shown in the Agency's financial reports used only for eligible SMP program-related expenses such as contract service providers, staff time spent on the program, vehicle maintenance, fuel, insurance, vehicle acquisition, program supplies and materials, marketing materials, and community outreach?

Yes ☐

No ☐ If no, please explain on a separate sheet.

- 16.** Does the Agency retain program documentation and records related to payroll, trip sheets, invoices, vehicle maintenance, fuel and other SMP-related expenses for a period of no less than five years?

Yes ☐

No ☐ If no, please explain on a separate sheet.

- 17.** Does the Agency maintain adequate controls for collecting and reporting all sources of revenues used for SMP and does it retain records documenting such revenues for no less than five years?

Yes ☐

No ☐ If no, please explain on a separate sheet.

Signature of SMP Administrator

Date

Name

Title

Signature of City Manager

Date

Name

Title



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Part II - Document Request

Please submit copies of the following documents along with the completed Part I. Items with asterisks need not be submitted unless there has been a change in the documentation since the last annual report.

1. Sample program participation registration form or other documentation showing that Agency verifies participant's age is 60 or above.*
2. Current SMP Service Plan.*
3. Contract used for transportation service provider (if applicable).*
Must include provisions for:
 - Complying with SMP Guidelines
 - Auto and liability insurance
 - Preventative maintenance on vehicles
 - Drug and alcohol testing.
4. Certificates of current insurance or self-insurance verification for Agency and any transportation service provider.
5. Copy of Agency's drug and alcohol monitoring plan.
6. At least one completed pre-trip vehicle inspection form for the past year.
7. Preventative maintenance plan applicable to SMP vehicles for both Agency-owned and contractor-owned vehicles.* This may be a printed program or a written description if the PM program is contained in an automated system. The documentation provided should include frequency for all significant PM tasks.
8. Forms or checklists verifying completion of preventative maintenance on all vehicles in SMP service during the past year.
9. Policies, manuals and/or training guides or syllabuses used to ensure that operators of vehicles used for SMP are properly licensed and trained to proficiency to perform duties safely and in a manner that treats riders with respect and dignity.*