Senior Mobility Program

Monthly Reporting Form

EXHIBIT C

Program Information

Service for the - Month of: July **Year of:** 2016

Program Name:

Participating Agency:

Agency Contact:

Contact Number:

Trip Detail

Trip Category	One-Way Trips		Service Hours		Service Miles	
	Jul 2016	FYTD	Jul 2016	FYTD	Jul 2016	FYTD
Senior Center	-	-	-	-	-	-
Medical	-	-	-	-	-	-
Shopping	-	-	-	-	-	-
Personal Care	-	-	-	-	-	-
Social / Recreational	-	-	-	-	-	-
Total	-	-	-	-	-	-

Cost Summary

Cost Category	Jul 2016			FYTD		
		Cost	As a %		Cost	As a %
Service Contract	$	-	0.0%	$	-	0.0%
Drivers / Operators / Dispatchers	$	-	0.0%	$	-	0.0%
Vehicle Maintenance / Fuel / Insurance	$	-	0.0%	$	-	0.0%
Marketing Outreach	$	-	0.0%	$	-	0.0%
Administration	$	-	0.0%	$	-	0.0%
Total	$	-	-	$	-	-
OCTA Contribution	$	-	0.0%	$	-	0.0%
Agency Contribution	$	-	0.0%	$	-	0.0%
Program Revenue	$	-	0.0%	$	-	0.0%

Source(s) of Agency Contributions:

Agency hereby certifies that this report is a true, complete and correct statement of program revenue, costs and operating data.

! THIS REPORT IS DUE BY THE LAST DAY OF THE MONTH FOLLOWING THE REPORTING MONTH !

Please send this report by email to **CTSPROGRAMS@OCTA.NET** or by fax to **714-560-5927**.
If there are any questions, please contact **JOANNE JACOBSEN** by email at *JJACOBSEN@OCTA.NET* or **JP GONZALEZ** by email at *JGONZALEZ1@OCTA.NET* .