

**FTA SECTION 5310 QUARTERLY REPORT
CERTIFICATION OF USE AND CONDITION OF EQUIPMENT**

Agency Name:	PAGE 2	DBA Name :
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3. PERFORMANCE MEASURES: FTA C9070.1F 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 QUARTER, 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 QUARTER (NOT daily averages - should match total of Column J on page 1)	0	

	Yes	No
B. INCIDENTAL SERVICES: 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>provide explanation below</i>	

If incidental services were provided, provide explanation:

C. ANNUAL PERFORMANCE MEASURES: (REPORT ANNUALLY - DUE WITH 3rd QUARTER REPORT)

	Enter total number below:	
1) Report the total number of your agency's disabled/elderly CLIENTS that are eligible to receive Section 5310 transportation services from October 1 of last year through September 30 of this year.		
2) 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).	Enter the name of each county serviced below:	
	Enter total number below:	
3) Report the total number of one-way passenger trips for 5310 funded vehicles on which your agency currently reports for the entire Federal Fiscal Year (4th quarter prior year through 3rd quarter current year).		

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<p>4. CHANGE IN OPERATION AND/OR LOCATION OF SECTION 5310 VEHICLES/EQUIPMENT NOTE: It is the grantee's obligation to notify Caltrans immediately whenever Section 5310 vehicles and/or equipment are no longer used as described in the grantee's Standard Agreement and/or original application. No vehicle or equipment may be used outside the service area described in the original application without prior written authorization from Caltrans.</p>				
	Yes	No		
Have there been any changes in use or location of Section 5310 vehicles or equipment (e.g. changes in days and/or hours of service, routes, geographic areas, client groups served or physical location of vehicle/equipment)? Indicate Yes or No.	<i>Provide explanation below</i>			
If there have been changes, provide explanation:				
<p>5. OUT OF SERVICE Note: Notify Caltrans 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. Caltrans Program 5310 Hotline: 1-888-472-6816.</p>				
	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>Provide information 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) 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.				
<p>6. CERTIFICATE OF LIABILITY INSURANCE NOTE: SUBMIT COPY TO CALTRANS ONCE EACH YEAR</p> <p>Per State Management Plan Insurance Requirements, submit to Caltrans, annually, a copy of the "Certificate of Liability Insurance" issued by your insurance carrier. The State, its officers, employees, and agents shall be named as additional insured, and the State designated as the Loss Payee for claims of damage to the insured vehicle(s). The certificate should identify each 5310 vehicle by VIN, and include coverage limits as required in the State Management Plan.</p>				
<p>7. ANNUAL CHP TERMINAL INSPECTION REPORT NOTE: Required for vehicles with a seating capacity of 11 or more (including driver).</p> <p>On an annual basis, submit a copy of the current CHP Terminal Inspection Report showing rating.</p>				
<p>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 of the Section 5310 Standard Agreement(s) and the State Management Plan.</p>				
Agency Name:		DBA:		
Agency Representative authorized to sign on behalf of the Agency	Name (PLEASE PRINT BELOW)	Title (PLEASE PRINT BELOW):	Signature (PLEASE SIGN BELOW):	Date:
Agency Representative who prepared Quarterly Report*	Name (PLEASE PRINT BELOW)	Phone No. (include area code):	Email Address (ENTER BELOW):	
*Person Caltrans may contact	Best time to reach contact person:		Fax Number for Agency:	

