



In Cooperation with:



Agency Self-Evaluation

Agency Information:

Agency Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Agency Contact: _____ Email: _____

Vehicle Information:

***Please include an inventory log that includes, but is not limited to: FTA Number, License Plate Number, Agency ID, Year, Make, Model, VIN, Current Mileage, and if the vehicle is ADA accessible.

Agency Administrative Compliance:

1. Does the agency have an up-to-date organizational chart? _____ YES _____ NO
If so, please attach.
2. Does a job description exist for every position in your agency? _____ YES _____ NO
3. Do employees have copies of their current job descriptions? _____ YES _____ NO
4. Are your job descriptions free of reference to age, gender, and physical abilities except as necessary to perform the critical functions of the position? _____ YES _____ NO
5. Are your applications free of questions that may lead to discrimination, i.e. graduation date, marital status, etc.? _____ YES _____ NO
6. Are your interview questions free of reference to age, race or nationality, gender, previous addresses, and personal finances/credit history/bankruptcy? _____ YES _____ NO
7. Do you have an established procedure for reference checks that is applied equally to all job candidate finalists in all positions? _____ YES _____ NO



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8. Does agency have established procedures for onboarding new employees which include timely completion of paperwork, training, and distribution of employee handbook as well as agency policies and procedures? YES NO
9. Does agency have an employee handbook and/or policy/procedure manual? YES NO
 - a. Has it been updated within the last two years? YES NO
10. Do you retain signed/dated proof that the employee has received a copy? YES NO
11. Does your handbook/manual include an official statement/policy on equal opportunity employment; confidentiality; conflict of interest; immigration law compliance; anti-discrimination; harassment; American with Disabilities Act; and at-will employment? YES NO

Agency Development and Communication:

1. Are your policies clear and easy to read/understand? YES NO
2. Are your policies in plain language and free of extraneous language? YES NO
3. Does your agency have a formal policy for review and revision of such? YES NO
4. Are your policies available in alternate/accessible format upon request? YES NO
5. Do you provide aids and services to persons with disabilities when needed to ensure effective communication? (ASL interpreter, braille, TTY, alternate language) YES NO
6. Do you verify that the aids/services provided for the person are adequate? YES NO
7. Do you provide sensitivity training for employees on proper etiquette and language for addressing people with disabilities? YES NO

Agency Operations:

1. Has your Agency appointed an ADA/Section 504 Coordinator? (required if agency is private with 15 or more employees or public with 50 or more employees). YES NO
 - a. Name, Title, Race, Sex of Individual: _____
2. Are facilities and meeting areas fully accessible to persons with disabilities? YES NO



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3. In order for individuals with hearing limitations or speech disabilities to have access to program areas, does the agency/organization have auxiliary aids such as TTD/TTY? YES NO
4. Is the public informed that the agency/organization has auxiliary aids such as TTD/TTY? If yes, provide documentation of how the public was informed. YES NO N/A
5. Individuals who, because of their national origin, are Limited English Proficient (LEP) are entitled to meaningful access to federally assisted programs and activities. Does your agency/organization service area population include individuals with LEP? YES NO
 - a. If yes, what languages are most encountered? _____
6. How does the agency/organization provide access to persons whose languages are identified above? _____
7. Are LEP persons made aware that they can receive free translation services? YES NO
8. Does your agency have a formal complaint procedure? YES NO
9. Does your complaint procedure include timely processing of complaints and a sufficient method for communicating the response to the complainant? YES NO
10. Is the complaint procedure made publicly accessible on your agency's website? YES NO
11. Has agency completed/signed USDOT 1050.2A Title VI/Nondiscrimination Assurances? YES NO
12. Have you had any formal complaints in the last 12 months? YES NO
 - a. If so, what was the outcome? _____
13. Do you have formal quality assurance procedures to ensure all staff are following proper procedures and publicized policies? YES NO

Vehicle Maintenance:

1. Does your agency conduct maintenance of accessible features on vehicles? YES NO
 - a. If so, how often? _____
2. Is training provided to agency personnel for the safe operation of vehicles, accessibility equipment, and proper treatment of persons with disabilities? YES NO



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3. Do all operators complete thorough pre-trip inspections and document them? YES NO
 4. Do you have a warranty management system that includes reading all vehicle warranties; identifying who is responsible for each warranty; a summary page in each vehicle's file which identifies items covered; date warranty expires and where it should be serviced? YES NO
 5. Are preventive maintenance services conducted on-time and documented? YES NO
 6. Does your fleet contain ADA accessible vehicles? YES NO
 - a. If not, what alternatives are offered? _____

Acknowledgement Statement:

With the affixing of my signature below, I, _____, herein acknowledge and affirm that the self-evaluation has been completed to the best of my abilities and all information contained in this evaluation are true and correct. I understand that completion of this evaluation does not qualify nor disqualify my agency to any grant funding awards and will be used for performance improvement as well as oversight by both the agency and the Arkansas Department of Transportation (ARDOT).

Agency CEO or Compliance Coordinator

Date