

## Section 5310 Monthly Reporting Form

Date (Month & Year) \_\_\_\_\_ Report Prepared by \_\_\_\_\_

AGENCY NAME \_\_\_\_\_

Vehicle Serial No. \_\_\_\_\_ Vehicle License No. \_\_\_\_\_

Delegate Agency (If Applicable) \_\_\_\_\_ Operated in (County) \_\_\_\_\_

### 1. Passengers

*Each passenger is only counted in ONE category.*

- a. Elderly \_\_\_\_\_
- b. Disabled (non-wheelchair) \_\_\_\_\_
- c. Wheelchair \_\_\_\_\_
- d. Other \_\_\_\_\_
- TOTAL** **1.** \_\_\_\_\_

### 2. Primary Trip Purpose - *Each passenger is counted for a trip purpose every time they enter vehicle.*

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>a. Adult Day Care _____</li> <li>b. Education _____</li> <li>c. Employment _____</li> <li>d. Home _____</li> <li>e. Medical _____</li> </ul> | <ul style="list-style-type: none"> <li>f. Mental Health _____</li> <li>g. Nutrition _____</li> <li>h. Shopping/Personal _____</li> <li>i. Social/Recreation _____</li> <li>j. Other _____</li> </ul> |
| <b>TOTAL (A - J <u>Must</u> Equal 1)</b>  |  |
| <b>2.</b> _____   |  |

### 3. Total Miles Driven (Annual mileage should be at least 10,000 miles) **3.** \_\_\_\_\_

### 4. Operating Expenses

- a. Driver Salary(ies) \_\_\_\_\_
- b. Fuel/Oil \_\_\_\_\_
- c. Preventative Maintenance \_\_\_\_\_
- d. Repairs\* Describe under **Section 5**  
any major vehicle repairs \_\_\_\_\_
- e. Other (Insurance/Administrative) \_\_\_\_\_
- TOTAL** **4.** \$ \_\_\_\_\_

- 5.**  Our vehicle was not operated this month for the following reason(s) described below:
- The following exception to the assurance existed this month:
- Major Repairs were made on the vehicle:

### Assurances

The above information is true and verifiable. The vehicle was operated in accordance with the project grant agreement and was used for the purpose for which the grant was approved. The vehicle hasn't been sold, damaged or otherwise taken out of service. The lift (if the vehicle is equipped with one) has been cycled (run up and down) daily and is in good working order. The vehicle is being maintained in accordance with the manufacturer's recommended schedule and documentation exists to support this. *Any exception to these items is fully explained under Section 5 (see above).*

Date: \_\_\_\_\_ Signed: \_\_\_\_\_