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

Tra ALL HCA	nsit clain OG fo	laims: Claimants shall submit items (a) through (f) as part of the claim. Claims: An operator or claimant shall submit items (a) thru (m), inclusive, to file a claim. In must include items (a) through (d), inclusive. Forms for parts (a), (b), (c) and (d) are provided in this Excel file and on-line at www.hcaog.net. Forms for making sure they submit the most current forms.
[]	a)	This Checklist
X	b)	Claim Request form
X	c)	Annual Project and Financial Plan form
	d) e)	Statement of Conformance 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)	Claimants who have previously designated excess TDA funds as future capital purchase funds must submit a summary report of their capital purchase accounts. [CCR §6637]
Trans	sit cla	aims 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
X	h)	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.
	i)	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
	j)	decrease in scope of operations; or (3) capital provisions for major new fixed facilities. 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.
	k)	An explanation that summarizes how the claimant has addressed applicable audit findings from annual fiscal and compliance audit.
	1)	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 ful	l infor	rmation on claim requirements, see HCAOG's TDA Rules (part IV, "TDA REQUIRED REPORTS" Report #17).

CLAIM REQUEST Local Transportation Fund (LTF)

Claimant:	County of Humboldt	
Address:	1106 2nd Street, Eureka, Ca 95501	
Contact Person:	Charlotte Merkel	
Title:	Deputy Director - General Services	
Phone:	707 445-7652	
E-mail:	cmerkel@co.humboldt.ca.us	
The County of H	lumboldt	hereby requests, in accordance with the
Transportation Dev	velopment Act (TDA), Chapter 1400	, and applicable rules and regulations, that
the TDA claim be	e approved in the amount of \$ \$2,7	724,311 for fiscal year2024/25
		on fund held at the County of Humboldt for
	mounts shown in the attached "Annua	· · · · · · · · · · · · · · · · · · ·
11		
When approved th	e claim will be submitted to the Cou	nty Auditor of the County of Humboldt for
* *		ounty Auditor to this applicant is subject to
	1 .	on, and to the provisions that such monies
•		•
will be used only in	accordance with the terms of the app	roved annual financial plan.
Authorized represen	ntative of claimant:	
10.0 1 1 1 1 1 1		
_{By:} <u>Michelle</u>	Bushnell	Title: Chair of the Board
	name)	
\mathcal{O}	1 1 OIEL - W	
Signature: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	shelle Bloom I s	Submittal date: 114 2025
	•	
APPROVED:		
By:	D	ate:
Beth Burks		
Executive Direct	ctor, Humboldt County Association of Go	overnments

ANNUAL PROJECT AND FINANCIAL PLAN

Local Transportation Fund (LTF)

Give each project a title 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: County of Humboldt Fiscal Year: FY 24/25

PROJECT (Title & brief description)	Al	location Amount Available	PUC Article & Section	ı	Funds not being claimed		Funds Requested	Bala	nce Remaining
Redwood Transit System			Article 4; 99260(a)	\$	-	9	980,932		-
, tourised manier system	1		Article 4; 99260(a) &			Ť	000,002	Ψ	
Eureka Transit	\$	175,000	. ,	\$	_	9	175,000	\$	_
Eureka Dial-A-Ride		90,000		\$	-	\$	90,000	\$	-
Southern Humboldt Local & Intercity		626,803	Article 4; 99260(a)	\$	-	\$	626,803	\$	-
Arcata/McKinleyville Dial-A-Ride	\$	178,765	Article 4; 99260.7	\$		\$	178,765	\$	
Adult Day Health Care - Mad River	\$	44,343	Article 8; 99400©	\$	-	\$	44,343	\$	-
Humboldt Senior Resource Center	\$	51,372	Article 8; 99400©	\$	-	\$	51,372	\$	-
Willow Creek Extension Route	\$	303,944	Article 4; 99260(a)	\$	-	\$	303,944	\$	-
Transit Set-Aside	\$	200,000	Article 4; 99260(a)	\$	-	\$	200,000	\$	-
Yurok Tribe	\$	73,152	Article 8; 99400©	\$	-	\$	73,152	\$	-
	\$	-		\$		\$	-	\$	-
TOTAL	\$	2,724,311		\$	•			\$	2,724,311

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

STATEMENT OF CONFORMANCE

LTF

Claimant:	County of Humboldt		Fiscal Year of Claim:	FY 24/25
Certify all t	hat apply.			
	LOCAL TRANSPORTATION FUND (LTF) - 7	ΓRANSIT CL	AIM	
X	LTF funds are not being used for operating LTF FUNDS are being used for operating A total of \$ STA funds will al	so be claimed	for operating during this fiscal year.	
	The claimant named above hereby certifies that transportation funds in the amount of $\frac{2,724,3}{4,5}$	that is	not being used for	
	operating conforms with the requirements of Ar Transportation Development Act and applicable			
CERTIFIE	CD BY CLAIMANT:			
By:	Charlotte Merkel	Title:	Deputy Director - General Services	
Signature:	Charlotte Merkel	Date:	12/26/24	