Transportation Development Act Claim Forms



Contents

[**TDA CLAIM FORMS** 2](#_Toc17375428)

[**ANNUAL VERIFICATION OF TDA COMPLIANCE TO ACCOMPANY LTF AND STA CLAIMS FOR TRANSIT / STREETS AND ROADS PURPOSES** 3](#_Toc17375429)

[**STATE TRANSIT ASSISTANCE QUALIFYING CRITERIA WORKSHEET INSTRUCTIONS** 5](#_Toc17375430)

[**CLAIM FOR LOCAL TRANSPORTATION FUNDS** 6](#_Toc17375431)

[**CLAIM FOR STATE TRANSIT ASSISTANCE FUNDS** 7](#_Toc17375433)

[**CLAIM FOR STATE OF GOOD REPAIR PROGRAM FUNDS**](#_Toc17375434) 8

[**TDA ANNUAL PROJECT AND FINANCIAL PLAN**](#_Toc17375435) 9

[**LTF BICYCLE / PEDESTRIAN CLAIM FORMS** 1](#_Toc17375436)0

[**CLAIM FOR BICYCLE AND PEDESTRIAN FUNDS** 1](#_Toc17375437)1

[**BICYCLE AND PEDESTRIAN PROJECT DESCRIPTION AND FINANCIAL PLAN** 1](#_Toc17375438)2

[**SAMPLE RESOLUTION** 1](#_Toc17375439)3

PLACER COUNTY TRANSPORTATION PLANNING AGENCY

# **TDA CLAIM FORMS**

**TRANSPORTATION DEVELOPMENT ACT (TDA) CLAIM FORMS MUST BE SUBMITTED TO PCTPA A MINIMUM OF THREE WEEKS PRIOR TO A PCTPA BOARD MEETING. FOR THE LATEST BOARD MEETING SCHEDULE, VISIT** [WWW.PCTPA.NET](file://PCTPASERVER/PCTPA%20Data/PCTPA/TDA/Claims/Forms/2019-20/WWW.PCTPA.NET)**.**

A completed claim package includes the following completed forms:

* TDA Compliance Checklist
* TDA Claim Worksheet (*Excel file*)
* STA Qualifying Criteria Worksheet (*Excel file*)
* Claim for Local Transportation Funds
* Claim for State Transit Assistance Funds
* Claim for State of Good Repair Program Funds
* 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:
Click or tap to enter a date.

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: Click or tap to enter a date. Attach copy of dated, signed cover sheet rom report.

5. Are public transit vehicles routinely staffed with one driver?

[ ]  YES

[ ]  NO (Explain) Click or tap here to enter text.

6. Has the proposed transit operating budget changed by more than 15% compared to the previous year?

[ ]  Yes (Explain) Click or tap here to enter text.

[ ]  NO

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)1

[ ]  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.

1Assembly Bill 90, 2019-20 [Reg. Session] temporarily prohibits the penalty for non-compliance with farebox recovery ratio requirement during FY 2019-20 and 2020-21. The claimant should still identify whether the requirement was met. AB 149 of 2021 extends the non-compliance relief through FY 2022/23, and AB 125 of 2023 further extended it through FY 2025/26.

|  |  |  |  |
| --- | --- | --- | --- |
| Transit Operating Expenses: | enter text. | + |  |
| Capital Purchases/Reserves: | enter text. | = | LTF spent in most |
| Subtotal: | enter text. | - | recent fiscal year |
| Federal Revenues: | enter text. | = | cannot exceed |
| STA Revenues: | enter text. | - | result below. |
| Total: | enter text. | \* 0.5= | enter text. |

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

[ ]  YES

[ ]  NO (Explain) Click or tap here to enter text.

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

[ ]  YES (see below)

[ ]  NO

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 [ ]  No2

Efficiency Standard #2: [ ]  Yes [ ]  No2

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

Capital Expenditures: Enter %% Operating Expenditures: Enter %.%

10. Describe or attach current fare structure:

Click or tap here to enter text.

11. Attach copy of latest CHP terminal inspection report.

12. Each transit claimant must report on efforts to implement recommendations included in the FY 2018/19 through FY 2020/21 Triennial Performance Audit, which was completed in 2022 (attach additional pages as necessary).

 Click or tap here to enter text.

2Assembly Bill 90, 2019-20 [Reg. Session] temporarily prohibits the penalty for non-compliance with required STA efficiency standards during FY 2019-20 and 2020-21. The claimant should still identify whether the standards was met. AB 149 of 2021 extends the non-compliance relief through FY 2022/23, and AB 125 of 2023 further extended it through FY 2025/26.

PLACER COUNTY TRANSPORTATION PLANNING AGENCY

## **STATE TRANSIT ASSISTANCEQUALIFYING CRITERIA WORKSHEET INSTRUCTIONS**

**Assembly Bill 90 of 2019-20 temporarily provides relief from non-compliance with STA Qualifying Criteria for FY 2019-20 and 2020-21 due to impact of COVID-19 on transit agencies. AB 149 of 2021 extended non-compliance relief through FY 2022/23, and AB 125 of 2023 further extended it through FY 2025/26.**

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 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 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.

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 [www.pctpa.net/TDA](http://www.pctpa.net/TDA) 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 of the Annual Verification Of TDA Compliance. The excel version of the qualifying criteria worksheet should be submitted with all other documents and forms when submitting a claim.

**CLAIM FOR LOCAL TRANSPORTATION FUNDS**

TO: PLACER COUNTY TRANSPORTATION PLANNING AGENCY

 299 NEVADA STREET, AUBURN, CA 95603

|  |  |  |
| --- | --- | --- |
| FROM: |  |   |
|  | CLAIMANT: | Choose Agency |
|  | ADDRESS: | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| CONTACT PERSON: | Click or tap here to enter text. |
|  |  | Phone:Click or tap here to enter text.  | Email:Click or tap here to enter text. |

The Choose Agency 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 Choose FY, 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: | $ Click or tap here to enter $ |
| P.U.C. 99260a, Article 4, Transit Capital: | $Click or tap here to enter $ |
| P.U.C. 99275, Article 4.5, Community Transit Services | $Click or tap here to enter $ |
| P.U.C. 99400a, Article 8a, Local Streets and Roads | $Click or tap here to enter $ |
| P.U.C. 99402, Article 8a, Transportation Planning Process | $Click or tap here to enter $ |
| P.U.C. 99400c, Article 8c, Contracted Transit Services: | $Click or tap here to enter $ |
| P.U.C. 99400e, Article 8e, Capital for Contracted Services: | $Click or tap here to enter $ |
| C.C.R. 6648, Capital Reserve: | $Click or tap here to enter $ |

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 in full.

|  |  |
| --- | --- |
| APPROVED: | APPLICANT: |
| PLACER COUNTYTRANSPORTATION PLANNING AGENCYBOARD OF DIRECTORS |  |
|  |  |
| BY: |  | BY: |  |
|  | (signature) |  | (signature) |
| TITLE: |  | TITLE: |  |
| DATE: |  | DATE: |  |

### **CLAIM FOR STATE TRANSIT ASSISTANCE FUNDS**

TO: PLACER COUNTY TRANSPORTATION PLANNING AGENCY

 299 NEVADA STREET, AUBURN, CA 95603

|  |  |  |
| --- | --- | --- |
| FROM: |  |   |
|  | CLAIMANT: | Choose Agency |
|  | ADDRESS: | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| CONTACT PERSON: | Click or tap here to enter text. |
|  |  | Phone:Click or tap here to enter text.  | Email:Click or tap here to enter text. |

The Choose Agency 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 $Click or tap here to enter $ for Fiscal Year Choose FY , 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): | $Click or tap here to enter $ |
| Transit Capital (6730a): | $Click or tap here to enter $ |
| Contracted Transit Services (6731b): | $Click or tap here to enter $ |
| Community Transit Services Provided by WPCTSA (6731.1): | $Click or tap here to enter $ |

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: | APPLICANT: |
| PLACER COUNTYTRANSPORTATION PLANNING AGENCYBOARD OF DIRECTORS |  |
|  |  |
| BY: |  | BY: |  |
|  | (signature) |  | (signature) |
| TITLE: |  | TITLE: |  |
| DATE: |  | DATE: |  |

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

TO: PLACER COUNTY TRANSPORTATION PLANNING AGENCY

 299 NEVADA STREET, AUBURN, CA 95603

|  |  |  |
| --- | --- | --- |
| FROM: |  |   |
|  | CLAIMANT: | Choose Agency |
|  | ADDRESS: | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| CONTACT PERSON: | Click or tap here to enter text. |
|  |  | Phone:Click or tap here to enter text.  | Email:Click or tap here to enter text. |

The Choose Agency 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 $Click or tap here to enter $ for Fiscal Year Choose FY, 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 (6730a): | $Click or tap here to enter $ |

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: | APPLICANT: |
| PLACER COUNTYTRANSPORTATION PLANNING AGENCYBOARD OF DIRECTORS |  |
|  |  |
| BY: |  | BY: |  |
|  | (signature) |  | (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: Choose an item.

Fiscal Year: Choose an item.

|  |  |  |
| --- | --- | --- |
| Brief Project Description | Project Cost | Source of Funding & Amount |
|  |  |  |
|  |  |  |
|  |  |  |

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, WHICH CAN BE FOUND AT [WWW.PCTPA.NET/TDA](http://WWW.PCTPA.NET/TDA).

TRANSPORTATION DEVELOPMENT ACT (TDA) CLAIM FORMS MUST BE SUBMITTED TO PCTPA A MINIMUM THREE WEEKS PRIOR TO A PCTPA BOARD MEETING. FOR THE LATEST BOARD MEETING SCHEDULE, VISIT [WWW.PCTPA.NET](https://pctpao365.sharepoint.com/sites/PCTPAShare/Shared%20Documents/TDA/Claims/Forms/2019-20/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/town 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 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: | Choose Agency |
|  | ADDRESS: | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| CONTACT PERSON: | Click or tap here to enter text. |
|  |  | Phone:Click or tap here to enter text.  | Email:Click or tap here to enter text. |

The Choose Agency 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 $Click or tap here to enter $ be approved for Fiscal Year Choose FY , 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: | APPLICANT: |
| PLACER COUNTYTRANSPORTATION PLANNING AGENCYBOARD OF DIRECTORS |  |
|  |  |
| BY: |  | BY: |  |
|  | (signature) |  | (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: Choose an item.

Fiscal Year: Choose an item.

|  |  |  |
| --- | --- | --- |
| Brief Project Description | Project Cost | Source of Funding & Amount |
|  |  |  |
|  |  |  |
|  |  |  |

# **SAMPLE RESOLUTION**

In the matter of a Resolution approving and authorizing execution of the Fiscal Year 2023/2024 Local Transportation Fund, State Transit Assistance, and State of Good Repair 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 2023/24 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 Article 8 commencing with Section 99400(c).

$ [total LTF amount] of Local Transportation Funds for and for streets and roads purposes authorized by Article 8, commencing with Section 99400 and for the transportation planning process authorized by Article 8, commencing with section 99402.

$ [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

$ [total SGR amount] of State of Good Repair funds for transit capital, as authorized by the Caltrans SGR guidelines and complying with Public Resources Code§ 21100 and§ 21150.).

$ [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].