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| **EMSD OPERATING 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 Staff Salaries for Two-Year Period and Fueling Expenses for Two Vans for Two-Year Period.* | | |  |  |  | | --- | --- | --- | | Contract Agreement Number | C – |  |   - | | | | | | | | | |
| **Service/Program Clients Served** | | | | | | | | |
| |  | | --- | | This Quarter: *ex. 450 clients* | |  | | | |  | | --- | | Annual Goal: *ex. 1,800 clients* | |  | | | | |  | | --- | | Percentage Completed: *ex. 25%* | |  | | | | |
| **Service/Program Events Hosted This Quarter** | | | | | | | | |
| |  | | --- | | Workshops: *ex. One program workshop* | |  | | | |  | | --- | | Events: *ex. Two drivers, one travel training* | |  | | | |  |  |  | | --- | --- | --- | | Other ( | - | ): *ex. One X* | |  | | | | | | | |
| **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* | |  | | | |
| **Additional Information** | | | | | | | | |
| |  | | --- | | Include any additional and relevant information to your operating requests, include updates on staff, new services, expansion services, new systems, expenses, marketing efforts, training discussion, and more if applicable here: *(Add to as needed)* | | - | | | | | | | | | |