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| **EMSD OPERATING 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 Staff Salaries for Two-Year Period and Fueling Expenses for Two Vans for Two-Year Period.* |
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| Contract Agreement Number | C – |  |

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| **Service/Program Clients Served** |
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| This Quarter: *ex. 450 clients* |
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| Annual Goal: *ex. 1,800 clients* |
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| Percentage Completed: *ex. 25%* |
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| **Service/Program Events Hosted This Quarter** |
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| Workshops: *ex. One program workshop* |
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| Events: *ex. Two drivers, one travel training* |
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| Other ( | - | ): *ex. One X* |
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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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| **Additional Information** |
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| 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)* |
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