



South Carolina
Department of Transportation

Office of Public Transit 5310 Program Measures Report Form (SU)

Reporting Period: **FFY17**
(October 1, 2016 – September 30, 2017)

Please complete the form below and return to Lavern Glover, Program Manager, at gloverlp@scdot.org no later than **October 17, 2017**. If your agency received funds or has assets titled to SCDOT/OPT during the period listed above, you are required to submit this report.

AGENCY NAME: _____	
Agency Address	_____
Point of Contact Information	Name & Title: _____ Telephone No.: _____ EXT. () E-mail: _____
Names of Counties Served: <i>List all counties served even if partial county is served</i>	_____
Actual or estimated number of one-way trips: Report POS or Vehicle	Using 5310 funded vehicle(s): _____ (only for agencies that still have vehicles titled to SCDOT) Using 5310 funds for POS _____ (funds spent during the contracting period listed above) Mobility Management _____ (number of clients served during the year)
Number of individuals eligible to be served:	Report the number of clients that are eligible to receive transportation services in the counties you serve if you had adequate funding. Mobility Management _____ (Potential Clients to be served if funding was available)