

DOCUMENT A (Instructions on pages 4-3 and 4-4)

**TRANSPORTATION DEVELOPMENT ACT CLAIM FORM
(All claimants must complete this document)**

Line

1 Project Year (FY) 2021-22

2 Claimant Santa Barbara County Association of Governments - CAE

3 Address 260 N San Antonio Rd., Suite B

4 Contact Person Scott Spaulding Title Director of Rail and Transit

5 Telephone Number 805-961-8900

6 The above named claimant hereby applies for allocations of Transportation Development Act funds for FY 2021-22 for the purposes and in the amount(s) specified below:

	Purpose	Apportionment	Claimed
	Local Transportation Fund		
7	Regional Transportation Planning (PUC 99262 & 99402)		\$ -
	<i>less amount released to SBCAG</i>	<i>minus</i>	\$ -
8	Pedestrian & Bikeway Facilities (PUC 99234)		\$ -
9	Articles 4 & 8:		
	<i>less amounts released to:</i>		
10		<i>minus</i>	
11		<i>minus</i>	
12		<i>minus</i>	
	<i>plus amounts released from:</i>		
13	County of Santa Barbara	<i>plus</i>	\$ 125,000.00
14		<i>plus</i>	
15		<i>plus</i>	
16	Article 4 Transit (PUC 99260)		\$ 125,000.00
17	Article 4.5 Community Transit (PUC 99275)		\$ -
18	Article 8a Streets & Roads (PUC 99400a)		
19	Article 8c Transit Contracts (PUC 99400c)		
20	TOTAL LTF	\$ -	\$ 125,000.00
21	Amount to be held in reserve (CCR 6648)		
	By Claimant By SBCAG 		
	State Transit Assistance		
22	Transportation Planning		
23	Mass Transportation		\$ -
24	TOTAL STA		\$ -

DOCUMENT A (Continued)

25 TOTAL TRANSPORTATION DEVELOPMENT ACT CLAIM
(add lines 20 and 24)

\$ 125,000.00

Claimant acknowledges that payment by the County Auditor of an allocation made by the Association of Governments is subject to such monies being on hand and available for distribution and to the provision that such moneys be used only in accordance with the terms of the allocation instruction issued by the Association of Governments

26 By: Scott Spaulding
27 Title: Director of Rail and Transit
28 Date: 3/18/2021

I hereby attest to the reasonableness and accuracy of the financial statements included in Documents C, D, F, and G. (Sec. 6632)

29 Signed: Martha Gibbs
30 Name: Martha Gibbs
31 Title: Chief Financial Officer/HR

Reference: CCR Section 6630

Clean Air Express - DOCUMENT C (Instructions on page 4-6)

**PRODUCTIVITY IMPROVEMENT PROGRESS REPORT
(CAE must complete this document)**

Recommendation	Implementation Status

Describe any other efforts made, or planned, to improve cost effectiveness and/or increase ridership. Summarize such efforts for both fixed route and demand response service, if applicable.

DOCUMENT D, PART A (Instructions on pages 4-7 and 4-8)

**PROPOSED OPERATING BUDGET
(All transit claimants must complete this document)**

<u>Line</u>	<u>Prior Year (FY)</u>	<u>Project Year (FY)</u>
1 Budget Year	2020-2021	2021-22
2 Total Eligible Operating Cost	\$ 2,030,400.00	\$ 2,249,200.00
3 Estimated Fares	\$ 300,000.00	\$ 350,000.00
4 Operating Deficit (subtract Line 3 from Line 2)	\$ (1,730,400.00)	\$ (1,899,200.00)
 <u>Other Operating Revenues</u>		
5 Property Taxes		
6 Local Transportation Fund	\$ 115,000.00	\$ 125,000.00
7 LTF Balance from Prior Year		
8 State Transit Assistance Fund	\$ 50,000.00	\$ 30,000.00
9 Federal Operating Assistance		\$ 262,000.00
10a Measure D/A - Local		
10b Measure D/A - Regional	\$ 773,800.00	\$ 869,700.00
11 Other (specify): Contributions from other agencies	\$ 850,000.00	\$ 600,000.00
12 Other (specify): Other State (Prop 1B/SOGR/LCTOP)	\$ 701,700.00	\$ 216,800.00
13 Other (specify): Interest	\$ 6,000.00	\$ 5,000.00
14 Other (specify):		
14 Net Surplus/(Deficit) (add Lines 5-13 to Line 4)	\$ 766,100.00	\$ 209,300.00

Footnotes

Reference: CCR Section 6632

DOCUMENT D, PART B (Instructions on pages 4-7 and 4-8)

**PROPOSED CAPITAL BUDGET
(All transit claimants must complete this document)**

<u>Line</u>	<u>Prior Year (FY)</u>	<u>Project Year (FY)</u>
15 Budget Year	<u>2020-2021</u>	<u>2021-22</u>
<u>Capital Expenditures</u> (Itemize by Project)		
16 Asset Transfer form AVTA	\$ 265,000.00	\$ 270,000.00
17		
18		
19		
20		
21		
22		
23		
24 Total Capital Expenditures (Add Lines 16-23)	<u>\$ 265,000.00</u>	<u>\$ 270,000.00</u>
<u>Capital Revenues</u>		
25 Property Taxes		
26 Local Transportation Fund (LTF)		
27 LTF Reserve Account		
28 LTF Balance from Prior Year		
29 State Transit Assistance Fund (STAF)		
30 STAF Balance from Prior Year		
31 Federal Capital Assistance		
32 Other (specify): Meas A Trans from SC IR Trans	\$ 150,000.00	\$ 90,000.00
33 Other (specify): State SOGR	\$ 115,000.00	\$ 180,000.00
34 Other (specify):		
35 Other (specify):		
36 Total Capital Revenues (add Lines 25-35)	<u>\$ 265,000.00</u>	<u>\$ 270,000.00</u>
37 Net Surplus/(Deficit) (subtract Line 36 from Line 24)	<u>\$ -</u>	<u>\$ -</u>

DOCUMENT E (Instructions on page 4-9)

**PROJECT DESCRIPTION & REGIONAL TRANSPORTATION PLAN CONFORMITY
(All claimants must complete this document)**

Complete sections for **every article** under which you are claiming TDA funds.

ARTICLE 3 BIKE/PED CLAIMS [Cities and County]

Describe how you plan to use LTF Article 3 Bike/Ped funds. Include, as applicable, location, type of bike facility, length of project (if bike lane), construction start date, and expected date of opening.

List the corresponding RTP project and/or page numbers.

List the corresponding local bicycle plan project and/or page numbers.

ARTICLE 4 TRANSIT CLAIMS [COLT, Guadalupe, SBMTD, SMAT, SYVT and CAE]

Describe how you plan to use LTF Article 4 Transit funds. Include, as applicable, type of project, construction start date, expected date of opening.

Funds will be used for operating expenses

List the corresponding RTP project and/or page numbers.

ARTICLE 4.5 COMMUNITY TRANSIT SERVICES CLAIMS [Easy Lift and SMOOTH]

Describe how you plan to use LTF Article 4.5 CTSA funds. Include, as applicable, type of project, construction start date, expected date of opening.

List the corresponding RTP project and/or page numbers.

ARTICLE 8(c) TRANSIT CLAIMS [County only]

Describe how you plan to use LTF Article 8 Transit funds. Include, as applicable, type of project, construction start date, expected date of opening.

List the corresponding RTP project and/or page numbers.

ARTICLE 8(a) STREETS AND ROADS CLAIMS [Cities and County, if applicable]

Describe how you plan to use LTF Article 8 Streets/Roads funds. Include, as applicable, type of project, construction start date, expected date of opening.

Reference: CCR Section 6651

DOCUMENT F (Instructions on pages 4-10 and 4-11)

**MAXIMUM TRANSIT ALLOCATION
(All transit claimants must complete this document)**

Line MAXIMUM ALLOCATION FOR OPERATIONS

		FY <u>2021-22</u>
1	Project Year	
2	Total Operating Expense	\$ 2,249,200.00
3	Fare Revenue	\$ 350,000.00
4	Local Support - Property Tax	\$ -
5	Local Support - Other (specify) Measure A	\$ 869,700.00
6.0	Local Support - Other (specify) Interest	\$ 5,000.00
6.1	Local Support - Other (specify) Contributions from other agencies	\$ 600,000.00
6.2	Local Support - Other (specify)	
6.3	Local Support - Other (specify)	
7	Federal Operating Assistance	\$ 262,000.00
8	Payment for Service Outside Boundaries	
9	TDA Operating Expense (subtract Lines 3 through 8 from Line 2)	\$ 162,500.00
10	LTF Balance from Prior Year	\$ -
11	Maximum Allocation for Operations (subtract Line 10 from Line 9)	\$ 162,500.00

MAXIMUM ALLOCATIONS FOR CAPITAL

12	Total Capital Expenses	\$ 270,000.00
13	Federal Capital Assistance	\$ -
14	Other (specify) Measure A - SC IR Transit transfer	\$ 90,000.00
15	Other (specify) Sate SOGR	\$ 180,000.00
16	TDA Capital Expense (subtract Lines 13 through 15 from Line 12)	\$ -
17	LTF Reserve Account Revenue	\$ -
18	LTF Balance from Prior Year	\$ -
19	STAF Balance from Prior Year	\$ -
20	Maximum Allocation for Capital (subtract Lines 17 through 19 from Line 16)	\$ -
21	MAXIMUM TRANSIT ALLOCATION (add Line 11 and Line 20)	\$ 162,500.00

Footnotes:

DOCUMENT G-3 (Instructions on pages 4-12 and 4-13)

FARE AND LOCAL SUPPORT RATIOS - SYSTEMWIDE

(All transit claimants must complete G-1, G-2, and/or G-3, depending on what services they provide)

REQUIRED MINIMUM RATIOS

1	Ratio of Fares to Total Operating Expense	n/a
2	Ratio of Fares plus Local Support to Total Operating Expense	n/a
3	Applicable Public Utilities Code Section	n/a
4	Applicable SBCAG Resolution	n/a

PROJECT YEAR RATIOS

5	Total Operating Expenditures	
	(a) General Public Service	\$ 2,249,200.00
	(b) Subscription Service	\$ -
6	Operating Expenditures for Service Extensions	\$ -
7	Net Operating Expenditures (subtract Line 11 from Line 10(a))	\$ 2,249,200.00
8	Total Fares	
	(a) General Public Service	\$ 350,000.00
	(b) Subscription Service	\$ -
9	Total Local Support	\$ 1,474,700.00
10	Ratio of Fares to Net Operating Expense	15.6%
11	Ratio of Fares plus Local Support to Net Operating Expense	81.1%

Footnotes:

References: PUC Sections 99268.2, 99268.3, 99268.4, 99268.5, 99268.8, 99268.9, 99268.12, 99268.17, 99268.19, 99720.1, and 99270.2

DOCUMENT H (Continued)
(Instructions on page 4-15)

DOCUMENT H (Instructions on page 4-15)

STANDARD ASSURANCES FOR APPLICANTS – LTF
(All claimants must complete this document)

CLAIMANT ASSURANCES: *Initial Each Section or Indicate N/A.*

- SS 1) Claimant certifies it has submitted a satisfactory, independent fiscal audit, with required certification statement, to SBCAG and to the State Controller, pursuant to PUC 99245 and 21 CCR 6664, for the prior fiscal year (project year minus two). Claimant also assures this audit requirement will be completed for the current fiscal year (project year minus one).
Date of submittal to State Controller: 3/31/2020
Date of submittal to SBCAG: 3/31/2020
Applies to SBMTD, Easy Lift, and SMOOTH. SBCAG contracts for and submits fiscal audits for all other TDA claimants.
- n/a 2) Claimant certifies that, per SBCAG Resolution 90-1, no more than 50% of the CTSA's operating budget for the year came from LTF. Claimant also certifies that its fiscal audit contains verification of this limitation (e.g., "[Easy Lift/SMOOTH] is [not] in compliance with requirement, per SBCAG Resolution 90-1, that no more than 50% of [Easy Lift's/SMOOTH's] operating budget for the year came from Local Transportation Funds.").
Applies to Article 4.5 (CTSAs)
- SS 3) Claimant certifies it has submitted an annual report, documenting agency operations, in conformance with the uniform system of accounts and records, to SBCAG and to the State Controller, pursuant to PUC 99243, for the prior year (project year minus two). Claimant assures this report will be audited by an independent CPA. Claimant also assures this report will be completed for the current fiscal year (project year minus one).
Date of submittal to State Controller: 1/31/2021
Date of submittal to SBCAG: 1/31/2021
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- n/a 4) Claimant certifies it has submitted an annual report, regarding expenditure of funds received, to the State Controller, pursuant to 21 CCR 6665, for the prior year (project year minus two). Claimant assures this report will be audited by an independent CPA. Claimant also assures this report will be completed for the current fiscal year (project year minus one).
Date of submittal to State Controller: _____
Applies to Articles 3 (bike/ped) and 8 (streets/roads)
- 5) Claimant certifies that (initial one):
- n/a a) the current cost of its retirement system is fully funded with respect to the officers and employees of its public transportation system (PUC 99271(a)); or
- SS b) the operator is implementing a plan approved by SBCAG which will fully fund the retirement system for such officers and employees within 40 years (PUC 99271(a)); or
- n/a c) the operator has a private pension plan which sets aside and invests, on a current basis, funds sufficient to provide for the payment of future pension benefits and which is fully compliant with the requirements stated in PUC 99272 and 99273.
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- n/a 6) Claimant certifies that, pursuant to PUC 99264, it does not routinely staff, with two or more persons, a vehicle for public transportation purposes designed to be operated by one person.
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)

DOCUMENT H (Continued)
(Instructions on page 4-15)

- SS 7) Claimant certifies that the transit operator's operating budget has not increased more than 15% over the preceding year, and does not include a substantial increase or decrease in scope of operations or capital budget provisions for major new fixed facilities. **If the budget does include such changes, documentation is attached** that identifies and substantiates the reason and need for the changes, pursuant to PUC 99266, CCR 6632(b). E.g., if there is a substantial change between the capital expenditures proposed in this claim and those described in the claimant's Short Range Transit Plan (SRTP) or Transit Development Program (TDP), the claimant must provide a statement that substantiates the need for this change. If the claimant has neither a SRTP nor a TDP, the claimant must provide a statement that describes the need for the proposed capital expenditure.
ATTACHMENTS MAY BE REQUIRED
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- n/a 8) Claimant certifies that **attached is certification from the Department of California Highway Patrol** (CHP), completed within the last 13 months, that indicates the operator is in compliance with Section 1808.1 of the Vehicle Code. Section 1808.1 of the Vehicle Code requires, among other things, that operators participate in a pull notice system for obtaining current driver records from the Department of Motor Vehicles.
ATTACHMENTS REQUIRED
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- n/a 9) Claimant certifies it is in compliance with PUC 99155: if it offers reduced fares to seniors, it offers the same reduced rate to disabled persons, handicapped persons, and disabled veterans, and it honors the federal Medicare card for identification to receive reduced fares.
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- n/a 10) Claimant certifies it is in compliance with PUC 99155.5: dial-a-ride and paratransit services are accessible to handicapped persons and the service is provided to persons without regard to vehicle ownership and place of residence.
Applies to Articles 4 (transit), 4.5 (CTSAs), and 8 (transit)
- SS 11) Claimants that contract with another entity or entities for transit service certify that a copy of **the contract negotiated with that entity is attached**, pursuant to CCR 6630.
ATTACHMENTS REQUIRED
Applies to Articles 4 (transit) and 8 (transit)
- n/a 12) Claimant certifies that, per SBCAG Resolution 90-1, **attached to this claim is an operations plan and budget** that describes existing and proposed service, and report on progress of coordination and consolidation objectives.
ATTACHMENTS REQUIRED
Applies to Article 4.5 (CTSAs)
- n/a 13) Claimant certifies that, per SBCAG Resolution 90-1, it has attached an agreement to indemnify and hold harmless SBCAG from any claims, judgments or liabilities against the claimant. Claimant certifies it has also **attached proof of insurance coverage**, with limits of general liability to be specified.
ATTACHMENTS REQUIRED
Applies to Article 4.5 (CTSAs)
- n/a 14) Claimant certifies that in its TDA claim, not less than 5% of the amount claimed under Article 4 will be expended for demand-response service for the elderly and individuals with disabilities, per SBCAG Resolution 90-1.
Applies to Articles 4 (transit) in service areas without a designated CTSA [COLT, SYVT]

DOCUMENT H (Continued)
(Instructions on page 4-15)

n/a 15) If SBCAG has found that there are unmet transit needs that are reasonable to meet within its jurisdiction, the claimant certifies it has **attached a summary of the actions it plans** to take to meet the needs.
ATTACHMENTS MAY BE REQUIRED
Applies to Article 8 (streets/roads)

SS 16) Claimant certifies that pursuant to CCR § 6633 and PUC § 99268(c) it shall maintain farebox ratios in providing transit services as follows: Urbanized 20%, Non-Urbanized and ADA 10%

The undersigned (must be the individual named in the authorizing resolution) hereby certifies that the above statements are true and correct.

Signature: Scott Spaulding

Name: Scott Spaulding

Title: Director of Rail and Transit

Date: March 18, 2021

Article 3 Bike/ Ped	Article 4 Transit	Article 4.5 Community Transit	Article 8(a) Streets & Roads	Article 8(c) Transit	REQUIRED FORMS CHECKLIST	
					Claimant:	
Cities and County	COLT, Guad., SBMTD, SMAT, SYVT, CAE	CTSAs: Easy Lift and SMOOTH	Cities and County	County	Document Name	
X	X	X	X	X	Document A: Claim Form	
X	X	X	X	X	Document B: Resolution	
	X	X		X	Document C: Productivity Improvement	
					Document D: Fiscal Reporting	
	X	X		X	Part A Proposed Operating Budget	
	X	X		X	Part B Proposed Capital Budget	
X	X	X	X	X	Document E: Project Description & RTP Conformity	
	X	X		X	Document F: Maximum Transit Allocation	
					Document G: Fare and Local Support Ratios	
	X			X	G.1 Fixed Route	
	X (not SBMTD or CAE)	X			G.2 Demand Response	
	X (not SBMTD or CAE)				G.3 Systemwide (combined)	
					Document H: Standard Assurances	
	SBMTD Only	X			H.1 Fiscal Audit	
		X			H.2 LTF ≤ 50% of CTSA's operating budget	
	X	X		X	H.3 State Controller Annual Report **	
X			X		H.4 State Controller Annual Report **	
	X	X		X	H.5 Retirement System Funding	
	X	X		X	H.6 Staffing of Vehicles	
	X	X		X	H.7 Budget Increase *	
	X	X		X	H.8 CHP Certification **	
	X	X		X	H.9 Fares for Senior and Disabled	
	X	X		X	H.10 Accessibility to Disabled	
	X			X	H.11 Contract for Transit Services **	
		X			H.12 Operations Plan and Budget **	
		X			H.13 Indemnify, Hold Harmless; Insurance **	
	COLT & SYVT Only				H.14 5% Demand Response	
			X		H.15 Unmet Needs *	

*attachments may be required

**attachments required

I hereby certify that I have completed all forms necessary to comply with the requirements of the Transportation Development Act.		Submitted by:	
Signature:	<i>Scott Spaulding</i>	Name:	Scott Spaulding
Date:	March 18, 2021	Title:	Director of Rail and Transit
		E-mail:	sspaulding@sbcag.org
		Phone:	1-805-961-8900