

| Agency Name: | Project Name: | Grant ID/FAIN #: | Agreement #: | Month/Year of Report: |
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1. Monthly Project Scope of Work Update

Describe how this month's project activities advanced the scope of work deliverables in your agreement.

B. Does this project have any active DBE Subcontract(s)? Y N

If yes, please provide the Contract Term:

Use the table below to report the total amount paid to the subcontractor this quarter.

| Contractor Name | Month 1 | Month 2 | Month 3 | Total Contract Cost |
|-----------------------|---------|---------|---------|---------------------|
| | | | | |
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| | | | | |
| Quarterly Spend Total | | | | |

C. Include the geographic area served, total number served (unduplicated), total number of rides provided, total number of hours driven, total number of miles, total number of volunteer drivers utilized, total number of volunteer mileage reimbursed in the quarter (as applicable), total number of Seniors served, and total number of Individuals with Disabilities served.

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| Geographic Area Served | |
| Total Number Served (Unduplicated) | |
| Total Number of Rides Provided | |
| Total Number of Hours | |
| Total Number of Miles | |
| Total Number of Volunteer Drivers Utilized | |
| Total Number of Volunteer Miles Reimbursed | |
| Total Number of Seniors Served | |
| Total Number of Individuals with Disabilities Served | |

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| D. Describe project efforts to address unmet transportation needs. |
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| E. Describe current coordination efforts and activities to identify new transportation resources. |
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| F. Describe service improvements and their impacts to the community, seniors and/or citizens with disabilities. <i>Examples could include increases or enhancements related to geographic coverage, service quality, and/or service times that impact availability of transportation services for seniors and individuals with disabilities.</i> |
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| G. Describe any challenges encountered and any significant changes to the project you foresee as a result. |
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| H. Describe any physical improvements: additions or changes to physical infrastructure (e.g., transportation facilities, sidewalks, etc.), technology, and vehicles as applicable. |
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| I. Describe your outreach efforts to Limited English Proficiency (LEP), minority and low-income populations as it relates to this project. |
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| 2. Complaints & Lobbying |
| A. Report EEO complaints, Title VI complaints, and ADA complaints. Describe complaint(s), investigation activities, and resolution. |
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| B. For awards over \$100,000, describe lobbying activities conducted during the quarter and if there has been an SF-LLL form submitted in record of these activities. Please attach documentation to this report. This is applicable to all 5310 projects. |
| Any lobbying activities this quarter? <input type="checkbox"/> Y <input type="checkbox"/> N SF-LLL form submitted? <input type="checkbox"/> Y <input type="checkbox"/> N |

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| 3. Vehicle Records | | | | | | | | | | | | | | | |
| A. Attach records for each vehicle (if applicable) including regularly scheduled oil changes, tires, lift/ramp maintenance, accessibility features maintenance, damages, and warranty claims. | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Vehicle maintenance records</td> <td style="width: 20%;"><input type="checkbox"/> Y</td> <td style="width: 20%;"><input type="checkbox"/> N</td> </tr> <tr> <td>Warranty claims</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> </tr> <tr> <td>Applicable?</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> </tr> <tr> <td>ADA accessibility operational</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> </tr> <tr> <td>In service for entire quarter</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> N</td> </tr> </table> | Vehicle maintenance records | <input type="checkbox"/> Y | <input type="checkbox"/> N | Warranty claims | <input type="checkbox"/> Y | <input type="checkbox"/> N | Applicable? | <input type="checkbox"/> Y | <input type="checkbox"/> N | ADA accessibility operational | <input type="checkbox"/> Y | <input type="checkbox"/> N | In service for entire quarter | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Vehicle maintenance records | <input type="checkbox"/> Y | <input type="checkbox"/> N | | | | | | | | | | | | | |
| Warranty claims | <input type="checkbox"/> Y | <input type="checkbox"/> N | | | | | | | | | | | | | |
| Applicable? | <input type="checkbox"/> Y | <input type="checkbox"/> N | | | | | | | | | | | | | |
| ADA accessibility operational | <input type="checkbox"/> Y | <input type="checkbox"/> N | | | | | | | | | | | | | |
| In service for entire quarter | <input type="checkbox"/> Y | <input type="checkbox"/> N | | | | | | | | | | | | | |

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| 4. Project Manager Certification <i>(Completion of this section certifies that the above information is true and accurate to the best of your knowledge.)</i> | |
| Project Manager: | Email: |
| Title: | Phone: |
| Signature of Authorized Person Completing Form: | Date: |

Please submit this quarterly report to Section5310@spokanetransit.com.