

Enter Date:

Claimant Name:

**TRANSPORTATION FUNDING CLAIM FOR FISCAL YEAR: 2020/21**

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>Monty Cox (559) 263-8004 monty.cox.@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>Claimed By Member Agencies</b>	\$ -
	\$ -
<b>FCEOC CTSA 4.5:</b>	\$ 576,069.00

**State Transit Assistance Fund**

<b>Claimed By Member Agencies</b>	\$ -
	\$ -

**Other**

<b>Unexpended, Held by Claimant:</b>	\$ -
<b>Other:</b>	

	<b>TOTAL</b>
	\$ 576,069.00

*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:**



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

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