

Quarterly Data Report

North Dakota Department of Transportation, Local Government, Transit

Name of Transit Project		Note: Use Accrual Accounting
Mailing Address		
Contact Person		Signed by:
Email address		
Phone Number		Date

LOCAL REVENUE (for reporting purposes) List ALL sources of local revenue. 5309, 5310, 5311, JARC and NF should NOT be listed					
<i>Please identify funds that will be used for the transit portion of your local match</i>					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
contract revenue - for transit					
mill levy - for transit					
state aid - for transit					
fundraising - for transit					
Medicaid - for transit					
<i>Advertising revenue</i>					
other federal programs - transit					
other (define)					
sub-total funds for transit					
* Local match needed this quarter					
contract revenue - NOT for transit					
mill levy - NOT for transit					
fundraising - NOT for transit					
Medicaid - NOT for transit					
other federal programs - NOT transit					
other (define)					
sub-total funds - NOT transit					
TOTAL					

* program income
Not thru our office.
From other federal

**Note: subtotal for transit must meet or exceed local match needed this quarter plus excess match from previous quarters*

Mileage and Hours for Transit vehicles					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Transit Revenue Vehicle Miles					
Transit Non Revenue Vehicle Miles					
Transit Out of state Vehicle Hours					
Meals Vehicle Miles					
"Other" miles					
Total Vehicle Miles					
Transit Revenue Vehicle Hours					
Transit Non Revenue Vehicle Hours					
Transit Out of state Vehicle Hours					
Meals Vehicle Hours					
"Other" hours					
Total Vehicle Hours					

Revenue miles/hours include the hours from the time you leave the transit facility until the time you return, excluding operator training, maintenance, school bus service, and charter service. (except for the city of Minot - who has a different definition due to fixed route service.)

Non Revenue miles/Hours exclude revenue hours/miles and exclude meal hours/miles. Include hours/miles for operator training, maintenance, charter service, travel to training, personal miles)

Out of state vehicle miles/hours include both revenue and non-revenue hours and miles traveled outside North Dakota.

Meals hours/miles include any time the transit vehicle is used for meal service when there is not a paying transit passenger onboard.

Ridership to be reported as one way trips

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
5311 ride					
JARC ride					
New Freedom Ride					
Total Rides					
Sponsored Ride					
Sponsored Ride					
Un-sponsored Ride					
Total Rides					
General Public Ride without lift					
General Public Ride without lift					
Elderly and Disabled Ride with lift					
Elderly and Disabled Ride without lift					
Total Rides					

Note: Total rides for above categories should be the same.

	percent	Quarter 2	Quarter 3	Quarter 4	Average
This table shows the percent of rides in each funding category. It will be used ONLY when JARC and/or NEW FREEDOM funds are used. Do NOT edit this table	5311				
	JARC				
	New				
	Total				

Meal Delivery

(care should be taken to ensure meal delivery is not funded with transit dollars)

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Number of congregate meal sites					
Number of congregate meals delivered					
# trips made to deliver meals to congregate locations					
Number of home meals delivered					
Who delivers meals? Volunteers, Meals employees, Transit employees, driver, contractor?					
Please describe your meal delivery program on the tab labeled Meal Delivery					

DBE:	List any DBE expenditures made with registered Disadvantaged Business Enterprises (DBE)				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
DBE Company and address					
Item or service purchased					
Amount					
Date					

SAFETY:	Attach incident form for each occurrence listed.				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Fatalities					
Major Incidents: damages > \$25,000					
Injuries requiring immediate medical attention away from the scene					
Incidents: damages <\$25,000					
Explain ongoing litigation:					
Explain if a vehicle was totaled & attach copy of insurance check:					