

Alaska Community Transit Office
STATE OF ALASKA

Agency: _____

GENERAL INFORMATION

Report for the Period Ending: June 30, 2016 Date: _____ DUNS#: _____

Agency Address _____ **AK**
Mailing Address City/Community State Zip

Physical Address of Vehicle: _____ **AK**
Address City/Community State Zip

VIN: _____ License No: _____ Fleet Service ID: _____

Manufacturer: _____ Year: _____ Make/Model: _____

Vehicle Type: _____ Low Floor: _____ Fuel Type: _____ Lift Ramp: _____

Lift Manufacturer: _____ Seating Capacity: _____ Wheelchair Capacity: _____

Expansion or Replacement: _____ Primary Usage: _____

Delivery Date: _____ In Service Date: _____

FINANCIAL INFORMATION

Full Purchase Price: \$ _____ Match Amount: \$ _____ Ratio: _____

Funding Type / Funding Program	
	Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities
	Section 5316: Job Access and Reverse Commute Program (JARC)
	Section 5317: New Freedom Program
	Alaska Mental Health Trust (AMHT)
	Local Funds

Funding Year: _____ Grant Agreement #: _____

Grant Amount: \$ _____ Replacement Cost: \$ _____

SERVICE INFORMATION

Status: _____ Condition: _____ as of Date: _____

Odometer Reading: _____ Reading as of Date: _____

Maintenance Plan: _____ Expected Retirement Year: _____

TITLE

Title Issue Date: _____ Title shows DOT&PF as Lienholder

Title Due to Transfer Date: _____

Alaska Community Transit Office
STATE OF ALASKA

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SERVICE DATA & PASSENGER TOTALS

	Vehicle Revenue Miles (VRM)	Vehicle Revenue Hours (VRH)	Regular Unlinked Passenger Trips (RUPT)	Sponsored Unlinked Passenger Trips
Demand Response				
POS				
Other				

Total Passenger
Trips: _____

How many of these Unlinked (Regular & Sponsored) Passenger
trips were delivered on a vehicle purchased with 5310 Fund? _____

RIDERS: TRIP DISTRIBUTION & TRUST BENEFICIARIES

Elderly (Not Disabled/Not Wheelchair)	
Elderly (Wheelchair or Disability)	
Disabled under 60 Years (Not Wheelchair)	
Disabled under 60 Years (Wheelchair)	
Youth / Students	
All Other / General Public	
Total Passenger Trips by Distribution:	

Of the numbers reported above in Trip Distribution,
how many are Trust Beneficiaries? Provide a total
number of riders based on the categories below:

Mental Illness; Developmental Disabilities; Alzheimer's
and Other Dementias; Chronic Alcoholism; Traumatic
Brain Injury

Total: _____ n/a

SAFETY DATA

Type	#	Comments
Reportable Incidents		
Accidents		
Fatalities		
Injuries		

ATTACHMENTS

Proof of Insurance

Maintenance Plan & Records from July 1, 2015 – June 30, 2016

SIGNATURE

By signing below, I certify that the vehicle(s) identified in this report are insured and regularly maintained according to the Maintenance Plan and are used primarily to provide transportation services for persons with disabilities and the elderly, in accordance with the terms of Section 5310/Alaska Mental Health Trust agreement with the Alaska Community Transit office and the Alaska Transit State Management Plan.

Name: Agency Representative authorized to sign on behalf of Agency

Title

Signature

Date