|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMSD CAPITAL Quarterly Report** | | | | | |
| |  | | --- | | Reporting Period: *ex. Jan - April* | |  | | |  | | --- | | Agency: *ex. Orange County Transportation Authority (OCTA)* | |  | | | | | |  | | --- | | Quarter (YYQ): *ex. 24 Q1* | |  | |
| |  | | --- | | Project Manager, Title: *ex. First Name Last Name, CEO* | |  | | | | | |  | | --- | | Phone Number: *ex. (888) 888-8888* | |  | | |
| |  | | --- | | Project Location/Service Area: *ex. South Orange County, Yorba Linda and Brea, all of Orange County, etc…* | |  | | | | | | |
| |  | | --- | | Inception Date: *ex. 01/01/24 \_* | |  | | | | |  | | --- | | EMSD Grant Amount Awarded: *ex. $500,000 \_* | |  | | | |
| |  | | --- | | Project Scope: *ex. Two Minivans and one Large Bus, Three ZEBs, One Wheelchair Lift and Five Ramps, etc…* | | |  |  |  | | --- | --- | --- | | Contract Agreement Number | C – |  |   - | | | | | | |
| **Miles Traveled** | | | | | |
| |  | | --- | | This Quarter: *ex. 3,000 miles* | |  | | | |  | | --- | | Annual Goal: *ex. 24,000 miles* | |  | | | |  | | --- | | Percentage Completed: *ex. 12.5%* | |  | | |
| |  | | --- | | Preventative Maintenance: *ex. Tire Inspection – Every 2,000 miles, Battery System Check – Monthly, Safety System Maintenance – Monthly or every 1,500 miles etc… (add to as needed)* | |  | | | | | | |
| **Trips Provided** | | | | | |
| |  | | --- | | This Quarter: *ex. 300 trips* | |  | | | |  | | --- | | Annual Goal: *ex. 2,400 trips* | |  | | | |  | | --- | | Percentage Completed: *ex. 12.5%* | |  | | |
| **Expenses Incurred** | | | | | |
| |  | | --- | | Awarded this Quarter: *ex. $125,000* | |  | | | |  | | --- | | Anticipated Annual Expenditure: *ex. $500,000* | |  | | | |  | | --- | | Percentage Completed: *ex. 25%* | |  | | |
| |  | | --- | | Award Remaining: *ex. $875,000* | |  | | | |  | | --- | | Total Capital Cost: *ex. $1,000,000* | |  | | | |  | | --- | | Grant Period: *Start at Contract Execution* | |  | | |
| **Minimum Vehicle Service Hour Threshold** (10 hour per week minimum per vehicle – add to table as needed) | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Vehicle (Type, Make, Model)** | | **Service Hours Provided Per Week (hrs)** | | | | | | | | | | | | | | **Quarter Week:** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **Total** | | 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   1 | | | | | |
| **Additional Information** | | | | | |
| |  | | --- | | Include any additional and relevant information to your capital requests, include updates on capital equipment here: *(Add to as needed)* | | - | | | | | | |