

WSDOT Consolidated Grant Program Site Visit Checklist

Name of Grantee: _____

Location of Site Visit: _____

Date of Site Visit: _____

Grantee Representatives: _____

WSDOT Staff: _____

Documents and policies on file with WSDOT (if applicable)

Name of document / policy	Is there a copy in WSDOT's file?	Date of copy on file	Has the document/policy been updated?
ADA Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset Management Plan (transit only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bus Schedules	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Code of Ethics *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Contracts or Subcontracts for Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer Complaint/Comment Process	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Disadvantaged Business Enterprise Plan *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug and Alcohol Policy * 5309 and 5311 only	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Equal Opportunity Employment Policy *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Indirect Cost Allocation Plan or Rate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
In-Kind Valuation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Descriptions for grant funded positions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Prohibiting Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchasing Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Single Audit Report *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Title VI *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Unfair Competition Complaint Process *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Maintenance Plan (other than transit)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Driver Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

* Organizations receiving federal funds only

Consolidated Grant Program, Site Visit Checklist Administrative Form - All Projects

<i>Topic</i>	<i>Follow-up</i>
Civil Rights (all funds)	
1. What effort does your organization make to reach out to minorities for employment and to serve as members of your policy and / or advisory committees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How do you ensure that the services provided by your organization accessible to all people regardless of race, color, religion, sex, national origin or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your organization have a written policy in place to prevent harassment, intimidation, and coercion in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has the policy been updated since the date shown on the front of this checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip b)	
b. Does the policy cover all forms of harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has your organization received any written complaints alleging discrimination in its employment practices or services provided within the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a and b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Describe the complaint:	
b. What is the status of the complaint?	
Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title VI (FTA funds only) <input type="checkbox"/> N/A	
5. Does your organization have a written Title VI policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the policy been updated since the date shown on the front of this checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Does the plan cover the following elements:	
i Maintaining a list of any active investigations, lawsuits, or complaints naming the grantee or WSDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ii Reasonable steps to ensure meaningful access for persons with limited English proficiency (LEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is there a specific non-English speaking population in your service area that exceeds either 1,000 people or 5% of the population (whichever is less)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a)	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Topic	Follow-up
	a. Are your vital documents translated into that language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	8. Describe how your organization notifies the public of their rights under Title VI. (must be done in a minimum of two ways)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Americans with Disabilities Act (ADA) (all funds) <input type="checkbox"/> N/A	
	9. What types of services are provided with the operating funds or the equipment purchased under the grant? <input type="checkbox"/> Fixed Route <input type="checkbox"/> Route Deviated <input type="checkbox"/> Demand Response <input type="checkbox"/> Vanpool	
	10. Are ADA accessible vehicles used for all grant funded services? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, skip a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. How do you ensure that equivalent services are provided to persons with disabilities?	
	11. Do you have the following ADA related policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Has the policy been updated since the date shown on the first page of this checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Does the policy include:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i A process to address ADA related complaints? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ii The use of service animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	◆ Are service animals allowed in vehicles and facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	◆ Are there any restrictions placed on service animals (i.e. type of disability, advanced notice, type of animals allowed, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	iii The procedure to determine eligibility for complementary paratransit service (fixed route services only)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Reason	
	iv The process used to handle ADA complaints? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	12. How do you ensure that your employees and / or contractors comply with ADA service requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	13. Do you provide training to employees and contractors regarding safety, respect, courtesy, and sensitivity in transporting persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	14. Are lifts and securement systems used for persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Topic	Follow-up
15. Can lifts be used by ambulatory persons (persons not using mobility devices)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are all facilities ADA accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are your transportation services provided to persons who use portable oxygen or respirators? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is information about your services made available to the public in accessible formats? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADA (fixed route services only) <input type="checkbox"/> N/A	
19. Do you provide complementary paratransit service extending ¾ mile outside the fixed route? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. What system do you use to track, monitor, and analyze service denials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do drivers announce major stops, transfer stations, requested stops, and destination points? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are routes clearly identified at multi-route stops? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Can lifts be deployed at all bus stops? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are persons with disabilities allowed adequate time to board and disembark the vehicle(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are other accessibility features used (i.e. stop request buttons, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Practices (all funds)	
26. Do all employees working on the project receiving minimum wage or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are any employees working on the project subject to overtime under state or FTA law? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a)	
a. Do they receive overtime time at a rate of time and a half for hours worked in excess of 40 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Does your organization have a job description for each position or group of positions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Driver <input type="checkbox"/> Mechanic <input type="checkbox"/> Dispatcher <input type="checkbox"/> Operations Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Topic	Follow-up
	a. Have the descriptions been updated since the date shown on the front of this list? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip i. – iii.) If yes, do the descriptions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i Specify if the position is exempt or non-exempt from the Fair Labor Standards Act. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ii Clearly describe the physical requirements associated with the position. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	iii <i>FTA 5309, 5311, and 5311(f) funds only</i> - Specify if the position is subject to FTA drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Employment Practices (FTA funds only) <input type="checkbox"/> N/A	
	29. Was your organization awarded \$1,000,000 or more in FTA funds for operating or capital activities or \$250,000 or more in planning funds in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a)	
	a. Does your agency have 50 or more public transportation related employees? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip i - ii)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i Does your agency have an Equal Employment Opportunity Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ii Has it been updated since the date shown on the front page of the checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Code of Ethics (FTA funds only) <input type="checkbox"/> N/A	
	30. Does your organization have a written Code of Ethics? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Has the Code of Ethics been modified since the date shown on the front of this checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip b - c.)	
	b. Does the Code of Ethics include all of the required elements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i Personal Conflict of Interest <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ii Organizational Conflict of Interest <input type="checkbox"/> Yes <input type="checkbox"/> No	
	iii Identification and Prevention <input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. Does the Code of Ethics cover all employees, officers, board members, and agents? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Topic	Follow-up
Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marketing Efforts (all funds) <input type="checkbox"/> N/A	
31. What effort does your organization make to promote the service or to increase ridership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Are your marketing materials published in any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do your marketing efforts state that the services are available to the general public (5311 funded grants only)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Please provide copies of your current schedules and promotional materials.	
Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coordination of Transportation Planning (all funds)	
35. Please describe how your organization participates in the coordinated public transit and human service transportation planning efforts in your region:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lobbying (FTA funds only) <input type="checkbox"/> N/A	
36. Did your organization receive \$100,000 or more in FTA funds during the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a)	
a. Did your organization engage in lobbying activities? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip i – ii)	<input type="checkbox"/> Yes <input type="checkbox"/> No
i How did you ensure that no FTA funds were used to pay for lobbying expenses?	

	Topic	Follow-up
	ii Did your organization submit the required Standard Form-LLL “Disclosure Form to Report Lobbying” to WSDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Single Audit Requirements (FTA funds only) <input type="checkbox"/> N/A	
	37. Did your organization spend over \$500,000 in FTA funds in the previous FTA fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a - c)	
	a. Did your organization complete the required single audit for FTA funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Were there any findings in the most recent single audit report? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip i)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i Has your organization addressed the findings? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	
	c. Was a copy of the audit report submitted to WSDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Purchasing Procedures (all funds)	
	38. Does your organization have a written purchasing policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Has the policy been updated since the date shown on the front page of this checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip i - iii)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i Does the policy include a graduated purchasing authority (outlining what type of employees can authorize what level / type of purchase)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ii Does the policy include the dollar threshold at which your organization conducts a competitive process (this includes but is not limited to telephone quotes, written quotes, call for bids, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	iii Does the policy include an appeal process for competitive formal bid awards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Purchasing Procedures (FTA funds only) <input type="checkbox"/> N/A	

	Topic	Follow-up
	39. Does your organization use FTA funds to purchase goods and services in the amount of \$100,000 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Does your organization comply with the procurement requirements outlined in FTA Transit Administration Circular 4220.1e? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow -up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Disadvantaged Business Enterprise (FTA funds only) <input type="checkbox"/> N/A	
	40. Does your organization expect to award contracts with a combined total of or exceeding \$250,000 in FTA funds during the current fiscal year (excluding rolling stock)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a - c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Does your organization have a Disadvantaged Business Enterprise (DBE) plan approved by FTA? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip i. – ii.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i Do you submit DBE reports directly to FTA? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip next question)	
	◆ Do the reports include FTA funding received through a grant with WSDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ii Is your organization currently meeting its goal for purchasing from DBE sources? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Did you adopt WSDOT's plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i Do you update your agency's acceptance of WSDOT's goal annually? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide a copy of the board adoption	
	c. Is your agency currently meeting WSDOT's goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	41. Please describe your good faith effort to purchase from DBE vendors:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	42. Does your organization use the Minority and Women Owned Business Enterprise Handbook or on-line resources (www.omwbe.wa.gov/directory/directory.htm)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Records Retention (all funds)	

	Topic	Follow-up
	43. Are records related to grant funded projects retained for at least 6 years past the completion of the project or the life of the asset, whichever is longer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontracting (all funds)		
	44. Does your organization contract out any of the grant funded services? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a - c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Was a copy of the subcontract approved by WSDOT prior to execution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Has the agreement been modified since WSDOT's approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. Does the contract include all the required clauses from your grant agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaints (all funds)		
	45. Does your organization have procedures in place to handle complaints received that allege unfair competition? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Has the procedure been updated since the date shown on the front of the checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	46. Has your organization received any complaints related to your services or to the use of public funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	47. Does your organization have a customer comment / complaint process (Paratransit Special Needs funded projects only)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Has the process been updated since the date shown on the front of the checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Is the process fully implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. How does your organization make your customer comment / complaint process known to the public?	

	Topic	Follow-up
	48. Has your organization received any written complaints regarding any of the above areas or other areas of operation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip a-b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Please describe the complaint:	
	b. What is the status of the complaint?	
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Charter Services (FTA 5311 & 5309 funds only) <input type="checkbox"/> N/A	
	49. Have you provided any charter services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no skip a.- b.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Did you register the trip on the FTA Charter Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Did your organization report the charter(s) to WSDOT on your quarterly report(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	School Bus Services (FTA funds only) <input type="checkbox"/> N/A	
	50. Does your organization provide school bus transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Signage (all funds) <input type="checkbox"/> N/A	
	51. Are the following signs located where applications for employment are accepted and / or hiring takes place? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Employee Polygraph Protection Act <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Equal Opportunity Employment is the Law <input type="checkbox"/> Yes <input type="checkbox"/> No	
	52. Are the following signs located in employee gathering areas, e.g. employee break room, lounge, or lunch room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Employee Polygraph Protection Act <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Topic	Follow-up
	b. Equal Opportunity Employment is the Law <input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. Fair Labor Standards Act – Minimum Wage Poster <input type="checkbox"/> Yes <input type="checkbox"/> No	
	d. Job Safety & Health Protection <input type="checkbox"/> Yes <input type="checkbox"/> No	
	e. Family Medical Leave Act of 1993 <input type="checkbox"/> Yes <input type="checkbox"/> No	
	f. Notice to Employees – if a Job Injury Occurs <input type="checkbox"/> Yes <input type="checkbox"/> No	
	g. Your Rights as a Non-Agricultural Worker <input type="checkbox"/> Yes <input type="checkbox"/> No	
	h. Notice to Employees – Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Signage: Labor postings (FTA funds only except 5310) <input type="checkbox"/> N/A	
	53. Is the 5333(b) Special Warranty (Appendix F) prepared on your organizations letterhead and posted in an area where transportation employees gather? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Are Appendices A and C attached behind the Special Warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Are the 5333(b) procedures on “How to File a Claim” also attached to the above packet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	54. Does your organization have an existing union collective bargaining agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a)	
	a. Are the arbitration procedures required of 5333(b) (Appendix C) attached to the union contract as an addendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consolidated Grant Program, Capital Checklist Vehicles, Equipment, and Construction Projects Only

<i>Topic</i>	<i>Follow-up</i>
Vehicle Procurement (all funds) <input type="checkbox"/> N/A	
1. Which procurement method did your organization use to purchase the vehicle(s)? <input type="checkbox"/> Conducted its own procurement <input type="checkbox"/> Piggybacked on a state procurement contract <input type="checkbox"/> Piggybacked on another transportation provider contract	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If you purchased off a state contract, which one?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did WSDOT pre-approve your procurement process prior to initiation of the following (whichever applies)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Bid Ad Date (when conducting your own procurement) <input type="checkbox"/> Placing an order with a state contract <input type="checkbox"/> Entering into a piggyback agreement with a vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a complete procurement file containing all required documentation (use the Procurement File Contents checklist to review procurement file)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Were all vehicles properly titled with WSDOT shown as the legal owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If a vehicle was listed on the grant application as a replacement vehicle, is the replaced vehicle <input type="checkbox"/> Currently shown in spare status? <input type="checkbox"/> Removed from inventory (vehicle disposed of, sold, or no longer owned by grantee)? <input type="checkbox"/> Still used in active service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Inspection & Maintenance (all funds) <input type="checkbox"/> N/A	
7. Were any vehicles inspected during the site visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why:	
b. If yes, which vehicles were inspected (enter grantee vehicle numbers and attach Vehicle Inspection Sheet(s))? Vehicles inspected:	
8. Do you have a certified transit Asset Management Plan (AMP) or approved Vehicle Maintenance Plan (VMP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	a. Have you made any changes to your AMP or VMP since the date shown on the front page of this checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip i)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i Have you submitted the updated plan to WSDOT for review? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9. What are the maintenance intervals for grant funded vehicles? Vehicle size/type: _____ Level A: _____ Level B: _____ Level C: _____ Level D: _____ Level E: _____	
	a. Do those levels fall within the manufacturer's recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, skip b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If the intervals are greater than the manufacturer's recommendations, have you gotten approval from the manufacturer to ensure continuity of the warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	10. How do you keep track of when preventative maintenance servicing is due?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	11. Do you maintain a vehicle maintenance file for each vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. What information is retained in the files?	
	b. Were checklists used for all PM inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Do the checklists include maintenance on subsystems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ADA Equipment <input type="checkbox"/> HVAC <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	12. Were maintenance records reviewed during this visit (Complete lower section of Vehicle Inspection Report)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a - b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Do the records show that the vehicles are maintained in accordance with the AMP or VMP, whichever is applicable and on file with WSDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Do the maintenance records show that accessibility features are properly inspected and maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, skip c)	
	c. Why were the records not inspected?	
	13. Are drivers required to cycle lifts during pre-trip inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	14. Have any grant funded vehicles been in an accident as defined below If no, skip a -c) <input type="checkbox"/> One or more of the vehicles had to be towed from the scene <input type="checkbox"/> A fatality occurred, or <input type="checkbox"/> A person was transported from the scene for immediate medical care	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Was the accident reported to WSDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Has the vehicle been repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. If the vehicle was totaled, was a check for the federal and/or state share forwarded to WSDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Follow-up Action:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	
Facilities and Equipment Inventory Issues (all funds) <input type="checkbox"/> <i>N/A</i>	
15. Were any facilities or equipment purchased / constructed with grant funds administered through WSDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Does WSDOT still maintain an interest in any of the facilities or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
16. Has the facilities / equipment sustained any damage that impaired its usage? <input type="checkbox"/> Yes <input type="checkbox"/> No, (if no, skip a) If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Was the facility and/or equipment repaired to pre-damage condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Was any equipment inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach equipment inspection sheet)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. What kind of maintenance is performed to extend the life of the facility / equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Were any facilities inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach facilities inspection sheet)	
b. Are the facilities being maintained in accordance with your Asset Management Plan (transit only)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Procurement File Contents

Date of Procurement: _____ Equipment: _____

KEY : IH = In-house Procurement; DOT = Original Participant of WSDOT Procurement;

PB = Piggyback Procurement

IH DOT PB

Correspondence between your agency and WSDOT regarding the consolidated grant process and your capital assistance grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of WSDOT approval of your procurement process and bid documents	<input type="checkbox"/>	N/A	N/A
Official request for bids with final specifications	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Copy of the vendor bid (including all attached documents) and approved equal requests	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Response to requests for equals and any related requests for reconsideration	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Original signed vendor bid sheet pertaining to your vehicle purchase	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Interlocal Agreement to Piggyback off original agency's contract	N/A	N/A	<input type="checkbox"/>
Final price of vehicle with list of selected options signed by vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original Certification of Lower-Tier Participants Regarding Debarment, Suspension, and Other Ineligibility and Voluntary Exclusion signed by the vendor (federal funds only)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Original signed Lobbying Certification (federal funds only)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Original signed Participation by Disadvantaged Business Enterprise in Department of Transportation Programs (Federal funds only)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Original signed and dated Pre-Award Certifications: Buy America (if over \$100,000) and Federal Motor Vehicle Safety Standards Certifications (federal funds only)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Copy of Altoona Test for the particular vehicle model and manufacturer (federal funds only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report from factory visit (where appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written WSDOT approval of proposed contract with vendor and final price sheet (important note*)	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Original fully executed contract with vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Delivery Buy America Compliance Certification (if over \$100,000 – federal funds only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Delivery Federal Motor Vehicle Safety Standard Compliance Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Delivery Purchaser's Requirements Certification form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation that Federal Motor Vehicle Safety Standard Certification is physically attached to the vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Test Checklist (in Guidebook, Appendix C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Inspection Checklist (in Guidebook, Appendix C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request for reimbursement from WSDOT with attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please refer to the *Guide to Managing Your Public Transportation Grant* for further instructions and requirements. Chapter 3 contains information specific to capital projects. Prior to issuance / execution of a purchase order / contract for a vehicle(s), WSDOT must be provided with the purchase order / contract and all required certifications to ensure all procurement clauses and certifications have been incorporated. With the transmittal to WSDOT, include a cover letter certifying that you have the appropriate Altoona Testing in your procurement file.

Consolidated Grant Program, Site Visit Checklist Financial Form – Operating Projects Only

	<i>Topic</i>	<i>Follow-up</i>
	Accounting Records and Practices (all funds)	
	What type of accounting system does your organization use to record project expenses? <input type="checkbox"/> Cash Basis <input type="checkbox"/> Full Accrual <input type="checkbox"/> Modified Accrual	
	1. If your organization uses a cash basis accounting system: <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Do you prepare year end accruals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. What method does your organization use to ensure that all expenses charged to the grant were incurred during the grant period?	
	2. Does your organization have specified accounts within your accounting system for each transportation project? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, what are the account codes used for your grant funded project?	
	b. If no, what method do you use to allocate expenses between projects?	
	3. Can the costs charged to a specific project be traced back from the general ledger to the actual invoices? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Does your organization prepare vouchers or purchase orders for all payments to vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Do the vouchers or purchase orders specify what was purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Do the vouchers or purchase orders identify the programs being charged (i.e. accounts)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	5. Are costs for prepaid services pro-rated to include only expenses applicable to the grant period? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Do the expenses charged against the agreement include all rebates, early payment discounts, and/or refunds? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Were sample documents easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Does your organization charge administrative and / or overhead costs to the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a – c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Are those expenses charged as indirect or direct expenses? <input type="checkbox"/> Direct (skip c) <input type="checkbox"/> Indirect (skip b)	
	b. If direct, what method do you use to split costs between projects and / or programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. If indirect, has your rate / plan been approved by WSDOT or your cognizant federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Topic	Follow-up
	i. Has the plan / rate been updated since the date shown on the front of this checklist <input type="checkbox"/> Yes <input type="checkbox"/> No	
	8. Does your organization charge depreciation expenses and / or use fees to the grants? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a - b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Do the charges include depreciation of state or federal grant funded assets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. What method does your organization use to ensure that only allowable depreciation and/or use fees are charged to the grant?	
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Matching Funds (all funds) <input type="checkbox"/> N/A	
	9. Is your organization currently meeting the local matching requirements identified in the grant agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	10. Does your organization have documentation for the source(s) and amounts of the matching funds shown on the previous invoices and reports? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	11. Were all matching funds eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	12. Does your organization use any in-kind contributions for match? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Did your organization submit an in-kind valuation plan to WSDOT for approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	i. Has the in-kind valuation plan been updated since the date shown on the front page of this checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ii. Are the in-kind contributions also included as a project expense? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	iii. - Does the in-kind contribution make up less than 50% of the matching funds (Federal Funds Only (except 5316))? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	13. Does your organization use any federal funds for match that are <u>not</u> passed through a state social service agency (federal projects only)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Did those funds consist of any USDOT funds? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip i)	
	i. Were the funds derived from the Federal Lands Highway Program (allowable for 5311 only)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	14. Are the records on matching funds readily available? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Topic	Follow-up
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payroll Considerations (all funds)		
	15. Do the payroll records reflect the time spent by the employees on specific project activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	16. Do full-time employees receive paid sick and / or annual leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	17. Does our organization charge leave time to the grant when the leave is taken or earned? <input type="checkbox"/> When earned (skip a) <input type="checkbox"/> When Taken (skip b) <input type="checkbox"/> Not Charged	
	a. How do you ensure that only the amount of time the employee would have earned during the grant period is charged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Does your organization pay employees for unused leave upon termination? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip i)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. How is the leave recorded by your organization? <input type="checkbox"/> Liability <input type="checkbox"/> Funded Accrual	
	18. Are payroll records easily accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Drivers (all funds)		
	19. Does your organization use volunteer drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a – c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Does your organization have a policy in place for volunteer drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip i)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. Does your organization require volunteer drivers to accept shared rides (more than one passenger)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Does your organization pay volunteers mileage on private vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. Does the mileage rate paid fall within the current state mileage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Topic	Follow-up
Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Travel Expenses (all funds)	
20. Were employee travel expenses charged to the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip a - c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Were the trips eligible for reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Were the costs incurred within state per diem rates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Was prior written approval received from WSDOT for out of state trips? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Action: <input type="checkbox"/> Required: <input type="checkbox"/> Recommended: Other Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

WSDOT Consolidated Grant Program, Site Visit Checklist Acknowledgment and Commitment to Follow-up

Name of Grantee: _____

Location of Site Visit: _____

Date of Site Visit: _____

Areas covered by this report: Administrative Operating Capital

Sections and pages included in this report

This Site Visit Report covers the following site visit sections that identify required and recommended follow-up items:

- Cover Sheet and Policy List pages
- Administrative Form pages
- Financial Form pages
- Capital Form pages
- Acknowledgment Form

Total pages

Timeline for resolving follow up actions

Requested documentation and verification that follow up actions have been completed is due to WSDOT by

Grantee Comments

Acknowledgment of Receipt

I hereby acknowledge that the enclosed report was reviewed with WSDOT staff and received by my organization on _____

Grantee:

WSDOT

By:

By: