

Agency Name:	Project Name:	Grant ID/FAIN #:	Agreement #:	Month/Year of Report:

1. Monthly Project Scope of Work Update

Describe how this month's project activities advanced the scope of work deliverables in your agreement.

1.

2.

3.

4.

5.

2. Disadvantaged Business Enterprise Subcontracts

Does this project have any active DBE Subcontract(s)? Y N

If yes, please provide the Contract Term:

Use the table below to report the total amount paid to the subcontractor this quarter.

Contractor Name	Total Paid this Month	Total Contract Cost
Quarterly Spend Total		

3. 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	
Total number of one-way rides provided	
Total number of seniors served	
Total number of individuals with disabilities	

Total Agreed to Serve: 80 Individuals

4. 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.