



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

PAGE 1

AGENCY NAME (name on Standard Agreement):						REPORTING DATE:			
AGENCY ADDRESS:						Quarter: Indicate by checking correct box below			
CONTACT:		PHONE:	E-MAIL:	Oct - Dec		April - June			
				Jan - Mar		July - Sept			

**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)**

**NOTE: To report additional vehicles/equipment, see QUARTERLY Report Excel Workbook Tabs 2, 3: ADDTL VEHICLES, and Tab 4 ADDTL EQUIPMENT.**

**2. FTA SECTION 5310 EQUIPMENT (mobile radio, computer, base station, on-board data terminal, etc.)**

L Equipment Type	M Description (Make, Model)	N Serial Number	O Location of Equipment <i>(If equipment is located on vehicle, enter veh license number) (If not on vehicle, enter address where equipment is used)</i>



Agency Name:		PAGE 2
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**3. PERFORMANCE MEASURES:** FTA C9070.1G Chapter II - Under the Government Performance Results Act (GPRA), FTA is required by law to "establish performance goals to define the level of performance" and to "establish performance indicators to be used in measuring relevant outputs, service levels and outcomes for each of its programs."

**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)		

	<b>Yes</b>	<b>No</b>
<b>B. INCIDENTAL SERVICES:</b> Are you providing any incidental service? Indicate Yes or No. 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>	

<b>If incidental services were provided, provide explanation:</b>	



<b>Agency Name:</b>						<b>PAGE 3</b>																		
<b>1) Provide the names of all counties that were serviced by your Section 5310 funded vehicles (include all counties, even if only part of a county is serviced).</b>	<b>Enter the name of each county serviced below:</b>																							
<b>4. 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.</b>																								
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?						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">Yes</th> <th style="width:50%; text-align: center;">No</th> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Please explain below</td> <td></td> </tr> </table>	Yes	No	Please explain below															
Yes	No																							
Please explain below																								
<b>If Yes, respond to the following:</b>																								
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) On a separate sheet of paper, 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. Attach to the QUARTERLY Report. Provide a copy of the repair cost estimate, and any related insurance information.																								
<b>5. CERTIFICATE OF LIABILITY INSURANCE NOTE: SUBMIT COPY TO INCOG ONCE EACH YEAR</b>																								
Per State Management Plan Insurance Requirements, submit to INCOG, annually, a copy of the "Certificate of Liability Insurance" issued by your insurance carrier. The certificate should identify each 5310 vehicle by VIN, and include coverage limits as required in the Project Management Plan.																								
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																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>Agency Name:</b></td> <td colspan="5"></td> </tr> <tr> <td style="width:20%;"><b>Agency Representative who prepared Bi-Annual Report</b></td> <td style="width:25%;">Name (PLEASE PRINT BELOW)</td> <td style="width:20%;">Phone No. (include area code):</td> <td colspan="3">Email Address (ENTER BELOW):</td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="3"></td> </tr> </table>							<b>Agency Name:</b>						<b>Agency Representative who prepared Bi-Annual Report</b>	Name (PLEASE PRINT BELOW)	Phone No. (include area code):	Email Address (ENTER BELOW):								
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