

Enter Date: 7/9/2019

Claimant Name: City of Kingsburg

TRANSPORTATION FUNDING CLAIM FOR FISCAL YEAR: 2019/20

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

| | |
|-----------------------------|---|
| From: Applicant: | City of Kingsburg |
| Address: | 1401 Draper Street |
| City/State/Zip: | Kingsburg, CA 93631 |
| Contact Phone/email: | 559-897-5821 acolado@cityofkingsburg-ca.gov |

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:

| | | |
|--|--------------------------------------|----------------------|
| | Apportionment: | \$ 466,909.00 |
| | Unexpended, Held by Claimant: | |
| | Other Agency: | |
| State Transit Assistance Fund | | |
| | Estimate: | \$ 118,938.00 |
| | Unexpended, Held in Trust: | |
| Other | | |
| | Other: | |
| Five hundred eighty-five thousand eight hundred forty-seven | | TOTAL |
| | | \$ 585,847.00 |

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: | <i>Alma Colado</i> |
| Name/Title: | Alma Colado/Finance Director |
| Date: | 7/9/2019 |



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Claimant Name: **City of Kingsburg**

TRANSPORTATION FUNDING CLAIM DETAIL FOR FISCAL YEAR: 2019/20

| PURPOSE | AMOUNT | SUBTOTAL |
|--|---------------|----------------------|
| 1. Bicycle & Pedestrian Facilities: | | |
| Article 3: | \$ 9,333.00 | |
| Article 8a: | | |
| Audit Exceptions (General Fund Payback); | | |
| Unexpended Funds, Held by Claimant: | | |
| | | \$ 9,333.00 |
| 2. Regional Transportation Planning: | | |
| | \$ 13,034.00 | \$ 13,034.00 |
| 3. Public Transportation | | |
| State Transit Assistance Funds (STA): | \$ - | |
| Other: | | |
| | | \$ - |
| 4. Community Transit Service CTSA, Article 4.5: | | |
| | \$ 23,116.00 | \$ 23,116.00 |
| 5. Streets & Roads: | | |
| Article 8a: | \$ 517,306.00 | |
| Unexpended Funds, Held by Claimant: | | |
| | | \$ 517,306.00 |
| 6. To Be Claimed By: | | |
| Fresno County Rural Transit Agency LTF: | \$ - | |
| Fresno County Rural Transit Agency STA: | \$ 23,058.00 | |
| Other: | \$ - | |
| | | \$ 23,058.00 |
| 7. Reserve in Fund Pending Further Claiming | | |
| | | \$ - |
| GRAND TOTAL | | \$ 585,847.00 |
| Claim Total Must Agree With Total on First Page | | \$ 585,847.00 |
| Minus Non Transit Claims | | \$ 59,208.00 |
| GRAND TOTAL PAYABLE TO CLAIMANT | | \$ 526,639.00 |

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.

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BICYCLE AND PEDESTRIAN FACILITIES FOR FISCAL YEAR: 2019/20

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.

| PROJECT TITLE & BRIEF DESCRIPTION | PROJECT COST |
|--|--------------------|
| 1. Various Bicycle & Pedestrian Facilities throughout the claimant's jurisdiction: | \$ 9,333.00 |
| <i>AND/OR:</i> | |
| Other - describe briefly if applicable: | \$ - |
| Other - describe briefly if applicable: | \$ - |
| Other - describe briefly if applicable: | \$ - |
| TOTAL PROJECT COSTS | \$ 9,333.00 |

STREETS AND ROADS CLAIM FOR FISCAL YEAR: 2019/20

Local Transportation Funds coming to claimants within Fresno County may be used for streets and roads improvements and maintenance pursuant to Article 8 (PUC 99400), but only after Fresno COG makes a finding that public transportation needs within the claimant's jurisdiction are reasonably met by satisfying the service requirements set forth by the Regional Transportation Plan (PUC 99401.5).

| PROJECT TITLE & BRIEF DESCRIPTION | PROJECT COST |
|---|----------------------|
| 1. Development, Construction & Maintenance Facilities throughout the claimant's jurisdiction: | \$ 517,306.00 |
| <i>AND/OR:</i> | |
| Other - describe briefly if applicable: | \$ - |
| Other - describe briefly if applicable: | \$ - |
| Other - describe briefly if applicable: | \$ - |
| TOTAL PROJECT COSTS | \$ 517,306.00 |

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CONTINGENCY PROJECT LISTING FOR FISCAL YEAR: 2019/20

CHECK ALL THAT APPLY (Enter "X" in yellow box)

BICYCLE AND PEDESTRIAN FACILITIES

Article 3

PUBLIC TRANSPORTATION

Article 4

STREETS & ROADS

Article 8a

STANDARD ASSURANCES FOR 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 to the RTPA and to the State Controller, pursuant to PUC 99243.

The undersigned hereby certifies that the above statements are true and correct.

Please print and sign after completing form

Authorized
Signature: **Alma Colado**
Name/Title: **Alma Colado/Finance Director**
Date: **7/9/2019**