

**IMPERIAL VALLEY ASSOCIATION OF  
GOVERNMENTS  
TRANSPORTATION DEVELOPMENT ACT PROGRAM**

**INSTRUCTIONS FOR PREPARING ARTICLE 3  
BICYCLE AND PEDESTRIAN FACILITIES CLAIMS**

**General Information**

These instructions apply to the following program category:

**Local Transportation Fund (LTF)**

Article 3, PUC Sections 99233.3 and 99234, provide payments to cities and counties for facilities provided for the exclusive use by pedestrians and bicycles, including but not limited to: curbs, handicap access ramp projects, sidewalks, pedestrian ways, bikeways, bike racks and bicycle storage.

**Forms Included in this Package**

Checklist  
Article 3 Non-Transit Claim form  
Financial Reporting Form  
Project Information Form  
Sample Governing Body Resolution  
Standard Statement of Assurances

**Where and When to File**

The projects should be consistent with the *Regional Bicycle Plan*, and approved by the IVAG Regional Council.

**One signed original claim should be filed with the IVAG office by December 15:**

Imperial Valley Association of Governments  
County of Imperial  
Public Works Director  
155 South Eleventh Street  
El Centro, CA 92243

## **INSTRUCTIONS FOR PREPARING ARTICLE 3 BICYCLE AND PEDESTRIAN FACILITIES CLAIMS**

### **APPLICATION GUIDELINES**


1. Claims are approved by IVAG for pedestrian and bicycle facilities according to a project priority list developed by the IVAG Public Works Subcommittee. The Subcommittee will meet at least once a year, and will submit the project list to the IVAG Regional Council for final approval.
2. Claimants are encouraged to consider projects involving multiple government jurisdictions.
3. Prospective claimants seeking project approval for the coming fiscal year should submit project information to IVAG staff during the July-August time period.
4. Projects submitted must be consistent with the claimant's adopted general plan or master plan for bikeways. Only projects included in such plans may be approved for funding.
5. Eligible projects are those that are ready for construction in the fiscal year that the allocation is approved.
6. Allocations for approved claims may be made for up to 100 percent of the project cost. However, the Public Works Subcommittee may recommend only partial funding of projects.
7. Design and construction of facilities must conform to the general design criteria for non-motorized facilities as outlined in Caltrans' *Highway Design Manual*.

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
BICYCLE AND PEDESTRIAN FACILITIES CLAIMS (ARTICLE 3)**

**Claimant Information**

Agency Name:	Date:
Contact Person:	Fiscal Year:
Address:	This claim is <input type="checkbox"/> Original <input type="checkbox"/> Revised
	Phone:
	Fax:
	Email:

Please fill out the table below, checking those items that are being submitted with this claim application.

 <h2 align="center">Checklist for TDA Claims</h2>	
Item Enclosed	Items Included with Claim Application
	Article 3 Non-Transit Claim Form
	Financial Reporting Form
	Project Information Form
	Statement of Assurances
	Sample Governing Body Resolution
	Annual Certified Fiscal Audit (180 Day Report)
	Map of Locations

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
BICYCLE AND PEDESTRIAN FACILITIES CLAIMS (ARTICLE 3)**

Payment Recipient:
Address:
Attention (Name and Title):

**Requested Payment and Reserves**

Detail of Requested Allocation	Amount
Payment from Unallocated Funds	\$
Drawdown of funds from reserves (if any)	\$
<b>TOTAL PAYMENTS REQUESTED</b>	
Reserve for Future Payment	\$

**Condition of Approval:**

Approval of this claim and payment by the County Auditor to this claimant are subject to monies being available and to the provisions that such monies will be used only in accordance with the allocation instructions.

\_\_\_\_\_  
**Authorizing Signature** (blue ink)  
 (Claimant's Chief Administrator or Chief Financial Officer.)

\_\_\_\_\_  
**(Print Name and Title)**

**DATE APPROVED:**

**ALLOCATION:**

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
BICYCLE AND PEDESTRIAN FACILITIES CLAIMS (ARTICLE 3)**

**PROJECT INFORMATION FORM**

CLAIMANT \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

PROJECT TYPE \_\_\_\_\_

ESTIMATED COMPLETION DATE \_\_\_\_\_

ESTIMATED COMPLETION DATE \_\_\_\_\_

**Project Budget**

Project Budget	Amount
<b>Revenue</b>	<b>\$</b>
LTF Article 3	
LTF Article 8	
Other	
<b>TOTAL PROJECT REVENUES</b>	<b>\$</b>

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
BICYCLE AND PEDESTRIAN FACILITIES CLAIMS (ARTICLE 3)**

**FINANCIAL REPORTING FORM**

CLAIMANT \_\_\_\_\_

<b>Financial Data</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
<b>Fund Balance</b>		
1. Beginning of the Fiscal Year	\$	
<b>Revenues</b>		
2. Intergovernmental Allocations		
3. Interest		
4. Refunds		
5. Total		
<b>Expenditures</b>		
6. Construction/Maintenance		
1. Excess (Deficiency) of Revenue over expenditures (Subtract Line 5 from Line 4)		
<b>Fund Balance</b>		
8. End of year		<b>-0-</b>

# SAMPLE RESOLUTION

Resolution No. \_\_\_\_\_

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF**

\_\_\_\_\_ **APPROVING THE APPLICATION FOR**

**BICYCLE AND/OR PEDESTRIAN FUNDS UNDER THE TRANSPORTATION**

**DEVELOPMENT ACT AND APPROVING THE ADOPTION OF ITS BICYCLE AND/OR**

**PEDESTRIAN PLAN.**

Whereas, The Transportation Development Act provides that 2 percent of each county's total Local Transportation Fund be annually set aside and used to fund the development of bicycle and pedestrian facilities; and

Whereas, the City of \_\_\_\_\_ has planned a bikeway system in conformance with specifications of Caltrans' *Planning and Design Criteria for Bikeways in California*, and the Regional Transportation Plan; and

Whereas, the City of \_\_\_\_\_ desires to construct this project within their city using the funds available under the Transportation Development Act.

Now Therefore, the City Council of the City of \_\_\_\_\_ does resolve as follows:

1. To authorize \_\_\_\_\_ as the City's authorized signature and designated contact person;
2. To apply for funds available to the City of \_\_\_\_\_ Allocated for Bikeways and Pedestrian facilities.

Passed and Adopted the \_\_\_\_ Day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
BICYCLE AND PEDESTRIAN FACILITIES CLAIMS (ARTICLE 3)**

**STATEMENT OF ASSURANCES**

**Page 1**

**Please Check  
Applicable Boxes**

- 1. 180 Day Certified Fiscal Audit** (required for all claims)  
A satisfactory, independent audit has been submitted to IVAG and the State Controller not more than 180 days after the end of the prior fiscal year.
  
- 2. 90 Day Annual State Controller Report** (transit claims)  
This report has been submitted to the State Controller not more than 120 days after the end of the prior fiscal year. (Also called the Annual Report of Financial Transaction of Transit Operators.)
  
- 3. Elderly/Disabled** (transit claims)  
Transit operator offers reduced fares for elderly and disabled persons in accordance with PUC Section 99155, and Section 99155.5 pertaining to dial-a-ride and paratransit services.
  
- 4. Farebox Recovery Ratio Requirements** (transit claims)  
Transit operator certifies it will maintain the required ratio of fare revenues and local support to operating cost, according to PUC Section 99268.
  
- 5. Implementation of Productivity Improvements** (transit claims)  
Operator has made a reasonable effort to implement the annual productivity improvement recommendations provided by IVAG.
  
- 6. California Highway Patrol (CHP) Certifications** (transit claims)  
Section 1808.1 of the Vehicle Code requires operators to participate in a pull notice system for obtaining current driver records from the Department of Motor Vehicles. Claimant/operator must be certified by the CHP within the last 13 months to be in compliance with this mandate.
  
- 7. Conformance with Regional Transportation Plan** (STA, transit, street and road, bicycle/pedestrian claims)  
Claimant certifies that all of the purposes for claim expenditures are in conformance with the local applicable Regional Transportation Plan.

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
BICYCLE AND PEDESTRIAN FACILITIES CLAIMS (ARTICLE 3)**

**STATEMENT OF ASSURANCES**

**Page 2**

- 8. Full Use of Federal Funds (STA only)**  
Claimant certifies that it is making full use of federal funds available under the Federal Transit Act, as required by California Code of Regulations, Section 6754.
  
- 9. Efficiency Standards (STA only)**  
Operator certifies it is meeting one of the following two efficiency standards:  
Standard 1: The annual increase in the operator's total operating cost per revenue vehicle hour does not exceed the average cost per revenue vehicle hour s in the preceding three years increased by the Consumer Price Index (CPI).  
Standard 2: The operator's average operating cost per vehicle revenue hour over the most current three fiscal years does not exceed the average cost per vehicle revenue hour in the preceding three years and increased by the CPI.
  
- 10. Operating Budget (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.
  
- 11. Triennial Performance Audit (Article 4 claims required, for other claims it is voluntary, PUC Section 99248.)**  
Claimant certifies that it has submitted the Triennial Performance Audit report to IVAG on a triennial basis.
  
- 12. Drug and Alcohol Free Workplace Requirements**  
Claimant is in compliance with the requirements of the Federal Transit Administration (FTA) and/or Federal Highway Administration (FHWA) Drug and Alcohol Testing rules, and provides a drug and alcohol free workplace.
  
- 13. Americans with Disabilities Act (ADA)**  
Claimant certifies that it complies with the Americans with Disabilities Act (ADA) which includes the following provisions:
  1. Prohibits discrimination against the disabled in hiring and employment;
  2. Prohibits discrimination in public transportation and requires public transit systems to provide the same level of public transportation service to individuals with disabilities as to those without disabilities using the same system;
  3. Prohibits discrimination against the disabled in public accommodations and in commercial facilities.

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
BICYCLE AND PEDESTRIAN FACILITIES CLAIMS (ARTICLE 3)**

**STATEMENT OF ASSURANCES**

**Page 3**

**14. Part-Time Drivers**

The transit operator is not precluded by any contract entered into after June 1979 from employing a part-time driver or from contracting with common carriers of persons operating under a franchise or license.

**15. Consistency with Bicycle Plan** (bicycle claims only)

Claimant certifies that all of the purposes for claim expenditures are in conformance with the Agency's *Countywide Bicycle Master Plan*.

Claimant Authorizing Signature \_\_\_\_\_

**IMPERIAL VALLEY ASSOCIATION OF  
GOVERNMENTS  
TRANSPORTATION DEVELOPMENT ACT**

**INSTRUCTIONS FOR PREPARING ARTICLE 4  
PUBLIC TRANSPORTATION CLAIMS**

**General Information**

These instructions apply to the following program categories:

**Local Transportation Fund (LTF)**

Article 4.0, PUC Section 99260a, for support of public transportation systems.

Article 4.5, PUC Section 99275, for community level service.

**State Transit Assistance Fund (STF)**

Article 6.5, PUC Section 99315, for operators, cities and counties eligible to receive Article 4 or 4.5 in meeting public transportation needs.

**Forms Included in this Package**

Checklist  
Article 4 Claim form  
Financial Reporting Forms for Operating Funds (Schedules A-C)  
Description of Major Capital Projects (Schedules D and E)  
Description of Project and Service  
Justification Statement  
Sample Governing Body Resolution  
Standard Statement of Assurances

**Where to File**

One signed original claim, and one copy, should be filed with the IVAG office:

Imperial Valley Association of Governments  
County of Imperial  
Public Works Director  
155 South Eleventh Street  
El Centro, CA 92243

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)**

Page 1

**Claimant Information**

Agency Name:	Date:
Contact Person:	Fiscal Year:
Address:	This claim is <input type="checkbox"/> Original <input type="checkbox"/> Revised
	Phone:
	Fax:
	Email:

**Please fill out the table below, checking those items that are being submitted with this claim application.**



**Checklist for TDA Claims**

<b>Item Enclosed</b>	<b>Items Included with Claim Application</b>
	Article 4 Claim Form
	Financial Reporting Forms (A through E)
	Sample Governing Body Resolution
	Statement of Assurances
	Justification Statements
	Employee Retirement System Certification Statement
	Proof of Funding Obligation
	Operating Agreement
	Proposed Commitment Statement
	Annual Certified Fiscal Audit
	Performance Audit

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)**

Page 2

**Payment Recipient**

Payment Recipient:	
Address:	Telephone:
Attention: (Name and Title)	

**Requested Payment and Reserves:**

**Purpose (check one box only)**

- Article 4, PUC 99260a                       Article 4.5, PUC 99275

Detail of Requested Allocation	Amount
Payment from Unallocated-Operations	\$
Payment from Unallocated-Capital (Page 3, line 6)	
Drawdown of funds from reserves (Page 3, line 12)	\$
<b>TOTAL PAYMENTS REQUESTED</b>	
Reserve for Future Payment	\$

**Condition of Approval:**

Approval of this claim and payment by the County Auditor to this claimant are subject to monies being available and to the provisions that such monies will be used only in accordance with the allocation instructions.

\_\_\_\_\_  
**Authorizing Signature** (blue ink)  
(Claimant's Chief Administrator or Chief Financial Officer.)

\_\_\_\_\_  
**(Print Name and Title)**

**DATE APPROVED:**

**ALLOCATION:**

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)**

Page 3

**Detail of Requested Capital Payments and Reserves**

(Use additional sheets if necessary.)

Note that all projects must be included in the Regional Transportation Improvement Program (RTIP).

<b>Payments from Unallocated—Capital Project Description</b>	<b>TDA Amount</b>	<b>Date Required</b>
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
<b>6 TOTAL (Enter on Page 2)</b>	<b>\$</b>	

<b>Drawdown from Reserves—Capital Project Description</b>	<b>TDA Amount</b>	<b>Date Required</b>
7	\$	
8	\$	
9	\$	
10	\$	
11	\$	
<b>12 TOTAL (Enter on Page 2)</b>	<b>\$</b>	

<b>Reserve for Future Payment—Capital Project Description</b>	<b>TDA Amount</b>	<b>Date of Expected Drawdown</b>
13	\$	
14	\$	
15	\$	
16	\$	
17	\$	
<b>18 TOTAL (Enter on Page 2)</b>	<b>\$</b>	

# SAMPLE RESOLUTION

Resolution No. \_\_\_\_\_

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF**

\_\_\_\_\_ **APPROVING THE ARTICLE 4**

**APPLICATION FOR \_\_\_\_\_ TRANSIT PURPOSES UNDER**

**THE TRANSPORTATION DEVELOPMENT ACT (SB 325), PUC Section 99260a,  
or 99275.**

Whereas, The Transportation Development Act (SB 325) provides that each Transportation Planning Agency may allocate funds to specific transit purposes;

Whereas, the City of \_\_\_\_\_ has recognized the need for

\_\_\_\_\_.

Now Therefore, the City Council of the City of \_\_\_\_\_

Does resolve as follows:

1. To authorize \_\_\_\_\_ as the City's authorized signature and designated contact person;
2. To apply for funds available to the City of \_\_\_\_\_ Allocated for \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

Passed and Adopted the \_\_\_\_ Day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
Mayor, City of \_\_\_\_\_

ATTEST: \_\_\_\_\_  
City Clerk of the City of \_\_\_\_\_.

## Schedule A

### TDA SERVICE CLAIM PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)

#### OPERATING REVENUE SUMMARY Page 1

CLAIMANT: \_\_\_\_\_

Revenue Object Classes (not including LTF or STA)	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
1. Passenger Fares for Transit Service		
2. Special Transit Fares		
3. Charter Service Revenues		
4. Auxiliary Transportation Revenues		
5. Non-Transportation Revenues		

Taxes Levied Directly by Transit System	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
7. Property Tax		
8. Sales Tax		

Local Support	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
10. Local Cash Grants and Reimbursements—General Operating Assistance		
11. Local Special Fare Assistance		

## Schedule A Continued

TDA SERVICE CLAIM  
LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE

### OPERATING REVENUE SUMMARY

Page 2

State Cash Grants and Reimbursements	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
15. Homeowners Property Tax Relief		
16. Business Inventory Property Tax Relief		
17. Transportation Fund-Guideways		
18. State Special Fare Assistance		

Federal Cash Grants and Reimbursements	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
19. FTA Section_____		
20. FTA Section 16B2		
21 FTA Section 18		
22.Revenues Sharing Passthrough		

	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
23. Contributed Services (memo only)		
24. Less Contra Account for Expense		
25. Subsidy from other sectors of operations		
<b>26. TOTALS</b>	<b>\$</b>	<b>\$</b>

## Schedule B

### TDA SERVICE CLAIM PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4) OPERATING EXPENSE SUMMARY

CLAIMANT: \_\_\_\_\_

**Check Mode:**  Fixed Route  Dial-a-Ride  ADA Paratransit  Med-Express

Other \_\_\_\_\_

Expense Object Classes	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
1. Operations		
2. Maintenance		
3. Administration		
4. SUBTOTAL (Sum Lines 1,2,3)		
5. RECONCILING ITEMS		
6. Interest Expense		
7. Leases and Rentals		
8. Depreciation and Amortization		
9. TOTALS (Sum Lines 4,6,7,8)		
10. DEDUCT: Depreciation and Amortization		
TOTAL EXPENSE NET OF NONCASH ITEMS (Line 9, less Line 10)	\$	\$

## Schedule C

### TDA SERVICE CLAIM PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)

#### STATEMENT OF OPERATING REQUIREMENTS

CLAIMANT: \_\_\_\_\_

<b>TDA Operating Assistance Required</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
1. Total Operating Expense (from Schedule B, Line 11)		
2. Subtract Revenues Net of LTF and STA (Schedule A, Line 26)		
3. Total Operating Assistance Required (Line 1, Less Line 2)		
TDA Operating Assistance Claimed		
4. TDA Operating Excess Carryover from prior year (s)		
5. STA Current Payments—Operating		
6. LTF Current Payments—Operating		
7. Total TDA Operating Assistance (Total of Lines 4,5,6)		
8. TDA Operating Excess (Line 8, less Line 3). (Transfer to Line 4 for next year)*		

**\*Note:** Please provide an explanation for not expending total LTF, STA, operating assistance received.

## Schedule D

TDA SERVICE CLAIM  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)

**CAPITAL ASSISTANCE AND OUTLAY SUMMARY**  
Page 1

CLAIMANT: \_\_\_\_\_

<b>Sources of Capital Assistance (Not including LTF or STA)</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
FEDERAL CAPITAL GRANTS		
1. FTA Section 3 Grants		
2. FTA Section 9 Grants		
3. FTA Section 16B2		
4. FTA Section 18 Grants		
5. Federal Aid Urban Grants		
6. Federal Aid Interstate		
7. Other Federal Grants		
8. Revenue Sharing Passthrough		
STATE CAPITAL GRANTS AND SUBVENTIONS		
9. Transportation Fund-Guideways		
10. State General Fund Provisions		
11. Other State Provisions		
LOCAL CAPITAL GRANTS AND PROVISIONS		
13. Sales Tax		
14. Motor Vehicle Fuel Taxes		
15. Property Taxes		
16. General Fund		
17. Other Local Sources		
<b>TOTAL (Sum Lines 1-17)</b>	<b>\$</b>	<b>\$</b>

## Schedule D Continued

TDA SERVICE CLAIM  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)

### CAPITAL ASSISTANCE AND OUTLAY SUMMARY Page 2

<b>Capital Outlay and Debt Reductions</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
22. Revenue Vehicles—Expansion		
23. Revenue Vehicles—Replacement		
24. Service Vehicles		
25. Buildings and Structures		
26. Equipment		
27. Office Equipment and Furnishings		
28. Land		
29. Debt Reduction		
<b>TOTAL (Sum of Lines 22-29)</b>	<b>\$</b>	<b>\$</b>

## Schedule E

### TDA SERVICE CLAIM PUBLIC TRANSPORTATION CLAIM (ARTICLE 4)

### STATEMENT OF CAPITAL REQUIREMENTS Page 1

CLAIMANT: \_\_\_\_\_

<b>TDA Capital Assistance Required</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
1. Total Capital Outlay & Debt Reduction (From Schedule D, Line 30)		
2. Subtract Capital Assistance Net of LTF, STA (From Schedule D, Line 20)		
3. Total Capital Assistance Required (Line 1, Less Line 2)		
<b>4. TDA Capital Assistance Claimed</b>		
5. TDA Capital Excess Carryover from Prior Year (s)		
6. STA Current Payments from Uncommitted Funds—Capital		
7. LTF Current Payments from Unallocated Funds--Capital		
8. STA Current Payments from Committed Funds—Capital		
9. LTF Current Payments From Reserves--Capital		
<b>10. Total Capital Assistance (Total of Lines 5,6,7,8,9)</b>	<b>\$</b>	<b>\$</b>
<b>11. Capital Excess (Line 10, Less Line 4) (Transfer to Line 5 for Succeeding Year.)</b>	<b>\$</b>	<b>\$</b>

**Note: Fill in information for the projects included in Line 11 on the following page.**

## Schedule E Continued

TDA SERVICE CLAIM  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)  
**STATEMENT OF CAPITAL REQUIREMENTS**  
Page 2

### List of Major Capital Projects

Project Title	Federal Grant Number	RTP Number (A-95)	Estimated Project Cost	Source of Funds		
				LTF	STA	Federal
			\$	\$	\$	\$
<b>TOTAL*</b>	\$	\$	\$	\$	\$	\$

**\*Total on this page must equal Line 11 of Schedule E on prior page.**

Capital Projects include Park-and-Ride facilities, operations/maintenance facilities, terminal facilities, exclusive lanes for buses, and the acquisition of vehicles and rolling stock.

TDA SERVICE CLAIM  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)

**DESCRIPTION OF PROJECT AND SERVICE**

CLAIMANT \_\_\_\_\_

Type of Service \_\_\_\_\_

Chapter VI, Calculation of Farebox Recovery Ratio, in IVAG's *TDA Guidebook*, provides information on completing the data requested in the Tables below.

Performance Data	Prior Fiscal Year	Estimated or Actual Current FY 200_ - 200_	Percent Change Over Prior Year
<b>Operating Cost*</b>			
Vehicle Service Hours			
Vehicle Service Miles			
Passenger Count			
Employee Hours (FTE)			
Fare Revenue			
Days of Service			
Subsidy			

**\* If the Operating Cost increased over 15 percent from prior year, please fill out Justification Statement on the following page.**

TDA Performance Measures	Prior Fiscal Year	Estimated or Actual Current FY 200_ - 200_	Percent Change Over Prior Year
Operating Cost per Passenger			
Operating Cost per Vehicle Service Hour			
Passengers per Hour			
Passengers per Mile			
Vehicle Service Hours per Employee			
Passengers per day			
Operating cost per mile			
Subsidy per passenger			
Farebox Recovery Ratio			

**\* Please attach a route map to this sheet.**

TDA SERVICE CLAIM  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)

**JUSTIFICATION STATEMENT**

CLAIMANT \_\_\_\_\_

Did the operating budget increase over 15 percent from the prior fiscal year?

Yes     No

If the answer is Yes, please provide a statement identifying and substantiating the reason or need for the increase in excess of 15 percent. Identify substantial increases or decreases in the scope of operations or capital provisions for major new service.

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Is there a major capital project planned for next year that will not be funded by federal grants?

Yes     No

If the answer is Yes, please provide a statement identifying and substantiating the reason.

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IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)

**STATEMENT OF ASSURANCES**

Page 1

**Please Check  
Applicable Boxes**

- 1. 180 Day Certified Fiscal Audit** (required for all claims)  
A satisfactory, independent audit has been submitted to IVAG and the State Controller not more than 180 days after the end of the prior fiscal year.
- 2. 90 Day Annual State Controller Report** (transit claims)  
This report has been submitted to the State Controller not more than 120 days after the end of the prior fiscal year. (Also called the Annual Report of Financial Transactions of Transit Operators.)
- 3. Elderly/Disabled** (transit claims)  
Transit operator offers reduced fares for elderly and disabled persons in accordance with PUC Section 99155, and Section 99155.5 pertaining to dial-a-ride and paratransit services.
- 4. Farebox Recovery Ratio Requirements** (transit claims)  
Transit operator certifies it will maintain the required ratio of fare revenues and local support to operating cost, according to PUC Section 99268.
- 5. Implementation of Productivity Improvements** (transit claims)  
Operator has made a reasonable effort to implement the annual productivity improvement recommendations provided by IVAG.
- 6. California Highway Patrol (CHP) Certifications** (transit claims)  
Section 1808.1 of the Vehicle Code requires operators to participate in a pull notice system for obtaining current driver records from the Department of Motor Vehicles. Claimant / operator must be certified by the CHP within the last 13 months to be in compliance with this mandate.
- 7. Conformance with Regional Transportation Plan** (STA, transit, street and road, bicycle/pedestrian claims)  
Claimant certifies that all of the purposes for claim expenditures are in conformance with the local applicable Regional Transportation Plan.

IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)

**STATEMENT OF ASSURANCES**

**Page 2**

- 8. Full Use of Federal Funds (STA only)**  
Claimant certifies that it is making full use of federal funds available under the Federal Transit Act, as required by California Code of Regulations, Section 6754.
  
- 9. Efficiency Standards (STA only)**  
Operator certifies it is meeting one of the following two efficiency standards:  
Standard 1: The annual increase in the operator's total operating cost per revenue vehicle hour does not exceed the average cost per revenue vehicle hours in the preceding three years increased by the Consumer Price Index (CPI).  
Standard 2: The operator's average operating cost per vehicle revenue hour over the most current three fiscal years does not exceed the average cost per vehicle revenue hour in the preceding three years and increased by the CPI.
  
- 10. Operating Budget (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.
  
- 11. Triennial Performance Audit (Article 4 claims required, for other claims it is voluntary, PUC Section 99248)**  
Claimant certifies that it has submitted the Triennial Performance Audit report to IVAG on a triennial basis.
  
- 12. Drug and Alcohol Free Workplace Requirements**  
Claimant is in compliance with the requirements of the Federal Transit Administration (FTA) and/or Federal Highway Administration (FHWA) Drug and Alcohol Testing rules, and provides a drug-free workplace.
  
- 13. Americans with Disabilities Act (ADA)**  
Claimant certifies that it complies with the Americans with Disabilities Act (ADA) which includes the following provisions:
  1. Prohibits discrimination against the disabled in hiring and employment;
  2. Prohibits discrimination in public transportation and requires public transit systems to provide the same level of public transportation service to individuals with disabilities as to those without disabilities using the same system;
  3. Prohibits discrimination against the disabled in public accommodations and in commercial facilities.

IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
PUBLIC TRANSPORTATION CLAIMS (ARTICLE 4)

**STATEMENT OF ASSURANCES**

**Page 3**

**14. Part-Time Drivers**

The transit operator is not precluded by any contract entered into after June 1979 from employing a part-time driver or from contracting with common carriers of persons operating under a franchise or license.

**15. Consistency with Bicycle Plan** (bicycle claims only)

Claimant certifies that all of the purposes for claim expenditures are in conformance with the Agency's *Countywide Bicycle Master Plan*.

CLAIMANT SIGNATURE \_\_\_\_\_

**IMPERIAL VALLEY ASSOCIATION OF  
GOVERNMENTS  
TRANSPORTATION DEVELOPMENT PROGRAM**

**INSTRUCTIONS FOR PREPARING ARTICLE 6.5  
STATE TRANSIT ASSISTANCE PROGRAM**

**General Information**

These instructions apply to the following program category:

**State Transit Assistance Program**

Funds are available for transit purposes under Article 4.5 and Article 8.

Claims may be filed for the following purposes:

1. Operating costs of the public transportation system
2. Capital requirements of the public transportation system
3. Subsidy of passenger rail service

**Forms Included in this Package**

Checklist  
Article 6.5 Claim form  
Proposed Commitment Statement  
Sample Governing Body Resolution  
Statement of Assurances

**Forms Available in Article 8 (c) Package (Use also for Article 6.5)**

Operating Revenue Summary, and Operating Expense Summary  
(Schedules A & B)  
Statement of Operating Requirements (Schedule C)  
Capital Assistance and Outlay Summary (Schedule D)  
Schedule of Capital Requirements (Schedule E)  
Description of Project and Service  
Justification Statement and Productivity Improvement Statement

**Where to File**

One signed original claim should be filed with the IVAG office:

Imperial Valley Association of Governments  
County of Imperial  
Public Works Director  
155 South Eleventh Street  
El Centro, CA 92243

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STATE TRANSIT ASSISTANCE CLAIM FORM (ARTICLE 6.5)**

Page 1

**Claimant Information**

Agency Name:	Date:
Contact Person:	Fiscal Year:
Address:	This claim is <input type="checkbox"/> Original <input type="checkbox"/> Revised
	Phone:
	Fax:
	Email:

Please fill out the table below, checking those items that are being submitted with this claim application. *(Please use the Claim forms provided earlier for Article 8c)*

<b>Checklist for TDA Claims</b>	
<b>Item Enclosed</b>	<b>Items Included with Claim Application</b>
	Article 6.5 State Transit Claim Form
	Financial Statement
	Governing Body Resolution
	Statement of Assurances
	Description of Project and Nature of Service
	Justification Statements
	Productivity Improvement Statement
	Copy of Current Contract/Cooperative Agreement
	DMV Pull Notice Inspection Certificate
	90 Day State Controller Report
	180 Day Certified Fiscal Audit

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STATE TRANSIT ASSISTANCE CLAIM FORM (ARTICLE 6.5)**

Page 2

Payment Recipient:
Address:
Attention (Name and Title):

**Detail of Requested Allocation**

Purpose (Check Box)	Detail of Requested Allocation	Amount
<input type="checkbox"/> Section 6730a	1. Payment from Unallocated-Operations	\$
<input type="checkbox"/> Section 6730b	2. Payment from Unallocated-Capital	\$
<input type="checkbox"/> Section 6730c	3. Drawdown from Reserves	\$
Contracts:		
<input type="checkbox"/> Section 6731a	TOTAL ALLOCATION REQUESTED	
<input type="checkbox"/> Section 6731b	Reserve for Future Payment	\$
<input type="checkbox"/> Section 6731c		

**Condition of Approval:**

Approval of this claim and payment by the County Auditor to this claimant are subject to monies being available and to the provisions that such monies will be used only in accordance with the allocation instructions.

\_\_\_\_\_  
**Authorizing Signature** (blue ink)  
(Claimant's Chief Administrator or Chief Financial Officer)

\_\_\_\_\_  
**(Print Name and Title)**

**DATE APPROVED:**

**ALLOCATION:**

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STATE TRANSIT ASSISTANCE CLAIM FORM (ARTICLE 6.5)**

Page 3

**Detail of Requested Capital Payments and Reserves**

(Use additional sheets if necessary)

Note that all projects must be included in the Regional Transportation Improvement Program (RTIP).

<b>Payments from Unallocated—Capital Project Description</b>	<b>STA Amount</b>	<b>Date Required</b>
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
<b>6 TOTAL (Enter on Page 2)</b>	<b>\$</b>	

<b>Drawdown from Reserves—Capital Project Description</b>	<b>STA Amount</b>	<b>Date Required</b>
7	\$	
8	\$	
9	\$	
10	\$	
11	\$	
<b>12 TOTAL (Enter on Page 2)</b>	<b>\$</b>	

<b>Reserve for Future Payment—Capital Project Description</b>	<b>STA Amount</b>	<b>Date of Expected Drawdown</b>
13	\$	
14	\$	
15	\$	
16	\$	
17	\$	
<b>18 TOTAL (Enter on Page 2)</b>	<b>\$</b>	

**PLEASE NOTE: SCHEDULE (A-E) FORMS MAY BE FOUND UNDER ARTICLE 8 (c)**

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STATE TRANSIT ASSISTANCE (ARTICLE 6.5)**

**PROPOSED COMMITMENT STATEMENT**

(When requesting that funds be reserved for long-term capital projects, the claim must include a description of the project. The description from IVAG's *Short Range Transit Plan* will meet this requirement.)

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STATE TRANSIT ASSISTANCE CLAIM FORM (ARTICLE 6.5)**

**STATEMENT OF ASSURANCES**

Page 1

**Please Check  
Applicable Boxes**

- 1. 180 Day Certified Fiscal Audit** (required for all claims)  
A satisfactory, independent audit has been submitted to IVAG and the State Controller not more than 180 days after the end of the prior fiscal year.
  
- 2. 90 Day Annual State Controller Report** (transit claims)  
This report has been submitted to the State Controller not more than 120 days after the end of the prior fiscal year. (Also called the Annual Report of Financial Transactions of Transit Operators.)
  
- 3. Elderly/Disabled** (transit claims)  
Transit operator offers reduced fares for elderly and disabled persons in accordance with PUC Section 99155, and Section 99155.5 pertaining to dial-a-ride and paratransit services.
  
- 4. Farebox Recovery Ratio Requirements** (transit claims)  
Transit operator certifies it will maintain the required ratio of fare revenues and local support to operating cost, according to PUC Section 99268.
  
- 5. Implementation of Productivity Improvements** (transit claims)  
Operator has made a reasonable effort to implement the annual productivity improvement recommendations provided by IVAG.
  
- 6. California Highway Patrol (CHP) Certifications** (transit claims)  
Section 1808.1 of the Vehicle Code requires operators to participate in a pull notice system for obtaining current driver records from the Department of Motor Vehicles. Claimant/operator must be certified by the CHP within the last 13 months to be in compliance with this mandate.
  
- 7. Conformance with Regional Transportation Plan** (STA, transit, street and road, bicycle/pedestrian claims)  
Claimant certifies that all of the purposes for claim expenditures are in conformance with the local applicable Regional Transportation Plan.

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS STATE TRANSIT  
ASSISTANCE CLAIM FORM (ARTICLE 6.5)**

**STATEMENT OF ASSURANCES**

**Page 2**

- 8. Full Use of Federal Funds (STA only)**  
Claimant certifies that it is making full use of federal funds available under the Federal Transit Act, as required by California Code of Regulations, Section 6754.
  
- 9. Efficiency Standards (STA only)**  
Operator certifies it is meeting one of the following two efficiency standards:  
Standard 1: The annual increase in the operator's total operating cost per revenue vehicle hour does not exceed the average cost per revenue vehicle hour s in the preceding three years increased by the Consumer Price Index (CPI).  
Standard 2: The operator's average operating cost per vehicle revenue hour over the most current three fiscal years does not exceed the average cost per vehicle revenue hour in the preceding three years and increased by the CPI.
  
- 10. Operating Budget (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.
  
- 11. Triennial Performance Audit (Article 4 claims required, for other claims it is voluntary, PUC Section 99248.)**  
Claimant certifies that it has submitted the Triennial Performance Audit report to IVAG on a triennial basis.
  
- 12. Drug and Alcohol Free Workplace Requirements**  
Claimant is in compliance with the requirements of the Federal Transit Administration (FTA) and/or Federal Highway Administration (FHWA) Drug and Alcohol Testing rules, and provides a drug and alcohol free workplace.
  
- 13. Americans with Disabilities Act (ADA)**  
Claimant certifies that it complies with the Americans with Disabilities Act (ADA) which includes the following provisions:
  1. Prohibits discrimination against the disabled in hiring and employment;
  2. Prohibits discrimination in public transportation and requires public transit systems to provide the same level of public transportation service to individuals with disabilities as to those without disabilities using the same system;
  3. Prohibits discrimination against the disabled in public accommodations and in commercial facilities.

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STATE TRANSIT ASSISTANCE CLAIM FORM (ARTICLE 6.5)**

**STATEMENT OF ASSURANCES**

**Page 3**

**14. Part-Time Drivers**

The transit operator is not precluded by any contract entered into after June 1979 from employing a part-time driver or from contracting with common carriers of persons operating under a franchise or license.

**15. Consistency with Bicycle Plan** (bicycle claims only)

Claimant certifies that all of the purposes for claim expenditures are in conformance with the Agency's *Countywide Bicycle Master Plan*.

AUTHORIZED CLAIMANT SIGNATURE \_\_\_\_\_

# SAMPLE RESOLUTION

Resolution No. \_\_\_\_\_

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF \_\_\_\_\_ APPROVING THE ARTICLE 8 APPLICATION FOR \_\_\_\_\_ TRANSIT PURPOSES UNDER THE TRANSPORTATION DEVELOPMENT ACT, ARTICLE 6.5, PUC 99313.

Whereas, The Transportation Development Act (SB 325) provides that each Transportation Planning Agency may allocate funds to specific transit purposes;

Whereas, the City of \_\_\_\_\_ has recognized the need for

\_\_\_\_\_.

Now Therefore, the City Council of the City of \_\_\_\_\_ does resolve as follows:

1. To authorize \_\_\_\_\_ as the City's authorized signature and designated contact person;
2. To apply for funds available to the City of \_\_\_\_\_ allocated for \_\_\_\_\_

\_\_\_\_\_ In the amount of \$ \_\_\_\_\_.

Passed and Adopted the \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Mayor, City of \_\_\_\_\_

ATTEST: \_\_\_\_\_

City Clerk of the City of \_\_\_\_\_.

# IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS TRANSPORTATION DEVELOPMENT ACT PROGRAM

## INSTRUCTIONS FOR PREPARING ARTICLE 8 (a) LOCAL STREETS AND ROADS CLAIMS

### General Information

These instructions apply to the following program category:

#### Local Transportation Fund (LTF)

Article 8, PUC Section 99400a: payments to cities and counties for development, construction, and maintenance of the streets and highway network. Included are facilities for the exclusive use by pedestrians and bicycles.

The following projects are eligible for funding:

1. Preliminary Engineering
2. Right-of-way acquisition
3. Improvement, maintenance, reconstruction and construction
4. Construction of facilities and buildings
5. Contributions to the transportation planning process

### Forms Included in this Package

Checklist

Article 8 (a) Claim form

Financial Reporting Form

Unmet Transit Needs Statement

Project Information Form (bicycle and pedestrian projects only)

Sample Governing Body Resolution

Standard Statement of Assurances

### Where to File

**For applicants with 8 (c) transit claims, claims for 8 (a) may only be filed after submittal of the transit claim forms.**

One signed original claim should be filed with the IVAG office:

Imperial Valley Association of Governments  
County of Imperial  
Public Works Director  
155 South Eleventh Street

El Centro, CA 92243

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STREETS AND ROADS CLAIM FORM (ARTICLE 8 a)**

Page 1

**Claimant Information**

Agency Name:	Date:
Contact Person:	Fiscal Year:
Address:	This claim is <input type="checkbox"/> Original <input type="checkbox"/> Revised
	Phone:
	Fax:
	Email:

**Please fill out the table below, checking those items that are being submitted with this claim application.**

**Checklist of Required Items**

## Checklist for TDA Claims

<b>Item Enclosed</b>	<b>Items Included with Claim Application</b>
	Article 8 (a) Claim Form
	Financial Reporting Form
	Governing Body Resolution
	Statement of Assurances
	Unmet Transit Needs Findings Report
	Project Information Form (Bicycles-Pedestrians)
	Annual Certified Fiscal Audit
	Street/Road Annual Report to State Controller

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STREETS AND ROADS CLAIM FORM (ARTICLE 8 a)**

Page 2

**Payment Recipient**

**Date** \_\_\_\_\_

Payment Recipient:	Telephone:
Address:	
Attention (Name and Title):	

**Purpose (check one box only)**

- Article 8 (a) Streets and Roads       Article 8 (a) Bicycle/Pedestrian Facilities

Detail of Requested Allocation	Amount
Payment from Unallocated Funds	\$
2.0 percent Planning Contribution to IVAG	\$
Payment from Reserves (Drawdown of funds reserved in a previous year)	\$
<b>TOTAL PAYMENTS REQUESTED</b>	
Reserve for Future Payment	\$

**Condition of Approval:**

Approval of this claim and payment by the County Auditor to this claimant are subject to monies being available and to the provisions that such monies will be used only in accordance with the allocation instructions.

\_\_\_\_\_  
**Authorizing Signature** (blue ink)  
(Claimant's Chief Administrator or Chief Financial Officer)

\_\_\_\_\_  
**(Print Name and Title)**

**DATE APPROVED:**

**ALLOCATION:**

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STREETS AND ROADS (ARTICLE 8 a)**

**FINANCIAL REPORTING FORM**

CLAIMANT: \_\_\_\_\_ DATE \_\_\_\_\_

**Financial Reporting Form Article 8 (a)**

<b>Financial Data</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
<b>Fund Balance</b>		
1. Beginning of the Fiscal Year	\$	
<b>Revenues</b>		
2. Intergovernmental Allocations		
3. Interest		
4. Refunds		
5. Total		
<b>Expenditures</b>		
6. Local Streets and Roads		
7. Bicycle and Pedestrian Facilities (Not Article 3)		
<b>Balance</b>		
8. Excess (Deficiency) of Revenue over expenditures		
<b>Fund Balance</b>		
9. End of Year		<b>-0-</b>

I verify that the information on this Financial Reporting Form is true and accurate to the best of my knowledge.

Signed \_\_\_\_\_

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STREETS AND ROADS (ARTICLE 8 a)**

**UNMET TRANSIT NEEDS FINDINGS REPORT**

CLAIMANT \_\_\_\_\_

It is certified that the following materials have been submitted to IVAG for submission to the California Department of Transportation (Caltrans) before August 15, or within 10 days after adoption of the Unmet Transit Needs Finding, whichever is later.

<b>Item Completed</b>	<b>Unmet Transit Needs Requirements</b>
	A public hearing conducted with the participation of the Social Services Technical Advisory Committee (SSTAC).
	Actions taken to solicit public input (mailing labels, newspaper announcement) were documented.
	Resolution or minutes documenting unmet needs definitions.
	Resolution adopting unmet needs finding indicating one of the following: <ol style="list-style-type: none"> <li>1. <i>There are no unmet transit needs; or</i></li> <li>2. <i>There are no unmet transit needs that are reasonable to meet;</i></li> <li style="text-align: center;"><i>or</i></li> <li>3. <i>There are unmet transit needs, including needs that are reasonable to meet.</i></li> </ol>
	Above material was submitted in a report to IVAG

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STREETS AND ROADS CLAIM FORM (ARTICLE 8 a)**

**FOR BICYCLE AND PEDESTRIAN PROJECTS ONLY**

CLAIMANT \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

ESTIMATED STARTING DATE \_\_\_\_\_

ESTIMATED COMPLETION DATE \_\_\_\_\_

**Project Budget**

<b>Project Budget</b>	<b>Amount</b>
<b>Revenue</b>	<b>\$</b>
TDA Article 3	
TDA Article 8	
Other	
<b>TOTAL PROJECT REVENUES</b>	<b>\$</b>

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STREETS AND ROADS CLAIM FORM (ARTICLE 8 a)**

**STATEMENT OF ASSURANCES**

Page 1

**Please Check  
Applicable Boxes**

- 1. 180 Day Certified Fiscal Audit** (required for all claims)  
A satisfactory, independent audit has been submitted to IVAG and the State Controller not more than 180 days after the end of the prior fiscal year.
  
- 2. 90 Day Annual State Controller Report** (transit claims)  
This report has been submitted to the State Controller not more than 120 days after the end of the prior fiscal year. (Also called the Annual Report of Financial Transactions of Transit Operators.)
  
- 3. Elderly/Disabled** (transit claims)  
Transit operator offers reduced fares for elderly and disabled persons in accordance with PUC Section 99155, and Section 99155.5 pertaining to dial-a-ride and paratransit services.
  
- 4. Farebox Recovery Ratio Requirements** (transit claims)  
Transit operator certifies it will maintain the required ratio of fare revenues and local support to operating cost, according to PUC Section 99268.
  
- 5. Implementation of Productivity Improvements** (transit claims)  
Operator has made a reasonable effort to implement the annual productivity improvement recommendations provided by IVAG.
  
- 6. California Highway Patrol (CHP) Certifications** (transit claims)  
Section 1808.1 of the Vehicle Code requires operators to participate in a pull notice system for obtaining current driver records from the Department of Motor Vehicles. Claimant/operator must be certified by the CHP within the last 13 months to be in compliance with this mandate.
  
- 7. Conformance with Regional Transportation Plan** (STA, transit, street and road, bicycle/pedestrian claims)  
Claimant certifies that all of the purposes for claim expenditures are in conformance with the local applicable Regional Transportation Plan.

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STREETS AND ROADS CLAIM FORM (ARTICLE 8 a)**

**STATEMENT OF ASSURANCES**

**Page 2**

- 8. Full Use of Federal Funds (STA only)**  
Claimant certifies that it is making full use of federal funds available under the Federal Transit Act, as required by California Code of Regulations, Section 6754.
- 9. Efficiency Standards (STA only)**  
Operator certifies it is meeting one of the following two efficiency standards:  
Standard 1: The annual increase in the operator's total operating cost per revenue vehicle hour does not exceed the average cost per revenue vehicle hour s in the preceding three years increased by the Consumer Price Index (CPI).  
Standard 2: The operator's average operating cost per vehicle revenue hour over the most current three fiscal years does not exceed the average cost per vehicle revenue hour in the preceding three years and increased by the CPI.
- 10. Operating Budget (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.
- 11. Triennial Performance Audit (Article 4 claims required, for other claims it is voluntary, PUC Section 99248.)**  
Claimant certifies that it has submitted the Triennial Performance Audit report to IVAG on a triennial basis.
- 12. Drug and Alcohol Free Workplace Requirements**  
Claimant is in compliance with the requirements of the Federal Transit Administration (FTA) and/or Federal Highway Administration (FHWA) Drug and Alcohol Testing rules, and provides a drug and alcohol free workplace.
- 13. Americans with Disabilities Act (ADA)**  
Claimant certifies that it complies with the Americans with Disabilities Act (ADA) which includes the following provisions:  
1. Prohibits discrimination against the disabled in hiring and employment;  
2. Prohibits discrimination in public transportation and requires public transit systems to provide the same level of public transportation service to individuals with disabilities as to those without disabilities using the same system;  
3. Prohibits discrimination against the disabled in public accommodations and in commercial facilities.

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
STREETS AND ROADS CLAIM FORM (ARTICLE 8 a)**

**STATEMENT OF ASSURANCES**

**Page 3**

**14. Part-Time Drivers**

The transit operator is not precluded by any contract entered into after June 1979 from employing a part-time driver or from contracting with common carriers of persons operating under a franchise or license.

**15. Consistency with Bicycle Plan** (bicycle claims only)

Claimant certifies that all of the purposes for claim expenditures are in conformance with the Agency's *Countywide Bicycle Master Plan*.

AUTHORIZED CLAIMANT SIGNATURE \_\_\_\_\_

# SAMPLE RESOLUTION

Resolution No. \_\_\_\_\_

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF

\_\_\_\_\_ APPROVING THE ARTICLE 8a

APPLICATION FOR \_\_\_\_\_ STREETS AND ROADS AND IVAG

PLANNING PURPOSES UNDER THE TRANSPORTATION DEVELOPMENT ACT

(SB 325), PUC 99400a.

Whereas, The Transportation Development Act (SB 325) provides that each Transportation Planning Agency after allocating funds for unmet transit needs for the jurisdiction, may then allocate monies not allocated to transit purposes, for streets and roads purposes.

Whereas, the City of \_\_\_\_\_ has recognized the need to maintain local streets and roads;

Now Therefore, the City Council of the City of \_\_\_\_\_

does resolve as follows:

1. To authorize \_\_\_\_\_ as the City's authorized signature and designated contact person;
2. To apply for funds available to the City of \_\_\_\_\_ Allocated for streets and roads purposes, in the amount of \$ \_\_\_\_\_.
3. To apply for funds available to the City of \_\_\_\_\_ allocated for IVAG Planning Purposes in the amount of \$ \_\_\_\_\_.

Passed and Adopted the \_\_\_\_\_ Day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
Mayor, City of \_\_\_\_\_

ATTEST: \_\_\_\_\_  
City Clerk of the City of \_\_\_\_\_.

**IMPERIAL VALLEY ASSOCIATION OF  
GOVERNMENTS  
TRANSPORTATION DEVELOPMENT ACT PROGRAM**

**INSTRUCTIONS FOR PREPARING ARTICLE 8 (c)  
PUBLIC TRANSPORTATION CLAIMS**

**General Information**

These instructions apply to the following program categories:

**Local Transportation Fund (LTF)**

Article 8, PUC Section 99400c, for payments for transit services provided under contract.

**State Transit Assistance Fund (STA)**

Article 6.5, PUC Section 99315, for payments for transit services for claimants eligible to receive Article 8 funds, and meeting public transportation needs.

**Forms Included in this Package**

Checklist of items to be filed by claimant  
Article 8 (c) Claim form  
Sample Governing Body Resolution  
Financial Reporting forms (Schedules A-C)  
Description of Major Capital Projects (Schedule D and E)  
Description of Project and Nature of Service  
Justification Statements  
Productivity Improvement Statement  
Standard Statement of Assurances

**Where to File**

One signed original claim should be filed with the IVAG office:

Imperial Valley Association of Governments  
County of Imperial  
Public Works Director  
155 South Eleventh Street  
El Centro, CA 92243

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
TDA TRANSIT CONTRACT SERVICE CLAIM FORM (ARTICLE 8 c)**

Page 1

**Claimant Information**

Agency Name:	Date:
Contact Person:	Fiscal Year:
Address:	This claim is <input type="checkbox"/> Original <input type="checkbox"/> Revised
	Phone:
	Fax:
	Email:

Please fill out the table below, checking those items that are being submitted with this claim application.

**Checklist of Required Items**

<b>Checklist for TDA Claims</b>	
<b>Item Enclosed</b>	<b>Items Included with Claim Application</b>
	Article 8 (c) Transit Claim Form
	Financial Statement
	Governing Body Resolution
	Statement of Assurances
	Description of Project and Nature of Service
	Justification Statements
	Productivity Improvement Statement
	Copy of Current Contract/Cooperative Agreement
	DMV Pull Notice Inspection Certificate
	90 Day State Controller Report
	180 Day Certified Fiscal Audit

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
TDA TRANSIT CONTRACT SERVICE CLAIM FORM (ARTICLE 8 c)**

Page 2

**Payment Recipient**

Payment Recipient:
Address:
Attention (Name and Title):

**Requested Payment and Reserves**

Purpose	Requested Payment and Reserves	Amount
Article 8 (c)	Payment from Unallocated-Operations	\$
Article 8 (e)	Payment from Unallocated-Capital (from page 3, line 6)	\$
	Drawdown from Reserves -Capital (from page 3, line 12)	\$
	<b>TOTAL PAYMENTS REQUESTED</b>	
	Reserve for Future Payment (from page 3, line 18)	\$

**Condition of Approval:**

Approval of this claim and payment by the County Auditor to this claimant are subject to monies being available and to the provisions that such monies will be used only in accordance with the allocation instructions.

\_\_\_\_\_

**Authorizing Signature** (blue ink)  
(Claimant's Chief Administrator or Chief Financial Officer)

\_\_\_\_\_

**(Print Name and Title)**

\_\_\_\_\_

**DATE APPROVED:**

**ALLOCATION:**

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
TDA TRANSIT CONTRACT SERVICE CLAIM FORM (ARTICLE 8 c)  
Page 3**

**Detail of Requested Capital Payments and Reserves**

(Use additional sheets if necessary)

Note that all projects must be included in the Regional Transportation Improvement Program (RTIP)

<b>Payments from Unallocated—Capital Project Description</b>	<b>TDA Amount</b>	<b>Date Required</b>
<b>1</b>	\$	
<b>2</b>	\$	
<b>3</b>	\$	
<b>4</b>	\$	
<b>5</b>	\$	
<b>6 TOTAL (Enter on Page 2)</b>	\$	

<b>Drawdown from Reserves—Capital Project Description</b>	<b>TDA Amount</b>	<b>Date Required</b>
<b>7</b>	\$	
<b>8</b>	\$	
<b>9</b>	\$	
<b>10</b>	\$	
<b>11</b>	\$	
<b>12 TOTAL (Enter on Page 2)</b>	\$	

<b>Reserve for Future Payment—Capital Project Description</b>	<b>TDA Amount</b>	<b>Date of Expected Drawdown</b>
<b>13</b>	\$	
<b>14</b>	\$	
<b>15</b>	\$	
<b>16</b>	\$	
<b>17</b>	\$	
<b>18 TOTAL (Enter on Page 2)</b>	\$	

# SAMPLE RESOLUTION

Resolution No. \_\_\_\_\_

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF**

\_\_\_\_\_ **APPROVING THE ARTICLE 8**

**APPLICATION FOR \_\_\_\_\_ TRANSIT PURPOSES UNDER**

**THE TRANSPORTATION DEVELOPMENT ACT (SB 325), PUC 99400.**

Whereas, The Transportation Development Act (SB 325) provides that each Transportation Planning Agency may allocate funds to specific transit purposes;

Whereas, the City of \_\_\_\_\_ has recognized the need for

\_\_\_\_\_.

Now Therefore, the City Council of the City of \_\_\_\_\_

Does resolve as follows:

1. To authorize \_\_\_\_\_ as the City's authorized signature and designated contact person;

2. To apply for funds available to the City of \_\_\_\_\_  
Allocated for \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_.

AND/OR

3. To apply for funds available to the City of \_\_\_\_\_  
Allocated for IVAG Transit Services in the amount of \$ \_\_\_\_\_.

Passed and Adopted the \_\_\_\_\_ Day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
Mayor, City of \_\_\_\_\_

ATTEST: \_\_\_\_\_  
City Clerk of the City of \_\_\_\_\_.

## Schedule A

### TDA CONTRACT SERVICE CLAIM LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE

#### OPERATING REVENUE SUMMARY Page 1

CLAIMANT: \_\_\_\_\_

Revenue Object Classes (not including LTF or STA)	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
1. Passenger Fares for Transit Service		
2. Special Transit Fares		
3. Charter Service Revenues		
4. Auxiliary Transportation Revenues		
5. Non-Transportation Revenues		

Taxes Levied Directly by Transit System	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
7. Property Tax		
8. Sales Tax		

Local Support	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
10. Local Cash Grants and Reimbursements—General Operating Assistance		
11. Local Special Fare Assistance		

## Schedule A

### TDA CONTRACT SERVICE CLAIM LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE

#### OPERATING REVENUE SUMMARY Page 2

State Cash Grants and Reimbursements	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
15. Homeowners Property Tax Relief		
16. Business Inventory Property Tax Relief		
17. Transportation Fund-Guideways		
18. State Special Fare Assistance		

Federal Cash Grants and Reimbursements	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
19. FTA Section_____		
20. FTA Section 16B2		
21 FTA Section 18		
22.Revenues Sharing Passthrough		

	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
23. Contributed Services (memo only)		
24. Less Contra Account for Expense		
25. Subsidy from other sectors of operations		
<b>26. TOTALS</b>	<b>\$</b>	<b>\$</b>

## Schedule B

### TDA CONTRACT SERVICE CLAIM LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE

#### OPERATING EXPENSE SUMMARY

CLAIMANT: \_\_\_\_\_

**Check Mode:**  Fixed Route  Dial-a-Ride  ADA Paratransit  Med-Express

Expense Object Classes	Estimated or Actual Current Fiscal Year 200_-200_	Proposed Fiscal Year 200_-200_
1. Operations		
2. Maintenance		
3. Administration		
4. SUBTOTAL (Sum Lines 1,2,3)		
5. RECONCILING ITEMS		
6. Interest Expense		
7. Leases and Rentals		
8. Depreciation and Amortization		
9. TOTALS (Sum Lines 4,6,7,8)		
10. DEDUCT: Depreciation and Amortization		
<b>TOTAL EXPENSE NET OF NONCASH ITEMS (Line 9, less Line 10)</b>	<b>\$</b>	<b>\$</b>

## Schedule C

### TDA CONTRACT SERVICE CLAIM LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE

#### STATEMENT OF OPERATING REQUIREMENTS

CLAIMANT: \_\_\_\_\_

<b>TDA Operating Assistance Required</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
1. Total Operating Expense (from Schedule B, Line 11)		
2. Subtract Revenues Net of LTF and STA (Schedule A, Line 26)		
3. Total Operating Assistance Required (Line 1, Less Line 2)		
<b>TDA Operating Assistance Claimed</b>		
4. TDA Operating Excess Carryover from prior year (s)		
5. STA Current Payments—Operating		
6. LTF Current Payments—Operating		
7. Total TDA Operating Assistance (Total of Lines 4,5,6)		
8. TDA Operating Excess (Line 8, less Line 3). (Transfer to Line 4 for next year)*		

**\*Note:** Provide an explanation for not expending total LTF, STA, operating assistance received.

## Schedule D

### TDA CONTRACT SERVICE CLAIM LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE

#### CAPITAL ASSISTANCE AND OUTLAY SUMMARY Page 1

CLAIMANT: \_\_\_\_\_

<b>Sources of Capital Assistance (Not including LTF or STA)</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
FEDERAL CAPITAL GRANTS		
1. FTA Section 3 Grants		
2. FTA Section 9 Grants		
3. FTA Section 16B2		
4. FTA Section 18 Grants		
5. Federal Aid Urban Grants		
6. Federal Aid Interstate		
7. Other Federal Grants		
8. Revenue Sharing Passthrough		
STATE CAPITAL GRANTS AND SUBVENTIONS		
9. Transportation Fund-Guideways		
10. State General Fund Provisions		
11. Other State Provisions		
LOCAL CAPITAL GRANTS AND PROVISIONS		
13. Sales Tax		
14. Motor Vehicle Fuel Taxes		
15. Property Taxes		
16. General Fund		
17. Other Local Sources		
<b>TOTAL (Sum Lines 1-17)</b>	<b>\$</b>	<b>\$</b>

**Schedule D Continued**

**TDA CONTRACT SERVICE CLAIM  
LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE**

**CAPITAL ASSISTANCE AND OUTLAY SUMMARY  
Page 2**

<b>Capital Outlay and Debt Reductions</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
22. Revenue Vehicles—Expansion		
23. Revenue Vehicles—Replacement		
24. Service Vehicles		
25. Buildings and Structures		
26. Equipment		
27. Office Equipment and Furnishings		
28. Land		
29. Debt Reduction		
<b>TOTAL (Sum of Lines 22-29)</b>	<b>\$</b>	<b>\$</b>

## Schedule E

### TDA CONTRACT SERVICE CLAIM LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE

#### STATEMENT OF CAPITAL REQUIREMENTS Page 1

CLAIMANT: \_\_\_\_\_

<b>TDA Capital Assistance Required</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
1. Total Capital Outlay & Debt Reduction (From Schedule D, Line 30)		
2. Subtract Capital Assistance Net of LTF, STA (From Schedule D, Line 20)		
3. Total Capital Assistance Required (Line 1, Less Line 2)		
<b>4. TDA Capital Assistance Claimed</b>		
5. TDA Capital Excess Carryover from Prior Year (s)		
6. STA Current Payments from Uncommitted Funds—Capital		
7. LTF Current Payments from Unallocated Funds--Capital		
8. STA Current Payments from Committed Funds—Capital		
9. LTF Current Payments From Reserves--Capital		
<b>10. Total Capital Assistance (Total of Lines 5,6,7,8,9)</b>	<b>\$</b>	<b>\$</b>
<b>11. Capital Excess (Line 10, Less Line 4) (Transfer to Line 5 for Succeeding Year.)</b>	<b>\$</b>	<b>\$</b>

**Note: Fill in information for the projects included in Line 11 on the following page.**

## Schedule E

### TDA CONTRACT SERVICE CLAIM LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE STATEMENT OF CAPITAL REQUIREMENTS Page 2

#### List of Major Capital Projects

Project Title	Federal Grant Number	RTP Number (A-95)	Estimated Project Cost	Source of Funds		
				LTF	STA	Federal
			\$	\$	\$	\$
<b>TOTAL*</b>	\$	\$	\$	\$	\$	\$

**\*Total on this page must equal Line 11 of Schedule E on prior page.**

Capital Projects include Park-and-Ride facilities, operations/maintenance facilities, terminal facilities, exclusive lanes for buses, and the acquisition of vehicles and rolling stock.

**TDA CONTRACT SERVICE CLAIM  
LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE**

**DESCRIPTION OF PROJECT AND SERVICE**

CLAIMANT \_\_\_\_\_

Type of Service \_\_\_\_\_

Chapter VI, Calculation of Farebox Recovery Ratio, in IVAG's *TDA Guidebook*, provides information on completing the data requested in the Tables below.

<b>Performance Data</b>	<b>Prior Fiscal Year</b>	<b>Estimated or Actual Current FY 200_ - 200_</b>	<b>Percent Change Over Prior Year</b>
<b>Operating Cost*</b>			
Vehicle Service Hours			
Vehicle Service Miles			
Passenger Count			
Employee Hours (FTE)			
Fare Revenue			
Days of Service			
Subsidy			

**\* If the Operating Cost increased over 15 percent from prior year, please fill out Justification Statement on the following page.**

<b>TDA Performance Measures</b>	<b>Prior Fiscal Year</b>	<b>Estimated or Actual Current FY 200_ - 200_</b>	<b>Percent Change Over Prior Year</b>
Operating Cost per Passenger			
Operating Cost per Vehicle Service Hour			
Passengers per Hour			
Passengers per Mile			
Vehicle Service Hours per Employee			
Passengers per day			
Operating cost per mile			
Subsidy per passenger			
Farebox Recovery Ratio			

**TDA CONTRACT SERVICE CLAIM  
LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE  
JUSTIFICATION STATEMENT**

CLAIMANT \_\_\_\_\_

Did the operating budget increase over 15 percent from the prior fiscal year?

Yes     No

If the answer is Yes, please provide a statement identifying and substantiating the reason or need for the increase in excess of 15 percent. Identify substantial increases or decreases in the scope of operations or capital provisions for major new service.

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Is there a major capital project planned for next year that will not be funded by federal grants?

Yes     No

If the answer is Yes, please provide a statement identifying and substantiating the reason.

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**TDA CONTRACT SERVICE CLAIM  
 LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE  
 PRODUCTIVITY IMPROVEMENT STATEMENT**

CLAIMANT \_\_\_\_\_

Under TDA, regional transportation agencies, such as IVAG, are to annually identify, analyze and recommend to each transit operator improvements that could be made to lower their operating costs. Please describe the recommendations that were received last year, and the efforts made to implement those recommendations.

<b>Recommendation</b>	<b>Implementation Status</b>

**TDA CONTRACT SERVICE CLAIM  
LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE**

**STATEMENT OF ASSURANCES**

**Page 1**

**Please Check  
Applicable Boxes**

- 1. 180 Day Certified Fiscal Audit** (required for all claims)  
A satisfactory, independent audit has been submitted to IVAG and the State Controller not more than 180 days after the end of the prior fiscal year.
  
- 2. 90 Day Annual State Controller Report** (transit claims)  
This report has been submitted to the State Controller not more than 120 days after the end of the prior fiscal year. (Also called the Annual Report of Financial Transactions of Transit Operators.)
  
- 3. Elderly/Disabled** (transit claims)  
Transit operator offers reduced fares for elderly and disabled persons in accordance with PUC Section 99155, and Section 99155.5 pertaining to dial-a-ride and paratransit services.
  
- 4. Farebox Recovery Ratio Requirements** (transit claims)  
Transit operator certifies it will maintain the required ratio of fare revenues and local support to operating cost, according to PUC Section 99268.
  
- 5. Implementation of Productivity Improvements** (transit claims)  
Operator has made a reasonable effort to implement the annual productivity improvement recommendations provided by IVAG.
  
- 6. California Highway Patrol (CHP) Certifications** (transit claims)  
Section 1808.1 of the Vehicle Code requires operators to participate in a pull notice system for obtaining current driver records from the Department of Motor Vehicles. Claimant/operator must be certified by the CHP within the last 13 months to be in compliance with this mandate.
  
- 7. Conformance with Regional Transportation Plan** (STA, transit, street and road, bicycle/pedestrian claims)  
Claimant certifies that all of the purposes for claim expenditures are in conformance with the local applicable Regional Transportation Plan.

**TDA CONTRACT SERVICE CLAIM  
LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE**

**STATEMENT OF ASSURANCES**

**Page 2**

- 8. Full Use of Federal Funds (STA only)**  
Claimant certifies that it is making full use of federal funds available under the Federal Transit Act as required by California Code of Regulations, Section 6754.
  
- 9. Efficiency Standards (STA only)**  
Operator certifies it is meeting one of the following two efficiency standards:  
Standard 1: The annual increase in the operator's total operating cost per revenue vehicle hour does not exceed the average cost per revenue vehicle hours in the preceding three years increased by the Consumer Price Index (CPI).  
Standard 2: The operator's average operating cost per vehicle revenue hour over the most current three fiscal years does not exceed the average cost per vehicle revenue hour in the preceding three years and increased by the CPI.
  
- 10. Operating Budget (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.
  
- 11. Triennial Performance Audit (Article 4 claims required, for other claims it is voluntary, PUC Section 99248.)**  
Claimant certifies that it has submitted the Triennial Performance Audit report to IVAG on a triennial basis.
  
- 12. Drug and Alcohol Free Workplace Requirements**  
Claimant is in compliance with the requirements of the Federal Transit Administration (FTA) and /or the Federal Highway Administration (FHWA) Drug and Alcohol Testing rules, and provides a drug and alcohol free workplace.
  
- 13. Americans with Disabilities Act (ADA)**  
Claimant certifies that it complies with the Americans with Disabilities Act (ADA) which includes the following provisions:
  1. Prohibits discrimination against the disabled in hiring and employment;
  2. Prohibits discrimination in public transportation and requires public transit systems to provide the same level of public transportation

**TDA CONTRACT SERVICE CLAIM  
LOCAL TRANSPORTATION FUND AND STATE TRANSIT ASSISTANCE**

**STATEMENT OF ASSURANCES**

**Page 3**

service to individuals with disabilities as to those without disabilities using the same system;

3. Prohibits discrimination against the disabled in public accommodations and in commercial facilities.

**14. Part-Time Drivers**

The transit operator is not precluded by any contract entered into after June 1979 from employing a part-time driver or from contracting with common carriers of persons operating under a franchise or license.

**15. Consistency with Bicycle Plan** (bicycle claims only)

Claimant certifies that all of the purposes for claim expenditures are in conformance with the Agency's *Countywide Bicycle Master Plan*.

AIUTHORIZED CLAIMANT SIGNATURE \_\_\_\_\_

**IMPERIAL VALLEY ASSOCIATION OF  
GOVERNMENTS  
TRANSPORTATION DEVELOPMENT ACT PROGRAM**

**INSTRUCTIONS FOR PREPARING ARTICLE 8 (e)  
CAPITAL ASSISTANCE CLAIMS**

**General Information**

These instructions apply to the following program categories:

**Local Transportation Fund (LTF)**

Article 8, PUC Section 99400e, for capital expenditures to acquire vehicles and related equipment, bus shelters, benches, and communication equipment.

**State Transit Assistance Fund (STA)**

Article 6.5, PUC Section 99315, for payments for transit services for claimants eligible to receive Article 8 funds, and meeting public transportation needs.

**Forms Included in this Package**

Article 8 Claim form  
Sample Governing Body Resolution  
Financial Reporting forms (Schedules A and B)  
Justification Statements  
Standard Statement of Assurances  
Copy of Current Contract/Cooperative Agreement  
Proposed Commitment Statement

**Where to File**

One signed original claim should be filed with the IVAG office:

Imperial Valley Association of Governments  
County of Imperial  
Public Works Director  
155 South Eleventh Street  
El Centro, CA 92243

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
TDA CAPITAL ASSISTANCE CLAIM FORM (ARTICLE 8 e)**

Page 1

**Claimant Information**

Agency Name:	Date:
Contact Person:	Fiscal Year:
Address:	This claim is <input type="checkbox"/> Original <input type="checkbox"/> Revised
	Phone:
	Fax:
	Email:

Please fill out the table below, checking those items that are being submitted with this claim application.

**Checklist of Required Items**

<b>Checklist for TDA Claims</b>	
<b>Item Enclosed</b>	<b>Items Included with Claim Application</b>
	Article 8 (e) Claim Form
	Governing Body Resolution
	Financial Reporting Forms (Schedule A & B)
	Statement of Assurances
	Justification Statements
	Copy of Current Contract/Cooperative Agreement
	Proposed Commitment Statement
	Project Delivery Schedule
	180 Day Certified Fiscal Audit

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
TDA CAPITAL ASSISTANCE CLAIM FORM (ARTICLE 8 e)**

Page 2

**Payment Recipient**

Payment Recipient:
Address:
Attention (Name and Title):

**Requested Payment and Reserves**

Purpose	Requested Payment and Reserves	Amount
Article 8 (e)	Payment from Unallocated-Capital (from page 3, line 6)	\$
	Drawdown from Reserves -Capital (from page 3, line 12)	\$
	<b>TOTAL PAYMENTS REQUESTED</b>	
	Reserve for Future Payment (from page 3, line 18)	\$

**Condition of Approval:**

Approval of this claim and payment by the County Auditor to this claimant are subject to monies being available and to the provisions that such monies will be used only in accordance with the allocation instructions.

\_\_\_\_\_  
**Authorizing Signature** (blue ink)  
 (Claimant's Chief Administrator or Chief Financial Officer)

\_\_\_\_\_  
**(Print Name and Title)**

\_\_\_\_\_  
**DATE APPROVED:**

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

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
TDA CAPITAL ASSISTANCE CLAIM FORM (ARTICLE 8 e)**

Page 3

**Detail of Requested Capital Payments and Reserves**

(Use additional sheets if necessary)

Note that some projects must be included in the Regional Transportation Improvement Program (RTIP)

<b>Payments from Unallocated—Capital Project Description</b>	<b>TDA Amount</b>	<b>Date Required</b>
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
<b>6 TOTAL (Enter on Page 2)</b>	<b>\$</b>	

<b>Drawdown from Reserves—Capital Project Description</b>	<b>TDA Amount</b>	<b>Date Required</b>
7	\$	
8	\$	
9	\$	
10	\$	
11	\$	
<b>12 TOTAL (Enter on Page 2)</b>	<b>\$</b>	

<b>Reserve for Future Payment—Capital Project Description</b>	<b>TDA Amount</b>	<b>Date of Expected Drawdown</b>
13	\$	
14	\$	
15	\$	
16	\$	
17	\$	
<b>18 TOTAL (Enter on Page 2)</b>	<b>\$</b>	

# SAMPLE RESOLUTION

Resolution No. \_\_\_\_\_

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF  
\_\_\_\_\_ APPROVING THE ARTICLE 8  
APPLICATION FOR \_\_\_\_\_ PURPOSES UNDER  
THE TRANSPORTATION DEVELOPMENT ACT (SB 325), PUC 99400.**

Whereas, The Transportation Development Act (SB 325) provides that each Transportation Planning Agency may allocate funds to specific transit purposes;

Whereas, the City of \_\_\_\_\_ has recognized the need for  
\_\_\_\_\_.

Now Therefore, the City Council of the City of \_\_\_\_\_

Does resolve as follows:

1. To authorize \_\_\_\_\_ as the City's authorized signature and designated contact person;
2. To apply for funds available to the City of \_\_\_\_\_ allocated for \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

AND/OR

3. To apply for funds available to the City of \_\_\_\_\_ Allocated for IVAG Transit Services in the amount of \$ \_\_\_\_\_.

Passed and Adopted the \_\_\_\_\_ Day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
Mayor, City of \_\_\_\_\_

ATTEST: \_\_\_\_\_  
City Clerk of the City of \_\_\_\_\_.

## Schedule A

### IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS

#### CAPITAL ASSISTANCE CLAIM FORM

Page 1

CLAIMANT: \_\_\_\_\_

<b>Sources of Capital Assistance (Not including LTF or STA)</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
FEDERAL CAPITAL GRANTS		
1. FTA Section 3 Grants		
2. FTA Section 9 Grants		
3. FTA Section 16B2		
4. FTA Section 18 Grants		
5. Federal Aid Urban Grants		
6. Federal Aid Interstate		
7. Other Federal Grants		
8. Revenue Sharing Passthrough		
STATE CAPITAL GRANTS AND SUBVENTIONS		
9. Transportation Fund-Guideways		
10. State General Fund Provisions		
11. Other State Provisions		
LOCAL CAPITAL GRANTS AND PROVISIONS		
13. Sales Tax		
14. Motor Vehicle Fuel Taxes		
15. Property Taxes		
16. General Fund		
17. Other Local Sources		
<b>TOTAL (Sum Lines 1-17)</b>	<b>\$</b>	<b>\$</b>

**Schedule A Continued**

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS**

**CAPITAL ASSISTANCE CLAIM FORM**

Page 2

<b>Capital Outlay and Debt Reductions</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
22. Revenue Vehicles—Expansion		
23. Revenue Vehicles—Replacement		
24. Service Vehicles		
25. Buildings and Structures		
26. Equipment		
27. Office Equipment and Furnishings		
28. Land		
29. Debt Reduction		
<b>TOTAL (Sum of Lines 22-29)</b>	<b>\$</b>	<b>\$</b>

## Schedule B

### IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS

#### CAPITAL ASSISTANCE CLAIM FORM

Page 1

CLAIMANT: \_\_\_\_\_

<b>TDA Capital Assistance Required</b>	<b>Estimated or Actual Current Fiscal Year 200_-200_</b>	<b>Proposed Fiscal Year 200_-200_</b>
4. Total Capital Outlay & Debt Reduction (From Schedule A, Line 30)		
2. Subtract Capital Assistance Net of LTF, STA (From Schedule A, Line 20)		
3. Total Capital Assistance Required (Line 1, Less Line 2)		
<b>4. TDA Capital Assistance Claimed</b>		
5. TDA Capital Excess Carryover from Prior Year (s)		
6. STA Current Payments from Uncommitted Funds—Capital		
7. LTF Current Payments from Unallocated Funds--Capital		
8. STA Current Payments from Committed Funds—Capital		
9. LTF Current Payments From Reserves--Capital		
<b>10. Total Capital Assistance (Total of Lines 5,6,7,8,9)</b>	<b>\$</b>	<b>\$</b>
<b>11. Capital Excess (Line 10, Less Line 4) (Transfer to Line 5 for Succeeding Year.)</b>	<b>\$</b>	<b>\$</b>

**Note: Fill in information for the projects included in Line 11 on the next page.**

## Schedule B Continued

### IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS CAPITAL ASSISTANCE CLAIM FORM

Page 2

### List of Capital Projects

Project Title	Federal Grant Number	RTP Number (A-95)	Estimated Project Cost	Source of Funds		
				LTF	STA	Federal
			\$	\$	\$	\$
<b>TOTAL*</b>	\$	\$	\$	\$	\$	\$

**Total on this page must equal Line 11 of Schedule B on prior page.**

Capital Projects include Park-and-Ride facilities, operations/maintenance facilities, terminal facilities, exclusive lanes for buses, and the acquisition of vehicles and rolling stock.

**Schedule B Continued**

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS**

**CAPITAL ASSISTANCE CLAIM FORM**

Page 3

**PROJECT PHASES AND SCHEDULE**

Project Title	Project Phase	Expected Completion Date	RTP Number (A-95)	Estimated Project Cost
				\$

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
CAPITAL ASSISTANCE CLAIM FORM**

**PROPOSED COMMITMENT STATEMENT**

(When requesting that funds be reserved for long-term capital projects, the claim must include a description of the project. The description from IVAG's *Short Range Transit Plan* will meet this requirement.)

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
TDA CAPITAL ASSISTANCE CLAIM FORM (ARTICLE 8 e)**

**STATEMENT OF ASSURANCES**

Page 1

**Please Check  
Applicable Boxes**

- 1. 180 Day Certified Fiscal Audit** (required for all claims)  
A satisfactory, independent audit has been submitted to IVAG and the State Controller not more than 180 days after the end of the prior fiscal year.
  
- 2. 90 Day Annual State Controller Report** (transit claims)  
This report has been submitted to the State Controller not more than 120 days after the end of the prior fiscal year. (Also called the Annual Report of Financial Transactions of Transit Operators.)
  
- 3. Elderly/Disabled** (transit claims)  
Transit operator offers reduced fares for elderly and disabled persons in accordance with PUC Section 99155, and Section 99155.5 pertaining to dial-a-ride and paratransit services.
  
- 4. Farebox Recovery Ratio Requirements** (transit claims)  
Transit operator certifies it will maintain the required ratio of fare revenues and local support to operating cost, according to PUC Section 99268.
  
- 5. Implementation of Productivity Improvements** (transit claims)  
Operator has made a reasonable effort to implement the annual productivity improvement recommendations provided by IVAG.
  
- 6. California Highway Patrol (CHP) Certifications** (transit claims)  
Section 1808.1 of the Vehicle Code requires operators to participate in a pull notice system for obtaining current driver records from the Department of Motor Vehicles. Claimant/operator must be certified by the CHP within the last 13 months to be in compliance with this mandate.
  
- 7. Conformance with Regional Transportation Plan** (STA, transit, street and road, bicycle/pedestrian claims)  
Claimant certifies that all of the purposes for claim expenditures are in conformance with the local applicable Regional Transportation Plan.

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
TDA CAPITAL ASSISTANCE CLAIM FORM (ARTICLE 8 e)**

**STATEMENT OF ASSURANCES**

**Page 2**

- 8. Full Use of Federal Funds (STA only)**  
Claimant certifies that it is making full use of federal funds available under the Federal Transit Act, as required by California Code of Regulations, Section 6754.
- 9. Efficiency Standards (STA only)**  
Operator certifies it is meeting one of the following two efficiency standards:  
Standard 1: The annual increase in the operator's total operating cost per revenue vehicle hour does not exceed the average cost per revenue vehicle hours in the preceding three years increased by the Consumer Price Index (CPI).  
Standard 2: The operator's average operating cost per vehicle revenue hour over the most current three fiscal years does not exceed the average cost per vehicle revenue hour in the preceding three years and increased by the CPI.
- 10. Operating Budget (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.
- 11. Triennial Performance Audit (Article 4 claims required, for other claims it is voluntary, PUC Section 99248.)**  
Claimant certifies that it has submitted the Triennial Performance Audit report to IVAG on a triennial basis.
- 12. Drug and Alcohol Free Workplace Requirements**  
Claimant is in compliance with the requirements of the Federal Transit Administration (FTA) and/or Federal Highway Administration (FHWA) Drug and Alcohol Testing rules, and provides a drug and alcohol free workplace.
- 13. Americans with Disabilities Act (ADA)**  
Claimant certifies that it complies with the Americans with Disabilities Act (ADA) which includes the following provisions:  
1. Prohibits discrimination against the disabled in hiring and employment;

**IMPERIAL VALLEY ASSOCIATION OF GOVERNMENTS  
TDA CAPITAL ASSISTANCE CLAIM FORM (ARTICLE 8 e)**

**STATEMENT OF ASSURANCES**

**Page 3**

2. Prohibits discrimination in public transportation and requires public transit systems to provide the same level of public transportation service to individuals with disabilities as to those without disabilities using the same system;

3. Prohibits discrimination against the disabled in public accommodations and in commercial facilities.

**14. Part-Time Drivers**

The transit operator is not precluded by any contract entered into after June 1979 from employing a part-time driver or from contracting with common carriers of persons operating under a franchise or license.

**15. Consistency with Bicycle Plan** (bicycle claims only)

Claimant certifies that all of the purposes for claim expenditures are in conformance with the Agency's *Countywide Bicycle Master Plan*.

AUTHORIZED CLAIMANT SIGNATURE \_\_\_\_\_