

Agency Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

Grant ID/FAIN #: \_\_\_\_\_ Agreement #: \_\_\_\_\_

Report for quarter ending:       March       June       September       December  
 Year:                                     2023       2024       2025

**1. Progress Narrative** (Please provide descriptions of project-related work during the quarter.)

A. Describe project activities for seniors and people with disabilities in Spokane County and the nature and size of unmet transportation needs for this population.

B. 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.

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	

C. Describe project efforts to address unmet transportation needs.
D. Describe current coordination efforts and activities to identify new transportation resources.
E. 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>
F. Describe any challenges encountered and any significant changes to the project you foresee as a result.
G. Describe any physical improvements: additions or changes to physical infrastructure (e.g., transportation facilities, sidewalks, etc.), technology, and vehicles as applicable.
H. Describe your outreach efforts to Limited English Proficiency (LEP), minority and low-income populations as it relates to this project.

<b>2. Complaints &amp; Lobbying</b>
A. Report EEO complaints, Title VI complaints, and ADA complaints. Describe complaint(s), investigation activities, and resolution.
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

<b>3. Vehicle Records</b>
A. Attach records for each vehicle (if applicable) including regularly scheduled oil changes, tires, lift/ramp maintenance, accessibility features maintenance, damages, and warranty claims.
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

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

Please submit this quarterly report to [Section5310@spokanetransit.com](mailto:Section5310@spokanetransit.com).