

Bill To:
San Diego Association of Governments
 Attn: Grants Administrator
 401 B Street, Suite 800
 San Diego, CA 92101
grantreports@sandag.org

Date: Invoice No.:

Remit To:
Agency Name
 Address Line 2
 Address Line 2

Contract No.:
 Select One: Section 5310 Senior Mini-Grant

Contact Name:
 Contact Phone No.:
 Contact E-mail Address:

	Previous Period-to-Date Expenses				MM/DD/YY to MM/DD/YY				Totals				
	Reimbursed	Match	Fares	Combined	Reimburseable	Match	Fares	Combined	Reimburseable	Match	Fares	Combined	
Task #1:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Task #2:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Task #3:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Task #4:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Task #5:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Task #6:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Task #7:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
												Match Percentage of Budget	#DIV/0!

Project Budget

	Reimburseable	Match	Fares	Combined	% of Budget Expended
Task #1:				\$0.00	#DIV/0!
Task #2:				\$0.00	#DIV/0!
Task #3:				\$0.00	#DIV/0!
Task #4:				\$0.00	#DIV/0!
Task #5:				\$0.00	#DIV/0!
Task #6:				\$0.00	#DIV/0!
Task #7:				\$0.00	#DIV/0!
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!

I certify that the above expenses were in accordance with the above mentioned contract and were allowable, necessary, and reasonable for the project.

 Signer's Name, Title

TASK		THIS INVOICE			
#		Reimbursable	Match	Fares	Total
	Salaries				\$0.00
	Other Direct Costs				\$0.00
	Indirect Costs				\$0.00
	Total Task #	\$0.00	\$0.00	\$0.00	\$0.00
#					\$0.00
	Salaries				\$0.00
	Other Direct Costs				\$0.00
	Indirect Costs				\$0.00
	Total Task #	\$0.00	\$0.00	\$0.00	\$0.00
#					\$0.00
	Salaries				\$0.00
	Other Direct Costs				\$0.00
	Indirect Costs				\$0.00
	Total Task #	\$0.00	\$0.00	\$0.00	\$0.00
#					\$0.00
	Salaries				\$0.00
	Other Direct Costs				\$0.00
	Indirect Costs				\$0.00
	Total Task #	\$0.00	\$0.00	\$0.00	\$0.00
#					\$0.00
	Salaries				\$0.00
	Other Direct Costs				\$0.00
	Indirect Costs				\$0.00
	Total Task #	\$0.00	\$0.00	\$0.00	\$0.00
#					\$0.00
	Salaries				\$0.00
	Other Direct Costs				\$0.00
	Indirect Costs				\$0.00
	Total Task #	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL		\$0.00	\$0.00	\$0.00	\$0.00



GRANT PROGRESS REPORT FORM

COMPLETED FORMS ARE DUE TO SANDAG WITH EACH INVOICE:

_____ mm/dd/yy - mm/dd/yy

PLEASE SUBMIT TO:

(Project Manager)
SANDAG
401 B Street, Suite 800
San Diego, CA 92101-4231

Select One:

- OPERATING
CAPITAL
MOBILITY MANAGEMENT

SECTION 1: GENERAL INFORMATION

SUBMITTING AGENCY: _____

PHONE: _____

POINT OF CONTACT: _____

SERVICE TYPE(S): _____

FUNDING SOURCE: _____

CYCLE: _____

SECTION 2: PROJECT PROGRESS

A. LIST THE WORK TASKS COMPLETED DURING THIS PERIOD:

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B. LIST THE WORK TASKS SCHEDULED TO BE COMPLETED NEXT PERIOD, INCLUDING MEDIA AND COMMUNITY OUTREACH EFFORTS:

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C. EXPLAIN ANY PROBLEMS OR CHALLENGES ENCOUNTERED DURING THIS PERIOD, INCLUDING ANY COMPLIANCE DEFICIENCIES IDENTIFIED DURING SCHEDULED SITE VISITS

D. DESCRIBE THE RESOLUTIONS DETERMINED TO ADDRESS ANY PROBLEMS ENCOUNTERED DURING THIS PERIOD, INCLUDING CORRECTIVE ACTION PLANS TO ADDRESS IDENTIFIED COMPLIANCE DEFICIENCIES:

SECTION 3: DATA REPORTING

GRANT REIMBURSEMENT AMOUNT:

\$ -

(Grant invoicing for this period)

PROJECT COSTS:

\$ -

(Grant total + Required Match)

TOTAL PERCENTAGE OF FUNDING EXPENDED SO FAR:

SECTION 4: SERVICE

A. DESCRIBE ANY CHANGE IN SERVICE (GEOGRAPHIC COVERAGE, SERVICE QUALITY, AND/OR SERVICE TIMES):

B. DESCRIBE ANY EFFORTS TO EXPAND YOUR CUSTOMER BASE/CONTACTS:

C. RECORD THE NUMBER OF COMPLAINTS RECEIVED IN THE REPORTING PERIOD FOR EACH CATEGORY

Type of Complaint	Received this period	Of received, resolved	Outstanding (Unresolved)	Prior Unresolved	Total Unresolved
1. Americans with Disabilities Act			0		0
2. Title VI / Non-discrimination			0		0
3. Service Quality			0		0
Totals	0	0	0	0	0

D. DESCRIBE UNRESOLVED COMPLAINTS AND EFFORTS BEING TAKEN TO RESOLVE THESE COMPLAINTS IN A TIMELY MANNER

Agency Name:
 Project Name:
 Service Type(s):

Operating Projects

Number of Years in Service

Number of Vehicles in Service

Total Number of available seats

Vehicle Revenue Hours

****OWPT - Service Type #1**

****OWPT - Service Type #2**

****OWPT - Service Type #3**

****OWPT - Service Type #4**

Total One Way Passenger Trips

Proposal Cost / Passenger

Total Cost / Passenger

Operating Cost/Revenue Hours

Passenger Seat Utilization

Period Operating Cost*
 mm/dd/yy - mm/dd/yy

* Period Operating Cost = Total Reimbursable + Required Match
 ** OWPT = One-way passenger trips

Help with Calculating available seats

Vehicle #1	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> # of seats in vehicle	Vehicle #6	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> # of seats in vehicle
Vehicle #2	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> # of seats in vehicle	Vehicle #7	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> # of seats in vehicle
Vehicle #3	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> # of seats in vehicle	Vehicle #8	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> # of seats in vehicle
Vehicle #4	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> # of seats in vehicle	Vehicle #9	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> # of seats in vehicle
Vehicle #5	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> # of seats in vehicle	Vehicle #10	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> # of seats in vehicle
			TOTAL	<input type="text" value="0"/> vehicle trips	<input type="text" value="0"/> available seats