

Monitoring Report for Section 5309 and 5310 Vehicles

Grantee Name: _____

Agency Name: _____

Grant Year _____ *If reporting quarterly, please check the applicable quarter:*

1st Quarter (Oct. 1 – Dec. 31) 2nd Quarter (Jan. 1 – Mar. 31)

3rd Quarter (Apr. 1 – June 30) 4th Quarter (July 1 – Sept. 30)

Vehicle Number _____ License Number _____ Serial Number _____

RIDERSHIP - Show the number of one-way passenger trips taken¹

- A. Elderly (*Anyone over 60 years of age*)
 - 1. Ambulatory (Can walk without assistance) _____
 - 2. Non-Ambulatory (Cannot walk) _____
- B. Disabled (*Anyone with a mental or physical disability under the age of 60*)
 - 3. Ambulatory _____
 - 4. Non-Ambulatory _____
- C. School Age _____
- D. General Public (*Others not included above*) _____

Total number of one-way passenger trips
(Total of items A through D) _____

TRIP PURPOSE

- E. Medical _____
- F. Employment _____
- G. Nutrition _____
- H. Social/Recreation _____
- I. Education _____
- J. Shopping/Personal _____
- K. Other _____

Total number of trips
(Must equal the total one-way passenger trips above) _____

¹ A passenger trip is defined as one origin to destination trip for each passenger riding in the vehicle. Thus, the return trip is counted as a separate trip for that person.

Operating Characteristics

L. Total mileage for this period _____
M. Gallons of fuel consumed during this period _____
N. Miles per gallon this period _____
O. Odometer reading at the end of this period _____
P. Number of days in period vehicle was operated _____
Q. Odometer reading at last oil change _____
R. Odometer reading at last tune-up _____
S. Yearly insurance premium _____
T. Insurance premium due date _____

Financial Data (Monthly)

U. Driver Salary _____
V. Fuel _____
W. Oil _____
X. Preventive Maintenance _____
Y. Repairs _____
Z. Other operating costs (Tires, etc.) _____

Total Costs (Total of U thru Z) _____

Bus revenues from donations/fares/other _____

Net Costs (Subtract Total Costs from Bus Revenues) _____

Assurances

I do hereby certify that:

- The above information is true and verifiable.
- The vehicle continues to be operated and maintained in accordance with the project application and contract.
- The vehicle continues to be used for the purpose for which the grant was approved.
- The vehicle capacity does not exceed that which is needed for the transit operation.
- The vehicle has not been sold, damaged or otherwise taken out of transit service.

Any exception to the above assurances must be fully explained on an attached sheet (e.g., title transfer, damage to vehicle, vehicle released to agency, etc.).

Date _____ Signed _____

Title _____

**If submitting quarterly, forward no later than the 20th day of the month following the reported quarter.
If submitting annually, forward no later than October 20th of current Fiscal Year.**

**Mail to: Melissa Hull or Jackie Mattheis
SDDOT
Office of Local Transportation Programs
700 E. Broadway Avenue - Pierre, SD 57501-2586
FAX: 605-773-4870**