

Enter Date: **6/2/2016**Claimant Name: **Fresno EOC RURAL****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 complete. Also note that light yellow fields require an entry if applicable, light grey fields contain formulas that will automatically calculate based on corresponding entries, or non-applicable fields. A date and claimant name field is at the top of the first page, and automatically repeats on following pages, (date should be formatted 00/00/0000)

**When completed, please print, sign and send signed original via mail to:**

**Les Beshears, Director of Finance, Fresno Council of Governments  
2035 Tulare Street, Suite 201, Fresno, CA 93721**

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

*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**

<b>Apportionment:</b>	<b>\$ 506,607.00</b>
<b>Unexpended, Held by Claimant:</b>	
<b>Other Agency:</b>	<b>\$ -</b>

**Other**


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

<b>Five Hundred Six Thousand, Six Hundred and Seven Dollars</b>	<b>TOTAL</b>
	<b>\$ 506,607.00</b>

*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**

<b>Authorized Signature:</b>	
<b>Name/Title:</b>	<b>Gary Joseph, Fresno EOC Transit Systems Director</b>
<b>Date:</b>	



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

[www.fresnocog.org](http://www.fresnocog.org)

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**MAY 10 2016**

**BY: \_\_\_\_\_  
FRESNO COG**

Enter Date: 6/2/2016

Claimant Name: Fresno EOC RURAL

**TRANSPORTATION FUNDING CLAIM DETAIL FOR FISCAL YEAR: 2016/17**

PURPOSE	AMOUNT	SUBTOTAL
1. Community Transit Service CTSA, Article 4.5:	\$ 506,607.00	\$ 506,607.00
Audit Exceptions (General Fund Payback):		
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	\$ 506,607.00	\$ 506,607.00
Claim Total Must Agree With Total on First Page	\$ 506,607.00	\$ 506,607.00
Minus All Unexpended Funds Held By	\$ -	\$ -
GRAND TOTAL PAYABLE TO CLAIMANT	\$ 506,607.00	\$ 506,607.00

*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 RURAL

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

## | CONSOLIDATED TRANSIT SERVICE AGENCY PROPOSED 2016/2017 | 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)*

<b>TOTAL PROJECT COSTS</b>		\$ -
<b>Prior Year</b>	\$ 1,949,858.00	
<b>Percentage Change</b>	-100%	
<i>less than prior year</i>		

REVENUE	Operating	Capital	Total
LTF Article 4.5:	\$ 506,607.00		\$ 506,607.00
<b>FAREBOX Total Operation Service Revenue:</b>	\$ 1,574,472.00		\$ 1,574,472.00

<b>EXPENDITURES:</b>	\$ 2,081,079.00		\$ 2,081,079.00
Unexpended Funds Held By Claimant:			
Audit Exception - General Payback Fund:			\$ -

REQUIRED OPERATING/FAREBOX CALCULATIONS	OPERATING	CAPITAL	TOTAL
<b>GRAND TOTALS:</b>	\$ 2,081,079.00	\$ -	\$ 2,081,079.00

Consolidated Transportation Service Agency:

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%
<b>Total</b>	<b>55%</b>

<b>Operating Expenses:</b>	\$ 2,081,079.00
Amount Excluded	\$ -
	\$ 1,574,472.00
	\$ 506,607.00
	\$ 2,081,079.00
<b>Meets Minimum Requirements</b>	76%
	100%

**SUMMARY TOTALS:**

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

<b>Total Operating Expenses:</b>	\$ 2,081,079.00
<b>Total Amount Excluded:</b>	\$ -
	\$ 2,081,079.00

<b>Must Agree With TOTAL, Project Detail Operator Tab:</b>	\$ -
<b>2. Total of All Capital Projects:</b>	\$ -

<b>Must Agree With CAPITAL PROJECTS, Project Detail Operator Tab:</b>	\$ -
<b>3. GRAND TOTAL:</b>	\$ 2,081,079.00

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

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 <b>121</b>	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) <b>J. SINGH</b>			ID NUMBER <b>A12525</b>	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 <b>BOB WEYANT</b>	TITLE <b>SAFETY DIRECTOR</b>	DRIVER LICENSE NUMBER AND STATE
CARRIER REPRESENTATIVE'S SIGNATURE 	CURRENT CARRIER RATING <b>SATISFACTORY</b>	DATE <b>10-29-15</b>

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

## BEO

## 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)	DAY TELEPHONE NO (W/ AREA CODE)	NIGHT TELEPHONE NO (W/ AREA CODE)
ROB WEYANT	559-486-6587	559-486-6587
EMERGENCY CONTACT (NAME)	DAY TELEPHONE NO (W/ AREA CODE)	NIGHT TELEPHONE NO (W/ AREA CODE)
RICHARD MARKUS	559-263-8006	

## 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 N/A 2 N/A 3 N/A 4 N/A		1 S 2 S 3 S 4 S	
DRIVER RECORDS		No 14 Time		No 45 Time		No 14 Time		TIME		TOTAL TIME	
DRIVER HOURS		HAZARDOUS MATERIALS		CONTAINERS/TANKS		VEHICLES PLACED OUT-OF-SERVICE					
		<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											
BIT	NON - BIT	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

SATISFACTORY

## CARRIER REPRESENTATIVE'S SIGNATURE

## DATE

## CARRIER REPRESENTATIVE'S PRINTED NAME

ROB WEYANT

## TITLE

SAFETY DIRECTOR

## DRIVER LICENSE NUMBER STATE