MEMORANDUM OM 16-01  
October 15, 2015

TO: All Regional Directors, Officers-in-Charge, and Resident Officers,

FROM: Anne Purcell, Associate General Counsel

SUBJECT: Oversight and Management of the Usage of POV and Leased Vehicles

OM 03-98 announced steps to be taken in order to ensure proper oversight and management of the GSA leased car program in the Field. Pursuant to the Inspector General’s Audit of Agency Leased Vehicles, (OIG-AMR-38-03-01), the Agency agreed to evaluate leased vehicle utilization on an annual basis and eliminate vehicles that do not meet the minimum guidelines as set forth in OM 03-98. OM 05-04 announced the annual review of all Regional/Subregional offices utilization of each leased vehicle in its possession. Pursuant to OM 05-04, each Region should complete and return, via e-mail, to Secretary to Deputy Associate General Counsel Crystal Roberts by November 13, 2015, the attached survey for each vehicle in the Region’s possession. In the event a Region is unable to justify keeping a vehicle, the vehicle must be returned to GSA by January 15, 2016. Regions should review OM 15-44 which provided insight into the GSA/POV audit process and contained steps Regions need to follow starting in FY 16.

In order to keep track of the Agency’s fleet of GSA vehicles, Regions should notify Safety Officer Andrew McDonald of the Administration, Facilities and Property Branch each time a GSA vehicle is turned in for a different vehicle. The Region should provide the make, model, year and vehicle identification number of both the vehicle being returned and the replacement vehicle. Whenever possible, Regions should be requesting hybrid or alternate fuel vehicles to replace vehicles being returned.

OM 05-04 also announced a review of the use of POVs for official travel and leased vehicle usage, and reports on operator packets maintenance from eleven, randomly selected Regional/Subregional Offices. Regions will be notified by a separate e-mail if they have been randomly selected to submit these records for FY 2015.

Starting this year, the responsibility for conducting the audits mentioned herein will transition over to the Administration, Facilities and Property Branch. Until further notice, all documents requested pursuant to these audits should be sent to DAGC Dolores Boda. If you have any questions regarding this matter, please feel free to contact DAGC Dolores Boda or myself.

/S/  
A.P.

cc: NLRBU
SURVEY OF LEASED VEHICLES
REGION ______________
For Fiscal Year Ending September 30, 2015

Vehicle 1: Make ______________ Model ______________ Tag # ______________
VIN # ______________________ Location of vehicle: _____________________
Monthly rental cost of vehicle __________ Monthly cost of parking space __________
Vehicle is a (check appropriate type):  _____ Hybrid _____Alternate Fuel  _____Gas driven

Miles driven during the last fiscal year:

1st Q ________ 2nd Quarter ________ 3rd Quarter ________ 4th Quarter ________

This vehicle is justified based on the mileage standard (3,000 miles per quarter or 12,000 miles per year) __________ Yes __________ No (if no, please continue)

Alternative #1 ________ Usage

Listed below is the number of days during the last fiscal year this vehicle was used substantially:

Oct ’14 __________ Nov ’14 __________ Dec ’14 __________ Jan ’15 __________
Feb ’15 __________ Mar ’15 __________ April ’15 __________ May ’15 __________
June ’15 __________ July ’15 __________ Aug ’15 __________ Sept ’15 __________

This vehicle is justified based on the usage standard (8 days a month on average) __________ Yes __________ No (if no, please continue)

Alternative #2 ________ Other criteria

If the vehicle is used less than 8 days a month, and you wish to retain the car, please, attach a memo outlining the criteria the Region is relying on to justify the continued utilization of the vehicle. (See OM 03-98).

This vehicle is justified based on the other standard: __________ Yes __________ No (if no, please take the necessary steps to return this vehicle)

Date: __________________________

_________________________________________  ______________________
Name of individual completing survey          Telephone number