

Enter Date: **6/4/2016**Claimant Name: **Fresno County Rural Transit Agency****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 Rural Transit Agency</b>
<b>Address:</b>	<b>2035 Tulare Street, Suite 201</b>
<b>City/State/Zip:</b>	<b>Fresno, CA 93721</b>
<b>Contact Phone/email:</b>	<b>(559) 233-6789 mstites@fresnocog.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>\$</b>	<b>385,328.00</b>
<b>Unexpended, Held by Claimant:</b>	<b>\$</b>	<b>3,521,451.00</b>
<b>FCEOC CTSA 4.5:</b>	<b>\$</b>	<b>78,143.00</b>

**State Transit Assistance Fund**

<b>Final Estimate:</b>	<b>\$</b>	<b>72,086.00</b>
<b>Unexpended, Held by Claimant:</b>		
<b>Small Cities and County STA for Transit Service:</b>	<b>\$</b>	<b>919,855.00</b>

**Other**

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

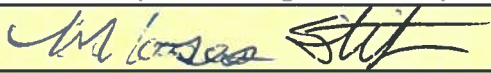
<b>Four Million, Nine Hundred Seventy Six Thousand, Eight Hundred Sixty Three dollars</b>	<b>TOTAL</b>
	<b>\$ 4,976,863.00</b>

*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*

**Authorized Signature:****Name/Title:****Date:**


<b>Moses Stites, General Manager</b>
<b>6/30/16</b>



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

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

Enter Date: **6/4/2016**Claimant Name: **Fresno County Rural Transit Agency****TRANSPORTATION FUNDING CLAIM DETAIL FOR FISCAL YEAR: 2016/17**

PURPOSE	AMOUNT	SUBTOTAL
1. Public Transportation	Article 4: \$ 385,328.00	
	Article 8c:	
Other Agency:		
Other Agency:		
State Transit Assistance Funds (STA):	\$ 991,941.00	
Audit Exceptions (General Fund Payback):		
Unexpended Funds, Held by Claimant:	\$ 3,521,451.00	
Other (specify):		
		\$ 4,898,720.00
2. Community Transit Service CTSA, Article 4.5:	\$ 78,143.00	\$ 78,143.00
3. To Be Claimed By:		
Other Agency:		
Other Agency:		
Other Agency:		
		\$ -
4. Reserve in Fund Pending Further Claiming		\$ -
	GRAND TOTAL	\$ 4,976,863.00
	Claim Total Must Agree With Total on First Page	\$ 4,976,863.00
	Minus All Unexpended Funds Held By	\$ 3,521,451.00
	GRAND TOTAL PAYABLE TO CLAIMANT	\$ 1,455,412.00

*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: **6/4/2016**Claimant Name: **Fresno County Rural Transit Agency**

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

GENERAL TRANSPORTATION SERVICE PROPOSED		EXPENDITURES	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>\$ 18,578,419.00</b>
		<b>Prior Year</b>	<b>\$ 21,064,804.00</b>
		<b>Percentage Change</b>	<b>-11.80%</b>
		<i>less than prior year</i>	
Revenue Source & Amount	Operating	Capital	Total
LTF Article 4:	\$ 385,328.00		\$ 385,328.00
LTF Article 4.5 or 8c:	\$ 78,143.00		\$ 78,143.00
STA:	\$ 991,941.00	\$ -	\$ 991,941.00
Fares:	\$ 699,010.00	N/A	\$ 699,010.00
Local Support Measure C:	\$ 995,755.00	\$ 7,671,091.00	\$ 8,666,846.00
Fed/State Grants:	\$ 1,766,175.00	\$ 2,367,225.00	\$ 4,133,400.00
Carryover + Surplus:	\$ 3,521,451.00	\$ -	\$ 3,521,451.00
Interest:	\$ 102,300.00		\$ 102,300.00
Carryover+Surplus+Interest Funds Held By Claimant:	\$ -		\$ -
Audit Exception - General Payback Fund:			\$ -
<b>SUB-TOTALS</b>	<b>\$ 8,540,103.00</b>	<b>\$ 10,038,316.00</b>	<b>\$ 18,578,419.00</b>

REQUIRED OPERATING/FAREBOX CALCULATIONS	OPERATING	CAPITAL	TOTAL
<b>GRAND TOTALS:</b>	<b>\$ 8,540,103.00</b>	<b>\$ 10,038,316.00</b>	<b>\$ 18,578,419.00</b>

General Transportation Service: **NET OPERATING** **\$ 8,540,103.00**

		<b>Operating Expenses:</b>	
1. Total NET Operating Expenses Minus Exclusions	Amount Excluded	\$ 2,665,283.00	\$ 5,874,820.00
2. Farebox Revenues			\$ 495,545.00
3. Other Local Support			\$ 203,465.00
4. Total Local Support (Adds Lines 2 + 3)			\$ 699,010.00
5. Farebox Revenue/Operating Expense Ratio (Line 2 Divided By Line 1)			5.80%
6. Required Minimum Ratio Verification: Enter 1 for Urban, 2 for Rural	<b>2</b>		
7. Total Local Support/Operating Expense Ratio			11.90%
8. Required Minimum Ratio Criteria:		<b>Meets Minimum Requirements</b>	
URBAN 20%			10%
RURAL 10%			

<b>SUMMARY TOTALS:</b>		<b>\$ 8,540,103.00</b>
	<b>Total Operating Expenses:</b>	<b>\$ 5,874,820.00</b>
1. Total <b>OF ALL</b> Operating Expenses <b>PLUS</b> Exclusions	<b>Total Amount Excluded:</b>	<b>\$ 2,665,283.00</b>
		<b>\$ 8,540,103.00</b>

<b>Must Agree With TOTAL:</b>	<b>\$ 10,038,316.00</b>
2. Total of All Capital Projects:	<b>\$ 10,038,316.00</b>

<b>Must Agree With CAPITAL PROJECTS:</b>	<b>\$ 10,038,316.00</b>
3. GRAND TOTAL:	<b>\$ 18,578,419.00</b>

Enter Date: **6/4/2016**

Claimant Name: **Fresno County Rural Transit Agency**

## 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)*

☒ Article 4

☒ 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 or proposed budget for the 2015/16 fiscal year. ☒ 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
- ☐ NA 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
- ☐ NA 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: **Moses Stites, General Manager**

Date: **6/30/16**

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## TRANSIT OPERATOR COMPLIANCE CERTIFICATE

CHP 339 (Rev. 9-09) OPI 062

TRANSIT OPERATOR NAME

FRESNO COUNTY RURAL TRANSIT AUTHORITY.

ADDRESS	TELEPHONE NUMBER
2100 TULARE ST. STE 619	559-233-6789

CITY	ZIP CODE	COUNTY
FRESNO, CA	93722	FRESNO

This is to certify that the above named transit operator was inspected on this date and found to be in compliance with California Vehicle Code Section 1808.1, regarding participation in the Department of Motor Vehicles Pull Notice Program, and with Section 12804.6, regarding transit bus operator certificates.

ISSUED BY	I.D. NUMBER	DATE
K. SINGH	A12525	05/02/2016

Destroy Previous Editions

Chp339\_0809.pdf

**SAFETY COMPLIANCE REPORT/  
TERMINAL RECORD UPDATE**

CHP 343 (Rev 6-10) OPI 062

NEW TERMINAL INFORMATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CA NUMBER 47703	FILE CODE NUMBER 147660	COUNTY CODE 10	BED
TERMINAL TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus		CODE G	OTHER PROGRAM(S) B	LOCATION CODE 435	SUBAREA 08

TERMINAL NAME FRESNO COUNTY RURAL TRANSIT AUTHORITY	TELEPHONE NUMBER (W/ AREA CODE) 559-486-6789
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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**

HM LIC NO.	HWT. REG NO.	IMS LIC. NO.	TRUCKS AND TYPES	TRAILERS AND TYPES	BUSES BY TYPE I- 74 II-	DRIVERS 38	BIT FLEET SIZE
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		FILE CODE NUMBER OF CONSOLIDATED TERMINALS AND DIVISION LOCATIONS BY NUMBER (Use Remarks for Additional FCNS)					

**EMERGENCY CONTACTS (In Calling Order of Preference)**

EMERGENCY CONTACT (NAME) GEORGE SIPIN	DAY TELEPHONE NO (W/ AREA CODE) 559-486-6789	NIGHT TELEPHONE NO. (W/ AREA CODE) 559-230-9618
EMERGENCY CONTACT (NAME)	DAY TELEPHONE NO (W/ AREA CODE)	NIGHT TELEPHONE NO. (W/ AREA CODE)

**ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL LAST YEAR [ 2015 ]**

A <input type="checkbox"/> UNDER 15,000	B <input type="checkbox"/> 15,001 — 50,000	C <input checked="" type="checkbox"/> 50,001 — 100,000	D <input 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 <input type="checkbox"/> PSC	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	IMS FITNESS EVALUATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USDOT 2808618	<input type="checkbox"/> MC <input type="checkbox"/> MX	<input type="checkbox"/> MC <input type="checkbox"/> MX	REASON FOR INSPECTION <b>BUS TERMINAL INSPECTION</b>

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	2	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. 19 Time		No. 14 Time		TIME		TOTAL TIME	
DRIVER HOURS		HAZARDOUS MATERIALS <input checked="" type="checkbox"/> No H/M Transported		<input checked="" type="checkbox"/> No H/M violations noted		CONTAINERS/TANKS No. Time		VEHICLES PLACED OUT-OF-SERVICE Vehicles		Units	
BRAKES		REMARKS  <b>The terminal is rated satisfactory at this time</b>									
LAMPS & SIGNALS											
CONNECTING DEVICES											
STEERING & SUSPENSION											
TIRES & WHEELS											
EQUIPMENT REQUIREMENTS											
CONTAINERS & TANKS											
HAZARDOUS MATERIALS											

BIT <input type="checkbox"/> I <input type="checkbox"/> R	NON - BIT <input type="checkbox"/>	FEE DUE <input type="checkbox"/> Yes <input type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL.	INSPECTION DATE(S) 5/2/2016	TIME IN	TIME OUT
INSPECTED BY (NAME(S)) K. SINGH					ID NUMBER(S) A12525	SUSPENSE DATE <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 20), 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 <b>SATISFACTORY</b>	CARRIER REPRESENTATIVE'S SIGNATURE 	DATE 5-2-16
CARRIER REPRESENTATIVE'S PRINTED NAME GEORGE SIPIN	TITLE SHOP MANAGER	DRIVER LICENSE NUMBER STATE