

Enter Date: **6/2/2016**Claimant Name: **Fresno EOC Urban****TRANSPORTATION FUNDING CLAIM FOR FISCAL YEAR: 2016/17**

Instructions: Please note that each page of this claim is a separate worksheet, please click through all tabs and

When completed, please print, sign and send signed original via mail to:**Les Beshears, Director of Finance, Council of Fresno County Governments****2035 Tulare Street, Suite 201, Fresno, CA 93721**

From: Applicant:	Fresno Economic Opportunities Commission
Address:	3110 W. Nielsen Ave.
City/State/Zip:	Fresno, CA. 93706
Contact Phone/email:	Gary Joseph, (559) 263-8004 gary.joseph@fresnoeoc.org

This applicant is an eligible claimant pursuant to Section 99203 of the Public Utilities Code and certifies that the following transportation funds are available to be claimed:

Local Transportation Fund

Apportionment:	\$ 1,008,348.00
Unexpended, Held by Claimant:	
Other Agency:	\$ -

Other

Audit Exception/Impairment (required General Fund Payback):	
Other:	

One Million, Eight Thousand, Three Hundred and Forty Eight Dollars	TOTAL
	\$ 1,008,348.00

spell out total amount in above cell

for the purposes and respective amounts specified in the attached claim be drawn from the Local Transportation Fund and State Transit Assistance Fund.

Please print and sign after completing form

Authorized Signature:

Name/Title:

Date:


Gary Joseph, Fresno EOC Transit Systems Director

**Fresno Council
of Governments**

2035 Tulare St., Ste. 201 tel 559-233-4148
Fresno, California 93721 fax 559-233-9645

www.fresnocog.org

Enter Date: 6/2/2016

Claimant Name: Fresno EOC Urban

TRANSPORTATION FUNDING CLAIM DETAIL FOR FISCAL YEAR: 2016/17

PURPOSE	AMOUNT	SUBTOTAL
1. Community Transit Service CTSA, Article 4.5:	\$ 1,008,348.00	\$ 1,008,348.00
Unexpended Funds, Held by Claimant:		
Other Agency:		\$ -
2. To Be Claimed By:		
Other Agency:		
Other Agency:		
Other Agency:		\$ -
3. Reserve in Fund Pending Further Claiming		\$ -
GRAND TOTAL		\$ 1,008,348.00
Claim Total Must Agree With Total on First Page		\$ -
Minus All Unexpended Funds Held By		\$ -
GRAND TOTAL PAYABLE TO CLAIMANT		\$ 1,008,348.00

Allocation instructions and payment by the Fresno County Auditor-Controller to the applicant is subject to such monies being available for distribution, and to the provisions that such monies will be used only in accordance with the rules and regulations of the Transportation Development Act.

Enter Date: 6/2/2016

Claimant Name: Fresno EOC URBAN

PUBLIC AND SPECIALIZED TRANSPORTATION SERVICE CLAIM FOR OPERATING AND CAPITAL EXPENSES FY: 2016/17

| CONSOLIDATED TRANSIT SERVICE AGENCY PROPOSED 2016/17 | PROJECT COSTS | TOTALS | |--|---------------|--------| |--|---------------|--------|

(Information needed per PUC 99266, which states no moneys may be allocated in excess of 15% above preceding year unless claim is accompanied by supporting documentation)

TOTAL PROJECT COSTS \$ 4,075,849.00
Prior Year \$ 3,944,412.00
Percentage Change 3%
 more than prior year

REVENUE	Operating	Capital	Total
LTF Article 4.5:	\$ 976,818.00	\$ 386,900.00	\$ 1,363,718.00
FAREBOX Total Operation Service Revenue:	\$ 2,680,601.00	\$ 31,530.00	\$ 2,712,131.00

EXPENDITURES:	Operating	Capital	Total
Unexpended Funds Held By Claimant:			
Audit Exception - General Payback Fund:			\$ -

| REQUIRED OPERATING/FAREBOX CALCULATIONS | OPERATING | CAPITAL | TOTAL | |---|-----------|---------|-------| |---|-----------|---------|-------|

Consolidated Transportation Service Agency:

	\$ 3,657,419.00	\$ 418,430.00	\$ 4,075,849.00
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1. Total Operating Expenses Minus Exclusions
2. Farebox Revenues
3. Other Local Support
4. Total Local Support (Adds Lines 2 + 3)
5. Farebox Revenue/Operating Expense Ratio (Line 2 Divided By Line 1)
7. Total Local Support/Operating Expense Ratio (Line 4 Divided By Line 1)
8. Required Minimum Ratio Criteria:

Fares	10%
Other Local Support	45%
Total	55%

	Operating Expenses:		
Amount Excluded	\$ -		\$ 3,657,419.00
			\$ 2,680,601.00
			\$ 976,818.00
			\$ 3,657,419.00
Meets Minimum Requirements			73%
			100%

SUMMARY TOTALS:

1. Total
- OF ALL**
- Operating Expenses
- PLUS**
- Exclusions

	Total Operating Expenses:		
Total Amount Excluded:	\$ -		\$ 3,657,419.00

Must Agree With TOTAL, Project Detail Operator Tab:			\$ 418,430.00

2. Total of All Capital Projects:			\$ 418,430.00

Must Agree With CAPITAL PROJECTS, Project Detail Operator Tab:			\$ -

3. GRAND TOTAL:			\$ 4,075,849.00

Enter Date: 6/2/2016

Claimant Name: Fresno EOC Rural/Urban

CONTINGENCY PROJECT LISTING FOR FISCAL YEAR: 2016/17

Should additional Local Transportation Fund monies be made available during the current fiscal year, they are hereby also claimed for the following purposes:

(check yellow box to accept)

CTSA

☒ Article 4.5

SUPPLEMENTAL INFORMATION REQUIRED OF TRANSIT CLAIMANTS (CCR 6632)

ATTACHED TO THIS CLAIM ARE SUBMITTED THE FOLLOWING DOCUMENTS:

(initial yellow box all that apply)

- ☒ Budget/OPB or proposed Budget/OPB for the 2015/16 fiscal
- ☒ Statement for prior year revenues and expenditures (projections acceptable).
- ☒ California Highway Patrol Certification pursuant to PUC 99251 (no claim may be approved unless accompanied by this certification). Date on this certification must be within 13 months of the proposed claim approval date.

STANDARD ASSURANCES FOR TRANSIT CLAIMANTS

CLAIMANT ASSURANCES: (initial yellow box all that apply)

- ☒ A. Claimant certifies that it has submitted a satisfactory, independent fiscal audit, with required certification statement, to the RTPA and to the State Controller, pursuant to PUC 99245 and 21 Cal. Code of Regulations Section 6664 for the prior fiscal year (project year minus two). Claimant assures that this audit requirement will be completed for the current fiscal year (project year minus one).
- ☒ B. Claimant certifies that it has submitted a State Controller Report, in conformance with the uniform system of accounts and records, to the RTPA, and to the State Controller, pursuant to PUC 99243, for the prior year (project year minus two). Beginning with the 1979-80 fiscal year, claimant assures that this report will be audited by an independent CPA. Claimant assures that this report will be completed for the current fiscal year (project year minus one)
- ☒ C. Claimant certifies in accordance with PUC Section 99314.5(b) that it is not precluded by any contract entered into on or after June 28, 1979, from employing part-time drivers or contracting with common carriers of persons operating under a franchise or license. Claimant further certifies that no person who was a full-time employee on June 28, 1979, shall have his or her employment terminated or his or her regular hours of employment, excluding overtime, reduced by the operator as a result of it employing part-time drivers or contracting with such common carriers.
- D. Claimant filing claim pursuant to PUC Section 99260 certifies that:
(check one by entering "X" in yellow cell):
- ☐ 1. the current cost of its retirement system is fully funded with respect to the officers and employees of its public transportation system (PUC Section 99271a); or
- ☐ 2. the operator is implementing a plan approved by the transportation planning agency which will fully fund the retirement system for such officers and employees within 40 years (PUC Section 99271a); or
- ☒ 3. the operator has a private pension plan which sets aside and invests on a current basis funds sufficient to provide for the payment of future pension benefits and which is fully compliant with the requirements stated in PUC Sections 99272 and 99273.
- ☒ E. Claimant certifies that it is in compliance with PUC Section 99264 that it does not routinely staff, with two or more persons, a vehicle for public transportation purposes designed to be operated by one person.
- ☒ F. Claimant certifies that it is making full use of federal funds available under the Urban Mass Transportation Act of 1964, as amended in accordance with Section 6754(a)(3).
- ☒ G. Claimant certifies that this is in compliance with PUC Section 99155 that if it offers reduced fares to seniors, the same reduced rate is offered to disabled persons, handicapped persons, and disabled veterans and it honors the federal Medicare card for identification to receive reduced fares.
- ☒ H. Claimant certifies that it is in compliance with PUC Section 99155.5 regarding dial-a-ride and paratransit services being accessible to handicapped persons and that the service is provided to persons without regard to vehicle ownership and place of residence.

The undersigned hereby certifies that the above statements are true and correct.
Please print and sign after completing form

Authorized Signature:



Name/Title: Gary Joseph, Fresno EOC Transit

Date:

CARRIER INSPECTION
HP 343D (Rev. 2-99) OPI 062

☐ This report contains CONFIDENTIAL pages.

Pages ____ of ____

CARRIER NAME	CA NUMBER	LOC CODE	SUBAREA
FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION	43260	435	08
REET ADDRESS, CITY, STATE, ZIP CODE	PHONE NUMBER	DATE	
120 W. NIELSEN AVE., FRESNO, CA 93706	559-486-6587	10/29/15	
CARRIER REPRESENTATIVE	TITLE	TIME IN	TIME OUT
BOB WEYANT	SAFETY DIRECTOR		
INSPECTION LOCATION (IF OTHER THAN THE CARRIER'S PRINCIPAL PLACE OF BUSINESS)	U S DOT NUMBER	MC NUMBER	
	2736952		

On this date, the above named motor carrier was inspected by the California Highway Patrol. The inspection evaluated the carrier's compliance with the following requirements:

☒ CONTROLLED SUBSTANCE AND ALCOHOL TESTING PROGRAM [VC 34520 & 49 CFR 382]

☐ OTHER: _____

REMARKS

The carrier is in compliance with the controlled substance and alcohol testing requirements:

Consortium: Preferred Alliance, Inc.
16960 S. Harlan road
Lathrop, Ca., 95330

Telephone 877-272-5227


The carrier is rated satisfactory at this time.

As a result of the inspection noted above, this carrier was assigned a compliance rating of SATISFACTORY. This rating applies only to carrier requirements - Terminals are rated separately.

INSPECTION HISTORY 1 <u>S</u> 2 <u>S</u> 3 <u>S</u> 4 <u>S</u>	NUMBER OF RECORDS INSPECTED 121	NUMBER OF VIOLATIONS	CHP 345 ISSUED <input type="checkbox"/>	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None	CHP 1000 COLUMN NO
INSPECTED BY (NAME) BOB SINGH			ID NUMBER A12525	CARRIER TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus	

MOTOR CARRIER CERTIFICATION

I hereby certify that all violations recorded hereon and on the attached pages 2 through ____ will be corrected in accordance with applicable provisions of the California Vehicle Code and the California Code of Regulations. I understand that I may request a review of an unsatisfactory rating by contacting the Central Division Motor Carrier Safety Unit Supervisor at (559)445-6992 within 5 calendar days of the rating.

CARRIER REPRESENTATIVE'S PRINTED NAME BOB WEYANT	TITLE SAFETY DIRECTOR	DRIVER LICENSE NUMBER AND STATE
CARRIER REPRESENTATIVE'S SIGNATURE 	CURRENT CARRIER RATING SATISFACTORY	DATE 10-29-15

SAFETY COMPLIANCE REPORT/
TERMINAL RECORD UPDATE

CHP 343 (Rev 6-10) OPI 062

NEW TERMINAL INFORMATION

☐ Yes ☒ No

TERMINAL TYPE

☐ Truck ☒ Bus

CA NUMBER

43260

FILE CODE NUMBER

46701

COUNTY CODE

10

BED

CODE

B

OTHER PROGRAM(S)

S

LOCATION CODE

435

SUBAREA

08

TERMINAL NAME

FRESNO COUNTY ECONOMIC OPPORTUNITY COMMISSION

TELEPHONE NUMBER (W/ AREA CODE)

559-486-6587

TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)

3120 W. NIELSEN AVE., FRESNO, CA 93706

MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) (IF DIFFERENT FROM ABOVE)

INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY)

LICENSE, FLEET AND TERMINAL INFORMATION

IM LIC NO	HWT REG NO	IMS LIC NO	TRUCKS AND TYPES	TRAILERS AND TYPES	BUSES BY TYPE	DRIVERS	BIT FLEET SIZE
					I- 53 II-	95	
EXP DATE	EXP DATE	EXP DATE	REG CT	HW VEH	HW CONT	PPB / CSAT	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CONSOLIDATED TERMINALS			FILE CODE NUMBER OF CONSOLIDATED TERMINALS AND DIVISION LOCATIONS BY NUMBER (Use Remarks for Additional FCNS)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

EMERGENCY CONTACTS (In Calling Order of Preference)

EMERGENCY CONTACT (NAME)

ROB WEYANT

DAY TELEPHONE NO (W/ AREA CODE)

559-486-6587

NIGHT TELEPHONE NO (W/ AREA CODE)

559-486-6587

EMERGENCY CONTACT (NAME)

RICHARD MARKUS

DAY TELEPHONE NO (W/ AREA CODE)

559-263-8006

NIGHT TELEPHONE NO (W/ AREA CODE)

ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL LAST YEAR [2014]

A <input type="checkbox"/> UNDER 15,000	B <input type="checkbox"/> 15,001 — 50,000	C <input type="checkbox"/> 50,001 — 100,000	D <input checked="" type="checkbox"/> 100,001 — 500,000	E <input type="checkbox"/> 500,001 — 1,000,000	F <input type="checkbox"/> 1,000,001 — 2,000,000	G <input type="checkbox"/> 2,000,001 — 5,000,000	H <input type="checkbox"/> 5,000,001 — 10,000,000	I <input type="checkbox"/> MORE THAN 10,000,000
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OPERATING AUTHORITIES OR PERMITS

PUC	<input type="checkbox"/> T	<input type="checkbox"/> TCP	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE	IMS FITNESS EVALUATION
		<input type="checkbox"/> PSC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USDOT	US DOT NUMBER	<input type="checkbox"/> MC	<input type="checkbox"/> MC	REASON FOR INSPECTION
	2736952	<input type="checkbox"/> MX	<input type="checkbox"/> MX	

ANNUAL B- BUS TERMINAL INSPECTION

INSPECTION FINDINGS		INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable																			
REQUIREMENTS	VIOL	MAINTENANCE PROGRAM				DRIVER RECORDS				REG. EQUIPMENT				HAZARDOUS MATERIALS				TERMINAL			
MAINTENANCE PROGRAM		1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 N/A 2 N/A 3 N/A 4 N/A	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S	1 S 2 S 3 S 4 S						
DRIVER RECORDS		No. 14 Time	No. 45 Time	No. 14 Time	No. 14 Time	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME						
DRIVER HOURS		HAZARDOUS MATERIALS				CONTAINERS/TANKS				VEHICLES PLACED OUT-OF-SERVICE				TOTAL TIME							
		<input type="checkbox"/> No H/M Transported <input type="checkbox"/> No H/M violations noted				No. Time				Vehicles Units											
BRAKES		REMARKS																			
LAMPS & SIGNALS	1	The terminal is rated satisfactory at this time.																			
CONNECTING DEVICES																					
STEERING & SUSPENSION																					
TIRES & WHEELS																					
EQUIPMENT REQUIREMENTS																					
CONTAINERS & TANKS																					
HAZARDOUS MATERIALS																					
B/T	NON - B/T	FEE DUE	CHP 345	CHP 1000 COL	INSPECTION DATE(S)	TIME IN	TIME OUT														
<input type="checkbox"/> I <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>		10-21,22,28 & 29-15																
INSPECTED BY (NAME(S))					ID NUMBER(S)	SUSPENSE DATE															
K. SINGH					11 A12525	<input checked="" type="checkbox"/> Auto <input type="checkbox"/> None															

MOTOR CARRIER CERTIFICATION

I hereby certify that all violations described hereon and recorded on the attached pages (2 through 14), will be corrected in accordance with applicable provisions of the California Vehicle Code and the California Code of Regulations. I understand that I may request a review of an unsatisfactory rating by contacting the Motor Carrier Safety Unit Supervisor at (559)445-6992 within 5 calendar days of the rating.

CURRENT TERMINAL RATING	CARRIER REPRESENTATIVE'S SIGNATURE	DATE
SATISFACTORY		10-29-15
CARRIER REPRESENTATIVE'S PRINTED NAME	TITLE	DRIVER LICENSE NUMBER STATE
ROB WEYANT	SAFETY DIRECTOR	