|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Section 5310 Program Application for FY 2022 and FY 2023** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Jurisdiction** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Organization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  | |  | |  | |
|  | **VEHICLE INVENTORY FORM\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  | |  | |  | |
|  | *Indicate all vehicles currently owned by the applicant organization, as well as vehicles requested in* ***FY2022/FY2023*** *and funded in previous years that are currently on order, for your* ***transportation*** *program. Insert additional pages as needed.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |
|  | |  | |  |  | |  | |  | |  | |  | | |  |  | | |  | |  | |  | | |  | |  | |  |
| Agency Fleet Number | | Vehicle Identification Number (VIN) | | Model Year | Make | | Vehicle Type | | Title Number | | Equipped with Lift or Ramp? | | Seating Capacity | | | | | Communi-cations Equipment | | Capital Funding Source | | Current Mileage | | Current Status | | | Average Annual Mileage | | Fiscal Year Budgeted for Replace-ment | |  |
| Ambu-latory | | Wheel-chair | | |  |
| **REVENUE VEHICLES:** All vehicles used for client transportation & all 5310 vehicles | | | | | | | | | | | | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
| Agency Fleet Number | | Vehicle Identification Number (VIN) | | Model Year | Make | | Vehicle Type | | Title Number | | Equipped with Lift or Ramp? | | Seating Capacity | | | | | Communi-cations Equipment | | Capital Funding Source | | Current Mileage | | Current Status | | | Average Annual Mileage | | Fiscal Year Budgeted for Replace-ment | |  |
| Ambu-latory | | Wheel-chair | | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |
| *Copy page and insert if needed.* | | | | | | | | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  |

\*Attach as supporting documentation