

**South Carolina Department of Transportation (SCDOT)
Office of public transit**

HUMAN SERVICE Compliance Review Form

Updated Sept. 2017

FTA SECTION 5310 PROGRAM
PROJECT PERFORMANCE UPDATES
(Due Annually/February 15th)

*You are required to submit this report if you have an active contract or if SCDOT/OPT is lienholder on any of your vehicles.
Your agency is required to complete 1 report per contract or one report per SCDOT/OPT titled vehicle.*

NAME OF AGENCY

CONTRACT NUMBER

EQUIPMENT DESCRIPTION (CAPACITY, MAKE, MODEL, YEAR, ETC.)

CONTACT PERSON

TELEPHONE NUMBER

1. SERIAL NUMBER: _____ 2. LICENSE NUMBER: _____

3. INSURANCE COMPANY NAME: _____

4. EFFECTIVE COVERAGEDATES: FROM: _____ TO: _____

5. POLICY NUMBER: _____

6. DATE OF LAST INSPECTION OF FIRE EXTINGUISHER: _____

7. FIRST AID & CPR TRAINING DATES: _____

8. DATE OF LAST DEFENSIVE DRIVING FOR ASSIGNED DRIVERS: _____

9. WHAT IS THE OFFICIAL DESIGNATION OF YOUR AGENCY (Private Non-Profit, Public, other)

9B. DOES YOUR AGENCY HAVE A BOARD? _____ PLEASE PROVIDE THE CHAIRMANS NAME: _____

10. PLEASE PROVIDE SCDOT A COPY OF YOUR MAINTENANCE PLAN. IF SCDOT ALREADY HAS A COPY OF THIS PLAN, PLEASE STATE THE DATE THE PLAN WAS SUBMITTED. _____

11. PROVIDERS ARE REQUIRED TO SUBMIT COPIES OF ANNUAL MAINTENANCE RECORDS FOR 10% OF FLEET PURCHASED BY SCDOT. THESE RECORDS SHOULD INCLUDE ALL PREVENTIVE MAINTENANCE ON THE VEHICLES. PLEASE SEND A COPY OF THESE RECORDS WITH YOUR REPORT.

PERFORMANCE SECTION
(POS, Vehicle & Mobility Mgt.)

1. ODOMETER READING BEGINNING: _____ ENDING: _____ MILES THIS PERIOD: _____

2. NUMBER OF PASSENGERS: _____ ELDERLY: _____ HANDICAPPED: _____ OTHER: _____

3. AVERAGE MILES PER DAY: _____ AVERAGE HOURS VEHICLE USED PER DAY: _____
NUMBER OF DAYS VEHICLE USED THIS PERIOD: _____

4. MOBILITY MANAGEMENT PROJECTS: HOW MANY CALLS OR SERVICES ARE CONNECTED TO SOME TYPE OF PUBLIC TRANSPORTATION? (Rides not information) _____

5. DESCRIBE ALL ACCIDENTS & MAJOR REPAIRS (DATE, DAMAGE, REPAIR COSTS, INJURIES, FAULT, COMMENTS):
-ATTACH ACCIDENT REPORT-

6. PLEASE LIST ADDITIONAL DRIVER TRAINING RECORDS FOR DRIVERS; IF YOUR AGENCY NEEDS SPECIFIC TRAINING, PLEASE LIST THE AGENCIES TRAINING NEEDS BELOW:

7. COMMENTS: _____

PURCHASE OF SERVICE SECTION
(This section is for agencies that purchase their services from other providers)

1. PROVIDE INFORMATION REGARDING ANY PURCHASE OF SERVICE AGREEMENT: INCLUDE THE SCOPE AND THE NAME OF YOUR SERVICE PROVIDER.

2. WHAT TYPE OF SOLICITATION WAS DONE IN SELECTING A CONTRACTOR AND WHY?
(INCLUDE COPY OF BID PACKET AND SIGNED AGREEMENT INCLUDING THE OPT PROCUREMENT FORM)

3. DID SCDOT REVIEW YOUR BID PACKAGE PRIOR TO PUBLICATION IN THE NEWSPAPER?
IF NO, STATE WHY? _____

4. ARE YOU SATISFIED WITH THE SERVICE BEING PROVIDED? IF NO, STATE WHY? _____

5. WHAT TYPE OF PURCHASE OF SERVICE CONTRACT ARRANGEMENT DO YOU HAVE WITH THE CONTRACTOR?
(A) SINGLE-YEAR CONTRACT: _____ (B) MULTI-YEAR CONTRACT: _____

6. WHAT IS THE CURRENT CONTRACT PERIOD? _____

7. WHAT IS THE CURRENT CONTRACT AMOUNT? _____

8. IS YOUR AGENCY A PRIVATE NON-PROFIT OR PUBLIC NON-PROFIT? _____

THE OFFICIAL AGENCY REPRESENTATIVE CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

PRINT NAME OF AGENCY OFFICIAL

PRINT TITLE OF AGENCY OFFICIAL

SIGNATURE OF AGENCY OFFICIAL

DATE

