

**SECTION 5310 ELDERLY AND
PERSONS WITH DISABILITIES PROGRAM**

INSTRUCTION MANUAL

FOR

FTA VEHICLES



June 2007

**Prepared by:
Public Transportation Programs
Arkansas State Highway and Transportation Department**

TABLE OF CONTENTS

Introduction	1
Checklist	2
Quarterly Performance Measurements Instructions	3
Passenger Classification/Trip Purposes	4
Driver's Trip Report Instructions.....	5
Operating Expenses	7
Preventative Maintenance Record	8
Pre-Trip Inspection Form	9
Blank Forms	
Quarterly Performance Measurements	
Trip Report Forms	
Pre-Trip Inspection Forms	

INTRODUCTION

Upon receiving a vehicle, the following reports are **contractually mandatory** from the Federal Transit Administration and the Arkansas State Highway and Transportation Department.

- 1. Current Insurance Record**
- 2. Vehicle Maintenance Record**
- 3. Quarterly Performance Measurements**

The Vehicle Maintenance Record and the Quarterly Performance Measurements (QPM) reports will be used as a determination factor as to whether the agency will continue to utilize the vehicle and if the agency will be considered for funding in the future.

IMPORTANT: Vehicle Maintenance Record Book is *required* to be updated and kept in the vehicle or in a file for easy access when the AHTD Inspector arrives to inspect the vehicle.

CHECKLIST

- ↑ Submitted before deadline (20 days after each quarter)

<u>Reporting Period</u>	<u>Deadline</u>	<u>Reporting Period</u>	<u>Deadline</u>
Jan-March	April 20	July-Sept	Oct 20
April-June	July 20	Oct-Dec	Jan 20
- ↑ FTA number is correct, Location – Front Bumper License Plate (must be kept on vehicle) or Door Decal
- ↑ Original or Electronic Report(s) with Signature Required
Arkansas Highway and Transportation Department, Public Transportation Programs, P.O. Box 2261, Little Rock, AR 72203 **OR** electronically;
danny.chidester@arkansashighways.com
- ↑ Mileage (Make sure beginning mileage is last quarter ending mileage)
- ↑ No. Days Operated This Quarter - Explain low utilization of the vehicle.
(Example: utilized less than 30 days out of 60 plus days, out of service, at shop, center closed, etc.)
- ↑ Check Calculations (Mileage, Passenger Trips and Operating Cost)
- ↑ Receipts (Required receipts only, for minor and major repairs, staple to report)
- ↑ Signature (Signed by Agency Director or Designated Employee)
- ↑ Completed all information on Quarterly Performance Measurements Form
- ↑ Do not staple reports together
- ↑ Do not submit daily reporting forms or preventative maintenance forms
- ↑ Fax “QPM” form for deadline purpose only – 501-569-2476
- ↑ Do not report on released vehicles **OR** Translease vehicles - A letter and title will be sent on a released vehicle that has met its useful life. - *Vans, Station Wagons , Blazers* = 4 years/100,000 miles, 125,000 miles or 7 years - *Buses* = 5 years/150,000 miles, 187,500 miles or 9 years, whichever comes first. Translease vehicles FTA Number begins with 6 example: 6000
- ↑ Questions, please call 501-569-2559

Quarterly Performance Measurements Instructions

Recipient Agency/Location: Enter the legal name of the agency that applied for the vehicle and city.

Reporting Agency/Location: In some instances, the agency, which is operating the vehicle, may be different from the recipient agency. If same, write same in the blank.

Contact Person: Person completing report(s) information. **Phone #:** Phone number with extension.

E-mail Address: Person completing report(s) information. **Fax #:**

Reporting Calendar Quarter: Check the appropriate calendar quarter and year that you are reporting.

FTA Number: Enter the correct FTA number: A separate form must be completed for each vehicle.

Agency's ID: If applicable, enter only if your agency has assigned identification to the vehicle(s).

Arkansas License Number: Enter the Arkansas License Number.

Year: Vehicle Year **Make:** Vehicle Dealer (Ford, Dodge) **Model:** Check van, station wagon, bus or blazer.

Odometer Reading: Enter the beginning and ending odometer miles. Subtract these two figures to get **Miles Operated This Quarter.** *Note: Make sure the beginning miles are last quarter ending miles.*

No. of Days Operated This Quarter: Enter the number of days the vehicle was utilized for the quarter.



ARKANSAS STATE HIGHWAY & TRANSPORTATION DEPARTMENT
Public Transportation Programs, P.O. Box 2261, Little Rock, AR 72203
Federal Transit Administration—Section 5310 Elderly & Persons with Disabilities Program

QUARTERLY PERFORMANCE MEASUREMENTS (Complete all information)

Recipient Agency: Arkansas State Highway and Transportation Department Location: Little Rock

Reporting Agency (if different from above): Same Location: Same

Contact Person: John Doe Phone #: 501-777-7777 ext. 222

E-mail Address: john.doe@ahtd.state.ar.us Fax #: 501-777-7770

Reporting Calendar Qtr: () Jan – Mar () Apr – Jun () Jul – Sep (X) Oct-Dec Yr. 2003
(Contractually Mandatory: Due 20 days after each quarter)

FTA Number: 000 Agency's ID: Vehicle 1 Arkansas License Number: XYZ00000

Year: 2003 Make: Dodge Model: () Van (X) SW () Bus () Blazer
Check One

Odometer Reading: Beginning 12,500 Ending 16,720
(Ending mileage for last qtr.)

No. of Days Operated This Quarter 60 Miles Operated This Quarter 4,220

Passenger Classification

The primary transportation services provided must be for elderly and/or persons with disabilities.

Elderly persons include all individuals aged 60 years or older. An individual with a disability is a person who:

- has a physical or mental impairment that substantially limits one or more major life activities;
- has a record of such an impairment; or
- is regarded as having such impairment.

Trip Purposes (Consumers Transported)

Passenger Trips are calculated by the number of times a passenger exit the vehicle. If a passenger is taken to the doctor, shopping and home a total of three trips were provided for that passenger.

Education—Educational training such as computer training, Community Interaction, etc.

Employment—Vocational training, sites, workshop shelters, etc.

Medical—Medical related appointments, dental, physician, dialysis, rehabilitation service, etc.

Nutrition—Daily congregate meals at the Center. Note: Do Not Count Home-Delivered Meals.

Personal—Weekly shopping, drug store, post office, family or nursing home visits, etc.

Recreational—Activities such as movies, eating out, day or overnight trips, park, mall shopping, zoo, etc.

Residence—Returning the consumer home or to their designation, i.e. group home.

Agency—Employee or individual transported on the vehicle with clients such as aides, attendants, escorts, etc. Info placed under OTHER category. Note: Do Not Count Drivers. Drivers are not counted when fueling vehicle(s).

Administrative—Employee or volunteer of the agency that utilizes the vehicle for errands, conferences, meetings, picking up or delivering goods, etc. Info placed under OTHER category. Note: Driver Counted.

TOTALS—Add each row and column making sure Totals match (1,162).

Number of Non-Ambulatory – Out of the total passenger trips, how many clients needed assistance on the vehicle? Report only if this is a ramp or lift equipped vehicle.

Total Passenger Trips and Trip Purposes: Persons carried by the vehicle shall be categorized for classification and purpose as Elderly, Disabled, or Other. In the appropriate spaces (e.g.: Elderly, Medical) enter the quarterly total of persons transported. The totals are easily obtained by adding PASSENGER CLASSIFICATIONS and TRIP PURPOSES from the **Driver’s Trip Report**. The total number of PASSENGER CLASSIFICATIONS shall be equal to the total number of TRIP PURPOSES.

Passenger Trips For Quarter By Trip Purposes and Passenger Classifications:

	Elderly	Disabled	Other	Totals
Education		100		100
Employment		105		105
Medical	20	15	2	37
Nutrition	100			100
Personal	150	10		160
Recreational		75		75
Residence (Consumers’ Home)	270	300		570
Agency (aides/escorts)	-----	-----	5	5
Administrative(meetings, errands)	-----	-----	10	10
TOTALS	540	605	17	1,162
	-----	-----	-----	
Number of Non-Ambulatory	75	100		175

Use your own discretion when recording the trip purposes; the above is an example of trips that can be used in each category. For example, shopping can be considered personal, recreational or even educational depending on clientele.

DRIVER'S TRIP REPORT INSTRUCTIONS

A Trip Report Form is to be used as a daily record of the **number of passengers transported** on your FTA vehicle and the purpose for which each person was transported.

When the driver picks up a passenger(s) he/she should enter the number of people entering the vehicle under the appropriate PASSENGER CLASSIFICATIONS column. At this time the driver should inquire where the passenger(s) is going and the purpose if they do not know. The driver should enter the passenger's desired destination in the column titled TRIP PURPOSES.

This process is continued through the day at all times the vehicle is in service.

EXAMPLE: If the driver picks up an elderly lady at her house and she tells the driver she wishes to go to the doctor's office, the driver should note this information on the log as shown in line 1 of the example. When the driver picks up the same lady later at the doctor's office and carries her home, it is entered just as though it is a new trip and a different person as shown on line 2.

Line 3 shows that the vehicle went to someone's home and picked up two people who wanted to go to the Senior Center. One of the persons transported was elderly and ambulatory (able to walk). The other person was disabled and in a wheelchair. The driver noted that both persons were being transported for recreational reasons.

NOTE: Report non-ambulatory trips **ONLY if vehicle is equipped with a lift or ramp**. This applies even to those persons who must be assisted into the vehicle with the lift or ramp but not confined to a wheelchair.

Line 4 shows that the trip started at the Senior Center and ended at the grocery store. Ten people were transported for the purpose of going shopping (Personal). Under the PASSENGER CLASSIFICATIONS it is noted that (1) eight persons were elderly and able to walk, (2) one person was elderly and in a wheelchair and (3) one person was disabled but was able to walk.

Line 5 pertains to the same persons in lines 4 being taken from shopping to their homes.

Line 6 pertains to two employees or volunteers utilizing the vehicle for a meeting.

Line 7 pertains to the same persons returning to the Center.

With the DAILY TRIP REPORT completed, one can review the record and see that the vehicle carried a total of 28 passengers. Twenty-eight is the sum of the four columns under PASSENGER CLASSIFICATIONS and the sum of the nine columns under TRIP PURPOSES. The same procedure should be followed daily, using a new sheet.

SPECIAL INSTRUCTIONS

If a person is both elderly and disabled the driver should use his discretion when recording the PASSENGER'S CLASSIFICATIONS; however, **at no time should a passenger be classified in more than one column**. The same would hold true for the TRIP PURPOSES column; **at no time should a passenger be recorded as having more than one purpose for one trip**.

If an employee or volunteer needs to assist clients for any purpose, this would go under AGENCY and in the OTHER category. If an attendant (caretaker) needs to assist a client for a medical appointment, etc., this would go under MEDICAL and OTHER category.

DO NOT COUNT HOME-DELIVERED MEALS, THEY ARE NOT PASSENGER TRIPS.

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
Section 5310 Vehicle - Daily Trip Report

FTA #: 000		B-Miles: 1,135	Passenger					Trip Purposes								Driver's Initials	
Day of Week: Thursday		E-Miles: 1,228	Classifications														
Date: 1/1/04		T-Miles: 93	Elderly	Disabled													
Trip or Route	Origin	Destination	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory	Other	Education	Employment	Medical	Nutrition	Personal	Recreational	Residence(Home)	Agency	Administrative	
1	Person's Home	Doctor's Office	1							1							ps
2	Doctor's Office	Person's Home	1											1			ps
3	Person's Home	Senior Center	1										1				ps
						1							1				
4	Senior Center	Shopping	8	1								9					ps
					1							1					
5	Shopping	Person's Home	8	1										9			ps
					1									1			
6	Center	Meeting					2									2	ps
7	Meeting	Center					2									2	ps
8																	
9																	
10																	
Daily Trip Totals			19	2	2	1	4			1		10	2	11		4	

1. Non-Ambulatory clients (unable to walk or need assistance) are reported only if the vehicle has a lift or ramp.
2. A Trip or Route is typically when the vehicle starts at the initial origin and stops at a final destination
3. Do not report a passenger in more than one classification.
4. There must be an equal number of Trip Purposes and Passenger Classifications reported.

Operating Expenses

Operating Cost: Cost of fuel, insurance, licenses, taxes, tires, etc.

Preventative Maintenance: Enter the total funds spent on routine maintenance for the quarter, i.e., belts, filters, flats, lubes, oil, brakes, wiper blades, car washes, headlights and bulbs. It is imperative that these records be kept. This part of the reporting forms will be closely monitored. *Do not send receipts.*

Minor Repairs: Enter the total funds on report for the quarter, i.e., any repairs not considered major. If no funds were spent, enter zero. If funds were spent, enter the total cost of the repair (including parts, labor, tax, etc.). If the work performed was done under warranty, the above procedure should be followed except under "COST" place a "W". *Attach receipts to report*.*

Major Repairs: Enter the total funds on report for the quarter, i.e., motor overhauls or replacement, transmission or rear end replacement and body repairs **over \$1,000.00**. If no funds were spent, enter zero. If funds were spent, enter the total cost of the repair (including parts, labor, tax, etc.). If the work performed was done under warranty, the above procedure should be followed except under "COST" place a "W". *Attach receipts to report*.*

**Agencies that have their own shop are excluded from submitting receipts, unless repairs are completed outside the shop.*

Other: Enter any funds that were spent on the vehicle that does not meet one of the other categories. For example, special painting (signs), purchase of seat belts, steps, running board, etc., should be included under this category. *Do not include cellular phone invoices.*

Total Operating Expenses for the Quarter: Sum of the five categories.

Operating Expenses This Quarter	Cost
Operating Cost (fuel, insurance, licenses, taxes, tires, etc.)	\$
Preventive Maintenance (belts, filters, flats, lubes, oil, etc.)	\$
Minor Repairs (attach copies of repair tickets)	\$
Major Repairs (attach copies of repair tickets) motor, transmission, etc	\$
Other Expenses _____	\$
Place a check mark if your agency has a shop <input checked="" type="checkbox"/>	
Total Operating Expenses For Quarter	\$

Use the reverse side of the form for explanation of any unusual reported figure. Also, use this space to report any change in level of service, major damage to vehicle, stolen property (should be reported immediately to the police and the following work day to the Public Transportation Programs of the Arkansas State Highway and Transportation Department, Telephone Number 501-569-2471).

CERTIFICATION

I certify that the above report is a correct and true statement and that the vehicle is used exclusively for providing transportation services to the elderly and persons with disabilities as set forth under 49 U.S.C. Section 5310. I further certify that this agency is complying with the provisions of the Subrecipient Grant Agreement.

Date _____ Signature – Agency Director _____

Revised: AHTD:P&R:PT:ps:1-26-04

Very important that this information be signed and dated by the agency's director or their designee. The Quarterly Performance Measurements form is required even when the vehicle is out of use (e.g., in shop for repairs, awaiting disposal and disposition, etc.). It is important that your agency report on the correct revised form dated 1-26-04. See revised copy under blank forms.

Preventative Maintenance Record

The Preventative Maintenance Record is designed to give the drivers general knowledge of what has to be done on a regular basis to keep the vehicle in good operating condition. A copy of the **Vehicle Maintenance Record** booklet should be kept up-to-date and in the vehicle at all times. A separate booklet is required for each individual vehicle.

State or FTA License Number: The FTA number must be placed on the front cover space provided. The next page should show the name of the organization that applied for the vehicle and the address. The make, model, and year of each vehicle must also be shown.

Preventative Maintenance Recommendations

Oil Change, Filter & Lube	Every 3,000 miles in dusty areas, 4,500 miles under normal driving conditions.
Air Filter	Every 10,000 miles in dusty areas or 20,000 miles under normal driving conditions.
Transmission Fluid	Change every 15,000 miles if vehicle is driven in heavy traffic, hill, or mountain areas, every 60,000 miles under normal driving conditions.
Cooling System	Drain, flush and fill with new coolant every 36 months, 45,000 miles or factory recommendation.
Hose & Belts	Replace every three years to avoid breakdown.
Tires	Replacement should be equivalent or greater than that recommended by vehicle procurement specifications used by the Arkansas State Highway and Transportation Department. Load range E for 10 ply and load range D for 8 ply.
Tire Pressure	Should be within 5 pounds of tire manufacturer recommendations.
P.C.V. Valve	Service every 12 months or 15,000 miles.
Front Wheel Bearing	Repack every 30,000 miles.
Fuel Filter	Replace every 30,000 miles.
Tire & Wheel rotation	First 5,000 miles, then 15,000 miles thereafter.
Brakes–Disc Drum & Parking	Inspect every 12 months or 15,000 miles.

These recommendations must be adhered to unless (1) the manufacturer's suggested maintenance intervals are more frequent or (2) the agency has prior approval from the Arkansas State Highway and Transportation Department.

Routine Maintenance: These pages have a specific column for the date and mileage of the routine maintenance such as oil change, oil filter, etc. It is imperative that this record be kept up to date.

Other Maintenance and Service: There is a place for the date, mileage, and a brief description of all other preventative maintenance that is done on the vehicle.

NOTICE: Maintenance Requirements: The paragraph on the last page of the Vehicle Maintenance Record book should be read very carefully.

Pre-Trip Inspection Form Pre-Operation Checklist

Date: Enter the date in the appropriate blank.

Year/Make/Model: Enter the appropriate information in the blank.

License/ID: Enter the license plate or FTA Number.

Miles/Hours: Enter the miles or hours per day.

Next PM (Preventative Maintenance) or Service Due: Enter the date of the next routine maintenance.

Under Code: Place a **check mark** (✓) if the following items were inspected and are o.k.; **R** if repairs are needed and **NA** if it is not applicable to the vehicle.

Pre-Operation Repair/Service Request: Before operating this vehicle, describe any specific problems, repairs, or service required. If the vehicle has required any service, complete and date the appropriate information.

Post-Operation Report: After operating this vehicle, describe any specific problems, repairs, or service required. Check if repairs or no repairs were needed.

Inspected By: (operator): Signature is required.

DAILY PRE-TRIP INSPECTION			
PRE-OPERATION CHECKLIST		PRE-OPERATION REPAIRS/SERVICE REQUEST	
Date: 1/1/00	Year/Make/Model 2000/Dodge/Van	License/ID FTA 000	Repairs / Service Required <i>(Describe Specific Problem, Symptoms)</i>
Miles/Hours	Next PM Due		
Code: Inspected and OK [<input checked="" type="checkbox"/>]; Repair needed [<input type="checkbox"/>] Not Applicable [<input type="checkbox"/>]			Control switch needs to be replaced.
✓ OIL (<i>Engine, transmission, hydraulic</i>)			
✓ COOLANT LEVEL			
✓ ENGINE (<i>Battery, belts, hoses, leaks</i>)			Operate As Is Until (date)
✓ INTERIOR (<i>Clean, no loose objects, seat belts</i>)			Approved By:
✓ WINDOWS, MIRRORS, WIPERS, HORN			Repaired By: Date
✓ START ENGINE, OBSERVE GAUGES			Return to Service By: Date
✓ LIGHTS (<i>Turn, brakes, markers, headlamps</i>)			Comments:
POST-OPERATION REPORT			
TIRES & WHEELS (<i>Lug nuts, pressure, tread</i>)			<input type="checkbox"/> Circle Fuel Level: E ¼ ½ ¾ F
✓ EXTERIOR (<i>Flaps, damage, fluid leak</i>)			<input type="checkbox"/> No Repairs / Service Required
✓ SERVICE AND PARKING BRAKE			<input type="checkbox"/> Repairs / Service Required
✓ BACK UP ALARM			
✓ ADA ACCESSORIES (<i>Deploy Lift, tiedowns</i>)			
R SAFETY EQUIPMENT			
✓ Circle Fuel Level: E ¼ ½ ¾ F			Repaired By: Date
			Return to Service By: Date
✓ If Repair / Service is required proceed to next section.			Comments:

Inspected By: (operator) _____

BLANK FORMS

It is the agency's choice which form to use:

Daily Pre-Trip Inspection *OR* Weekly Pre-Trip Inspection

Daily Trip Report *OR* Daily Use Trip Report

The following Quarterly Performance Measurements (QPM) Adobe, Microsoft Word and Excel format forms can be e-mailed to your agency by calling me 501-569-2559 or e-mailing me at danny.chidester@arkansashighways.com



ARKANSAS STATE HIGHWAY & TRANSPORTATION DEPARTMENT
Public Transportation Programs, P.O. Box 2261, Little Rock, AR 72203
Federal Transit Administration–Section 5310 Elderly & Persons with Disabilities Program

QUARTERLY PERFORMANCE MEASUREMENTS
(Complete all information)

Recipient Agency _____ Location: _____
 Reporting Agency (if different from above) _____ Location: _____
 Contact Person: _____ Phone #: _____
 E-mail Address: _____ Fax #: _____
 Reporting Calendar Qtr: () Jan – Mar () Apr – Jun () Jul – Sep () Oct-Dec Yr. _____
 (Contractually Mandatory: Due 20 days after each quarter)
 FTA Number: _____ Agency's ID: _____ Arkansas License Number: _____
 Year: _____ Make: _____ Model: Van SW Bus Blazer
 (Circle one)
 Odometer Reading: Beginning _____ Ending _____
 (Ending mileage for last qtr.)
 No. of Days Operated This Quarter _____ Miles Operated This Quarter _____

Passenger Trips For Quarter By Trip Purposes and Passenger Classifications:

	Elderly	Disabled	Other	Totals
Education				
Employment				
Medical				
Nutrition				
Personal				
Recreational				
Residence (Consumers' Home)				
Agency (aides/escorts)	-----	-----		
Administrative (meetings, errands)	-----	-----		
TOTALS				
	-----	-----	-----	
Number of Non-Ambulatory				

Operating Expenses This Quarter

Cost

Operating Cost (fuel, insurance, licenses, taxes, tires, etc.)	\$
Preventive Maintenance (belts, filters, flats, lubes, oil, etc.)	\$
Minor Repairs (attach copies of repair tickets)	\$
Major Repairs(attach copies of repair tickets) motor, transmission, etc.	\$
Other Expenses _____	\$
Place a check mark if your agency has a shop []	
Total Operating Expenses For Quarter	\$

CERTIFICATION

I certify that the above report is a correct and true statement and that the vehicle is used exclusively for providing transportation services to the elderly and persons with disabilities as set forth under 49 U.S.C. Section 5310. I further certify that this agency is complying with the provisions of the Subrecipient Grant Agreement.

Date _____ Signature – Agency Director _____