## 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. 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, Council of Fresno County Governments, 2035 Tulare Street, Suite 201, Fresno, CA 93721

| From: Applicant: | City of Clovis |
| ---: | ---: |
| Address: | 1033 Fifth Street |
| City/State/Zip: | Clovis. CA 93612 |
| Contact Phone/email: |  |

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: Unexpended, Held by Claimant: County Contract for Tarpey Roundup: | \$ | 3,825,620 |
| :---: | :---: | :---: | :---: |
|  |  | \$ | - |
|  |  | \$ | 37,566 |
| State Transit Assistance Fund |  |  |  |
|  | Estimate: | \$ | 474,492 |
|  | Other Agency: |  |  |

Other

> Audit Exception/Impairment (required General Fund Payback): Other: $\square$

## Four Million Three Hundred and Thirty Seven Thousand Six Hundred and Seventy Eight

TOTAL Dollars
\$4,337,678
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.


Fresno Council of Governments

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

PURPOSE AMOUNT SUBTOTAL

1. Bicycle \& Pedestrian Facilities:
2. Regional Transportation Planning:

| $\$$ | 106,965 | $\$$ |
| :--- | :--- | :--- |

3. Public Transportation

| Article 4: <br> Article 8c: | \$3,227,406 |  |  |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
| Tarpey Roundup County Contract: | \$ | 37,566 |  |
| Other Agency: |  |  |  |
| State Transit Assistance Funds (STA): <br> Audit Exceptions (General Fund Payback): <br> Unexpended Funds, Held by Claimant: | \$ | 474,492 |  |
|  |  |  |  |
|  | \$ | - |  |
|  |  |  | \$3,739,464 |

4. Community Transit Service CTSA, Article 4.5:

| $\$$ | 195,145 | $\$$ | 195,145 |
| :--- | :--- | :--- | ---: |
| $\$$ | 183,514 | $\$$ | 11,631 |

5. To Be Claimed By:

| FAX Contract: \$ 231,140 | \$ |  |
| :---: | :---: | :---: |
|  |  | 231,140 |
| GRAND TOTAL | \$ | 4,337,678 |
| Claim Total Must Agree With Total on First Page | \$ | 4,337,678 |
| Minus All Unexpended Funds not used for Transit Claims | \$ |  |
| GRAND TOTAL PAYABLE TO CLAIMANT | \$ | 4,337,678 |

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.

## BICYCLE AND PEDESTRIAN FACILITIES FOR FISCAL YEAR: 2016/17

Two percent (2\%) of the claimant's Local Transportation Fund apportionment must be spent on bicycle and pedestrian facilities (PUC 99233.3 and 99234); such claims are to be filed as Article 3. Claims for projects in excess of $2 \%$ may be filed as Article 8a (PUC 99400(a)). If other funding is to be used with Local Transportation Funds to implement projects, such funding should be shown on the claim form.

Various Bicycle \& Pedestrian Facilities throughout the claimant's jurisdiction:

| AND/OR: |  |  |
| :--- | :--- | :--- |
| Other - describe briefly if applicable: $\$$ - <br> Other - describe briefly if applicable: $\$$ - <br> Other - describe briefly if applicable: $\$$ - | TOTAL PROJECT COSTS | $\$$ |
|  |  | $76,595.00$ |

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

| GENERAL TRANSPORTATION SERVICE PROPOSED 2016/2017 | PROJECT COSTS |  |  |  | TOTALS |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (Information needed per PUC 99266, which states no moneys may be allocated in excess of $15 \%$ above <br> TOTAL | Pr | OJECT COSTS | \$ | 2,905,760.00 |  |  |
| preceding year unless claim is accompanied by Prior Year | \$ | 2,566,400.00 |  |  |  |  |
| supporting documentation) Percentage Change |  | 13\% |  |  |  |  |
|  |  | than prior year |  |  |  |  |
| Revenue Source \& Amount |  | Operating |  | Capital |  | Total |
| LTF Article 4: | \$ | 993,160.00 |  |  | \$ | 993,160.00 |
| LTF Article 4.5 or 8c: |  |  |  |  | \$ | - |
| STA: |  |  | \$ | 361,600.00 | \$ | 361,600.00 |
| Fares: | \$ | 136,000.00 |  | N/A | \$ | 136,000.00 |
| Local Support: | \$ | 293,832.00 |  | N/A | \$ | 293,832.00 |
| Fed/State Grants: |  |  |  |  | \$ | - |
| Measure C: | \$ | 726,168.00 |  |  | \$ | 726,168.00 |
| Interest: |  |  |  |  | \$ | - |
| Unexpended Funds Held By Claimant: |  |  | \$ | 395,000.00 | \$ | 395,000.00 |
| Audit Exception - General Payback Fund: |  |  |  |  | \$ | - |
| SUB-TOTALS | \$ | 2,149,160.00 | \$ | 756,600.00 | \$ | 2,905,760.00 |



(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)


| Revenue Source \& Amount | Operating |  | Capital |  | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| LTF Article 4.5: | \$ | 195,145.00 |  |  | \$ | 195,145.00 |
| LTF Article 8c: |  |  |  |  | \$ | - |
| STA: |  |  |  |  | \$ | - |
| Fares: | \$ | 10,000.00 |  | N/A | \$ | 10,000.00 |
| Local Support: | \$ | 205,540.00 |  | N/A | \$ | 205,540.00 |
| Fed/State Grants: |  |  |  |  | \$ | - |
| Other - describe briefly if applicable: |  |  |  |  | \$ | - |
| Other - describe briefly if applicable: |  |  |  |  | \$ | - |
| Unexpended Funds Held By Claimant: |  |  |  |  | \$ | - |
| Audit Exception - General Payback Fund: |  |  |  |  | \$ | - |
| SUB-TOTALS | \$ | 410,685.00 | \$ | - | \$ | 410,685.00 |
| GRAND TOTALS: |  | RATING |  | CAPITAL |  | TOTAL |
|  | \$ | 131,117.00 | \$ | 1,095,600.00 | \$ | 6,226,717.00 |

## PUBLIC AND SPECIALIZED TRANSPORTATION SERVICE FAREBOX CALCULATION FOR FISCAL YEAR: 2016/17

## REQUIRED OPERATING/FAREBOX CALCULATIONS

## General Transportation Service:

## 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)
6. Required Minimum Ratio Verification: Enter 1 for Urban, 2 for Rural
7. Total Local Support/Operating Expense Ratio (Line 4 Divided By Line 1)
8. Required Minimum Ratio Criteria:

URBAN 20\%
RURAL 10\%

## Elderly/Handicapped Service:

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)
6. Required Minimum Ratio Verification:
7. Total Local Support/Operating Expense Ratio (Line 4 Divided By Line 1)
8. Required Minimum Ratio Criteria:

| Amount Excluded Operating Expenses: | \$ 2,571,272.00 |
| :---: | :---: |
|  | \$ 2,571,272.00 |
|  | \$ 85,000.00 |
|  | \$ 191,565.00 |
|  | \$ 276,565.00 |
|  | 3\% |
|  | 7\% |
| Meets Minimum Requirements | 11\% |
|  | 10\% |

## 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)
6. Required Minimum Ratio Verification:
7. Total Local Support/Operating Expense Ratio (Line 4 Divided By Line 1)
8. Required Minimum Ratio Criteria:

$$
\text { Fares } \quad 10 \%
$$

Jther Local Support 45\%

## SUMMARY TOTALS:

1. Total OF ALL Operating Expenses PLUS Exclusions


# CONTINGENCY PROJECT LISTING FOR FISCAL YEAR: 2016/17 

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

CHECK ALL THAT APPLY (Enter " $X$ " in yellow box)
BICYCLE AND PEDESTRIAN FACILITIES PUBLIC TRANSPORTATION
X Article 3

## X Article 4

## SUPPLEMENTAL INFORMATION REQUIRED OF TRANSIT CLAIMANTS (CCR 6632) <br> ATTACHED TO THIS CLAIM ARE SUBMITTED THE FOLLOWING DOCUMENTS: <br> (initial yellow box all that apply)

X Budget or proposed budget for the 2015/16 fiscal year.

Statement for prior year revenues and expenditures (projections acceptable).

X 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).
(19) 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):
X 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 centifies 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


Name/Title: Robert Woolley, City Manager
Date: 10/3/2015

