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|  | **Section 5310 Program Application for FY 2022 and FY 2023** |
|  | **Jurisdiction**  |
|  | **Organization**  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **VEHICLE INVENTORY FORM\*** |
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|  | *Indicate all vehicles currently owned by the applicant organization, as well as vehicles requested in* ***FY2022/FY2023*** *and funded in previous years that are currently on order, for your* ***transportation*** *program. Insert additional pages as needed.* |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Agency Fleet Number | Vehicle Identification Number (VIN) | Model Year | Make | Vehicle Type | Title Number | Equipped with Lift or Ramp? | Seating Capacity | Communi-cations Equipment | Capital Funding Source | Current Mileage | Current Status | Average Annual Mileage | Fiscal Year Budgeted for Replace-ment  |   |
| Ambu-latory | Wheel-chair |   |
| **REVENUE VEHICLES:** All vehicles used for client transportation & all 5310 vehicles  |   |   |   |   |   |   |   |   |   |
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| Agency Fleet Number | Vehicle Identification Number (VIN) | Model Year | Make | Vehicle Type | Title Number | Equipped with Lift or Ramp? | Seating Capacity | Communi-cations Equipment | Capital Funding Source | Current Mileage | Current Status | Average Annual Mileage | Fiscal Year Budgeted for Replace-ment  |   |
| Ambu-latory | Wheel-chair |   |
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| *Copy page and insert if needed.* |  |   |   |   |   |   |   |   |   |   |   |

\*Attach as supporting documentation