



ARKANSAS STATE HIGHWAY & TRANSPORTATION DEPARTMENT
Public Transportation Programs, P.O. Box 2261, Little Rock, AR 72203
Federal Transit Administration—Section 5310 Elderly & Persons with Disabilities Program

QUARTERLY PERFORMANCE MEASUREMENTS
(Complete all information)

Recipient Agency: _____ Location: _____
 Reporting Agency (if different from above): _____ Location: _____
 Contact Person: _____ Phone #: _____
 E-mail Address: _____ Fax #: _____
 Reporting Calendar Qtr: () Jan – Mar () Apr – Jun () Jul – Sep () Oct-Dec Yr. _____
 (Contractually Mandatory: Due 20 days after each quarter)
 FTA Number: _____ Agency's ID: _____ Arkansas License Number: _____
 Year: _____ Make: _____ Model: () Van () SW () Bus () Blazer
 (Check One)
 Odometer Reading: Beginning _____ Ending _____
 (Ending mileage for last qtr.)
 No. of Days Operated This Quarter _____ Miles Operated This Quarter _____

Passenger Trips For Quarter By Trip Purposes and Passenger Classifications:

	Elderly	Disabled	Other	Totals
Education				
Employment				
Medical				
Nutrition				
Personal				
Recreational				
Residence (Consumers' Home)				
Agency (aides/escorts)	-----	-----		
Administrative (meetings, errands)	-----	-----		
TOTALS				
	-----	-----	-----	
Number of Non-Ambulatory				

Operating Expenses This Quarter

Cost

Operating Cost (fuel, insurance, licenses, taxes, tires, etc.)	
Preventive Maintenance (belts, filters, flats, lubes, oil, etc.)	
Minor Repairs (attach copies of repair tickets)	
Major Repairs(attach copies of repair tickets) motor, transmission, etc.	
Other Expenses _____	
Place a check mark if your agency has a shop []	
Total Operating Expenses For Quarter	

CERTIFICATION

I certify that the above report is a correct and true statement and that the vehicle is used exclusively for providing transportation services to the elderly and persons with disabilities as set forth under 49 U.S.C. Section 5310. I further certify that this agency is complying with the provisions of the Subrecipient Grant Agreement.

Date _____ Signature – Agency Director _____