



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Revised Transportation Development Act (TDA) Claim for Transit Services for Fiscal Year 1990-91

MEETING DATE: April 15, 1992

PREPARED BY: Assistant City Manager

RECOMMENDED ACTION: The City Council authorize the submittal of a revised TDA claim for transit services for 1990-91 fiscal year.

BACKGROUND INFORMATION: I received the attached letter from the San Joaquin County Council of Governments (COG) suggesting this revised claim. I concur in their recommendation in that In addition to providing a paper trall, it will also have the adopted claim and the City's financial statements in agreement which should dispel any inconsistencies In the future.

FUNDING: No expenditures

Respectfully submitted,

Jerry L. Glenn
Assistant City Manager

JLG:br

Attachment

APPROVED: _____

THOMAS A. PETERSON
City Manager





San Joaquin County Council of Governments

Member Agencies: Cities of Escalon, Lathrop, Lodi, Manteca, Ripon, Stockton, Tracy, County of San Joaquin

January 22, 1992

JAN 23 1992

City Manager's Office

Jerry Glenn
Assistant City Manager
City of Lodi
P.O. Box 3006
Lodi, CA 95241

Dear Jerry:

You may remember a discussion we had about the possible need for revising Lodi's FY 1991 TDA claim. Late last year when we discussed this, I had said that I would talk to COG's TDA auditor for an opinion on the matter. After consulting with Chris Wells, of Bartig, Basler and Ray, I have come to the conclusion that a revision is necessary. The revision will provide Lodi with the authorization to transfer funds from the taxi service to the Dial-A-Ride service. According to your FY 1992 claim, Lodi has already made this transfer... filing a revised TDA claim will simply provide you and COG with the paperwork trail authorizing the transfer.

I have enclosed a sample revised FY 1991 TDA claim and a blank claim form. The sample revised claim form refers COG (and any member of the public that wishes to see it) to Lodi's original FY 1991 and FY 1992 claim for additional operating and budgetary information.

You will need to add some explanations on page 16 to substantiate the need for DAR cost increases in excess of 15%. Also, note that there are two page 9's and two page 10's; one set refers to the Article 4 service and the other set refers to the Article 8 service.

If you can get the revised claim form approved, signed and back to me by February 12, 1992, I will try to get it on the COG Board's February 25th consent item agenda. Remember, COG requires two completed claims, both with original signatures, and a signed (or certified) resolution from the City Council approving the revision and the claim amounts.

You might take a look at your current year-to-date expenses for the two transit systems to determine if a revised or supplemental FY 1991-92 transit claim is needed. Another suggestion for your consideration is for Lodi to establish a separate enterprise fund account for the Article 8 transit service.

Please let me know if further information is needed.

Very truly yours,

Nancy Miller (handwritten signature)

NANCY MILLER
Associate Regional Planner

Enclosure

LOCAL TRANSPORTATION FUND

TO: San Joaquin County Council of Governments
1860 East Hazelton Avenue
Stockton, CA 95205

FROM: Applicant: City of Lodi

Address: P. O. Box 3006, Lodi, CA 95241
(City, Zip)

Contact Person: Jerry Glenn/Sharon Blaufus Phone: 333-6700

The City of Lodi hereby requests, in accordance with Chapter 1400, Statutes 1971 and applicable rules and regulations, that its annual transportation claim be approved in the amount of \$ 1,411,480 for fiscal year 3950-91, to be drawn from the Local Transportation Fund.

When approved, please transmit this claim to the County Auditor for payment. Approval of the claim and payment by the County Auditor to this applicant is subject to such monies being on hand and 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.

The claimant certifies that this Local Transportation Fund claim and the financial information contained therein, is reasonable and accurate to the best of my knowledge, and that the aforementioned information indicates the eligibility of this claimant for funds for the fiscal year of the application pursuant to CAC Section 6634 and 6734.

APPROVED :

San Joaquin County Council
of Governments

By: _____
 BARTON MEAYS

Title: Executive Director

Date: _____ 19__

Applicant: _____

Signed: _____

Name : _____

Title: _____

Date: _____ 19__

STATE TRANSIT ASSISTANCE CLAIM

To: San Joaquin County Council of Governments
1860 East Hazelton Avenue
Stockton. CA 95205

FROM: Applicant: City of Lodi

Address: P. O. Box 3006, Lodi, CA 95241
(City, Zip)

Contact Person: Jerry Glenn

Phone: 333-6700

This claimant, qualified pursuant to Section 99203 and 99315 of the Public Utilities Code, hereby requests, in accordance with Chapter 1400, Statutes of 1971 as amended, and applicable rules and regulations, that an allocation be made...in the amount of \$5,221 for fiscal year 1990-91, to be drawn from the State Transit Assistance trust fund of San Joaquin County for the following purposes and in the following respective amounts:

Purposes	Amounts
Transit	\$5,221

Allocation instruction and payment by the County Auditor to this claimant are subject to such monies being on hand and available for distribution and to the provisions that such monies will be used only in accordance with the terms of the approved claim.

The claimant certifies that this State Transit Assistance Fund Claim and the financial information contained herein, is reasonable and accurate to the best of my knowledge, and that the aforementioned information indicates the eligibility of this claimant for funds for the fiscal year of the application pursuant to CAC Section 6634 and 6734.

APPROVED:

San Joaquin County Council
of Governments

By: _____
BARTON MEAYS

Title: Executive Director

Date: _____ 19__

Applicant: _____

Signed: _____

Name: _____

Title: _____

Date: _____ 19__

TRANSPORTATION DEVELOPMENT ACT APPORTIONMENTS

I. Local Transportation Fund Available Apportionment

A. Area Apportionment 1990-91	\$ 1,022,380
B. Pedestrian/Bicycle Apportionment	21,300
C. Previous Years' Unclaimed Apportionment	78,800
D. Unexpended Carryover	297,000
E. Total Available for 1990-91 Claim(s)	1,419,480
F. Less any LTF Already Claimed 1990-91	0
G. TOTAL AVAILABLE FOR THIS CLAIM (Also enter on page 8, 1st column)	\$ 1,419,480

11. State Transit Assistance Fund Available Apportionment

A. Area Apportionment 1990-91	\$ _____
B. Special Transit Apportionment 1990-91	_____
C. Previous Years' Unclaimed Apportionment	5,221
D. Unexpended Carryover	4,927
E. Total Available for 1990-91 Claim(s)	10,148
F. Less any STA Already Claimed 1990-91	0
G. TOTAL AVAILABLE FOR THIS CLAIM (Also enter on page 8, 2nd column)	\$ 10,148

TRANSPORTATION DEVELOPMENT ACT ALLOCATIONS

<u>Claim Purpose</u>	I. LTF	II. STA
I. PUBLIC TRANSPORTATION		
Article 4 (99260)-Operator ₁	\$ 301,065	\$ 5,221
Article 8 (99400(c)) Contractor-operating	29,000	_____
Article 8 (99400(e)) Contractor capital	_____	_____
II. PEDESTRIAN AND BICYCLE		N/A
Article 3 (99234)	_____	_____
Article 8 (99400(a))	\$ 21,300	_____
III. ROADS AND STREETS		
Article 8 (99400(a))	\$1,060,115	_____
IV. OTHER		
Article 8 (99400(b)) Article 99400(d)	_____	N/A _____
////////////////////////////////////		
TOTAL THIS CLAIM	<u>\$1,411,480</u>	<u>\$ 5,221</u>
TOTAL AVAILABLE FOR THIS CLAIM (from page 7, I. and II. G.)	1,419,480	10,148
UNCLAIMED APPORTIONMENT (TOTAL AVAIL. less TOTAL THIS CLAIM)	<u>\$ 8,000</u>	<u>\$ 4,927</u>

IMPORTANT: To avoid accidental overpayment, please identify in the space below any unexpended carryover included in the amounts being claimed above.

\$297,000 unexpended LTF carryover: reclaimed for streets/roads
 \$ 4,927 unexpended STA carryover: reclaimed for transit art. 4

1. Operators claiming STA funds must complete and pass the eligibility test on page 15.

PART I PUBLIC TRANSPORTATION

Please Circle either: Article 4 operator or ~~Article-8-contractor~~

FINANCIAL INFORMATION

I. OPERATING REVENUE	1989-90	1990-91
	Please Circle ACTUAL or ESTIMATE	Budget
401 Passenger Fares	\$ 39,313	\$ 43,575
402 Special Transit Fares	_____	_____
403 School Bus Service Revenues	_____	_____
404 Freight Tariffs	_____	_____
405 Charter Service Revenues	_____	_____
406 Auxiliary Transportation Revenues	_____	_____
407 Non-Transportation Revenues	_____	3,266
408 Taxes Levied Directly by Transit System (Specify)	_____	_____
409 Local Cash Grants & Reimbursements (Specify) Local Transportation Fund (LTF)	236,959	239,411
410 Local Special Fare Assistance	_____	_____
411 State Cash Grants & Reimbursements (Specify) State Transit Assistance Fund (STA)	4,927*	5,221
412 State Special Fare Assistance	_____	_____
413 Federal Cash Grants & Reimbursements (Specify) UMTA Grants	_____	_____
430 Contributed Services	_____	_____
440 (Specify)	113	
TOTAL	\$281,312	\$291,473
II. CAPITAL REVENUE		
464 Federal Capital Grants & Subsidies (Specify)	_____	_____
State Capital Grants & Subventions (Specify) State Transit Assistance Funds (STA)	_____	_____
Local Capital Provisions (Specify) Local Transportation Fund (LTF)	\$ 55,009	\$ 61,654
Sale of Property	29,759	_____
TOTAL	\$ 84,768	\$ 61,654

(*\$4,927 is unexpended carryover re-claimed for transit in FY 1991)

III. OPERATING EXPENSES

1989-90
Please Circle
Actual or Estimate*

1990-91
Budget

501 Labor		
Operators Salaries/Wages	_____	_____
Other Salaries/Wages	_____	_____
502 Fringe Benefits	_____	_____
503 Services	_____	_____
504 Materials/Supplies		
Fuels/Lubricants		
Tires/Tubes	_____	_____
other	_____	_____
505 Utilities	_____	_____
506 Casualty/Liability Costs	_____	_____
507 Taxes	_____	_____
508 Purchased Transportation Service	_____	\$ 57,907
509 Uiscellaneous Expenses	_____	_____
510 Expense Transfers	_____	_____
511 Interest Expanse	_____	_____
512 Leases and Rentals	_____	_____
513 Depreciation/Amortization	_____	_____
Operator-Funds		
Grant Funds	_____	_____
	TOTAL	\$ 57,907

IV. CAPITAL EXPENSES*

Debt Service	_____	_____
Land/Property Acquisition	_____	_____
Vehicles		
Construction	_____	_____
Other - Radios	_____	_____
TOTAL	\$ _____	\$ _____

*Allowable capital expenses are limited for Article 8 claimants; see 99400 (e).

ON*

	Actual FY 1988-89	Actual/Est. FY 1989-90	Proposed FY 1990-91
1. <u>Patronage</u>			
a. Total Passengers	See FY 1991-92 TDA Claim for information related to passengers, RVH, etc., for both DAR and the Artiale 8 Taxi service		
b. Revenue Passengers			
c. Youth Passengers	_____	_____	_____
d. Elderly Passengers	_____	_____	_____
e. Handicapped Passengers	_____	_____	_____
2.			
a. Total Vehicle Miles	_____	_____	_____
b. Revenue Vehicle Miles	_____	_____	_____
3. <u>Revenue Vehicle Hours</u>	_____	_____	_____
4. <u>Revenue Vehicle Fuel Consumption</u>			
a. diesel-	_____	_____	_____
b. Gasoline	_____	_____	_____
c. Liquid Natural Compressed Gas	_____	_____	_____
5. <u>Fare Structure</u>			
a. Base	_____	_____	_____
b. Zone	_____	_____	_____
c. Youth	_____	_____	_____
d. Senior	_____	_____	_____
e. Handicapped	_____	_____	_____
f. Monthly Pass	_____	_____	_____
g. Other	_____	_____	_____
h. Average Fare	_____	_____	_____

*Attach additional pages as necessary to alter or complete description

THREE YEAR FISCAL PLAN

	1991-92	1992-93	1993-94
operating Expenses			
Operating Revenues			
	See Three-Year-Fiscal Plans presented in original FY-1990-91 TDA claim and in the FY-1991-92 TDA claim (for both DAR and taxi service)		
Sources: LTF	\$ _____	\$ _____	\$ _____
STA	_____	_____	_____
Federal	_____	_____	_____
Fares	_____	_____	_____
General Fund	_____	_____	_____
Other	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____
 Capital Expenses	\$ _____	\$ _____	\$ _____
Capital Revenue			
Sources: LTF	\$ _____	\$ _____	\$ _____
STA	_____	_____	_____
Federal	_____	_____	_____
Other	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____

A

FLEET INVENTORY (Transit Vehicle Owners Only)

Make & Model	Production Year	# of Veh.	Fuel Type	Seat Capacity	Special Features			
					AC	EP	WC	Other

**See fleet inventory information in original
FY 1990-91 TDA Claim**

TOTAL	XXXXXXXXXXXX		XXXXX					

Vehicles to be Purchased in FY _____

--	--	--	--	--	--	--	--	--

AC = Air Conditioned
 EP = Environmental Package
 WC = Wheelchair Lift

Article 4 Operator TDA Requirements

1. Fare Ratio/Local Support Requirements

~~All Article 4 claimants~~ are required to maintain a specified ratio of fare revenue to operating cost. In addition, SMTD only is required to maintain a ratio of fare revenue plus local support to operating cost of 32%. See 99268.2 - 99268.19 for details and exemptions pertaining to ratios.

- A. What is this system's required farebox recovery ratio?
10%
- B. Does the attached budget demonstrate that this system will meet its required farebox recovery and for SMTD its farebox plus local support ratios? YES
- C. Has this system utilized its grace year? NO
- D. Has this system been in non-compliance with its required ratio(s)? NO

If yes, identify the year or years _____

2. Extension of Service/New Service

An extension of service or new service is exempt from the required farebox and local support ratios if:

- A. The extension of service or new service has been in operation for less than two full fiscal years. The two-year extension of services exclusion applies until two years after the end of the fiscal year in which the extension of services was put into operation.
- B. The claimant submits a report on the extension of services to the COG within 90 days after the end of the fiscal year. (For details of the report, see 6633.8(b)).

Is an extension of service/new service being claimed? NO

If so, has the required report been submitted for the most recently completed full fiscal year? If not, that report must accompany this claim.

3. Operator's STA Qualifying Criteria (99314.6)

STA funds may not be claimed if the budgeted subsidy per revenue vehicle hour exceeds the sum of last year's subsidy per revenue vehicle hour and an amount equal to ninety percent of the change in the Consumer Price Index multiplied by last year's subsidy per revenue vehicle hour.

Please complete the following worksheet to determine eligibility.

1989-90 Budget		Projected 1990-91 Budget
a.	401.0001- \$ 39,313	a. \$ 43,575
b.	402.000 _____	b. _____
c.	403.000 _____	c. _____
d.	404.000 _____	d. _____
e.	406.000 _____	e. _____
f.	407.000 _____	f. 3,266
g.	440.000 _____	g. _____
h.	REVENUE Sum "a" through "g": \$ 39,313	h. \$ 46,841
i.	OPERATING COST: \$276,385	i. \$288,411
j.	SUBSIDY (S) Subtract "h" from "i": \$236,959	j. \$241,570
k.	REVENUE VEHICLE HOURS (annual) (RVH): 13,580	k. 14,930
m.	SUBSIDY PER REVENUE VEHICLE HOUR (S/RVH) \$17.45	Divide "j" by "k": \$16.18
n.	90% of change in Consumer Price Index (6/89 to 6/90): $10.9 \cdot 0.048 = 0.0432$	
p.	For 1989-90 budget only calculate: $(1+n) \cdot m$ $1.0432 \cdot m = \$18.20$	

If the projected subsidy per revenue vehicle hour for budget year 1990-91 ("m") is greater than "p", an STA claim for transit operation cannot be allowed.

That portion of increased costs of fuel, insurance and compliance with state and federal mandates that exceeds 90% of the CPI on line "i" may be excluded. If the claimant uses these exemptions show all work, exclusions and reasons on an attached page.

1. Accounting categories taken from the uniform system of accounts and records.

4. Fifteen Percent Expenditure Increase (6632)

If any of the line items on the attached budget exceed by more than 15% the expenditure for that same item in the previous year's budget, then an explanation for that increase must be given below. Attach an extra page if necessary.

#501 & # 502: Did not charge adequate administrative time to DAR

#503 (Services up to \$2,539, from \$0 prior year): _____

SEE ATTACHMENT

#509 (Misc. Expenses up 930%): _____

SEE ATTACHMENT

5. Narrative Description (6632)

Please describe in the space below any changes in service characteristics from the previous fiscal year. This should specifically include any substantial increase or decrease in the geographic area served, major changes to the scope of operations, or addition of major new fixed facilities. Please attach an additional page if necessary.

SPECIAL NOTES FOR RATIO CALCULATIONS

SMTD - Exclude certain costs and fares as specified in the most recent Compliance Audit Report.

Lodi - Exclude County service when calculating fares and expenses.

Article 8 Contractor TDA Requirements

For contracted transportation service providers, the San Joaquin County Council of Governments' Executive Board has waived the farebox and local support ratios as it is empowered to do by 99405(c). The COG Board has established a two-step process.

1. Match Requirement

For any Article 8 transit claim, no more than 90% of the total operating funds (minus depreciation) in the budget may be TDA (LTF and STA) derived. The ten percent or more matching funds may come from any other source available to the claimant besides TDA.

2. Operating cost Per Passenger Objective

To receive an amount of TDA operating funds (LTF and STA combined) in excess of what was claimed the previous fiscal year, the claimant must establish an operating cost per passenger objective for the fiscal year of the claim. "Operating cost" is defined as in the TDA statutes and regulations. The objective should be a realistic one based on current and past system performance, but should be low enough to represent an "improvement" when warranted. The COG Executive Board will adopt the systemwide operating cost per passenger objective for the fiscal year of the claim.

If the system failed to meet its operating cost per passenger objective in the fiscal year prior to the fiscal year of the claim, then the claimant is only eligible to file a claim for the level of TDA operating funding received in that prior fiscal year. In the case of a unified transit system, each claimant would be limited to the prior year's level of TDA operating funding. If a system wishes to be eligible for increased TDA operating funding in a future fiscal year, then the claimant should identify an operating cost per passenger objective.

- i. What was the level of TDA operating funding received in the previous fiscal year for this system by this claimant (LTF plus STA)? \$ 0
- ii. Does the attached budget information demonstrate at least a 10% match of non-TDA funds? YES
- iii. Is this claim requesting more TDA operating funds than were received for this system by this claimant in the previous fiscal year? YES
- iv. If yes, did the system meet its operating cost per passenger objective in the previous fiscal year?
Not Applicable

An affirmative answer should be documented in Part v.

v. What was last year's Operating Cost per Passenger Objective? \$0.00 (no service) What was the actual operating cost per passenger? . . .

- a. FY 1989-90 Operating Cost \$ _____
- b. Total Passengers _____
- c. Operating Cost Per Passenger
(a / b) \$ _____

vi. What is the Operating Cost per Passenger Objective for this claim? . . .

- d. Budgeted Operating Cost \$ 58,200
- e. Estimated Total Passengers 18,653
- f. Calculated Operating Cost per Passenger (d / e) 5 3.12
- g. FY 1990-91 OPERATING COST PER PASSENGER OBJECTIVE \$ 2.17
- h. If this claim is for a unified transit system (see footnote), has the contributing claimant been appraised of the planned systemwide objective set in g. above? _____

3. Fifteen Percent Expenditure Increase (6632)

If any of the line items on the attached budget exceed by more than 15% the expenditure for that same item in the previous year's budget, then an explanation for that increase must be given below. Attach an additional page if necessary.

4. Narrative Description (6632)

Please describe on an attached page any changes in service characteristics from the previous fiscal year. This should specifically include any substantial increase or decrease in the geographic area served, major changes to the scope of operations, or addition of major new fixed facilities.

This claim provides support to the taxi company on a per passenger basis. Supporting the Taxi company in this manner will ensure that there is some form of public transit available, 24 hours a day, seven days a week.

IMPORTANT: If this claim is for a unified transit system (per definition p. 18a), all calculations and numbers on (2)iv. and (2)v. must include both City and County totals. Also, contributing claimants to unified transit systems should not use this page: use page 18a instead.

PART 11 - PEDESTRIAN AND BICYCLE PROJECTS

LOCAL TRANSPORTATION FUND

<u>Project Title and Description</u>	<u>Project Limits</u>	<u>LTF Cost</u>
Sidewalk Upgrading	Various Locations	\$21,300 ----- \$21,300

STATE TRANSIT ASSISTANCE FUND

<u>Project Title and Description</u>	<u>Project Limits</u>	<u>STA Cost</u> <u>Total cost</u>

PART III - ROAD AND STREET PROJECTS

Please provide the requested information for each project being identified for Transportation Development Act funding.

LOCAL TRANSPORTATION FUND

Project Title and Description	Project Limits	LTF Cost Total cost
<p>See pages 20a and 20b from original PY 1991 TDA claim for project titles and descriptions</p>		<p>\$1,060,115 ----- \$2,323,000</p>

(Use Additional Page if necessary)

STATE TRANSIT ASSISTANCE FUND

Project Title and Description	Project Limits	STA Cost Total Cost

(Use Additional page if Necessary)

RESOLUTION NO. 92-65
=====

A RESOLUTION OF THE LODI CITY COUNCIL
AUTHORIZING THE SUBMITTAL OF A REVISED
TRANSPORTATION DEVELOPMENT ACT (TDA) CLAIM
FOR TRANSIT SERVICES FOR FISCAL YEAR 1990-91
=====

BE IT RESOLVED, that the Lodi City Council does hereby authorize the submittal of a revised Transportation Development Act (TDA) Claim for transit services for Fiscal Year 1990-91; and

BE IT FURTHER RESOLVED, that the Lodi City Council does hereby authorize the City Manager to execute the subject revised Claim on behalf of the City of Lodi.

Dated: April 15, 1992
=====

I hereby certify that Resolution No. 92-65 was passed and adopted by the Lodi City Council in a regular meeting held April 15, 1992 by the following vote:

Ayes: Council Members -
Noes: Council Members -
Absent: Council Members -

Alice M. Reimche
City Clerk

CITY COUNCIL

JAMES W. PINKERTON, Mayor
PHILLIP A. PENNINO
Mayor Pro Tempore
DAVID M. HINCHMAN
JACK A. SIEGLOCK
JOHN R. (Randy) SNIDER

CITY OF LODI

CITY HALL, 221 WEST PINE STREET
P.O. BOX 3006
LODI, CALIFORNIA 95241-1910
(209) 334-5634
FAX (209) 333-6795

THOMAS A. PETERSON
City Manager

ALICE M. REIMCHE
City Clerk

BOB McNATT
City Attorney

April 20, 1992

Nancy Miller
Assistant Planner
San Joaquin County
Council of Governments
P.O. Box 1010
Stockton, CA 95201-1010

Dear Ms. Miller:

Enclosed herewith please find two executed copies of a revised Transportation Development Act (TDA) Claim for Transit Services for Fiscal Year 1990-91 and the authorizing Resolution No. 92-65 which was adopted by the Lodi City Council at its regular meeting of April 15, 1992.

Please return a fully executed copy of the subject revised claim at your earliest convenience.

Should you have any questions, please do not hesitate to call this office.

Very truly yours,



Alice M. Reimche
City Clerk

AMR/jmp

Enclosure

RESOLUTION NO. 92-65

A RESOLUTION OF THE LODI CITY COUNCIL
AUTHORIZING THE SUBMITTAL OF A REVISED
TRANSPORTATION DEVELOPMENT ACT (TDA) CLAIM
FOR TRANSIT SERVICES FOR FISCAL YEAR 1990-91

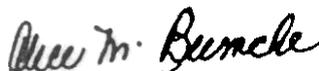
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Dated: April 15, 1992

I hereby certify that Resolution No. 92-65 was passed and adopted by the Lodi City Council in a regular meeting held April 15, 1992 by the following vote:

Ayes: Council Members - Hinchman, Pennino, Sieglock, Snider
and Pinkerton (Mayor)
Noes: Council Members - None
Absent: Council Members - None


Alice M. Reimche
City Clerk

LOCAL TRANSPORTATION FUND

TO: **San Joaquin County Council of Governments**
1860 East Hazelton Avenue
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The claimant certifies that this Local Transportation Fund claim and the financial information contained therein, is reasonable and accurate to the best of my knowledge, and that the aforementioned information indicates the eligibility of this claimant for funds for the fiscal year of the application pursuant to CAC Section 6634 and 6734.

APPROVED:

San Joaquin County Council
of Governments

By: _____
BARTON MEAYS

Title: Executive Director

Date: _____ 19__

Applicant: City of Lodi

Signed: Thomas A. Peterson

Name: Thomas A. Peterson

Title: City Manager

Date: April 15, 1992

-

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San Joaquin County Council
of Governments

By: _____
BARTON MEAYS

Title: Executive Director

Date: _____ 19__

Applicant: _____

Signed: _____

Name: _____

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E. Total Available for 1990-91 Claim(s)	1,419,480
F. less any LTF Already Claimed 1990-91	0
G. TOTAL AVAILABLE FOR THIS CLAIM (Also enter on page 8, 1st column)	\$ 1,419,480

II. State Transit Assistance Fund Available Apportionment

A. Area Apportionment 1990-91	\$ _____
B. Special Transit Apportionment 1990-91	_____
C. Previous Years' Unclaimed Apportionment	5,221
D. Unexpended Carryover	4,927
E. Total Available for 1990-91 Claim(s)	10,148
F. less any STA Already Claimed 1990-91	0
G. TOTAL AVAILABLE FOR THIS CLAIM (Also enter on page 8, 2nd column)	\$ 10,148

TRANSPORTATION DEVELOPMENT ACT ALLOCATIONS

<u>Claim Purpose</u>	I. LTF	II. STA
I. PUBLIC TRANSPORTATION		
Article 4 (99260)-Operator ₁	\$ 301,065	\$ 5,221
Article 8 (99400(c)) Contractor-operating	29,000	_____
Article 8 (99400(e)) Contractor capital	_____	_____
II. PEDESTRIAN AND BICYCLE		
Article 3 (99234)	_____	N/A
Article 8 (99400(a))	\$ 21,300	_____
III. RADS AND STREETS		
Article 8 (99400(a))	\$1,060,115	_____
IV. OTHER		
Article 8 (99400(b) ,or 99400(d))	_____	N/A
////////////////////////////////////		
TOTAL THIS CLAIM	<u>\$1,411,480</u>	<u>\$ 5,221,</u>
TOTAL AVAILABLE FOR THIS CLAIM (from page 7, I. and II. G.)	<u>1,419,480</u>	<u>10,148</u>
UNCLAIMED APPORTIONMENT (TOTAL AVAIL. less TOTAL THIS CLAIM)	<u>\$ 8,000</u>	<u>\$ 4,927</u>

IMPORTANT: To avoid accidental overpayment, please identify in the space below any unexpended carryover included in the amounts being claimed above.

\$297,000 unexpended LTF carryover: reclaimed for streets/roads
 \$ 4,927 unexpended STA carryover: reclaimed for transit art. 4

1. Operators claiming STA funds must complete and pass the eligibility test on page 15.

PART I - PUBLIC TRANSPORTATION

Please Circle either: ~~XXXXXX~~ ~~operator~~ or Article 8 contractor

FINANCIAL INFORMATION

I. OPERATING REVENUE	1989-90 Please Circle ACTUAL or ESTIMATE	1990-91 Budget
401 Passenger Fares	_____	\$ 29,200
402 Special Transit Fares	_____	_____
403 School BUS Service Revenues	_____	_____
404 Freight Tariffs	_____	_____
405 Charter service Revenues	_____	_____
406 Auxiliary Transportation Revenues	_____	_____
407 Non-Transportation Revenues	_____	_____
408 Taxes Levied Directly by Transit System (Specify)	_____	_____
409 Local Cash Grants & Reimbursements ..(Specify) Local Transportation Fund (LTF)	_____	_____
410 Local Special Fare Assistance	_____	28.707
411 State Cash Grants & Reimbursements (Specify) State Transit Assistance Fund (STA)	_____	_____
412 State Special Fare Assistance	_____	_____
413 Federal Cash Grants & Reimbursements (Specify) UMTA Grants	_____	_____
430 Contributed Services	_____	_____
440 (Specify)	_____	_____
TOTAL	_____	\$ 57.907
II. CAPITAL REVENUE		
464 Federal Capital Grants & Subsidies (Specify)	_____	_____
State Capital Grants & Subventions (Specify) State Transit Assistance Funds (STA)	_____	_____
Local Capital Provisions (specify) Local Transportation Fund (LTF)	_____	_____
Non-Governmental Donations	_____	_____
TOTAL	_____	_____

PART I - PUBLIC TRANSPORTATION

Please Circle either: Article 4 operator or ~~Article-8-contractor~~

FINANCIAL INFORMATION

I. OPERATING REVENUE	1989-90	1990-91
	Please Circle ACTUAL or ESTIMATE	Budget
401 Passenger Fares	\$ 39,313	\$ 43,575
402 Special Transit Fares	_____	_____
403 School Bus Service Revenues	_____	_____
404 Freight Tariffs	_____	_____
405 Charter Service Revenues	_____	_____
406 Auxiliary Transportation Revenues	_____	_____
407 Non-Transportation Revenues	_____	3,266
408 Taxes Levied Directly by Transit System (Specify)	_____	_____
409 Local cash Grants & Reimbursements (Specify) Local Transportation Fund (LTF)	236,959	239,411
410 Local Special Fare Assistance	_____	_____
411 State Cash Grants & Reimbursements (Specify) State Transit Assistance Fund-(STA)	4,927*	5,221
412 State Special Fare Assistance	_____	_____
413 Federal Cash Grants & Reimbursements (Specify) UMTA Grants	_____	_____
430 Contributed Services	_____	_____
440 (Specify)	113	_____
TOTAL	<u>\$281,312</u>	<u>\$291,473</u>
II. CAPITAL REVENUE		
464 Federal Capital Grants & Subsidies {Specify}	_____	_____
State Capital Grants & Subventions (Specify) State Transit Assistance Funds (STA)	_____	_____
Local capital Provisions (Specify)	_____	_____
Local Transportation Fund (LTF)	\$ 55,009	\$ 61,654
Sale of Property	29,759	_____
TOTAL	<u>\$ 84,768</u>	<u>\$ 61,654</u>

(*\$4,927 is unexpended carryover re-claimed for transit in FY 1991)

III. OPERATING EXPENSES

1989-90
Please Circle
Actual or Estimate*

1990-91
Budget

501 Labor		
operators Salaries/Wages	53	289
other Salaries/Wages		
502 Fringe Benefits	32	76
503 Services		2,589
504 Materials/Supplies		
Fuels/Lubricant		
Tires/Tubes		
Other		
505 Utilities		
506 Casualty/Liability Costs	51,206	30,414
507 Taxes		
508 Purchased Transportation Service	224,104	744,906
509 Miscellaneous Expenses	988	10,496
510 Expense Transfers		
511 Interest Expense		
512 Leases and Rentals		
513 Depreciation/Amortization		
operator Funds		
Grant Funds		
TOTAL	5276,385	\$288,768

IV. CAPITAL EXPENSES*

Debt Service		
Land/Property Acquisition		
Vehicles	\$ 84,185	\$ 61,650
Construction		
Other - Radios	593	
TOTAL	\$ 84,768	\$ 61,650

+Allowable capital expenses are limited for Article 8 claimants: see 99400 (e).

ARTICLE 4 - DAR

III. OPERATING EXPENSES

1989-90
Please circle
Actual or Estimate*

1990-91
Budget

501 Labor		
operators Salaries/Wages	_____	_____
Other Salaries/Wages	_____	_____
502 Fringe Benefits	_____	_____
503 Services	_____	_____
504 Materials/Supplies		
Fuels/Lubricants	_____	_____
Tires/Tubes	_____	_____
Other	_____	_____
505 Utilities	_____	_____
506 Casualty/Liability Costs	_____	_____
507 Taxes	_____	_____
500 Purchased Transportation Service	_____	\$ 57,907
509 Miscellaneous Expenses	_____	_____
510 Expense..Transfers	_____	_____
511 Interest Expense	_____	_____
512 Leases and Rentals	_____	_____
513 Depreciation/Amortization	_____	_____
Operator Funds	_____	_____
Grant Funds	_____	_____
	TOTAL	\$ 57,907

IV. CAPITAL EXPENSES*

Debt Service	_____	_____
Land/Property Acquisition	_____	_____
Vehicles	_____	_____
construction	_____	_____
Other - Radios	_____	_____
TOTAL	\$ _____	\$ _____

*Allowable capital expenses are limited for Article 8 claimants; see 99400 (e).

OPERATIONAL INFORMATION*

	Actual FY 1988-89	Actual/Est. FY 1989-90	Proposed FY 1990-91
1. <u>Patronage</u>			
a. Total Passengers	See FY 1991-92 TDA Claim for information related to passengers, RVH, etc., for both DAR and the Article 8 Taxi service		
b. Revenue Passengers			
c. Youth Passengers	_____	_____	_____
d. Elderly Passengers	_____	_____	_____
e. Handicapped Passengers	_____	_____	_____
2. <u>Vehicle Miles</u>			
a. Total Vehicle Miles	_____	_____	_____
b. Revenue Vehicle Miles	_____	_____	_____
3. <u>Revenue Vehicle Hours</u>	_____	_____	_____
4. <u>Revenue Vehicle Fuel Consumption</u>			
a. Diesel	_____	_____	_____
b. Gasoline	_____	_____	_____
c. Liquid Natural Compressed Gas	_____	_____	_____
5. <u>Fare Structure</u>			
a. Base	_____	_____	_____
b. Zone	_____	_____	_____
c. Youth	_____	_____	_____
d. Senior	_____	_____	_____
e. Handicapped	_____	_____	_____
f. Monthly Pass	_____	_____	_____
g. Other	_____	_____	_____
h. Average Fare	_____	_____	_____

*Attach additional pages as necessary to alter or complete description

THREE YEAR FISCAL PLAN

	1991-92	1992-93	1993-94
Operating Expenses	See Three-Year Fiscal Plans presented in original FY 1990-91 TDA claim and in the FY 1991-92 TDA claim (for both DAR and taxi service)		
Operating Revenues			
Sources: LTF	\$ _____	\$ _____	\$ _____
STA	_____	_____	_____
Federal	_____	_____	_____
Fares	_____	_____	_____
General Fund	_____	_____	_____
Other	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____
Capital Expenses	\$ _____	\$ _____	\$ _____
Capital Revenue			
Sources: LTF	\$ _____	\$ _____	\$ _____
STA	_____	_____	_____
Federal	_____	_____	_____
Other	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____

Article 4 Operator TDA Requirements

1. Fare Ratio/Local Support Requirements

All Article 4 claimants are required to maintain a specified ratio of fare revenue to operating cost. In addition, SMTD only is required to maintain a ratio of fare revenue plus local support to operating cost of 32%. See 99268.2 - 99268.19 for details and exemptions pertaining to ratios.

A. What is this system's required farebox recovery ratio?

10%

B. Does the attached budget demonstrate that this system will meet its required farebox recovery and for SMTD its farebox plus local support ratios? YES

C. Has this system utilized its grace year? NO

D. Has this system been in non-compliance with its required ratio(s)? NO

If yes, identify the year or years _____

2. Extension of Service/New Service

An extension of service or new service is exempt from the required farebox and local support ratios if:

A. The extension of service or new service has been in operation for less than two full fiscal years. The two-year extension of services exclusion applies until two years after the end of the fiscal year in which the extension of services was put into operation.

B. The claimant submits a report on the extension of services to the COG within 90 days after the end of the fiscal year. (For details of the report, see 6633.8(b)).

Is an extension of service/new service being claimed? NO

If so, has the required report been submitted for the most recently completed full fiscal year? If not, that report must accompany this claim.

3. Operator's STA Qualifying Criteria (99314.6)

STA funds may not be claimed if the budgeted subsidy per revenue vehicle hour exceeds the sum of last year's subsidy per revenue vehicle hour and an amount equal to ninety percent of the change in the Consumer Price Index multiplied by last year's subsidy per revenue vehicle hour.

Please complete the following worksheet to determine eligibility.

1989-90 Budget		Projected 1990-91 Budget	
a.	401.000, \$ 39,313	a.	\$ 43,575
b.	402.000 _____	b.	_____
c.	403.000 _____	c.	_____
d.	404.000 _____	d.	_____
e.	406.000 _____	e.	_____
f.	407.000 _____	f.	3,266
g.	440.000 _____	g.	_____
h.	REVENUE Sum "a" through "g": \$ 39,313	h.	\$ 46,841
i.	OPERATING COST: \$276,385	i.	\$288,411
j.	SUBSIDY (S) Subtract "h" from "i": \$236,959	j.	\$241,570
k.	REVENUE VEHICLE HOURS (annual) (RVH): 13,580	k.	14,930
m.	SUBSIDY PER REVENUE VEHICLE HOUR (S/RVH) \$17.45		Divide "j" by "k": \$16.18
n.	90% of change in Consumer Price Index (6/89 to 6/90): $(0.9 \cdot 0.048) = 0.0432$		
p.	For 1989-90 budget only calculate: $(1+n) \cdot m$ 1.0432 * m = \$18.20		

If the projected subsidy per revenue vehicle hour for budget year 1990-91 ("m") is greater than "p", an STA claim for transit operation cannot be allowed.

That portion of increased costs of fuel, insurance and compliance with state and federal mandates that exceeds 90% of the CPI on line "i" may be excluded. If the claimant uses these exemptions show all work, exclusions and reasons on an attached page.

1. Accounting categories taken from the uniform system of accounts and records.

4. Fifteen Percent Expenditure Increase (6632)

If any of the line items on the attached budget exceed by more than 15% the expenditure for that same item in the previous year's budget, then an explanation for that increase must be given below. Attach an extra page if necessary.

1501 & # 502: Did not charge adequate administrative time to DAR

#503 (Services up to \$2,539, from \$0 prior year): _____

SEE ATTACHMENT

#509 (Misc. Expenses up 930%): _____

SEE ATTACHMENT

5. Narrative Description (6632)

Please describe in the space below any changes in service characteristics from the previous fiscal year. This should specifically include any substantial increase or decrease in the geographic area served, major changes to the scope of operations, or addition of major new fixed facilities. Please attach an additional page if necessary.

SPECIAL NOTES FOR RATIO CALCULATIONS

SMTD - Exclude certain costs and fares as specified in the most recent Compliance Audit Report.

Lodi - Exclude county service when calculating fares and expenses.

503)....Included in this account are the following expenses.

Printing	\$1,138.50	tickets
Advertising	145.60	
Training	487.24	State requirement
New-Year's Eve	616.00	new, program
CHP Inspection	150.00	State requirement
Miscellaneous	50.00	
	<u>\$2,587.00</u>	

509) The items included here are:

\$2,187	repairs to damaged vehicle
\$6,308	recovery of shop maintenance overhead
6 52	repair to radio

The damaged vehicle is hopefully a one-time cost. The City is now attempting to fully recover all its operating costs. Presently we are charging Dial-A-Ride approximately 3% of the costs of the equipment repair overhead function.

Article 8 Contractor TDA Requirements

For contracted transportation service providers, the San Joaquin County Council of Governments' Executive Board has waived the farebox and local support ratios as it is empowered to do by 99405(c). The COG Board has established a two-step process.

1. Match Requirement

For any Article 8 transit claim, no more than 90% of the total operating funds (minus depreciation) in the budget may be TDA (LTF and STA) derived. The ten percent or more matching funds may come from any other source available to the claimant besides TDA.

2. Operating Cost Per Passenger Objective

To receive an amount of TDA operating funds (LTF and STA combined) in excess of what was claimed the previous fiscal year, the claimant must establish an operating cost per passenger objective for the fiscal year of the claim. "Operating cost" is defined as in the TDA statutes and regulations. The objective should be a realistic one based on current and past system performance, but should be low enough to represent an "improvement" when warranted. The COG Executive Board will adopt the systemwide operating cost per passenger objective for the fiscal year of the claim.

If the system failed to meet its operating cost per passenger objective in the fiscal year prior to the fiscal year of the claim, then the claimant is only eligible to file a claim for the level of TDA operating funding received in that prior fiscal year. In the case of a unified transit system, each claimant would be limited to the prior year's level of TDA operating funding. If a system wishes to be eligible for increased TDA operating funding in a future fiscal year, then the claimant should identify an operating cost per passenger objective.

- i. What was the level of TDA operating funding received in the previous fiscal year for this system by this claimant (LTF plus STA)? \$ 0
- ii. Does the attached budget information demonstrate at least a 10% match of non-TDA funds? YES
- iii. Is this claim requesting more TDA operating funds than were received for this system by this claimant in the previous fiscal year? YES
- iv. If yes, did the system meet its operating cost per passenger objective in the previous fiscal year?
Not Applicable

An affirmative answer should be documented in Part v.

- v. What was last year's Operating Cost per Passenger Objective? \$0.00 (no service) What was the actual operating cost per passenger? . . .
- a. FY 1989-90 Operating Cost \$ _____
- b. Total Passengers _____
- c. Operating Cost Per Passenger (a / b) \$ _____

vi. What is the Operating Cost per Passenger Objective for this claim? . . .

- d. Budgeted Operating Cost \$ 58,200
- e. Estimated Total Passengers 18,653
- f. Calculated Operating Cost per Passenger (d / e) \$ 3.12
- g. FY 1990-91 OPERATING COST PER PASSENGER OBJECTIVE \$ 2.17
- h. If this claim is for a unified transit system (see footnote), has the contributing claimant been appraised of the planned systemwide objective set in g. above? _____

3. Fifteen Percent-Expenditure Increase (6632)

If any of the line items on the attached budget exceed by more than 15% the expenditure for that same item in the previous year's budget, then an explanation for that increase must be given below. Attach an additional page if necessary.

4. Narrative Description (6632)

Please describe on an attached page any changes in service characteristics from the previous fiscal year. This should specifically include any substantial increase or decrease in the geographic area served, major changes to the scope of operations, or addition of major new fixed facilities.

This claim provides support to the taxi company on a per passenger basis. Supporting the Taxi company in this manner will ensure that there is some form of public transit available, 24 hours a day, seven days a week.

IMPORTANT: If this claim is for a unified transit system (per definition p. 13a), all calculations and numbers on (2)iv. and (2)v. must include both City and County totals. Also, contributing claimants to unified transit systems should not use this page: use page 18a instead.

PART II - PEDESTRIAN AND BICYCLE PROJECTS

LOCAL TRANSPORTATION FUND

<u>Project Title and Description</u>	<u>Project Limits</u>	<u>LTE Cost</u> <u>Total cost</u>
Sidewalk Upgrading	Various Locations	\$21,300 ----- \$21,300

STATE TRANSIT ASSISTANCE FUND

<u>Project Title and Description</u>	<u>Project Limits</u>	<u>STA Cost</u> <u>Total Cost</u>

PART III - ROAD AND STREET PROJECTS

Please provide the requested information for each project being identified for Transportation Development Act funding.

LOCAL TRANSPORTATION FUND

<u>Project Title and Description</u>	<u>Project Limits</u>	<u>LTF Cost</u>
		<u>Total Cost</u>
See pages 20a and 20b from original FY 1991 TDA claim for project titles and descriptions		
		\$1,060,115
		----- \$2,323,000

(Use Additional Page if Necessary)

STATE TRANSIT ASSISTANCE FUND

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