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| **EMSD CAPITAL Quarterly Report** |
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| Reporting Period: *ex. Jan - April* |
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| Agency: *ex. Orange County Transportation Authority (OCTA)* |
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| Quarter (YYQ): *ex. 24 Q1* |
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| Project Manager, Title: *ex. First Name Last Name, CEO* |
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| Phone Number: *ex. (888) 888-8888* |
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| Project Location/Service Area: *ex. South Orange County, Yorba Linda and Brea, all of Orange County, etc…* |
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| Inception Date: *ex. 01/01/24 \_* |
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| EMSD Grant Amount Awarded: *ex. $500,000 \_* |
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| Project Scope: *ex. Two Minivans and one Large Bus, Three ZEBs, One Wheelchair Lift and Five Ramps, etc…* |
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| Contract Agreement Number | C – |  |

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| **Miles Traveled** |
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| This Quarter: *ex. 3,000 miles* |
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| Annual Goal: *ex. 24,000 miles* |
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| Percentage Completed: *ex. 12.5%* |
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| 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)* |
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| **Trips Provided** |
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| This Quarter: *ex. 300 trips* |
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| Annual Goal: *ex. 2,400 trips* |
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| Percentage Completed: *ex. 12.5%* |
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| **Expenses Incurred** |
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| Awarded this Quarter: *ex. $125,000* |
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| Anticipated Annual Expenditure: *ex. $500,000* |
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| Percentage Completed: *ex. 25%* |
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| Award Remaining: *ex. $875,000* |
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| Total Capital Cost: *ex. $1,000,000* |
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| Grant Period: *Start at Contract Execution* |
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| **Minimum Vehicle Service Hour Threshold** (10 hour per week minimum per vehicle – add to table as needed) |
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| **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. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Additional Information** |
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| Include any additional and relevant information to your capital requests, include updates on capital equipment here: *(Add to as needed)* |
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