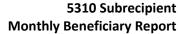


5310 Subrecipient **Monthly Beneficiary Report**Reports are due with invoices on the 20th day of each month.

Agency Name:	Project Name:		
Grant ID/FAIN #:	Agreement #:		
Month/Year of Report:			
1. Monthly Project Activity Narrative (Plea	ase provide descriptions of project-related work during month.)		
Describe the month's project activities for transportation of seniors and people with disabilities in Spokane County. Please include information regarding the activities of positions paid by the 5310 program, community outreach, marketing activities, and ride referrals (if applicable).			







Title:

Form:

Signature of Authorized **Person Completing**

2. [Monthly Beneficiary Data		
	lude the total number served (unduplicated), total numl ved, and total number of Individuals with Disabilities se		
To	otal Number Served (unduplicated) otal number of one-way rides provided otal number of Seniors served		
Тс	otal number of Individuals with Disabilities served		_
	Project Manager Certification ompletion of this section certifies that the above information is	true and accurate to the best of your knowledge.)	
	oject nager:	Email:	

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

Phone:

Date: