

## QUARTERLY REPORT INSTRUCTIONS SECTION 5310 PROGRAM

The FTA Section 5310 Quarterly Report is required to be completed quarterly ending December 31<sup>st</sup>, March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>. An electronic version of this form can be downloaded from INCOG – Transportation Division website:

<http://www.incog.org/Transportation/coordinatedplan.htm>

The quarterly report is formatted in an Excel Workbook containing four tabs. Tab One of the quarterly report Excel Workbook includes the three-page quarterly report. Tabs Two and Three provide additional space for reporting vehicles. Tab Four provides additional space for reporting equipment. If the quarterly report is not completed on the computer, print the PDF copy of the quarterly report online.

### **Reporting Periods:**

1<sup>ST</sup> quarter: Oct. 1 – Dec. 31; report due **January 1**, but not later than **January 15**.

2<sup>ND</sup> quarter: January 1 – March 31: report due **April 1** but no later than **April 15**.

3<sup>RD</sup> quarter: April 1 - June 30: report due **July 1** but no later than **July 15**.

4<sup>TH</sup> quarter: July 1 - September 30; report due **Oct 1**, but not later than **Oct 15**.

**Failure to submit quarterly reports violates the terms and conditions of the grantee's agreement(s) with INCOG and can lead to termination of the project(s) and relinquishment of vehicle(s) and/or equipment.**

Submit the completed quarterly report to your Section 5310 INCOG contact by one of the following means:

1. Scanning and attaching to an email to **pdinoa@incog.org**
2. Sending via U.S. Post, addressed to: INCOG, Transportation Division c/o Patricia Dinoa – 2 West 2<sup>nd</sup> Street Suite 800, Tulsa – OK 74103
3. Faxing to the attention of Patricia Dinoa (Fax number: (918) 583-1024)

**An electronic or original signature of your agency representative is required.**

For additional assistance in completing the form, please call **Patricia Dinoa at 918-579-9489**.

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**Agency Name and Address:** Identify the name and address of your agency as recorded on your Standard Agreement with INCOG.

**Vehicle Physical Location Address:** If the vehicle is located at an address that is different from your agency address or corporate address, provide the physical address of the vehicle(s).

1. **FTA Section 5310 Vehicles:** Include all Section 5310 funded vehicles **currently** under contract. Enter the following information in Columns A - K:
  - A. Description (year, make), e.g., "1998 Ford."
  - B. Last five digits of the VIN are required.
  - C. Vehicle license number.
  - D. **TOTAL** number **of days** the vehicle was used in the last Semi-Annual report.
  - E. Odometer reading at the end of the Bi-Annual reporting period.
  - F. **TOTAL** service miles **for Bi-Annual report**. (Round, do not use fractions.)
  - G. **AVERAGE** service miles **per day of use**. If completing the form on your computer, the field will auto-calculate. If not completing the form on the computer, divide Column F by Column D to calculate the average service miles per day of use. (Round, do not use fractions.)
  - H. **TOTAL** service hours **for quarterly report**. (Round, do not use fractions.)
  - I. **AVERAGE** service hours **per day of use for the quarterly report**. If completing the form on your computer, the field will auto-populate. If not completing the form on the computer, divide Column H by Column D to calculate service hours per day of use. (Round, do not use fractions.)
  - J. **TOTAL** One-way passenger (OWP) trips **for quarterly report**. Enter the number of OWP trips for the quarter for each vehicle. **Note: each passenger boarding = one OWP trip**. If completing the form on your computer, the Total (at the bottom) of Column J will auto-populate. If not completing on the computer, sum the OWP trips for the quarterly report for all Section 5310 vehicles and insert the total at the bottom of Column J. The total in Column J should match the *Total One-Way Passenger Trips for the quarter* on page 2, *Section 3A*. (Round, do not use fractions.)
  - K. Enter maintenance costs **for quarter report** for each vehicle. Each agency should determine what costs are considered to be maintenance. Do not include any loss, damage, or major repairs in Column K.

**If your agency reports information on numerous vehicles and you need additional space to report vehicles, use the quarterly report Excel Worksheet Tabs 2 and 3.** If not completing on a computer, print the PDF copy of the quarterly report online. Tabs 2 & 3 are the fourth and fifth pages of the quarterly report online PDF copy.

2. **FTA Section 5310 Equipment** (e.g., computers, base stations, on-board data terminal, mobile radios, etc.): List all equipment purchased with Section 5310 funds, both installed in vehicles and not located on the vehicles. Enter the following information in Columns L – O:
  - L. Equipment type
  - M. Description of equipment: make, model (e.g., "Power Macintosh 7300/200")
  - N. Serial number of equipment
  - O. Location of Equipment: If equipment is located on the vehicle, enter the vehicle license number. If not located on the vehicle, enter address where equipment is used.

**If you need additional space to report equipment, use the quarterly report Excel Worksheet Tab 4: *Add'l Equipment* to list additional equipment information.** If not completing on a computer, print the PDF copy of the Quarterly Report online.

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### **3. Performance Measures:**

**A. One-Way Passenger Trips for the quarterly report: Do not use daily averages.** Record the actual number of one-way passenger (OWP) trips on Section 5310 funded vehicles currently under contract. Break out OWPs by the following categories: 1) individuals with disabilities; 2) elderly; 3) wheelchair lift users; or 4) incidental service users. **Count each one-way passenger trip in one category only.** For example, an elderly person boarding the vehicle in a wheelchair using the vehicle lift should be categorized as wheelchair lift user and counted only once in Category 3. Do not count any one passenger in more than one category. For clarification on incidental services, see “**3. B. Incidental Service**” below. **The total one-way passenger trips for the quarterly report should match the total of Column J on page 1.**

The Section 5310 Program accepts the averaging of weekly hours to determine if a vehicle meets the minimum requirement of **20 service hours per week**. If the service hour calculation is less than 20 hours for any one of the vehicles for which the agency is currently reporting on, the agency is to include a written explanation with the quarterly Report providing the reason(s) for the low service hours and providing an action plan of steps the agency is taking to remedy the problem.

**D. Incidental Service:** Include any transportation beyond service to individuals with disabilities and the elderly as identified in your application. Transportation services to elderly and disabled must be the agency’s primary service on Section 5310 funded vehicles. Incidental service may be meal delivery to homebound people, or services to the general public on an incidental basis (allowed if these services do not interfere with transportation service to individuals with disabilities or the elderly). If incidental service was provided, include an explanation of the service.

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- 1) Report the number of your agency’s **disabled/elderly clients** that are eligible to receive Section 5310 transportation services for the quarter being reported.
- 2) Provide the names of all counties that were serviced by your Section 5310 funded vehicles under contract (include all counties, even if only part of a county was serviced).
4. **Out of Service:** Notify INCOG immediately in the event a Section 5310-funded vehicle is out of service for more than three working days due to loss, damage (e.g. accident, fire, theft, vandalism) or repairs. Provide information regarding how many working days the vehicle(s) has been taken out of service. Indicate if the vehicle(s) has met the 20 hour per week minimum service hours for the quarterly report. On a separate piece of paper identify each vehicle(s) by VIN, and include dates out of service, estimate or actual date put back into service, and reason taken out of service. Attach to the quarterly report. Provide a copy of the repair cost estimate, and any related insurance information as necessary.
5. **Certificate of Liability Insurance:** Per Program Management Plan Insurance Requirements, submit to INCOG,

**annually**, a copy of the “Certificate of Liability Insurance” issued by your insurance carrier. **Vehicles procured under this program will list as Lien Holder INCOG, 2 W. 2<sup>nd</sup> St., Suite 800, Tulsa, OK 74103.** The certificate must identify each 5310 vehicle by VIN, and include coverage limits.

6. ***Authorized Signature and Contact Information:*** Only the agency representative who is authorized to sign on behalf of the agency shall sign, certifying that the information in the quarterly report is accurate and authorized agency representative further certifies that the vehicle(s) and/or equipment identified in this report is/are used primarily to provide transportation services to elderly persons and/or persons with disabilities in accordance with the terms and conditions of the Section 5310 Agreement(s) and the Program Management Plan.