

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

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

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

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

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

**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
- 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 decrease in scope of operations; or (3) capital provisions for major new fixed facilities.
- j) 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.
- 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 #17).*

**CLAIM REQUEST**  
*State Transit Assistance Fund (STA)*

**Claimant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

The \_\_\_\_\_ hereby requests, in accordance with the Transportation Development Act (TDA), Chapter 1400, and applicable rules and regulations, that out of the total STA allocation approved through Resolution \_\_\_\_\_ the claim be approved in the amount of \$\_\_\_\_\_ for fiscal year \_\_\_\_\_. These monies are to be drawn from the state transit assistance 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: \_\_\_\_\_  
(print name)

Signature: \_\_\_\_\_ Submittal date: \_\_\_\_\_

**APPROVED:**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Beth Burks  
Executive Director, Humboldt County Association of Governments

**ANNUAL PROJECT AND FINANCIAL PLAN**

**State Transit Assistance (STA)**

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:** \_\_\_\_\_

**Fiscal Year:** \_\_\_\_\_

| <b>PROJECT</b><br>(Title & brief description) | <b>Allocation Amount Available</b> | <b>PUC Article &amp; Section</b> | <b>Funds not being claimed</b> | <b>Funds Requested</b> | <b>Balance Remaining</b> |
|---|------------------------------------|----------------------------------|--------------------------------|------------------------|--------------------------|
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
|   | \$ -                               |                                  | \$ -                           | \$ -                   | \$ -                     |
| <b>TOTAL</b>                                  | \$ -                               |                                  | \$ -                           |                        | \$ -                     |

**Attach a copy of transit revenues and expenditures 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.

**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

|  | <b>Previous Fiscal year</b> | <b>Fiscal year</b> | <b>Fiscal year</b> | <b>Fiscal year</b> |
|--|-----------------------------|--------------------|--------------------|--------------------|
|  |                             |                    |                    |                    |
|  |                             |                    |                    |                    |
|  |                             |                    |                    |                    |
|  |                             |                    |                    |                    |
|  | \$ -                        | \$ -               | \$ -               | \$ -               |

- 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 and applicable rules and regulations.

**CERTIFIED BY CLAIMANT:**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_