



TO BE PREPARED QUARTERLY and DUE January 1, April 1, July 1, and October 1. Submittal grace period is 15 days.

AGENCY NAME (name on Standard Agreement):		REPORTING DATE:	
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AGENCY ADDRESS:		Quarter: Indicate by checking correct box below
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CONTACT:	PHONE:		E-MAIL:		Oct - Dec Jan - Mar		April - June July - Sept		
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1. FTA SECTION 5310 VEHICLES NOTE: Columns G and I will auto populate when numbers are entered in Columns D, F and H

A	B	C	D	E	F	G	H	I	J	K
Description (Yr, Make Model)	Vehicle Identification Number (VIN) last 5 digits	Vehicle License Number	Number of Days Veh Used	Quarter Odometer Mileage	Total Service Miles	Service Miles per Day of Use (Col F / D)	Total Service Hours	Services Hours per Day of Use (Col H / D)	TOTAL One-Way Passenger Trips for the quarter	Maintenance Costs
TOTAL ONE-WAY PASSENGER TRIPS FOR THE QUARTER (should match the total of one-way passenger trips on page 2)										

2. PERFORMANCE MEASURES:

A. ONE-WAY PASSENGER TRIPS: Enter actual or estimated number of one-way passenger trips, using 5310 vehicles currently under contract, by the following categories: individuals with disabilities, the elderly, wheelchair lift users and the general public. A one-way passenger trip is defined as each time a person steps on a 5310 vehicle. NOTE: Use TOTAL one-way passenger trips FOR THE QUARTERLY REPORT NOT daily averages

One-way passenger trips for individuals with disabilities are counted in category 1) below, and trips for persons who are elderly are counted in category 2) below, UNLESS the disabled or elderly passenger uses the wheelchair lift. If the passenger uses the wheelchair lift, count ONLY ONCE in 3) below.

A disabled AND elderly passenger who does not use the wheelchair lift, should be counted ONLY ONCE in either category 1) or category 2) as agency deems appropriate. If passenger is both disabled AND elderly and uses the wheelchair lift, count ONLY once in category 3).

If passenger trips are provided for the general public (i.e. attendants who accompany disabled or elderly passengers or other incidental services), count in category 4) below.

1) Actual total one-way passenger trips provided for individuals with disabilities		
2) Actual total one-way passenger trips provided for elderly individuals (age 65 and older)		
3) Actual total one-way passenger trips for wheelchair lift users		
4) Actual total one-way passenger trips for incidental service users (incidental services - see 3B below)		
TOTAL ONE-WAY PASSENGER TRIPS FOR THE QUARTER (NOT daily averages should match total of Column J on page 1)		

	Yes	No
B. INCIDENTAL SERVICES: Are you providing any incidental service? <i>Indicate Yes or No.</i> Examples of incidental service are meal delivery to homebound people, or services to the general public on an incidental basis (allowed if these services do not interfere with transportation services for individuals with disabilities or the elderly).	<i>Please explain below</i>	

Incidental Services and Vehicle Maintenance:

3. OUT OF SERVICE Note: 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.

	Yes	No
Has your vehicle(s) been out of service or do you estimate that the vehicle(s) will be out of service for more than three working days?	<i>Please explain below</i>	

If Yes, respond to the following:

- 1) How many working days is/was the vehicle(s) out of service?
- 2) Has the vehicle(s) met the 20 service hours per week minimum for the quarter?

3) In the Incidental Services and Vehicle Maintenance box above, identify vehicle(s) by Vehicle Identification Number (VIN), license number, dates out of service, estimate or actual date put back into service, and reason taken out of service. Provide a copy of the repair cost estimate, and any related insurance information.

By signing below, I certify that the vehicles and/or equipment identified in this report are used primarily to provide transportation services for persons with disabilities and the elderly, in accordance with the terms

Agency Name:			
Agency Representative who prepared Bi-Annual Report	Name (PLEASE PRINT BELOW)	Phone No. (include area code):	Email Address (ENTER BELOW):