

**GRANTS FOR PROVIDING TRANSPORTATION SERVICE OR EQUIPMENT  
PURCHASE FOR PEOPLE WHO CANNOT DRIVE**

**Closeout Report**

**Name of Agency:** \_\_\_\_\_

**Contract Period:** \_\_\_\_\_

**Name of Person Completing Report:** \_\_\_\_\_

**Population Served:**

Elderly \_\_\_\_\_ Disabled \_\_\_\_\_

Other (Explain): \_\_\_\_\_

**Provide a Brief Description of the Service Provided or Equipment  
Purchased:**

**If Transportation Service was provided:**

# of people served: \_\_\_\_\_ # of one-way trips provided: \_\_\_\_\_

**Expenditure Information:**

Amount of Award: \_\_\_\_\_ Amount Spent: \_\_\_\_\_

Any unspent funds at the end of the contract period must be returned to VDA.