

## TDA Claim Forms Used in Butte County

These forms are also found in Appendix H of the TDA Workbook, along with example completed versions. The five TDA claim forms used in Butte County are:

- The Local Transportation Fund (LTF) & State Transit Assistance (STA) Fund Annual Project & Expenditure Plan (TDA Form #1)
- The Local Transportation Fund (LTF) Claim (TDA Form #2)
- The State Transit Assistance (STA) Fund Claim (TDA Form #3)
- The Statement of Conformance (TDA Form #4)
- The Productivity Improvement Progress Report (TDA Form #5)



**Transportation Development ACT Claim Forms**

*Local Transportation Fund (LTF) Claim*

BUTTE COUNTY ASSOCIATION OF GOVERNMENTS

**LOCAL TRANSPORTATION FUND (LTF) CLAIM**

Claimant: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

*See Chapter 10 of BCAG's Transportation Development Act Workbook for detailed instructions on how to complete this form.*

| TYPE OF CLAIM                     | AMOUNT OF CLAIM |
|-----------------------------------|-----------------|
| Public Transportation (Article 4) | \$ _____        |
| Public Transportation (Article 8) | \$ _____        |
| Streets & Roads (Article 8)       | \$ _____        |
| Bicycle/Pedestrian (Article 8)    | \$ _____        |
| Rail (Article 8)                  | \$ _____        |
| TOTAL                             | \$ _____        |

It is understood by this claimant that payment of the claim is subject to approval by BCAG, based on the availability of funds for distribution and the provision that claimed monies will be used only for those purposes for which the claim is approved and in accordance with the terms of the allocation instructions.

Further in signing this claim, the Chief Financial Officer of the claimant certifies that, to the best of his/her knowledge, the financial information contained herein is reasonable and accurate.

Authorized Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print/type name, title

**Transportation Development ACT Claim Forms**

*Local Transportation Fund (LTF) Claim*

.....  
BUTTE COUNTY ASSOCIATION OF GOVERNMENTS

**STATE TRANSIT ASSISTANCE (STA) FUND CLAIM**

Claimant: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

*See Chapter 10 of BCAG's Transportation Development Act Workbook for detailed instructions on how to complete this form.*

| TYPE OF CLAIM                     | AMOUNT OF CLAIM |
|-----------------------------------|-----------------|
| Public Transportation (Article 4) | \$ _____        |
| Public Transportation (Article 8) | \$ _____        |
| Streets & Roads (Article 8)       | \$ _____        |
| Bicycle/Pedestrian (Article 8)    | \$ _____        |
| Rail (Article 8)                  | \$ _____        |
| TOTAL                             | \$ _____        |

It is understood by this claimant that payment of the claim is subject to approval by BCAG, based on the availability of funds for distribution and the provision that claimed monies will be used only for those purposes for which the claim is approved and in accordance with the terms of the allocation instructions.

Further in signing this claim, the Chief Financial Officer of the claimant certifies that, to the best of his/her knowledge, the financial information contained herein is reasonable and accurate.

Authorized Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print/type name, title

**Transportation Development ACT Claim Forms**

*Statement of Conformance*

.....  
BUTTE COUNTY ASSOCIATION OF GOVERNMENTS

**STATEMENT OF CONFORMANCE**

The Statement of Conformance must be completed and signed by the submitting claimant's Administrative Officer or his/her designee.

The \_\_\_\_\_ hereby certifies that the  
Transportation Development Act claim for the fiscal year \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_ (LTF) and  
in the amount of \$ \_\_\_\_\_ (STA) for  
a total amount of \$ \_\_\_\_\_ conforms with the requirements of the  
Transportation Development Act and applicable rules and regulations as specified in  
Attachment A.

CERTIFIED:

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

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

**STATEMENT OF CONFORMANCE ATTACHMENT A**

**CONFORMANCE REQUIREMENTS FOR CLAIMANTS  
Standard Assurances**

- 1) 180 Day Certified Fiscal Audit *(required for all claims)*  
Claimant assures that it has submitted a satisfactory independent fiscal audit, with required certification, to BCAG and to the State Controller not more than 180 days after the end of the prior fiscal year.  
*(Refer to PUC Section 99245, CCR Section 6664 and/or The BCAG TDA Workbook Appendix G)*
- 2) 90 Day Annual State Controller Report *(required for all transit claims)*  
Claimant assures that it has submitted this report to the State Controller in conformance with the uniform system of accounts and records not more than 120 days after end of the prior fiscal year.  
*(Refer to PUC Section 99243, CCR Section 6665 and/or The BCAG TDA Workbook Appendix G)*
- 3) Elderly/Disabled *(required for all transit claims)*  
Assurance that the transit operator in question is in compliance with PUC Section 99155 pertaining to reduced transit fares for elderly and disabled persons and Section 99155.5 pertaining to dial-a-ride and paratransit services.
- 4) Farebox Recovery Ratio Requirements *(required for all transit claims)*  
Claimant filing a claim for LTF or STA funds certifies that it will maintain for the project that ratio of fare revenues and local support to operating cost required under PUC Sections 99268.3, 99268.4, 99268.5(a), 99268.5(b), 99268.12, 99270.1, and 99270.2, as appropriate.  
*(Refer to PUC Section 99268, CCR Section 6633.2 and/or The BCAG TDA Workbook Chapter 5)*
- 5) CHP Terminal Inspection *(required for all transit claims)*  
Claimant certifies that it has been certified by the Department of the California Highway Patrol within the last 13 months to be compliance with Section 1808.1 of the Vehicle Code. This section requires operators to participate in a pull notice system for obtaining current driver records from the Department of Motor Vehicles.  
*(Refer to PUC Section 99251 /or The BCAG TDA Workbook Chapter 5.)*
- 6) Implementation of Productivity Improvements *(required for all transit claims)*  
Claimant certifies that the operator has made a reasonable effort to implement the productivity improvements recommended pursuant to PUC Section 99244.  
*(Refer to The BCAG TDA Workbook Chapter 9)*
- 7) Triennial Performance Audit *(required for Article 4 transit claims)*  
Claimant assures that it has submitted this report to BCAG on a triennial basis per the BCAG-set schedule by June 30th of the year following the last year covered by the audit.  
*(Refer to PUC Section 99248, CCR Section 6664.5 and/or The BCAG TDA Workbook Appendix G)*

**Transportation Development ACT Claim Forms**

*Statement of Conformance*

.....  
BUTTE COUNTY ASSOCIATION OF GOVERNMENTS

8) Vehicle Staffing *(required for Article 4 claims only)*

Claimant certifies that it does not routinely staff a public transit vehicle designed to be operated by one person with two or more persons.

*(Refer to PUC Section 99264 or The BCAG TDA Workbook Chapter 5.)*

9) Operating Budget *(required for Article 4 claims only)*

Claimant certifies that its operating budget is not more than 15% greater than its previous year budget unless supported by documentation that substantiates such change.

*(Refer to PUC Section 99266 or The BCAG TDA Workbook Chapter 5.)*

10) Extension of Service *(required for Article 4 claims only)*

Claimant who receives and allocation of LTF funds for extension of service pursuant to PUC Section 99268.8 certifies that it will file a report of these services pursuant to CCR Section 6633.8(b) within 90 days after close of the fiscal year in which that allocation was granted.

*(Refer to The BCAG TDA Workbook Chapter 5)*

11) Retirement System *(required for Article 4 claims only)*

Claimant certifies that

- a) The current cost of its retirement system is fully funded with respect to the officers and employees of its public transportation system; or
- b) The operator is implementing a plan approved by BCAG which will fully fund the retirement system for such officers and employees within 40 years; or
- c) 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 explained below:
  - o Conducts periodic actuarial studies of its employee pension plans to determine the annual cost of future pension benefits (PUC Sec. 99272);
  - o Sets aside and invests funds sufficient to provide for the payment of future pension benefits (PUC Sec. 99272);
  - o Includes the actuarially determined amount of pension liability in its annual financial statement (PUC Sec. 99273);
  - o Includes in its annual financial statements the amount of cash funds set aside and invested to meet the pension liability (PUC Sec. 99273);
  - o Includes in its annual financial statements the amount of any deficit in the pension fund and (PUC Sec. 99273)
  - o Includes in its annual financial statements, the financial plan adopted to eliminate any deficit in the pension fund (PUC Sec. 99273).

*(Refer to The BCAG TDA Workbook Chapter 5 or Appendix G)*

12) Part-Time Employees *(required for STA claims only)*

Claimant certifies 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/her employment terminated or his/her regular hours of employment, excluding overtime, reduced as a result of its employing part-time drivers or contracting with such common carriers.

*(Refer to PUC Section 99314.5(c) or The BCAG TDA Workbook Chapter 5)*

**Transportation Development ACT Claim Forms**

*Statement of Conformance*

.....  
BUTTE COUNTY ASSOCIATION OF GOVERNMENTS

13) Conformance with the Regional Transportation Plan *(required for STA claims transit bike/ped and street-road claims)*

Claimant certifies that all of the purposes for claim expenditures are in conformance with the Regional Transportation Plan.

*(Refer to CCR 6754(a) or The BCAG TDA Workbook Chapter 5)*

14) Full Use of Federal Funds *(required for STA claims only)*

Claimant certifies that it is making full use of federal funds available under the Federal Transit Act.

*(Refer to CCR 6754(a) or The BCAG TDA Workbook Chapter 5)*

15) Efficiency Standards *(required for transit operator claimants claiming STA for operating purposes)*

Operators certifies that it meets one of the following two efficiency standards (PUC Sec. 99314.6):

- a) Efficiency Standard 1: An operator's total operating cost per vehicle revenue hour for the most recent fiscal year must not exceed the prior year's operating cost per revenue vehicle hours, by a percentage greater than the percentage change in the Consumer Price Index (CPI) for the same period.
- b) Efficiency Standard 2: An operator's total operating cost per vehicle revenue hour for the most recent fiscal year must not exceed the average total operating cost per vehicle revenue hour for the three prior years, increased by the average percentage change in the CPI for the same period.

*(Refer to PUC Section 99314.6 or The BCAG TDA Workbook Chapter 5)*

16) Consistency with Bicycle Plan *(required for bicycle claims only)*

Claimant certifies that all of the purposes for claim expenditures are in conformance with the City/Town or County bicycle plan.

*(Refer to The BCAG TDA Workbook Chapter 6)*

**Transportation Development ACT Claim Forms**

*State Transit Assistance (STA) Fund Claim*

BUTTE COUNTY ASSOCIATION OF GOVERNMENTS

**Productivity Improvement Progress Report**

1. List the recommendations provided in your last Triennial Performance Audit and your progress toward meeting them.

| Recommendation | Implementation Status* |
|----------------|------------------------|
|                |                        |
|                |                        |
|                |                        |

\* Indicate whether the recommendation has been fully implemented, partially implemented, or not implemented.

2. For any recommendation in #1 above that has been fully implemented, describe the work your agency has undertaken to implement each performance audit recommendation.
3. For any recommendation in #1 above that has been partially implemented, describe the work your agency has undertaken to implement each performance audit recommendation and the steps it will take to fully implement the recommendation.
4. For any recommendation in #1 above that has not been implemented, explain why the recommendation has not been implemented and describe the work your agency will undertake to implement each performance audit recommendation.
5. Describe any problems encountered in implementing individual recommendations.
6. Indicate any areas where special efforts have been made in the last fiscal year to help cover costs and/or increase ridership for both fixed-route and demand responsive operations.
7. Indicate any areas where special efforts will be made in the next fiscal year to help cover costs and/or increase ridership for both fixed-route and demand responsive operations.
8. Describe the success or failure of implemented recommendations in improving transit productivity.