

Enter Date: **6/3/2019**

Claimant Name: **Fresno EOC Rural CTSA**

**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, 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>	\$ 550,952.00

**State Transit Assistance Fund**

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

**Other**

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

	<b>TOTAL</b>
	<b>\$ 550,952.00</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>Monty Cox, 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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Claimant Name: **Fresno EOC Rural CTSA**

## PUBLIC AND SPECIALIZED TRANSPORTATION SERVICE CLAIM FOR OPERATING AND CAPITAL EXPENSE 2019/20

GENERAL TRANSPORTATION SERVICE PROPOSED	EXPENDITURES		TOTALS
<i>(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)</i>			
<b>TOTAL PROJECT COSTS</b>	<b>\$ 2,595,052.00</b>		
<i>Prior Year</i>	<b>\$ 2,628,774.00</b>		
<i>Percentage Change</i>	<b>-1.28%</b>		
<i>less than prior year</i>			
<b>Revenue Source &amp; Amount</b>	<b>Operating</b>	<b>Capital</b>	<b>Total</b>
LTF Article 4:	\$ 550,952.00		\$ 550,952.00
LTF Article 4.5 or 8c:	\$ -		\$ -
STA:	\$ -	\$ -	\$ -
Fares:	\$ 2,044,100.00	N/A	\$ 2,044,100.00
Local Support Measure C:	\$ -	\$ -	\$ -
Fed/State Grants:	\$ -	\$ -	\$ -
Carryover + Surplus:	\$ -	\$ -	\$ -
Interest:	\$ -		\$ -
Carryover+Surplus+Interest Funds Held By Claimant:	\$ -		\$ -
Audit Exception - General Payback Fund:			\$ -
<b>SUB-TOTALS</b>	<b>\$ 2,595,052.00</b>	<b>\$ -</b>	<b>\$ 2,595,052.00</b>

REQUIRED OPERATING/FAREBOX CALCULATIONS	OPERATING	CAPITAL	TOTAL
<b>GRAND TOTALS:</b>	<b>\$ 2,595,052.00</b>	<b>\$ -</b>	<b>\$ 2,595,052.00</b>

General Transportation Service: **NET OPERATING** **\$ 2,595,052.00**

		Operating Expenses:	
	Amount Excluded	\$ -	\$ 2,595,052.00
1. Total NET Operating Expenses Minus Exclusions			\$ -
2. Farebox Revenues			\$ 1,581,200.00
3. Other Local Support			\$ 1,581,200.00
4. Total Local Support (Adds Lines 2 + 3)			0.00%
5. Farebox Revenue/Operating Expense Ratio (Line 2 Divided By Line 1)			<b>2</b>
6. Required Minimum Ratio Verification: <b>Enter 1 for Urban CTSA, 2 for Rural CTSA</b>			60.93%
7. Total Local Support/Operating Expense Ratio			<b>Meets Minimum Requirements</b>
8. Required Minimum Ratio Criteria:			55%
URBAN CTSA 55%			
RURAL CTSA 55%			

<b>SUMMARY TOTALS:</b>	<b>\$ 2,595,052.00</b>
	<b>Total Operating Expenses: \$ 2,595,052.00</b>
1. Total <b>OF ALL</b> Operating Expenses <b>PLUS</b> Exclusions	<b>Total Amount Excluded: \$ - \$ 2,595,052.00</b>
	<b>Must Agree With TOTAL: \$ -</b>
	<b>2. Total of All Capital Projects: \$ -</b>
	<b>Must Agree With CAPITAL PROJECTS: \$ -</b>
	<b>3. GRAND TOTAL: \$ 2,595,052.00</b>

Enter Date:

Claimant Name:

Fresno EOC Rural CTSA

**CONTINGENCY PROJECT LISTING FOR FISCAL YEAR: 2019/20**

*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 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

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: Director

Date: