**MARYLAND SECTION 5310 QUARTERLY REPORT**

*Due to the MTA’s Office of Local Transit Support by the 15th of the month following each quarter per grant agreement*

Calendar Year: \_\_\_\_\_\_\_\_

Quarter: Jan-Mar Apr-June

July-Sept Oct-Dec

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any change of name or address:

A. **CLIENT TRANSPORTATION SERVICE DESCRIPTION**

1. We provide transportation for people who have the following characteristics (please check all that apply on a regular basis):

are elderly have disabilities use wheelchairs Other (please describe:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. We provide transportation for the following activities (please check all that apply on a regular basis):

Adult Day Care Senior Center Rehab Center Medical Employment Education

Social/Recreation Shopping Other (please describe:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Total number of vehicles used in client transportation: \_\_\_\_\_\_\_\_ Number of backup vehicles: \_\_\_\_\_\_\_

Of your total fleet, how many vehicles are equipped with wheelchair lifts/ramps? \_\_\_\_\_\_\_

4. Did your agency participate in any transportation coordination activities this quarter?

No Yes--Please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How many individuals have access to your agencies 5310 vehicles (could be entire clientele) ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. **OPERATING DATA**: Provide the following information for each **Section 5310 vehicle.** If your agency has more than three S. 5310 vehicles, attach additional forms as necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | TOTAL | | Section 5310  Vehicle ID #:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Model year: \_\_\_\_\_\_\_\_\_ | Section 5310  Vehicle ID #:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Model year: \_\_\_\_\_\_\_\_\_ | Section 5310  Vehicle ID #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Model year: \_\_\_\_\_\_\_\_ |
| VEHICLE MAINTENANCE EXPENSES (include preventive mainten. & repairs) |  | |  |  |  |
| VEHICLE HOURS IN SERVICE |  | |  |  |  |
| VEHICLE MILES IN SERVICE |  | |  |  |  |
| TOTAL ONE-WAY PASSENGER TRIPS (one round trip = two one-way trips) |  | |  |  |  |
| BRIEFLY INDICATE HOW EACH 5310 VEHICLE IS BEING USED  (include trip purpose and county served) | | |  |  |  |
| ODOMETER READING (end of quarter; 5310 vehicles only) | | |  |  |  |
| # OF DAYS OPERATED DURING QUARTER (5310 vehicles only) | | |  |  |  |
| Operating Expenses: If you are charging any operating expenses for the quarter, enter the total amount for the quarter. Also provide a copy of the Operating Payment Request Backup Sheet to document your operating expenses. | |  |  |  |  |

C. **INSURANCE CERTIFICATION**: Section 5310 vehicles that continue to be titled to the MTA must be insured with the following minimum insurance limits: comprehensive business automobile liability minimum combined single limit for bodily injury and property damage of $1,000,000, uninsured motorist coverage for $30,000 per person and $60,000 per accident, comprehensive and collision coverage for FTA’s 80% financial interest in each vehicle. The authorized signature below indicates that this requirement continues to be met.

D. **MAJOR SAFETY/SECURITY INCIDENTS**: Provide the following information in total for all transportation services that are provided using Section 5310 vehicles. Note that fatalities and other major incidents, as defined below, must be reported to MTA as soon as possible after the occurrence as well as on this form.

1. REPORTABLE INCIDENTS: \_\_\_\_\_\_\_\_

Report the total number of safety or security incidents occurring on Section 5310 vehicles (either on board, or as part of maintenance or repairs to the vehicle) during the quarter that results in one or more of the following conditions:

* 1. a fatality confirmed within 30 days of the incident
  2. an injury requiring immediate medical attention away from the scene for one or more persons
  3. property damage equal to or exceeding $25,000
  4. an evacuation for life safety reasons

1. FATALITIES: \_\_\_\_\_\_\_\_

Report the total number of deaths, including suicides but excluding deaths that are a result of illness or other natural causes, confirmed within 30 days of a reported incident.

1. INJURIES: \_\_\_\_\_\_\_\_

Report any physical damage or harm to persons as a result of an incident that requires immediate medical attention away from the scene.

Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_