

# SAMPLE RU-20

This Form applies to all Subrecipients except Private (3116) Security Bus Operations.

*leave blank* →

*July 1, 2007 - June 30, 2008* →

*Not State DOT* →

**01: Subrecipient Basic Information**

Subrecipient legal name: \_\_\_\_\_

Mailing address line 1: \_\_\_\_\_

Mailing address line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: Select ▼

Subrecipient acronym: \_\_\_\_\_

URL (website address): \_\_\_\_\_

This subrecipient of the State is an Indian Tribe:  Yes  No

**02: Subrecipient Contact Information**

Subrecipient contact person: First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone (555) 123-4567: \_\_\_\_\_ Ext.: \_\_\_\_\_

**03: Service Area** Select: \_\_\_\_\_ Describe\*: \_\_\_\_\_

**04: Modes (check all that apply)**

Bus  Demand Response

If bus, is service deviated fixed route or fixed route only?  Vanpool

Select: \_\_\_\_\_  Other Describe\*: \_\_\_\_\_

**Financial Information**

**05: Total Annual Operating Expenses** \_\_\_\_\_

**Sources of Operating Revenue Expended**

**06: Fare revenues** \_\_\_\_\_

**07: Contract revenues** \_\_\_\_\_

**08: Local operating assistance** \_\_\_\_\_

**09: State operating assistance** \_\_\_\_\_

**Federal Operating Assistance**

**10a: FTA Capital Program funds (\$5309)** \_\_\_\_\_

**10b: FTA Special Needs of Elderly Individuals and Individuals with Disabilities Formula Program funds (\$5310)** \_\_\_\_\_

**10c: FTA Other than Urbanized Area Formula Program funds (\$5311)** \_\_\_\_\_

**10d: FTA Job Access and Reverse Commute Formula Program funds (\$5318)** \_\_\_\_\_

**10e: FTA New Freedom Program funds (\$5317)** \_\_\_\_\_

**10f: FTA Alternative Transportation in Parks and Public Lands Program funds (\$5320)** \_\_\_\_\_

**10g: Other Federal funds** \_\_\_\_\_ Describe\*: \_\_\_\_\_

**11: Total Federal Operating Assistance** \_\_\_\_\_

- 05 - All funding associated with transit. Including: state, federal, local
- 06 - All project income
- 07 - Any contract/contract income - not regular service
- 08 - All local match funds
- 09 - 20% KDOT match - look at final CTD report to find actual amount
- 10 - Should only have funding for 10c (\$5311)
- 11 - will auto calculate - should equal #10

[see other side]

12 - will auto calculate - should equal #5

- 12 Total Annual Operating Revenues Expended
- 13 Annual Capital Costs
- Sources of Capital Funds Expended
- 14 Local capital assistance
- 15 State capital assistance
- Federal Capital Assistance
- 16a FTA Capital Program funds (§5309)
- 16b FTA Special Needs of Elderly Individuals and Individuals with Disabilities Formula Program funds (§5310)
- 16c FTA Other than Urbanized Area Formula Program funds (§5311)
- 16d FTA Job Access and Reverse Commute Formula Program funds (§5316)
- 16e FTA New Freedom Program funds (§5317)
- 16f FTA Alternative Transportation in Parks and Public Lands Program funds (§5320)
- 16g Other Federal funds
- 17 Total Federal Capital Assistance
- 18 Total Capital Funds Expended

12	Total Annual Operating Revenues Expended	
13	Annual Capital Costs	
Sources of Capital Funds Expended		
14	Local capital assistance	
15	State capital assistance	
Federal Capital Assistance		
16a	FTA Capital Program funds (§5309)	
16b	FTA Special Needs of Elderly Individuals and Individuals with Disabilities Formula Program funds (§5310)	
16c	FTA Other than Urbanized Area Formula Program funds (§5311)	
16d	FTA Job Access and Reverse Commute Formula Program funds (§5316)	
16e	FTA New Freedom Program funds (§5317)	
16f	FTA Alternative Transportation in Parks and Public Lands Program funds (§5320)	
16g	Other Federal funds	
17	Total Federal Capital Assistance	
18	Total Capital Funds Expended	\$0.00

vehicle type options are: cutaway (13 or 20 passenger) minivan, van, automobile. No 5311 providers have "bus"

Include all vehicles in fleet!  
 RV# must be listed  
 RV# individually if there are any differences  
 Facilities (cramp, make, year, etc.)

	a	b	c	d	e	f	g	h
	Number of Vehicles in Total Fleet	Vehicle Type	Vehicle Length (in feet)	Seating Capacity	Year of Manufacture	Funding for Purchase / Lease of Vehicles	Number of ADA Accessible Vehicles in Fleet	Ownership Code
18a	RV#	Select				Select		Select
18b	RV#	Select				Select		Select
18c	RV#	Select				Select		Select
20	Total	0					0	

all are owned by service provider

look at specs or measure bumper to bumper

Owned by Service Provider	Owned by Public Agency for Service Provider	Leased by Public Agency for Service Provider	Leased by Service Provider	Total
				0

Zero, unless provider is DSNWK, OCCK, SEK-CAP, or RCAT

- 21 Number of general purpose maintenance facilities
- Other Resources
- 22 Number of volunteer drivers
- 23 Number of personal vehicles in service
- 24 Total annual taxcab unlinked trips

	a	b	c	d	e	f	g
	Annual Vehicle Revenue Miles	Vehicle Revenue Hours	Regular Unlinked Passenger Trips	Unlinked Passenger Trips	Total Trips		
25a (Mode)							0
25b (Mode)							0
25c (Mode)							0
26 Tc	0		0	0			

leave blank

- Service Data
- 27 Reportable Incidents
- 28 Fatalities
- 29 Injuries

13. Only include vehicles ordered in Nov. 2007. 100% of vehicle cost.  
 14. 20% of total capital cost 15. leave blank 16. 80% of capital cost, to determine which category, look at the first page of vehicle contracts. 17 will auto calculate - should equal #16.  
 18. Should auto calculate and equal # 13.

VEHICLE REVENUE HOURS:

total amount of hours that all vehicles travel from the time they pull out to go into revenue service to the time they pull in from revenue service. ESTIMATE if you do not keep this information!