



TRANSPORTATION DEVELOPMENT ACT CLAIM CHECKLIST

Please check the following items as being either included with the attached TDA claim packet or on file with TRPA. TDA-I through TDA-V are included in this packet and must be filled out annually by claimants.

ITEM	ATTACHED	ON FILE
TDA-I Annual Transportation Development Act Claim	<input type="checkbox"/>	N/A
TDA-II Annual Claim Form and Financial Plan (for fiscal year of this claim and the prior fiscal year)	<input type="checkbox"/>	N/A
TDA-III Status of Prior Year Funding for Projects (including prior year transit operations, capital, and State of Good Repair projects)	<input type="checkbox"/>	N/A
TDA-IV Productivity Improvement Progress Report	<input type="checkbox"/>	N/A
TDA-V Standard Assurances Conformance Certification	<input type="checkbox"/>	N/A
TDA-VI Claim Certification	<input type="checkbox"/>	N/A
Resolution by governing body that authorizes filing of claim	<input type="checkbox"/>	<input type="checkbox"/>
CHP Safety Compliance Report (completed within the last 13 months)	<input type="checkbox"/>	<input type="checkbox"/>
List of projects proposed to be funded with SGR funds	<input type="checkbox"/>	<input type="checkbox"/>
Adopted or proposed budget for the fiscal year of the claim	<input type="checkbox"/>	<input type="checkbox"/>
Statement certifying compliance with PUC section 99155 and 99155.5	<input type="checkbox"/>	<input type="checkbox"/>
STA Operator Qualifying Criteria calculation based on PUC section 99314.6	<input type="checkbox"/>	<input type="checkbox"/>
Online Operations Report for Productivity Improvement Program found here: https://monitoring.laketahoeinfo.org/Transit	N/A	<input type="checkbox"/>

TDA-I
ANNUAL TRANSPORTATION DEVELOPMENT ACT CLAIM

MAIL TO: TRPA Transportation Department
Tahoe Regional Planning Agency
PO Box 5310
Stateline, NV 89449-5310

CLAIMANT: _____

ADDRESS: _____

CITY/ZIP CODE: _____

CONTACT NAME: _____ CONTACT NUMBER: _____

The above claimant hereby requests, in accordance with authority granted under the Transportation Development Act and applicable rules and regulations adopted by the TRPA, that its request for funding be approved as follows:

- *Include Article and requested fund amount (\$) on each line. Requests for State of Good Repair (SGR) funds should be included under STA.*

LOCAL TRANSPORTATION FUND (LTF):
Specify PUC Article 4, 4.5, or 8

_____ (FY ____/____)

_____ (FY ____/____)

_____ (FY ____/____)

STATE TRANSIT ASSISTANCE (STA):

_____ (FY ____/____)

_____ (FY ____/____)

_____ (FY ____/____)

SUBMITTED BY: _____ DATE: _____

TDA-II ANNUAL CLAIM FORM AND FINANCIAL PLAN

Briefly describe all proposed projects and indicate proposed expenditures by your agency for the ensuing fiscal year for purposes related to public transportation operations, capital, and State of Good Repair. Provide each project a title and include its number as listed in the EIP/Transportation tracker: <https://eip.laketahoeinfo.org/>. (Use additional forms as necessary).

CLAIMANT: _____ FISCAL YEAR: _____

<p>Project Description:</p> <p>Project Cost:</p> <p>Source of Funds:</p>
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TDA-III STATUS OF PRIOR YEAR FUNDING FOR PROJECTS

Please list all prior fiscal year TDA claim projects and their status, including projects from previous years which are still active. Include both operating and capital projects. Approved amounts should be as specified in TDA claims approved by TRPA. Expenditures should be up to date and project status should be listed as either "Complete" or "Active." (Use additional forms as necessary).

FISCAL YEAR	PROJECT TITLE AND EIP TRACKER NUMBER	AMOUNT APPROVED	EXPENDITURES	PROJECT STATUS
TOTAL		\$	\$	

TDA-IV
PRODUCTIVITY IMPROVEMENT PROGRESS REPORT

Please list the recommendations provided in your last Triennial Performance Audit and any outstanding recommendations presented by TRPA as part of the Productivity Improvement Program. Describe your progress towards implementing each recommendation and indicate whether the recommendation has been fully implemented, partially implemented, or not implemented. For recommendations that have been partially implemented or not implemented, please describe the work your agency has undertaken to implement the recommendation thus far and the steps it will take to fully implement the recommendation in the future. (Use additional forms as necessary).

RECOMMENDATION	YEAR/SOURCE OF RECOMMENDATION	IMPLEMENTATION STATUS

TDA-V

STANDARD ASSURANCES CONFORMANCE CERTIFICATION

CLAIMANT: _____ FISCAL YEAR: _____

1. 180-DAY CERTIFIED FISCAL AUDIT

Claimant certifies that it has submitted a satisfactory, independent fiscal audit, with the required certification statement, to TRPA and to the State Controller's Office, pursuant to PUC 99245 and CCR 6664 for the prior fiscal year (project year minus two). Claimant assures that this audit requirement will be completed for the current fiscal year (project year minus one).

2. 90-DAY ANNUAL REPORT

Claimant certifies that it has submitted a State Controller's report in conformance with the uniform system of accounts and reports, to TRPA and to the State Controller, pursuant to PUC 99243, for the prior year (project year minus two). Claimant assures that this report will be completed for the current fiscal year (project year minus one).

3. ELIGIBILITY FOR STATE TRANSIT ASSISTANCE

PUC 99314.5

(e) Nothing in this section shall be constructed to prohibit, or limit the ability of, a public transit operator to do the following:

- (1) Contract with common carriers of persons operating under a franchise or license.
- (2) Employ part-time drivers.

4. FAREBOX RECOVERY RATIO REQUIREMENTS

Claimants filing a claim for LTF and STA funds certifies that it complies with farebox recovery requirements laid forth in TRPA Resolution No. 2017-14 adopted by the TRPA Governing Board in September 2017. Per PUC Section 99270.2, TRPA granted Tahoe transit operators five years to meet a 15 percent ratio of fare revenues to operating cost for fixed route services and a 10 percent ratio for demand response services required of an operator serving a new urbanized area. The claimant recognizes it must comply with a 15 percent farebox recovery standard following the grace period, or it will be subject to loss of eligibility for TDA funds.

5. EXTENSION OF SERVICES

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

6. RETIREMENT SYSTEM

Claimant filing claim pursuant to PUC Section 99260 certifies that (check one):

(1) The current cost of its retirement system is fully funded with respect to the officers and employees of its public transportation system (PUC Section 99271a); or

(2) The operator is implementing a plan approved by the transportation planning agency which will fully fund the retirement system for such officers and employees within 40 years (PUC Section 99271a); or

(3) The operator has a private pension plan which sets aside and invests on a current basis funds sufficient to provide for the payment of future pension benefits and which is fully compliant with the requirements stated in PUC Sections 99272 and 99273.

7. USE OF FEDERAL FUNDS

Claimant filing a claim for TDA funds for capital intensive projects pursuant to PUC 99268.7 certifies that it has made every effort to obtain federal funding for any project which is funded pursuant to PUC 99268.7.

8. REDUCED FARES FOR ELDERLY AND HANDICAPPED

A claimant filing a claim pursuant to PUC 99260 which offers reduced fares to senior citizens and disabled persons certifies that it is in compliance with PUC 99155.

9. STAFFING ON VEHICLES

Claimant certifies that it is in compliance with PUC Section 99264 that it does not routinely staff, with two or more persons, a vehicle for public transportation purposes designed to be operated by one person.

10. STATE OF GOOD REPAIR

A claimant filing a claim pursuant to PUC Section 99313 and 99314 for SGR funds certifies they provide to TRPA a list of projects to be funded with SGR apportionment made for that fiscal year. The claimant also certifies that all SGR funds be expended on SGR eligible activities specified in PUC 99212.1 (c). Claimants agree to submit annual expenditure reports to TRPA with all pertinent project information.

11. CONFORMANCE WITH TRPA REGIONAL TRANSPORTATION PLAN (RTP)

Claimant certifies that all purposes for claim expenditures conform with transit operator Short Range Transit Plans and the most current Tahoe Regional Transportation Plan.

12. IMPLEMENTATION OF PRODUCTIVITY IMPROVEMENTS

Claimant certifies that the operator has made a reasonable effort to implement the productivity improvements recommended pursuant to PUC Section 99244. The claimant shall also identify efforts made to implement recommendations from the triennial performance audit per PUC 99246.

The _____ hereby certifies that the Transportation Development Act claim for fiscal year(s) _____ in the amount of \$ _____ (LTF) and \$ _____ (STA) for a total of \$ _____ conforms to the requirements of the Transportation Development Act and the above conformance requirements.

Certified by Chief Financial Officer _____

Title _____

Date _____

TDA-VI CLAIM CERTIFICATION

I, _____, Chief Financial Officer for the _____, do hereby attest, as required under the California Code of Regulations, Title 21, Division 3, Chapter 2, Section 6632, to the reasonableness and accuracy of the following:

- a) The attached budget or proposed budget for the fiscal year of the claim (FY ____/ ____).
- b) The attached statement identifying and substantiating the reason or need for an increase in operating budget in excess of 15 percent above the preceding year or a substantial increase or decrease in scope of operations or capital budget provisions for major new fixed facilities.
- c) The attached certification by the Department of the California Highway Patrol verifying that the operator is in compliance with Section 1808.1 of the Vehicle Code, as required in PUC Section 99251.

(Signature, Chief Financial Officer)

(Agency Name)

(Date)