

The FTA Section 5310 Quarterly Report is required to be completed at the end of each calendar quarter. An electronic version of this form can be downloaded from the Caltrans Division of Mass Transportation Homepage website:

<http://www.dot.ca.gov/hq/MassTrans/Docs-Pdfs/5310/5310QtrlyRpt.doc>

The Quarterly Report is formatted in an Excel Workbook containing four tabs. Tab One of the Quarterly Report Excel Workbook includes the three-page Quarterly Report. Tabs Two and Three provide additional space for reporting vehicles. Tab Four provides additional space for reporting equipment. If the Quarterly Report is not completed on the computer, print the pdf copy of the Quarterly Report online.

Reporting Periods: 1st quarter: Jan. 1 – Mar. 31; report due **April 1**, but not later than April 30.
 2nd quarter: April 1 – June 30; report due **July 1**, but not later than July 30.
 3rd quarter: July 1 – Sept. 30; report due **Oct. 1**, but not later than **Oct. 15**.
 4th quarter: Oct. 1 – Dec. 31; report due **Jan. 1**, but not later than Jan. 30.

Failure to submit Quarterly Reports violates the terms and conditions of the grantee's agreement(s) with Caltrans and can lead to termination of the project(s) and relinquishment of vehicle(s) and/or equipment.

Submit the completed quarterly report to your Section 5310 Caltrans contact by one of the following means:

1. Scanning and attaching to an email
2. Sending via U.S. Post, addressed to: Caltrans, Division of Mass Transportation – MS 39, P.O. Box 942874, Sacramento, CA 94274-0001
3. Faxing to the attention of your Section 5310 Caltrans contact (Fax number: (916) 654-9366)

To identify your Section 5310 Caltrans contact, see the Section 5310 contact map at the bottom of the Caltrans Division of Mass Trans homepage at: <http://www.dot.ca.gov/hq/MassTrans/5310.html>

An electronic or original signature of your agency representative is required.

For additional assistance in completing the form, please call our toll free hotline at 1 (888) 472-6816.

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Agency Name and Address: Identify the name and address of your agency as recorded on your Standard Agreement with the State.

DBA Name: If the name you are using to do business is different from the name on the Standard Agreement, list the name your agency is using to doing business as (DBA).

Vehicle Physical Location Address: If the vehicle is located at an address that is different from your agency address or corporate address, provide the physical address of the vehicle(s).

1. **FTA Section 5310 Vehicles:** Include all Section 5310 funded vehicles **currently** under contract. Enter the following information in Columns A - K:
 - A. Description (year, make), e.g., "1998 Ford."
 - B. Last five digits of the VIN are required.
 - C. Vehicle license number.
 - D. **TOTAL** number of **days** the vehicle was used in the last quarter.
 - E. Odometer reading at the end of the quarter.
 - F. **TOTAL** service miles **for the quarter**. (Round, do not use fractions.)

- G. **AVERAGE** service miles **per day of use**. If completing the form on your computer, the field will auto-calculate. If not completing the form on the computer, divide Column F by Column D to calculate the average service miles per day of use. (Round, do not use fractions.)
- H. **TOTAL** service hours **for the quarter**. (Round, do not use fractions.)
- I. **AVERAGE** service hours **per day of use for the quarter**. If completing the form on your computer, the field will auto-populate. If not completing the form on the computer, divide Column H by Column D to calculate service hours per day of use. (Round, do not use fractions.)
- J. **TOTAL** One-way passenger (OWP) trips **for the quarter**. Enter the number of OWP trips for the quarter for each vehicle. **Note: each passenger boarding = one OWP trip**. If completing the form on your computer, the Total (at the bottom) of Column J will auto-populate. If not completing on the computer, sum the OWP trips for the quarter for all Section 5310 vehicles and insert the total at the bottom of Column J. The total in Column J should match the *Total One-Way Passenger Trips for Quarter* on page 2, *Section 3A*. (Round, do not use fractions.)
- K. Enter maintenance costs **for the quarter** for each vehicle. Each agency should determine what costs are considered to be maintenance. Do not include any loss, damage, or major repairs in Column K.

If your agency reports information on numerous vehicles and you need additional space to report vehicles, use the Quarterly Report Excel Worksheet Tabs 2 and 3. If not completing on a computer, print the pdf copy of the Quarterly Report online. Tabs 2 & 3 are the fourth and fifth pages of the Quarterly Report online pdf copy.

2. **FTA Section 5310 Equipment** (e.g., computers, base stations, on-board data terminal, mobile radios, etc.): List all equipment purchased with Section 5310 funds, both installed in vehicles and not located on the vehicles. Enter the following information in Columns L – O:
- L. Equipment type
 - M. Description of equipment: make, model (e.g., "Power Macintosh 7300/200")
 - N. Serial number of equipment
 - O. Location of Equipment: If equipment is located on the vehicle, enter the vehicle license number. If not located on the vehicle, enter address where equipment is used.

If you need additional space to report equipment, use the Quarterly Report Excel Worksheet Tab 4: Addtl Equipment to list additional equipment information. If not completing on a computer, print the pdf copy of the Quarterly Report online. Tab 4 is the sixth page of the Quarterly Report online pdf copy.

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3. **Performance Measures:**

A. One-Way Passenger Trips for the Quarter. Do not use daily averages. Record the actual number of one-way passenger (OWP) trips on Section 5310 funded vehicles currently under contract. Break out OWPs by the following categories: 1) individuals with disabilities; 2) elderly; 3) wheelchair lift users; or 4) incidental service users. **Count each one-way passenger trip in one category only.** For example, an elderly person boarding the vehicle in a wheelchair using the vehicle lift should be categorized as wheelchair lift user and counted only once in Category 3. Do not count any one passenger in more than one category. For clarification on incidental services, see "**3. B. Incidental Service**" below. **The total one-way passenger trips for the quarter should match the total of Column J on page 1.**

B. Incidental Service: Include any transportation beyond service to individuals with disabilities and the elderly as identified in your application. Transportation services to elderly and disabled must be the agency's primary service on Section 5310 funded vehicles. Incidental service may be meal delivery to homebound people, or services to the general public on an incidental basis (allowed if these services do not interfere with transportation service to individuals with disabilities or the elderly). If incidental service was provided, include an explanation of the service.

C. Annual Performance Measures: This information is only submitted to Caltrans annually and due with the 3rd Quarter Report.

- 1) Report the number of your agency's **disabled/elderly clients** that are eligible to receive Section 5310 transportation services during the 4th quarter of the prior year through the 3rd quarter of current year.
- 2) Provide the names of all counties that were serviced by your Section 5310 funded vehicles under contract (include all counties, even if only part of a county was serviced).
- 3) Report the total number of **one-way passenger trips** your agency provided using 5310 funded vehicle(s) that you are currently reporting on quarterly. Report the total number of **one-way passenger trips** for the entire Federal Fiscal Year (October 1 of the prior year through September 30 of the current year).

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4. ***Change in Operation and/or Location of Section 5310 Vehicles/Equipment:*** It is the grantee's obligation to notify Caltrans immediately whenever Section 5310 vehicle(s) and/or equipment is/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. If there have been changes in the operation and/or location of the vehicle(s) and/or equipment, provide an explanation.
5. ***Out of Service:*** 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. Provide information regarding how many working days the vehicle(s) has been taken out of service. Indicate if the vehicle(s) has met the 20 hour per week minimum service hours for the quarter. On a separate piece of paper identify each vehicle(s) by VIN, and include 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 as necessary. Call the Caltrans 5310 Program Hotline number: 1-888-472-6816
6. ***Certificate of Liability Insurance:*** 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 must identify each 5310 vehicle by VIN, and include coverage limits as required in the State Management Plan.
7. ***CHP Terminal Inspection Report:*** **Required for vehicles with seating capacity of 11 or more (including driver).** On an **annual** basis, submit a copy of the current CHP Terminal Inspection Report, showing rating, to your Caltrans Section 5310 contact person.
8. ***Authorized Signature and Contact Information:*** Only the agency representative who is authorized to sign on behalf of the agency shall sign, certifying that the information in the Quarterly Report is accurate. The authorized agency representative further certifies that the vehicle(s) and/or equipment identified in this report is/are used primarily to provide transportation services to elderly persons and/or persons with disabilities in accordance with the terms and conditions of the Section 5310 Standard Agreement(s) and the State Management Plan.

The Quarterly Report may be prepared by the authorized agency representative or a staff member. If a staff member prepares the report, the completed report shall then be submitted to the agency representative who is authorized as agency signatory for signature before submitting to Caltrans. The person who prepared the Quarterly Report prints his/her name and provides contact information.