

Agency Name: _____ Project Name: _____

Grant ID/FAIN #: _____ Agreement #: _____

Month/Year of Report: _____

1. Monthly Project Activity Narrative (Please provide descriptions of project-related work during month.)

Describe the month's project activities for transportation of seniors and people with disabilities in Spokane County. Please include information regarding the activities of positions paid by the 5310 program, community outreach, marketing activities, and ride referrals (if applicable).

2. Monthly Beneficiary Data

Include the total number served (unduplicated), total number of one-way rides provided, total number of Seniors served, and total number of Individuals with Disabilities served.

Total Number Served (unduplicated)	
Total number of one-way rides provided	
Total number of Seniors served	
Total number of Individuals with Disabilities served	

3. Project Manager Certification

(Completion of this section certifies that the above information is true and accurate to the best of your knowledge.)

**Project
Manager:**
Email:
Title:
Phone:
**Signature of Authorized
Person Completing
Form:**
Date:

Please submit this monthly report to Section5310@spokanetransit.com.