



Report for quarter ending: March June September December

Year: 2015 2016 2017

Reports are due by the last day of the following month.

Today's date:

Contract number and project letter:

1. Progress Narrative (Please provide detailed descriptions of project-related work during the quarter.)
A. Describe project accomplishments and their impacts to the community, clients and/or citizens. Examples could include service timeliness, availability and frequency; customer satisfaction; accessibility of services or facilities; and employee demeanor (courtesy, fairness, helpfulness). Please attach any news releases, articles, photos of your service in action or other documentation (updated brochures, schedules, etc.) as appropriate.
B. Describe the project's status. Include any challenges encountered, and any significant changes to the project you foresee as a result. a) Is the current funding level sufficient to complete the project? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain why funding levels will be insufficient. b) Has your organization been notified by any project-funding partners that they will not be able to meet/maintain their original financial commitment to the project? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe your organization's plan to address this shortfall.
C. Describe project implementation, marketing and outreach efforts. Please attach any appropriate marketing materials.
D. Describe past, current and planned training opportunities for drivers, dispatchers, other employees, service contractors (if applicable) or riders.
E. Describe current and planned project coordination efforts with planning, operating and financial partners. Have these efforts been successful? How do you measure/determine success?
F. Describe your outreach efforts to Limited English Proficiency (LEP), minority and low-income populations in your service area as it relates to this project.



2. Financial and Statistical Reporting

Please fill out the 2015-17 quarterly grant statistical Excel workbook provided with this QPR template.

Attached to email with QPR.

3. Other

Use this space for anything else you would like to share about the project not covered in the quarterly project narrative form or grant statistical reporting form.

4. Project Manager Certification (*Completion of this section certifies that the above information is true and accurate to the best of your knowledge.*)

Project Manager:

Date:

Title:

Phone:

Person Completing Form:

**Public Transportation Division
Mobility Management - Quarterly Progress Report**

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<p>1. Travel Training/Mobility Management Activities Please provide detailed descriptions of project-related activity during this reporting period.</p>
<p>For All Agencies</p>
<p>A. Please provide qualitative information, or stories, that describe your training. What are the benefits to your participants?</p>
<p>B. Describe the geographic area that your travel-training program covers. Are there any expansions of geographic coverage this quarter?</p>
<p>C. What is the total number of unique customers trained this quarter?</p>

<p>Additional Activities for Agencies Small Urban and Urbanized Areas</p>		
<p>D. Please survey your customers before and after travel training. Survey questions may include the following:</p>		
<table border="0"> <tr> <td> <p>Pre-training survey that asks:</p> <ul style="list-style-type: none"> · Number of average trips per week · Estimate of travel education prior to training · Modes of travel used before training · Pre-trip, travel-mode cost (estimate if unsure) </td> <td> <p>Post-training survey that asks:</p> <ul style="list-style-type: none"> · Number of average trips per week in new mode(s) · Estimate of travel education learned through training · What the new modes are (fixed route, demand response) · Cost difference to rider </td> </tr> </table>	<p>Pre-training survey that asks:</p> <ul style="list-style-type: none"> · Number of average trips per week · Estimate of travel education prior to training · Modes of travel used before training · Pre-trip, travel-mode cost (estimate if unsure) 	<p>Post-training survey that asks:</p> <ul style="list-style-type: none"> · Number of average trips per week in new mode(s) · Estimate of travel education learned through training · What the new modes are (fixed route, demand response) · Cost difference to rider
<p>Pre-training survey that asks:</p> <ul style="list-style-type: none"> · Number of average trips per week · Estimate of travel education prior to training · Modes of travel used before training · Pre-trip, travel-mode cost (estimate if unsure) 	<p>Post-training survey that asks:</p> <ul style="list-style-type: none"> · Number of average trips per week in new mode(s) · Estimate of travel education learned through training · What the new modes are (fixed route, demand response) · Cost difference to rider 	

Respond to the following questions according to your own calculations and the answers on the surveys.

Average PT trips per week pre-training		Average trip cost to agency before training	
Average PT trips per week post-training		Average cost to agency after training	
Cost difference to rider per ride		Cost difference to agency	

(PT = public transportation)

2. Coordination/Planning Related Activities – For All Agencies

The following questions will ask you to describe how your mobility management coordination/planning activities contribute towards achieving goals identified in your regional Coordinated Human Service Transportation Plans.

A. If your project uses meetings or planning exercises to achieve your regional CHSTP goals, please elaborate on the purpose of the meetings and the stakeholders involved.
B. For long term outcomes (1-2 years), describe the goals for your planning/coordinated meetings. Discuss your successes and/or challenges with achieving those goals.
B1. For shorter term outcomes (quarterly to one year), describe the goals for your planning/coordinated meetings. Discuss your successes and/or challenges with achieving those goals.
C. Describe projects and/or issues that have been identified from your coordination/planning efforts.
D. Describe the stakeholder membership of your coordination/planning meetings and activities.
E. Describe any additional partnerships as a result of your coordinating/planning activities (change from last reporting period). What are the added benefits from these partnerships/relationships?
F. Please describe any new in-kind support as a result of this relationship. What are the associated costs with the in-kind support?
G. Please describe any new transportation or service expansion as a result of added partnerships. What is the geographic coverage of this new partnership?

3. Project Manager Certification *(Completion of this section certifies that the above information is true and accurate to the best of your knowledge.)*

Project Manager:	Date:
Title:	Phone:
Person Completing Form:	



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1. Progress Narrative (Provide complete answers. Boxes will expand.)
A. Describe your agency's status in the vehicle or equipment procurement process (<i>refer to the milestone table in Section 2</i>).
B. Has WSDOT's Capital Program staff approved your agency's procurement? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain.
C. If the project has been delayed, explain the challenges and how they are being addressed. Update and enter any revised dates in the milestone table in Section 2.
D. Has your agency modified or changed the original vehicle or equipment specifications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain. Has your agency requested and received written approval from WSDOT for the change? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain.
E. If the vehicle(s) or equipment has been delivered, are there any issues preventing your agency from accepting the vehicle(s) or equipment and/or billing WSDOT for reimbursement or paying the vendor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain.
F. Is the project complete? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is there a fund balance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the amount? \$



2. Schedule			
Project Milestones	Planned (mm / yy)	Revised (mm / yy)	Actual (mm / yy)
RFP or IFB Publish Date			
Contract Award			
First Vehicle or Equipment Delivered			
All Vehicles or Equipment Delivered			
All Vehicles or Equipment Placed in Service			
Contract Complete			

3. Financial Reporting	
Total Net Expenditures this Quarter	
Total Net Expenditures to Date	
Total Budget for Project	
Balance	
% Budget Spent	

4. DBE Log

If this project is not for the purchase of a vehicle but receives **FTA funds**, please complete a **Disadvantaged Business Enterprise Log** form for the reported quarter on the next page. If no DBE vendors were used, complete the section that explains your good faith efforts to find a suitable DBE vendor.

5. Project Manager Certification (Completion of this section certifies that the above information is true and accurate to the best of your knowledge.)

Project Manager:	Date:
Title:	Phone:
Person Completing Form:	

