

APPENDIX C. ANNUAL CLAIM FORMS CHECKLIST FOR ANNUAL LTF & STAF CLAIMS

■ **ALL Claims:** Claimants shall submit items (a) through (e) as part of the claim.

■ **Transit Claims:** An operator or claimant shall submit items (a) thru (i), inclusive, to file a claim.

ALL claims must include items (a) through (e), inclusive.

HCAOG forms for parts (a), (b), and (c) are provided in this Excel file and on-line at www.hcaog.net.

Claimants are responsible for making sure they submit the most current forms.

- a) This Checklist
- b) Claim Request form
- c) Annual Project and Financial Plan form
- d) Statement of Conformance
- e) Claimants who want to designate funds for a future, specific capital project must request it as part of a claim. The claim must indicate any reserved monies in the subsequent annual claim(s). Before expending these funds for any other purpose, the claimant must identify its proposed changes in an amended claim or subsequent annual claim. [CCR §6648]
- f) If not submitted previously, claimants must submit a complete and accurate record of STA expenditures from the 2009/10 fiscal year to present, citing actual vs. budgeted expenditures and a report of excess LTF funds reclassified for future capital purchases. [CCR §6637]

Transit claims must include items (g) through (m):

- g) To receive an allocation of funds for service outside the claimant's area, a claimant must provide, or have on file with HCAOG, an executed contract pursuant to PUC sections:
- h) If applicable, a statement identifying and substantiating the reason or need for: (1) increasing the operating budget in excess of 15% above the preceding year; (2) a substantial increase or decrease in scope of operations; or (3) capital provisions for major new fixed
- i) A Satisfactory certification by CHP verifying that the operator is in compliance with §1808.1 of the Vehicle Code, as required in PUC §99251. The certification shall have been completed within the last 13 months, prior to filing claims.
- j) Operating budget. Claimant certifies that its operating budget is not more than 15% greater than its previous year budget unless supported by documentation that substantiates the increase.
- k) An explanation that summarizes how the claimant has addressed applicable audit findings from annual fiscal and compliance audit.
- l) An explanation that summarizes how the claimant has addressed applicable audit findings from triennial performance audit reports.
- m) Claimant certifies that it is making full use of federal funds available under the Federal Transit Act [CCR 6754] (STA claims only)

- n) Claimant certifies that all purposes for claim expenditures are in conformance with the City/Town or Regional Bicycle Plan. (Bike and Ped claims only)

For full information on claim requirements, see HCAOG's TDA Rules (part IV, "TDA REQUIRED REPORTS" Report #16).

CLAIM REQUEST

Check one:

- State Transit Assistance (STA) Fund**
 Local Transportation Fund (LTF)

Claimant: _____
Address: _____
Contact Person: _____
Title: _____
Phone: _____
E-mail: _____

The _____ hereby requests, in accordance with the Transportation Development Act (TDA) of 2013, Chapter 1400, and applicable rules and regulations, that the TDA claim be approved in the amount of \$_____ for fiscal year _____. These monies are to be drawn from the local transportation fund or the state transit assistant fund held at the County of Humboldt for the purposes and amounts shown in the attached "Annual Project and Financial Plan."

When approved, the claim will be submitted to the County Auditor of the County of Humboldt for payment. Approval of the claim and payment by the County Auditor to this applicant is subject to such monies being on hand and available for distribution, and to the provisions that such monies will be used only in accordance with the terms of the approved annual financial plan.

Authorized representative of claimant:

By: _____ Title: Enter text here.
(print name)

Signature: _____ Submittal date: Enter text here.

APPROVED:

By: _____ Date: _____
Marcella Clem
Executive Director, Humboldt County Association of Governments

ANNUAL PROJECT AND FINANCIAL PLAN
State Transit Assistance (STA)

Give each project a title and number in sequence, and briefly describe the transportation projects that your jurisdiction proposes. Indicate proposed expenditures for the ensuing fiscal year for all that apply:

- (i) public transportation operating and capital expenditures;
- (ii) construction of facilities for the exclusive use by pedestrians and bicyclists;
- (iii) construction of local streets and roads; and/or
- (iii) right-of-way acquisition.

Claimant: _____

Fiscal Year: _____

PROJECT (Project number, title, & brief description)	TDA - STA \$ amount	PUC Article & Section	Local Fund Balance	Other	TOTAL
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
TOTAL	\$ -		\$ -	-	\$ -

Attach a copy of transit revenues and expendiures for the last full fiscal year.

STATEMENT OF CONFORMANCE

STA

Claimant: _____

Fiscal Year of Claim: _____

Certify all that apply.

- STATE TRANSIT ASSISTANCE (STA) FUND - TRANSIT CLAIM
 Transit Operator Qualifying Criteria (PUC §99314.6)
- STA funds are not being used for operating
- STA funds are being claimed for operating

A total of \$_____ LTF funds will also be claimed for operating during this fiscal year.

STA Only

**If funds are being used for Operating
 please provide the following
 information:**

*Provide information for the last
 3 audited fiscal years.*

- System Operating Costs
- System Revenues
- System Vehicle Service Hours
- System operating cost per
 revenue vehicle hour

	Previous Fiscal year	Fiscal year	Fiscal year	Fiscal year
	\$ -	\$ -	\$ -	\$ -

The claimant named above hereby certifies that this annual claim for state assistance funds in the amount of \$_____ conforms with the requirements of Article 8, PUC Section 99400, of the Transportation Development Act of 2013, and applicable rules and regulations.

CERTIFIED BY CLAIMANT:

By: _____

Title: _____

Signature: _____

Date: _____