

**SECTION 5310 ENHANCED MOBILITY OF
SENIORS AND
INDIVIDUALS WITH DISABILITIES PROGRAM**

**PROGRAM REPORTING MANUAL
FOR
FTA SECTION 5310 VEHICLES**



February 2013

Prepared by:

**Public Transportation Programs Section
Arkansas State Highway and Transportation Department**

Table of Contents

5310 Program Reporting Manual: Introduction	1
Minimum Vehicle Insurance Requirements	1
Performance Measurement & Monitoring: Report Checklist.....	2
Steps To Ensure A Complete And Correct Qpm Report:	2
Qpm Report: Reporting Guidance	3
Trip Reporting Guidance: Trip Purpose.....	4
Trip Reporting Guidance: Passenger Classification	5
Incident Reporting: Qpm Report	5
Report Certification: Signing The Qpm.....	5
Records Retention And File Names	5
Trip Reporting Guidance: Driver's Daily Trip Report	6
Driver's Daily Trip Report: Example	7
Preventative Maintenance Record Instructions	8
Daily Pre-Trip Inspection Form Instructions	9
Vehicle Release/Sale/Disposal Instructions	10
Vehicle Modification/Logo Policy.....	10
Blank Forms.....	11

Last Updated 02-13-13

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT NOTICE OF NONDISCRIMINATION

The Arkansas State Highway and Transportation Department (Department) complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the Department does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in the admission, access to and treatment in the Department's programs and activities, as well as the Department's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department's nondiscrimination policies may be directed to Joanna P. Nelson, Section Head - EEO/DBE (ADA/504/Title VI Coordinator), P.O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address: Joanna.Nelson@arkansashighways.com

This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

5310 PROGRAM REPORTING MANUAL: INTRODUCTION

The Federal Transit Administration (FTA) and the Arkansas State Highway and Transportation Department (Department) utilize an Agency's Vehicle Maintenance Records and Quarterly Performance Measurement and Monitoring (QPM) Reports to evaluate the performance of Transportation Programs in enhancing the mobility of seniors and individuals with disabilities.

- **Upon an agency's receipt of a vehicle and throughout that vehicle's useful life, the following documentation shall be maintained by the agency** and provided to the FTA via the Department in a format and as described in this reporting manual or as may be requested in subsequent correspondence:
 1. **Current Insurance Record**
 2. **Vehicle Maintenance Record**
 3. **Quarterly Performance Measurement and Monitoring (QPM) Report**
- **When an agency is notified by the Department that a vehicle is released from further reporting (when the vehicle's useful life requirement has been met) an agency will maintain records on file on that day documenting that vehicle's operation, maintenance and repair for no less than an additional 48-months.**
- **Up to and including the year following sale or other disposal, note the status of released vehicles (in service/disposed of) in the Annual Application for Capital Assistance.**
- **Maintain this handbook as a resource for staff responsible for any aspect of 5310 Program transportation operation or reporting;**
- **Incorporate this handbook into systems of management and training to ensure a broad level of understanding of 5310 Program Requirements.**

THIS MANUAL IS PROVIDED TO SUPPORT TRANSPORTATION AGENCIES AND ENSURE ACCURATE PROGRAM REPORTING

Please Note:

- **Your Vehicle Maintenance Record Book is *required* to be updated and maintained in the vehicle or in a file for easy access.** The Department's Inspector will review this record book/file during vehicle inspection and in the course of any audit or other review.
- Quarterly Performance Measurement and Monitoring (QPM) Reports are required to be transmitted to the Department each quarter. Reports are compiled for 5310 Program reporting to FTA and for other purposes.
- **An Agency's performance and recordkeeping are factors in evaluating future applications for Capital Assistance.**
- **The most current program information and forms are always available on the 5310 Program webpage: http://www.ahtd.ar.gov/public_transportation/section_5310.aspx**
- Please use the most current forms when reporting.
- To avoid confusion be sure to create unique electronic file names when transmitting files.
- Program Contact: Bud Laumer, AICP: bud.laumer@ahtd.ar.gov and 501-569-2927

MINIMUM VEHICLE INSURANCE REQUIREMENTS

Proof of insurance is required for all 5310 Program vehicles when received and annually thereafter until the vehicle meets its useful life and is released. The Subrecipient shall elect a deductible amount pertaining to physical damage coverage that is not greater than \$1,000; or, a lesser amount, so long as in the event of a loss, actual proceeds from the insurance coverage shall provide no less than eighty percent of the loss prior to applying a deductible.

PERFORMANCE MEASUREMENT & MONITORING: REPORT CHECKLIST

- Use the LATEST VERSION of the QPM—found on the Public Transportation Website:
http://www.ahtd.ar.gov/public_transportation/section_5310.aspx
- Answer ALL of the questions on the form-The MSEXcel QPM provides totals for you.
- Submit a Completed QPM on the first of the month (It is late 20 days after the quarter ends).

<u>Reporting Period</u>	<u>Due Date</u>	<u>Deadline</u>
Q1: Oct-Dec	January 1 st	January 20 th
Q2: Jan-March	April 1 st	April 20 th
Q3: April-June	July 1 st	July 20 th
Q4: July-Sept	October 1 st	October 20 th

Use ONLY ONE of the following methods to transmit your Completed and Signed QPM:

- **Mail Original:** Arkansas Highway and Transportation Department, Public Transportation Programs, P.O. Box 2261, Little Rock, AR 72203
- **OR Attach to E-Mail:** amber.davis@ahtd.ar.gov **OR Fax:** 501-569-2476

STEPS TO ENSURE A COMPLETE AND CORRECT QPM REPORT:

- **Find the FTA Vehicle Number:** The Four Digit Number on the Front Bumper License Plate (Example:F2222, F3333, F5555).
- **Odometer Reading (Mileage):** Report ONLY Whole Miles—Never Report 1/10ths.
- **Beginning Odometer Reading:** ALWAYS the ending mileage YOU reported the previous quarter.
- **Number of Days Operated This Quarter:** Reference all vehicles with low utilization in a note providing an explanation/solution to increase use in future. (Example: utilized less than 30 days in quarter, out of service, at shop, center closed, etc. Changing route, etc.). E-mail notes to bud.laumer@ahtd.ar.gov
- **Check Calculations:** The Excel version of the QPM calculates Miles and Trips by Passenger Type & Destination for you. (3 riders from home to Dr. and back = 3 med plus 3 res trips, so 6 total trips).
- **Incident Reporting:** List significant failures and repairs (blown engine/trans; lift failure, crash, fire) noting diagnosis, costs and outcome. This is used to identify issues common in the fleet.
- **Signature:** Make sure QPM is signed by Agency Director/Designated Employee BEFORE e-mailing.
- **Do not submit daily reporting forms, preventative maintenance forms or receipts for repairs/fuel.**
- **Do Not Report on Released 5310 Vehicles OR Translease Vehicles:** The Program Manager reviews release eligibility requirements for consideration and approval by the AHTD Public Transportation Administrator. A letter and title are sent on a released vehicle that has met its useful life.

Vans= 4 years and/or 100,000 miles, Buses = 5 years and/or 150,000 miles. Vehicles meeting the minimum service years or minimum miles are items of consideration for release. However, vehicles meeting release conditions are generally released on a case-by-case basis twice each year, based on the Ending Odometer reading from the most recent QPM.
- **Assign a unique electronic file name to each file submitted electronically:**
- **For convenience, group individual files (into one PDF, etc.) under (Q3-14, ArBCServices, or similar), Or**
- **If you send individual files, create electronic file names that include the FTA# of the vehicle/Federal Fiscal Quarter and Agency name (3050Q3-14ArBCS, or similar).**

Questions: please call 501-569-2927 or e-mail bud.laumer@ahtd.ar.gov

QPM REPORT: REPORTING GUIDANCE

Master Applicant/Location: Enter the legal name and city of the agency that applied for the vehicle. Starting with 2014 vehicles this is the agency named on the Master Application requesting the vehicle.

Site Specific Applicant/Location: If the Agency that operates the vehicle is not the Parent Agency, list the Agency/Site/Location here. If same, write same. Starting in 2014 Vehicle Site Specific Award Applicant.

Contact Person: Person responsible for reporting to AHTD. **Phone #:** Phone number/extension.

E-mail Address: Person responsible for reporting to AHTD **Fax #:** Fax number

FTA Number: Enter vehicle's FTA number: A separate QPM must be completed for each vehicle.

Nickname: Does your agency name or # its vehicles (Hippo, Van 6)? If not, leave this question blank.

AR License Plate#: Enter the vehicle's state issued license number.

Year: Vehicle Year **Make:** (Chevy, Ford, Dodge, etc.) **Model:** Check van or bus.

Federal Fiscal Reporting Quarter: Check the Federal Fiscal Calendar Quarter and Year of this QPM.

Odometer Reading: Enter the beginning & ending odometer readings in WHOLE MILES. Subtract to get **Miles Operated This Quarter**. *Note: Beginning miles is ALWAYS last quarter's ending miles.*

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



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

QUARTERLY PERFORMANCE MEASUREMENT & MONITORING REPORT (Answer All)

Master Applicant: Ourtown Excellent Centers Location: OurTown, AR

(If multiple-sites-this is Parent Agency)

Site Specific Applicant: Excellent Centers of Yourtown Location: Yourtown, AR

(If multiple sites-Satellite Location)

Contact Person: Becky Excellent Phone #: 870-555-1212

(Person Responsible for Reporting to Department)

E-mail Address: becky1@excellentourtown.org Fax #: 870-555-1214

FTA Vehicle #: 2222 Nickname: Hippo Bus AR License Plate #: 308 SMW

Year: 2013 Make: Plymouth Model: Van Bus (Check One)

Fed Fiscal Qtr: Q1() Oct-Dec Q2(x) Jan-Mar Q3() Apr - Jun Q4() Jul - Sep Fiscal Yr. 2014

(Federal Fiscal Year is October through September)

Odometer Readings At Start of Quarter: 24,000 At End of Quarter: 30,000

No. of Days Operated This Quarter: 52 Miles Operated This Quarter: 6,000

(Miles Operated = Ending Odometer - Starting Odometer)

TRIP REPORTING GUIDANCE: TRIP PURPOSE

Passenger Trips are calculated by the number of times a passenger enters the vehicle.

If a passenger goes to the doctor, shopping and home, a total of three trips are provided for that passenger. If there are five passengers on each of the three legs of the trip, the total trips would be fifteen (3 trip legs X 5 riders on each leg =15 trips).

Education: Education and training includes classroom as well as Life Skills Training, Wellness Training, Physical Community Interaction, etc.

Employment: Includes trips to work as well as vocational training, work sites, workshop centers, etc.

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

Nutrition: Daily congregate meals at a Center or meal site. **Note: Home-Delivered Meals are NOT trips or passengers.**

Personal: 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: Going home; the place your passengers return to (generally the last leg of their trip).

Agency: Employee or individual transported in the vehicle to assist a rider (**aides, attendants, escorts**, etc.). Count in **OTHER** category only. **Note: Drivers Are Not Passengers. Never Count Drivers.**

Administrative: Agency employees or volunteers. Reported when the agency utilizes the vehicle for errands, conferences, meetings, picking up or delivering goods, etc. Count in **OTHER** category only.

Meal Delivery: Occasional Meal Delivery is an Administrative use. **Note: Delivery must be incidental** to primary passenger trips. **NEVER displace a passenger trip for a meal delivery. NEVER count meals as passengers.**

Totals: Add each row and column making sure Totals match (See example below where both equal 1,162). The total number of PASSENGER CLASSIFICATIONS equals the total number of TRIP PURPOSES.

Trip Purpose	Senior	Disabled	Other	TOTAL
Education/Training		100		100
Employment		105		105
Medical	20	15	2	37
Nutrition	100			100
Personal	150	10		160
Recreational		75		75
Residence (Passenger's Home)	270	300		570
Agency (aides/escorts)			5	5
Administrative (staff use, meetings, errands)			10	10
<u>TOTAL</u>	540	605	17	1,162
Number of Non-Ambulatory	75	100		175

Note: PASSENGER CLASSIFICATION and TRIP PURPOSE recorded in Driver's Trip Reports are totaled to provide data for the QPM report. Apply your discretion when recording trip purpose. This is an example only, where shopping could be considered personal, recreational or even educational depending on the nature of your program.

TRIP REPORTING GUIDANCE: PASSENGER CLASSIFICATION

Transportation services provided under the 5310 Program are limited to **Seniors and Individuals with Disabilities**. **Seniors** include all individuals aged 60 years or older. **Individuals with Disabilities** are persons who:

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

Total Passenger Trips and Trip Purposes: Persons transported in the vehicle are categorized as Seniors, Individuals with Disabilities, OR Other. Each trip is entered according to purpose (Medical, Residence, etc.).

Non-Ambulatory Passengers: Of total passenger trips, how many riders used the ramp or lift? **Note:** This is a subset of total trips by passenger type. **Report only if this is a ramp or lift equipped vehicle.**

INCIDENT REPORTING: QPM REPORT

This is where you list major mechanical failures and crashes involving glass or body damage that resulted in the vehicle being out of service during the quarter. A brief description is all that is necessary (Transmission rebuilt, engine rebuilt, lift mechanism replaced due to failure.) Do not include Preventive Maintenance.

Please provide details in a brief note ONLY IF this vehicle experienced a:

Major Mechanical Failure	Would not shift 01-07-13. Yourtown Ford serviced transmission and replaced clutch pack under warranty. No charge
Crash-Glass or Body Damage	Crash 03-13-13, Driver tested OK, other motorist cited for following too close. Repairs to right rear were completed 01-31-13 by Yourtown Ford. Total bill for repairs was \$4,600 and paid by other motorist's insurance.

REPORT CERTIFICATION: SIGNING THE QPM

Since the agency's performance will be measured, in part, on information provided in this report, the completed QPM for each vehicle operated under the 5310 Program must be signed by the person authorized by the parent agency to certify on behalf of the agency that the statements included in the report are true and correct.

5310 Program vehicles are a valuable resource and reporting agencies are encouraged to use the QPM information compilation and reporting process as a management tool to improve transportation programs, enhancing mobility of seniors and individuals with disabilities.

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 seniors and/or individuals 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: April 2, 2013 Authorized Signature: Becky Excellent, Executive Director

RECORDS RETENTION AND FILE NAMES

All 5310 program participants must follow federal standards as to records retention in documenting vehicle operation, maintenance and repair. After a 5310 Vehicle is released from reporting requirements, records relating to that vehicle on the day of release shall be retained for no less than 48 months.

Files provided to the Department in an electronic format can be grouped (into one PDF, etc.) for convenience or they can be attached individually. Where files are grouped, it is only necessary to include the Federal Fiscal Quarter of the report and the abbreviated Agency name (Q3-14, ArBCServices, or similar). Individual file names must include the FTA# of the vehicle/Federal Fiscal Quarter and Agency name (5350Q3-14ABCS, or similar).

TRIP REPORTING GUIDANCE: DRIVER'S DAILY TRIP REPORT

The Daily Trip Report form is offered as an example of the sort of daily record each agency must maintain for each vehicle operated under the 5310 program; recording each trip by **Passenger Classification** and **Trip Purpose**.

A unique record must be made for each day of Vehicle Operation, Recording:

- The beginning and ending odometer reading for each day of operation-In Whole Miles,
- The number of passengers transported for each day of operation by Passenger Classification, and
- Each passenger's destination, by trip purpose.

WHEN THE DRIVER PICKS UP A PASSENGER THE DRIVER RECORDS:

- The **PASSENGER CLASSIFICATION** of each person entering the vehicle (**Senior, Disabled or Other**),and
- The **DESIRED DESTINATION** of each passenger in the column titled **TRIP PURPOSES**.

Follow this process at all times the vehicle is in service. Each time you pick-up a passenger you will enter a Passenger Classification and trip purpose as a new entry-even if you dropped them off and are back to pick them up.

EXAMPLE: You pick-up a Senior at home who's going to the doctor. The driver's log entry is shown in line 1 of the example. When the driver picks up the same Senior later at the doctor's office and transports the individual home, that trip is entered as shown on line 2.

On Line 3 the vehicle picked up two people who wanted to go to the Senior Center. One of the riders was a Senior and ambulatory (able to walk). The other used a mobility device. The two trips are classed as recreation.

On Line 4 a trip started at the Senior Center and ended at a grocery store. Ten people were transported for shopping (Personal). Under PASSENGER CLASSIFICATIONS it is noted that (1) eight persons were Seniors and able to walk, (2) one person was a Senior and non-ambulatory and (3) one person was disabled but able to walk.

On Line 5 the riders from line 4 are being transported home (residence) after shopping.

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

Line 7 shows these same employees/volunteers returning to the Center.

With the DAILY TRIP REPORT completed, review the record to see that the vehicle carried a total of 28 passengers.

- Twenty-eight is the sum of the four columns under PASSENGER CLASSIFICATIONS
- Twenty-eight is also the sum of the nine columns under TRIP PURPOSES—these two are always equal.

NOTES:

- Report Non-Ambulatory Trips ONLY IF the vehicle is equipped with a lift or ramp. This count includes anyone who enters the vehicle using the lift or ramp and may or may not involve a mobility device.
- If a person is both a Senior and Disabled the driver should use their discretion when recording the person's PASSENGER CLASSIFICATION. At no time should a passenger be classified in more than one column.
- Record each leg of the trip to reflect a trip to the next destination.
- Since each leg of the trip allows for a new TRIP PURPOSE, there is never more than one purpose for a passenger's trip. If a passenger is doing several things at one location, pick one for that leg of the trip.
- If an employee or volunteer needs to assist a passenger for any reason, the employee's trip is recorded under AGENCY and in the OTHER category. If an Attendant (Caretaker) needs to accompany a passenger to an appointment, record their trip in the OTHER category and under the same trip purpose as the passenger.
- **NEVER COUNT HOME-DELIVERED MEALS, THEY ARE NOT PASSENGER TRIPS.**

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

FTA #: 1589		B-Miles: 11,135	Passenger					Trip Purposes								Driver's Initials	
Day of Week: Tuesday		E-Miles: 12,228	Classifications														
Date: 01-08-13		T-Miles: 93	Seniors		Disabled												
Trip or Route	Origin	Destination	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory	Other	Education	Employment	Medical	Nutrition	Personal	Recreational	Residence(Home)	Agency(aides, escorts)		Administrative
1	Individual's Home	Doctor's Office	1							1							dbl
2	Doctor's Office	Individual's Home	1											1			dbl
3	Individual's Home	Senior Center	1										1				dc
						1							1				
4	Senior Center	Shopping	8	1								9					dc
					1							1					
5	Shopping	Individual's Home	8	1										9			dm
					1									1			
6	Senior Center	Meeting					2									2	dm
7	Meeting	Senior 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 & Passenger Classifications reported.

PREVENTATIVE MAINTENANCE RECORD INSTRUCTIONS

The Preventative Maintenance Record is designed to give vehicle operators guidelines for 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 or in a file at all times. A separate booklet or file is required for each individual vehicle.

It should be a matter of Subrecipient policy that any equipment failures noted during the daily trip inspection should be reported to a mechanic at the earliest time. Also, all routine maintenance should be done by a qualified mechanic and in accordance with suggested manufacturer's guidelines.

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 the vehicle must also be shown.

Preventative Maintenance Recommendations

Oil Change, Filter & Lube	Every 3,000 miles in dusty areas, 5,000 miles under normal driving conditions.
Air Filter	Every 10,000 miles in dusty areas or 20,000 miles under normal driving conditions.
Transmission Fluid	Follow Manufacturer's recommendations regarding service intervals.
Cooling System	Drain, flush and fill with new coolant every 36 months or as Manufacturer recommends.
Hose & Belts	Replace every three years to avoid breakdown.
Tires	Replacement tires should be equivalent or greater than: Load range E for 10 ply and load range D for 8 ply.
Tire Pressure	Should be within 5 pounds of tire manufacturer's recommendations.
Front Wheel Bearing	Inspect/Service every 12 months.
Fuel Filter	Replace every 30,000 miles.
Tire & Wheel rotation	Rotate after first 5,000 miles on new tires, then every 15,000 miles thereafter.
Brakes—Disc Drum & Parking	Inspect every 12 months.
ADA Lift/Equipment	Service lift every 750 cycles or 3,000 miles.
ADA Accessories	Inspect tie downs, locks, straps, alarms, and doors for wear, tear, damage, and serviceability every 3,000 miles.

Follow the manufacturer's suggested maintenance intervals if they should differ from the Department's recommendations.

Routine Maintenance: These pages have a specific column for the date and mileage of the routine maintenance such as oil change, oil filter, etc. This record SHALL be kept current in either paper or electronic format.

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.

Americans with Disabilities Act (ADA): The ADA requires that all accessible equipment on a transit vehicle be maintained in operable condition. All accessible equipment should be checked daily as part of the pre-trip inspection. This inspection should include operability of lifts, ramps, tie downs, wheelchair tracks, etc. There is a space on the daily inspection form to indicate that the equipment has been inspected and is operable.

DAILY PRE-TRIP INSPECTION FORM INSTRUCTIONS

Date: Enter the date in the appropriate blank.

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

FTA#: Enter the FTA Number found on the front license plate (example F2222).

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: 1/1/13	Year/Make/Model 2012/Dodge/Van	FTA# FTA 2222	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 (Engine, transmission, hydraulic)		
√	COOLANT LEVEL		
√	ENGINE (Battery, belts, hoses, leaks)		Operate As Is Until (date)
√	INTERIOR (Clean, no loose objects, seat belts)		Approved By:
√	WINDOWS, MIRRORS, WIPERS, HORN		Repaired By: _____ Date _____
√	START ENGINE, OBSERVE GAUGES		Return to Service By: _____ Date _____
√	LIGHTS (Turn, brakes, markers, headlamps)		Comments:
	TIRES & WHEELS (Lug nuts, pressure, tread)		POST-OPERATION REPORT
√	EXTERIOR (Flaps, damage, fluid leak)		<input type="checkbox"/> Circle Fuel Level: E ¼ ½ ¾ F
√	SERVICE AND PARKING BRAKE		<input type="checkbox"/> No Repairs / Service Required
√	BACK UP ALARM		<input type="checkbox"/> Repairs / Service Required
√	ADA ACCESSORIES (Deploy Lift, tie downs)		
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) _____

VEHICLE RELEASE/SALE/DISPOSAL INSTRUCTIONS

To ensure compliance with Program limitations, and avoid potential penalties, a process specified by the Department must be followed in Release, Sale and Disposal of Section 5310 Program vehicles.

Only the Department will determine if a subrecipient's vehicle has met its useful life. With that determination made, a **Notice of Release** along with the **Vehicle Title, Lien Release** and **Inventory Control Reporting Form** will be sent to the Subrecipient Agency. Once released, capital inventory items may be retained, sold or otherwise disposed of provided that the agency complies with FTA/Department rules limiting sale and disposition.

The status of released vehicles (sold/retained) is disclosed in the annual application for Capital Assistance.

Contact Bud Laumer: 501-569-2921 or bud.laumer@ahtd.ar.gov regarding requirements for public notice, public auction/sealed bid sale and limitations related to eligible buyers, use of sale proceeds and recapture of excess sale proceeds.

Vehicle Sale/Disposal Control Reporting Form

VEHICLE INVENTORY CONTROL REPORTING FORM	
AGENCY NAME:	_____
DESCRIPTION OF VEHICLE:	_____
VIN NUMBER:	_____ FTA NUMBER: _____
TOTAL COST:	_____ LOCAL (20%) MATCH: _____
PURCHASE DATE (MONTH/YEAR):	_____
CONDITION AT TIME OF PURCHASE:	EXCELLENT (<input checked="" type="checkbox"/>) FAIR (<input type="checkbox"/>) POOR (<input type="checkbox"/>)
FTA GRANT NO. ITEM PURCHASED UNDER:	_____
FTA SCOPE:	_____ FTA ACTIVITY CODE: _____
PERCENTAGE OF FEDERAL PARTICIPATION:	<u>80%</u>
TITLE HOLDER:	AHTD (<input type="checkbox"/>) AGENCY (<input checked="" type="checkbox"/>) OTHER (<input type="checkbox"/>)
* DISPOSAL DATE:	_____
* SOLD TO:	_____
* SALE PRICE:	_____
* FAIR MARKET VALUE:	_____
* REMARKS:	_____

REVISIED 11/8/11:P&R:PT.dlc	

AGENCY COMPLETES FIELDS MARKED WITH AN ASTERISK (*) UPON VEHICLE DISPOSAL (SOLD, AUCTIONED, ETC.) AND RETURNS THIS FORM TO: AHTD – PUBLIC TRANSPORTATION SECTION, P.O. BOX 2261, LITTLE ROCK, AR 72203-2261.

VEHICLE MODIFICATION/LOGO POLICY

Modification of a vehicle received through the Section 5310 program (adding running boards, applying a logo, etc.) is prohibited unless prior approval is granted by the Department.

Running boards and other mechanical/electronic modifications must be of a quality and design that is comparable to factory installed options. Installation must be by a professional installer or other shop to ensure serviceability and safety for riders.

Approval to affix a **graphic logo** must be requested in writing, including an electronic or hardcopy of the logo image, a description of the material to be used and the proposed location(s) on the vehicle. Signage must be of a quality vinyl material commonly used by a commercial graphic's firm and affixed by non-permanent adhesive.

BLANK FORMS

The most current versions of 5310 Program forms are always available in electronic format on the Department website or by contacting the Department.

Forms on the following pages are provided as examples to improve the value of this handbook in staff training and program management.

Please source all 5310 Program forms for reporting here:

http://www.ahtd.ar.gov/public_transportation/section_5310.aspx

Electronic versions of 5310 Program forms:

- Are easily incorporated into your agency's larger program management system, and
- Offer more functionality, where Spreadsheets total and reoccurring reports can be pre-populated to save staff time.
- Are available in several formats—Quarterly Performance Measurement and Monitoring (QPM) Reports are available in Adobe, Microsoft Word and Excel format on the webpage.
- Are preferred for use, since they automatically provide totals and are much easier to read and tabulate.

For more information, contact:

Bud Laumer, AICP, 5310 Program Manager

- Phone at 501-569-2927, or
- E-mail at bud.laumer@ahhd.ar.gov



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

QUARTERLY PERFORMANCE MEASUREMENT & MONITORING REPORT (Answer All)

Master Applicant: _____ Location: _____
(If multiple-sites-this is Parent Agency)

Site Specific Applicant: _____ Location: _____
(If multiple sites-Satellite Location)

Contact Person: _____ Phone #: _____
(Person Responsible for Reporting to Department)

E-mail Address: _____ Fax #: _____

FTA Vehicle #: _____ Nickname: _____ AR License Plate #: _____

Year: _____ Make: _____ Model: ()Van ()Bus (Check One)

Fed Fiscal Qtr: Q1()Oct-Dec Q2()Jan-Mar Q3()Apr - Jun Q4()Jul - Sep Fiscal Yr. _____
(Federal Fiscal Year is October through September)

Odometer Readings At Start of Quarter: _____ At End of Quarter: _____

No. of Days Operated This Quarter: _____ Miles Operated This Quarter: _____
(Miles Operated = Ending Odometer - Starting Odometer)

Passenger Trips For Quarter By Trip Purpose and Passenger Classification:

Trip Purpose	Senior	Disabled	Other	TOTAL
Education/Training				
Employment				
Medical				
Nutrition				
Personal				
Recreational				
Residence (Passenger's Home)				
Agency (aides/escorts)				
Administrative (staff use, meetings, errands)				
TOTAL				
Number of Non-Ambulatory				

Incident Reporting-This Quarter: Please provide details in a brief note **ONLY IF** this vehicle experienced a:

Major Mechanical Failure	_____

Crash-Glass or Body Damage	_____

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 seniors and/or individuals 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: _____ Authorized Signature: _____

Revised:AHTD:P&R:PT:dbI01-02-13.

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

FTA #:		B-Miles:	Passenger					Trip Purposes										Driver's Initials
Day of Week:		E-Miles:	Classifications															
Date:		T-Miles:	Seniors		Disabled													
Trip or Route	Origin	Destination	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory	Other	Education	Employment	Medical	Nutrition	Personal	Recreational	Residence(Home)	Agency(aides, escorts)	Administrative		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
Daily Trip Totals																		

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 & Passenger Classifications reported.

VEHICLE INVENTORY CONTROL REPORTING FORM

AGENCY NAME: _____

DESCRIPTION OF VEHICLE: _____

VIN NUMBER: _____ FTA NUMBER: _____

TOTAL COST: _____ LOCAL (20%) MATCH: _____

PURCHASE DATE (MONTH/YEAR): _____

CONDITION AT TIME OF PURCHASE: EXCELLENT () FAIR () POOR ()

FTA GRANT NO. ITEM PURCHASED UNDER: _____

FTA SCOPE: _____ FTA ACTIVITY CODE: _____

PERCENTAGE OF FEDERAL PARTICIPATION: 80%

TITLE HOLDER: AHTD () AGENCY () OTHER ()

* DISPOSAL DATE: _____

* SOLD TO: _____

* SALE PRICE: _____

* FAIR MARKET VALUE: _____

* REMARKS: _____

REVISSED 11/8/11:P&R:PT:dlc

AGENCY COMPLETES FIELDS MARKED WITH AN ASTERISK (*) UPON VEHICLE DISPOSAL (SOLD, AUCTIONED, ETC.) AND RETURNS THIS FORM TO: AHTD – PUBLIC TRANSPORTATION SECTION, P.O. BOX 2261, LITTLE ROCK, AR 72203-2261.