

# PLACER COUNTY TRANSPORTATION PLANNING AGENCY

## TDA CLAIM FORMS

**TRANSPORTATION DEVELOPMENT ACT (TDA) CLAIM FORMS MUST BE SUBMITTED TO PCTPA THREE WEEKS PRIOR TO A PCTPA BOARD MEETING. FOR THE LATEST BOARD MEETING SCHEDULE, VISIT WWW.PCTPA.NET.**

A completed TRANSIT or STREETS AND ROADS claim package includes the following:

- Completed forms:
  - TDA Compliance Checklist
  - TDA Claim Worksheet (*Excel file*)
  - STA Qualifying Criteria Worksheet (*Excel file*)
  - Claim for State Transit Assistance Funds
  - Claim for Local Transportation Funds - Transit Purposes
  - Claim for Local Transportation Funds - Streets and Roads Purposes
  - TDA Annual Project and Financial Plan (*see attached sample*)
  
- Certified copy of resolution from the claimant's governing board approving the claim and its submittal to PCTPA. **The resolution must include the amount claimed, the fiscal year for which funds are claimed, and the purpose for which the claim is made, identified by the article and section of the Act which authorizes such claims.** See attached sample resolution.
  
- If claiming Article 8c funds, copy of signed contract with whom claimant is contracting for transit service.

**Only ONE copy of the claim form and PCTPA Board of Directors resolution will be returned to the claimant following approval.**

### **Audit Policy**

To help ensure that TDA audits are completed in a timely manner and the requirements of the TDA are met, the following policy was adopted by the PCTPA Board on March 22, 2006:

*After approval of the Final TDA Apportionment, claimants who submit TDA claims will receive only 50% of the total approved Local Transportation Fund (LTF) claim if a completed TDA audit has not been received by PCTPA at the time of the claim.*

*The remaining 50% of approved LTF claim will be paid to the claimant upon receipt by PCTPA of the completed TDA audit. State Transit Assistance (STA) claims will be paid in full following approval of an STA claim, regardless of whether a completed TDA audit has been received.*

ANNUAL VERIFICATION OF TDA COMPLIANCE TO ACCOMPANY LTF AND STA  
CLAIMS FOR TRANSIT / STREETS AND ROADS PURPOSES

***PART I – ALL CLAIMANTS***

1. Date annual TDA fiscal and compliance audit was approved by PCTPA Board: \_\_\_\_\_
2. Is the claimant's retirement system fully funded?
  - YES
  - NO
3. Is the claimant using the maximum Federal funds available for transit and/or streets/roads purposes?
  - YES
  - NO

***PART II – TRANSIT CLAIMANTS***

4. Date Transit Operator's Financial Transaction Report was submitted to State Controller's Office: \_\_\_\_\_ Attach copy of dated, signed cover sheet from report.
5. Are public transit vehicles routinely staffed with one driver?
  - YES
  - NO (explain) \_\_\_\_\_
6. Has the proposed transit operating budget changed by more than 15% compared to the previous year?
  - NO
  - YES (explain) \_\_\_\_\_
7. Did the transit operator meet its minimum farebox recovery requirement during the previous fiscal year? (requirement: 15% - Roseville; 12.94% - Placer County; 10% - Auburn)
  - YES
  - NO (see below)

If the farebox recovery requirement was **not met**, then claimant must complete the following worksheet for the most recent fiscal year.

Transit operating expenses: _____	+	
Capital purchases/reserves: _____	=	
Subtotal: _____	-	<b>LTF spent in most recent fiscal year cannot exceed result below.</b>
Federal revenues: _____	-	
STA revenues: _____	=	
Total: _____	x 0.5 = _____	

8. Is there a prohibition on the employment of part-time drivers or on contracting with common carriers?

NO

YES (explain) \_\_\_\_\_

9. Are STA funds being used for transit operating purposes?

NO

YES (see below)

If STA funds are being used for transit operating purposes, indicate which efficiency standard was met. In calculating the operating cost, operators may exclude costs that exceed prior year costs, as adjusted by the CPI. *Notes: (1) Use the STA Qualifying Criteria worksheet contained in the TDA Claim workbook to determine eligible exclusions. (2) These items may also be excluded when computing the farebox recovery ratio. (3) You may refer to operating cost figures from TDA fiscal audits for the applicable fiscal year.*

Efficiency Standard #1:  Yes  No

Efficiency Standard #2:  Yes  No

If neither efficiency standard was met, list the percentage of STA Funding limited to:

Capital Expenditures: \_\_\_\_\_ %      Operating Expenditures: \_\_\_\_\_ %

10. Describe or attach current fare structure:

11. Attach copy of latest CHP terminal inspection report.

12. Each transit claimant must report on efforts to implement recommendations included in the FY 2012/13 through FY 2014/15 triennial performance audit, which was completed in 2016 (attach additional pages as necessary).

PLACER COUNTY TRANSPORTATION PLANNING AGENCY  
TRANSPORTATION DEVELOPMENT ACT  
CLAIM WORKSHEET

**The purpose of the TDA Claim Worksheet is for the claimant to justify the amount of TDA funding projected to be expended in the current fiscal year. Per TDA regulations, no claimant is eligible to receive LTF and STA funding during any fiscal year for costs that exceed its actual transit operating and capital costs for the same fiscal year. While a claimant may claim any remaining TDA apportionment in excess of operating/capital costs for other purposes such as streets and roads or bicycle and pedestrian projects, the claimant may also choose to allow the unclaimed funds to remain reserved in the LTF as an unallocated apportionment (for future use only by the jurisdiction).**

### **INSTRUCTIONS**

The claim worksheet is an Excel spreadsheet with formulas embedded. Please visit <http://pctpa.net/transit/transportation-development-act/> to download the file.

Enter the appropriate numbers next to the existing dollar signs in column H.

DO NOT enter any numbers in the yellow highlighted boxes, as these boxes have been set up with formulas to automatically tabulate your claims.

**If a claimant fails to expend all TDA funds allocated in the prior year, these unexpended funds shall be reflected in the TDA Claim Worksheet. The carryover amounts shall also be shown on the Annual Project and Financial Plan as funds to be spent in the current fiscal year. Carryover funds must be used in conjunction with any newly claimed funds to determine the amount of funding claimed in the current fiscal year. PCTPA will check these fund balances against the information reported in the annual fiscal audit from the prior year. Generally, claimants should not be amassing large fund balances from year to year.**

After you have completed the claim spreadsheet, fill out all of the applicable forms below and return them to PCTPA with a certified signed copy of the City/Town/County Council or Board Resolution.

PLACER COUNTY TRANSPORTATION PLANNING AGENCY  
STATE TRANSIT ASSISTANCE  
QUALIFYING CRITERIA WORKSHEET

The purpose of the STA Qualifying Criteria Worksheet is for the claimant to determine the proportion of STA funding eligible for operating and capital expenditures in the current fiscal year. Per STA regulations, one of two efficiency standards must be met in order for a claimant to utilize its full STA Allocation for operating purposes. The first efficiency standard evaluates whether the total operating cost per revenue vehicle hour increased at a rate greater than the prior year total operating cost per revenue vehicle hour as adjusted by the Consumer Price Index (CPI) for the State of California. The second efficiency standard evaluates whether the average total operating cost per revenue vehicle hour in the three latest years increased at a rate greater than the average of the preceding three years total operating cost per revenue vehicle hour as adjusted by CPI for the same time period. Should neither efficiency standard be met, STA funding for operating expenditures will be reduced by the lowest percentage by which the claimant's total operating cost per revenue vehicle hour exceeded the target for either standard. The remaining percentage will be limited for capital expenditures.

### INSTRUCTIONS

The STA Qualifying Criteria worksheet is a tab embedded within the TDA Claim Worksheet. The STA Qualifying Criteria worksheet simplifies the process of calculating the proportion of STA funding eligible for operating and capital expenditures. Please visit <http://pctpa.net/transit/transportation-development-act/> to download the file.

The worksheet requires entry of the prior four years audited data for operating costs, allowable cost exemptions/exclusions under TDA, and revenue vehicle hours. Enter the appropriate numbers into Data Input Sections A, B, and D. DO NOT enter any numbers in the yellow highlighted boxes, as these boxes have been set up with formulas to automatically tabulate your claims. Cell O7 and O11 will indicate whether Efficiency Standard 1 or 2 are satisfied, respectively. Cell Q13 indicates the amount limited for capital expenditures while cell Q15 indicates the amount eligible for operating purposes. This information should be input into question 9 above.

The excel version of the qualifying criteria worksheet should be submitted with all other documents and forms when submitting a claim.

**CLAIM FOR STATE TRANSIT ASSISTANCE FUNDS**

TO: PLACER COUNTY TRANSPORTATION PLANNING AGENCY  
299 NEVADA STREET, AUBURN, CA 95603

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

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The \_\_\_\_\_ hereby requests, in accordance with the State of California Public Utilities Code commencing with Section 99200 and the California Code of Regulations commencing with Section 6600, that this claim for State Transit Assistance be approved in the amount of \$ \_\_\_\_\_ for Fiscal Year \_\_\_\_\_, in the following amounts for the following purposes to be drawn from the State Transit Assistance fund deposited with the Placer County Treasurer.

Transit Operations (6730a):	\$ _____
Transit Capital (6730a):	\$ _____
Contracted Transit Services (6731b):	\$ _____
Community Transit Services Provided by WPCTSA (6731.1):	\$ _____

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

APPROVED:

PLACER COUNTY  
TRANSPORTATION PLANNING AGENCY  
BOARD OF DIRECTORS

APPLICANT

BY: \_\_\_\_\_  
(signature)

BY: \_\_\_\_\_  
(signature)

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

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

**CLAIM FOR LOCAL TRANSPORTATION FUNDS**  
**TRANSIT PURPOSES**

TO: PLACER COUNTY TRANSPORTATION PLANNING AGENCY  
299 NEVADA STREET, AUBURN, CA 95603

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

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The \_\_\_\_\_ hereby requests, in accordance with the State of California Public Utilities Code, commencing with Section 99200 and the California Code of Regulations commencing with Section 6600, that this claim for Local Transportation Funds be approved for Fiscal Year \_\_\_\_\_, in the following amounts for the following purposes to be drawn from the Local Transportation Fund deposited with the Placer County Treasurer:

P.U.C. 99260a, Article 4, Transit Operations/Capital:	\$ _____
P.U.C. 99275, Article 4.5, Community Transit Services:	\$ _____
P.U.C. 99400c, Article 8c, Contracted Transit Services:	\$ _____
C.C.R. 6648, Capital Reserve:	\$ _____
P.U.C. 99400e, Article 8e, Capital for Contracted Services:	\$ _____

When approved, this claim will be transmitted to the Placer County Auditor for payment. Approval of the claim and payment by the County Auditor to the applicant is subject to such monies being available for distribution, and to the provisions that such monies will be used only in accordance with the terms of the approved annual financial plan and budget. Claimant must submit a complete Fiscal and Compliance Audit for the prior fiscal year prior to issuance of instructions to the County Auditor to pay the claimant.

**APPROVED:**

PLACER COUNTY  
TRANSPORTATION PLANNING AGENCY  
BOARD OF DIRECTORS

APPLICANT

BY: \_\_\_\_\_  
(signature)

BY: \_\_\_\_\_  
(signature)

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

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

**CLAIM FOR LOCAL TRANSPORTATION FUNDS**  
**STREETS & ROADS PURPOSES**

TO: PLACER COUNTY TRANSPORTATION PLANNING AGENCY  
299 NEVADA STREET, AUBURN, CA 95603

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

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The \_\_\_\_\_ hereby requests, in accordance with the State of California Public Utilities Code commencing with Section 99200 and the California Code of Regulations commencing with Section 6600, that this claim for Local Transportation Funds be approved for Fiscal Year \_\_\_\_\_, for street and road purposes (P.U.C. 99400a) in the amount of \$ \_\_\_\_\_ to be drawn from the Local Transportation Fund deposited with the Placer County Treasurer:

When approved, this claim will be transmitted to the Placer County Auditor for payment. Approval of the claim and payment by the County Auditor to the applicant is subject to such monies being available for distribution, and to the provisions that such monies will be used only in accordance with the terms of the approved annual financial plan and budget. Claimant must submit a complete Fiscal and Compliance Audit for the prior fiscal year prior to issuance of instructions to the County Auditor to pay the claimant.

**APPROVED:**

PLACER COUNTY  
TRANSPORTATION PLANNING AGENCY  
BOARD OF DIRECTORS

APPLICANT

BY: \_\_\_\_\_  
(signature)

BY: \_\_\_\_\_  
(signature)

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

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

**TDA ANNUAL PROJECT AND FINANCIAL PLAN**

This form will show the planned expenditures of all TDA funds claimed for the fiscal year in addition to any TDA funds carried over from previous years. Briefly describe all operational, capital and/or streets and roads projects which will be funded by TDA moneys. **Please show BOTH prior year TDA funds (if any) and current year TDA funds to be used**, provide the total cost of each project, and indicate all other sources of funding associated with each project. For capital projects, the projects listed and their associated costs and funding sources should be consistent with the budget developed in the TDA Claim Worksheet completed for the submittal of this claim. The total project cost and total funding source(s) listed below should balance for each project. See attached sample plan for additional guidance.

Claimant: \_\_\_\_\_

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

<b><u>Brief Project Description</u></b>	<b><u>Project Cost</u></b>	<b><u>Source of Funding &amp; Amount</u></b>

PLACER COUNTY TRANSPORTATION PLANNING AGENCY  
**LTF BICYCLE / PEDESTRIAN  
CLAIM FORMS**

**BEFORE FILING THIS CLAIM, PLEASE CHECK WITH PCTPA STAFF TO ENSURE YOUR CLAIM IS CONSISTENT WITH THE CURRENT BICYCLE AND PEDESTRIAN 5-YEAR CASH MANAGEMENT PLAN.**

**TRANSPORTATION DEVELOPMENT ACT (TDA) CLAIM FORMS MUST BE SUBMITTED TO PCTPA THREE WEEKS PRIOR TO A PCTPA BOARD MEETING. FOR THE LATEST BOARD MEETING SCHEDULE, VISIT [WWW.PCTPA.NET](http://WWW.PCTPA.NET).**

A completed PED/BIKE claim package includes the following:

- Completed forms:
  - Bicycle and Pedestrian Project Description and Financial Plan
  - Claim For LTF Bicycle and Pedestrian Funds
  
- Certified copy of resolution from the claimant's governing board approving the claim and its submittal to PCTPA. The resolution must include the specific dollar amount of LTF Bicycle/Pedestrian funds being requested. See attached sample resolution.

**Only ONE original claim form and/or PCTPA Board of Directors resolution will be returned to the claimant following approval.**

**LTF Claims for Bicycle and Pedestrian Facilities**

At the discretion of the Board, PCTPA typically allocates 2% of the LTF for bicycle and pedestrian facilities. PCTPA works with staff of the six cities and the County of Placer to develop a cash management plan with a five-year horizon. Allocations are made to each jurisdiction based on existing and projected future population.

Using the attached bicycle/pedestrian claim forms, jurisdictions may submit claims to PCTPA that are consistent with the five-year cash management plan. The claim form must be accompanied by a resolution from the claimant's governing board approving the claim and its submittal to PCTPA. Approval of the claim by the PCTPA Board then reserves the funds for that particular jurisdiction's bicycle and pedestrian facility projects. As the jurisdiction expends funds in implementing the projects, it should submit invoices, accompanied with appropriate documentation, to PCTPA. PCTPA will then forward allocation instructions to the County Auditor's office, which will reimburse the jurisdiction up to the maximum amount of the original claim. If a jurisdiction does not claim its allocation of bicycle and pedestrian funds within the five-year window of the cash management plan, the funds will revert to the LTF for apportionment.

**CLAIM FOR BICYCLE AND PEDESTRIAN FUNDS**

TO: PLACER COUNTY TRANSPORTATION PLANNING AGENCY  
299 NEVADA STREET, AUBURN, CA 95603

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

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The \_\_\_\_\_ hereby requests, in accordance with the State of California Public Utilities Code, AS AMENDED (Chapter 3, Section 99234), that this claim for Bicycle and Pedestrian funds in the amount of \$ \_\_\_\_\_ be approved for Fiscal Year \_\_\_\_\_, to be drawn from the Bicycle and Pedestrian Trust Fund.

When approved, this claim will be transmitted to the Placer County Auditor for funds to be reserved. Jurisdictions will receive payment as reimbursement of funds expended in implementing bicycle and pedestrian projects. Approval of the claim and payment by the County Auditor to the applicant is subject to such monies being available for distribution, and to the provisions that such monies will be used only in accordance with the terms of the approved annual financial plan and budget.

**APPROVED:**

PLACER COUNTY  
TRANSPORTATION PLANNING AGENCY  
BOARD OF DIRECTORS

APPLICANT

BY: \_\_\_\_\_  
(signature)

BY: \_\_\_\_\_  
(signature)

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

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

## BICYCLE AND PEDESTRIAN PROJECT DESCRIPTION AND FINANCIAL PLAN

Briefly describe the project for which you are applying for Bicycle / Pedestrian Funds. Also, identify all funding sources related to the project. The total project cost and total funding source(s) listed below should balance for each project.

Include a location map for the project as appropriate.

Claimant: \_\_\_\_\_

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

<b><u>Brief Project Description</u></b>	<b><u>Project Cost</u></b>	<b><u>Source of Funding &amp; Amount</u></b>

## SAMPLE RESOLUTION

In the matter of a Resolution approving and authorizing execution of the Fiscal Year 2017/18 Local Transportation Fund and State Transit Assistance Claims to the Placer County Transportation Planning Agency.

The following resolution was duly passed by the [*name of governing board*] of [*name of claimant*] at a regular meeting held [*date of meeting*], by the following vote:

Ayes:

Noes:

Absent:

Signed and approved by me after its passage.

Attest:

[*Signature of chair of governing board*]

[*Signature of governing board clerk*]

WHEREAS, the California Public Utilities Code commencing with Section 99200 and the California Code of Regulations commencing with Section 6600 authorizing local transportation funding available through the Local Transportation Fund and State Transit Assistance Fund established by the Transportation Development Act; and

WHEREAS, the Placer County Transportation Planning Agency is responsible for reviewing and approving annual transportation claims, and for making allocations from the Local Transportation Fund and State Transit Assistance Funds.

Be it hereby resolved by the [*name of governing board*] of [*name of claimant*] that the [*chair of governing board or authorized staff person*] is authorized and directed to execute the attached Fiscal Year 2017/18 Transportation Development Act Claim(s) to the Placer County Transportation Planning Agency, in the amount of:

\$ [*total LTF amount*] of Local Transportation Funds for transit purposes as authorized by Article 4, commencing with Section 99260 of the California Public Utilities Code, and for streets and roads purposes authorized by Article 8, commencing with Section 99400.

\$ [*total STA amount*] of State Transit Assistance funds for transit operations, as authorized by Section 99313 and Section 99314 of the California Public Utilities Code, Chapter 4, Article 6.5

(*If also claiming LTF Bicycle/Pedestrian Funds*):

\$ [*total LTF Bike/Ped amount*] of Local Transportation Funds for bicycle and pedestrian purposes, as authorized by the California Public Utilities Code Section 99233.3, and by the California Code of Regulations Section 6655.2.

Be it further resolved that this claim is hereby approved by the [*name of governing board*].

**SAMPLE TDA ANNUAL PROJECT AND FINANCIAL PLAN**

This form will show the planned expenditures of all TDA funds claimed for the fiscal year in addition to any TDA funds carried over from previous years. Briefly describe all operational, capital and/or streets and roads projects which will be funded by TDA moneys. **Please show BOTH prior year TDA funds (if any) and current year TDA funds to be used**, provide the total cost of each project, and indicate all other sources of funding associated with each project. For capital projects, the projects listed and their associated costs and funding should be consistent with the budget developed in the TDA Claim Worksheet completed for the submittal of this claim. The total project cost and total funding source(s) listed below should balance for each project.

Claimant: \_\_\_\_\_ Sample \_\_\_\_\_

Fiscal Year: \_\_\_\_\_ 2017/18 \_\_\_\_\_

<b><u>Brief Project Description</u></b>	<b><u>Project Cost</u></b>	<b><u>Source of Funding &amp; Amount</u></b>
Transit Operations	<b>\$1,500,000</b>	LTF Article 4 \$1,055,000 LTF Carryover FY06/07 \$50,000 STA \$85,000 Fare Revenues \$100,000 FTA Operating Assist. \$210,000 <b>Total Operations \$1,500,000</b>
Transit Capital / Capital Reserve	<b>\$250,000</b>	LTF Article 4 \$200,000 Other Local Funds \$50,000 <b>Total Capital \$250,000</b>
Transit Contract Services	<b>\$50,000</b>	LTF Article 8c \$40,000 Grants \$10,000 <b>Total Transit Contract \$50,000</b>
<b>TOTAL TRANSIT</b>	<b>\$1,800,000</b>	<b>\$1,800,000</b>
Streets and Roads Maintenance Activities	<b>\$1,000,000</b>	LTF Article 8 \$655,000 LTF Carryover FY06/07 \$100,000 RSTP \$245,000
<b>TOTAL STREETS &amp; ROADS</b>	<b>\$1,000,000</b>	<b>Total Streets &amp; Roads \$1,000,000</b>

**CLAIM FOR STATE OF GOOD REPAIR PROGRAM FUNDS**

TO: PLACER COUNTY TRANSPORTATION PLANNING AGENCY  
299 NEVADA STREET, AUBURN, CA 95603

FROM: CLAIMANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The \_\_\_\_\_ hereby requests, in accordance with the State of California Public Utilities Code commencing with Section 99200 and the California Code of Regulations commencing with Section 6600, that this claim for State of Good Repair Funds be approved in the amount of \$ \_\_\_\_\_ for Fiscal Year \_\_\_\_\_, in the following amounts for the following purposes to be drawn from the State Transit Assistance fund deposited with the Placer County Treasurer.

Transit Capital (6730b): \$ \_\_\_\_\_

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

**APPROVED:**

PLACER COUNTY  
TRANSPORTATION PLANNING AGENCY  
BOARD OF DIRECTORS

APPLICANT

BY: \_\_\_\_\_  
(signature)

BY: \_\_\_\_\_  
(signature)

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

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