

APPENDIX C. ANNUAL CLAIM FORMS CHECKLIST FOR ANNUAL LTF & STAF CLAIMS

■ **ALL Claims:** Claimants shall submit items (a) through (f) as part of the claim.

■ **Transit Claims:** An operator or claimant shall submit items (a) thru (m), inclusive, to file a claim.

ALL claims must include items (a) through (d), inclusive.

HCAOG forms for parts (a), (b), (c) and (d) are provided in this Excel file and online at www.hcaog.net.

Claimants are responsible for making sure they submit the most current forms.

- a) This Checklist
- b) Claim Request form
- c) Annual Project and Financial Plan form
- d) Statement of Conformance
- e) Claimants who want to designate funds for a future, specific capital project must request it as part of a claim. The claim must indicate any reserved monies in the subsequent annual claim(s). Before expending these funds for any other purpose, the claimant must identify its proposed changes in an amended claim or subsequent annual claim. [CCR §6648]
- f) Claimants who have previously designated excess TDA funds as future capital purchase funds must submit a summary report of their capital purchase accounts. [CCR §6637]

Transit claims must include items (g) through (m):

- g) To receive an allocation of funds for service outside the claimant's area, a claimant must provide, or have on file with HCAOG, an executed contract
- h) Operating budget. Claimant certifies that its operating budget is not more than 15% greater than its previous year budget unless supported by documentation that substantiates the increase.
- i) If applicable, a statement identifying and substantiating the reason or need for: (1) increasing the operating budget in excess of 15% above the preceding year; (2) a substantial increase or decrease in scope of operations; or (3) capital provisions for major new fixed facilities.
- j) A Satisfactory certification by CHP verifying that the operator is in compliance with §1808.1 of the Vehicle Code, as required in PUC §99251. The certification shall have been completed within the last 13 months, prior to filing claims.
- k) An explanation that summarizes how the claimant has addressed applicable audit findings from annual fiscal and compliance audit.
- l) An explanation that summarizes how the claimant has addressed applicable audit findings from triennial performance audit reports.
- m) Claimant certifies that it is making full use of federal funds available under the Federal Transit Act [CCR 6754] (STA claims only)
- n) Claimant certifies that all purposes for claim expenditures are in conformance with the City/Town or Regional Bicycle Plan. (Bike and Ped claims only)

For full information on claim requirements, see HCAOG's TDA Rules (part IV, "TDA REQUIRED REPORTS" Report #17).

CLAIM REQUEST
Local Transportation Fund (LTF)

Claimant: Humboldt Transit Authority
Address: 133 V Street
Contact Person: Carolann Aggeler
Title: Interim Finance Manager
Phone: 707-443-0826 X 116
E-mail: carolann@hta.org

The Humboldt Transity Authority hereby requests, in accordance with the Transportation Development Act (TDA), Chapter 1400, and applicable rules and regulations, that the TDA claim be approved in the amount of \$1,680,115 for fiscal year 2025-26. These monies are to be drawn from the local transportation fund held at the County of Humboldt for the purposes and amounts shown in the attached "Annual Project and Financial Plan."

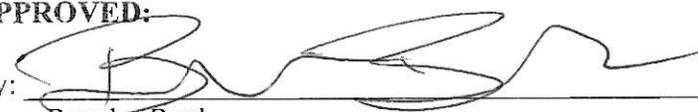
When approved, the claim will be submitted to the County Auditor of the County of Humboldt for payment. Approval of the claim and payment by the County Auditor to this applicant is subject to such monies being on hand and available for distribution, and to the provisions that such monies will be used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

Authorized representative of claimant:

By: Katie Collender Title: Deputy General Manager
(print name)

Signature: \Katie Collender Submittal date: 1/30/2026

APPROVED:

By:  Date: 1/30/20
Brendan Byrd
Executive Director, Humboldt County Association of Governments

ANNUAL PROJECT AND FINANCIAL PLAN

Local Transportation Fund (LTF)

Give each project a title and briefly describe the transportation projects that your jurisdiction proposes. Indicate proposed expenditures for the ensuing fiscal year for all that apply:

- (i) public transportation operating and capital expenditures;
- (ii) construction of facilities for the exclusive use by pedestrians and bicyclists;
- (iii) construction of local streets and roads; and/or
- (iii) right-of-way acquisition.

Claimant: _____

Fiscal Year: _____

PROJECT (Title & brief description)	Allocation Amount Available	PUC Article & Section	Funds not being claimed	Funds Requested	Balance Remaining
City of Arcata RTS Contribution	\$ 295,604	Article 4 Sec. 99260 (a)	\$ -	\$ -	\$ 295,604
City of Arcata DAR Contribution	\$ 97,605	Article 4 Sec. 99260.7	\$ -	\$ -	\$ 97,605
City of Arcata AMRTS Contribution	\$ 305,003	Article 4 Sec. 99260 (a)	\$ -	\$ -	\$ 305,003
City of Eureka RTS Contribution	\$ 465,756	Article 4 Sec. 99260 (a)	\$ -	\$ -	\$ 465,756
City of Eureka DAR Contribution	\$ 516,147	Article 4 Sec. 99260.7	\$ -	\$ -	\$ 516,147
	\$ -		\$ -	\$ -	\$ -
	\$ -		\$ -	\$ -	\$ -
	\$ -		\$ -	\$ -	\$ -
	\$ -		\$ -	\$ -	\$ -
	\$ -		\$ -	\$ -	\$ -
	\$ -		\$ -	\$ -	\$ -
TOTAL	\$ 1,680,115		\$ -		\$ 1,680,115

Attach a copy of transit revenues and expenditures for the last full fiscal year.

STATEMENT OF CONFORMANCE

LTF

Claimant: Humboldt Transit Authority

Fiscal Year of Claim: 2025-2026

Certify all that apply.

LOCAL TRANSPORTATION FUND (LTF) - TRANSIT CLAIM

- LTF funds are **not** being used for operating
- LTF FUNDS are being used for operating
- A total of \$ 1,581,673.00 STA funds will also be claimed for operating during this fiscal year.

- The claimant named above hereby certifies that this annual claim for local transportation funds in the amount of \$1,680,115 that is not being used for operating conforms with the requirements of Article 8, PUC Section 99400, of the Transportation Development Act and applicable rules and regulations.

CERTIFIED BY CLAIMANT:

By: Katie Collender

Title: Deputy General Manager

Signature: \Katie Collender

Date: 1/30/2026

DRAFT 2025-26 OPERATING BUDGET AND FORECAST

	FY 23-24 Actual	FY 24-25 Budget	FY 25-26 Budget	FY 26-27 Forecast	FY 27-28 Forecast	FY 28-29 Forecast	FY 29-30 Forecast
Resources							
Service Revenue							
Fares & Passes	\$ 1,014,981	\$ 1,097,800	\$ 1,179,500	\$ 1,238,475	\$ 1,300,399	\$ 1,365,419	\$ 1,433,690
Contract Transportation	\$ 1,833,664	\$ 1,905,469	\$ 1,431,906	\$ 1,474,863	\$ 1,519,109	\$ 1,564,682	\$ 1,611,622
Service Total	\$ 2,848,645	\$ 3,003,269	\$ 2,611,406	\$ 2,713,338	\$ 2,819,508	\$ 2,930,101	\$ 3,045,312
Supplementary Resources							
Advertising	\$ 161,349	\$ 185,000	\$ 190,000	\$ 195,700	\$ 201,571	\$ 207,618	\$ 213,847
Interest/Miscellaneous	\$ 302,969	\$ 39,500	\$ 45,000	\$ 22,000	\$ 22,440	\$ 22,889	\$ 23,347
Federal Formula 5311	\$ 1,666,341	\$ 1,752,270	\$ 1,782,857	\$ 1,818,514	\$ 1,854,884	\$ 1,891,982	\$ 1,929,822
JPA Member Assessment	\$ 2,982,417	\$ 3,248,551	\$ 3,639,095	\$ 3,748,268	\$ 3,860,716	\$ 3,976,537	\$ 4,095,833
State Transit Assistance	\$ 1,631,783	\$ 325,573	\$ 1,581,673	\$ 1,613,306	\$ 1,645,572	\$ 1,678,483	\$ 1,712,053
State of Good Repair	\$ 222,784	\$ 250,435	\$ 274,308	\$ 279,794	\$ 285,390	\$ 291,098	\$ 296,920
Low Carbon Transit Ops Prgm	\$ 375,914	\$ 385,676	\$ 402,198	\$ 410,242	\$ 418,447	\$ 426,816	\$ 435,352
Transit Intercity Rail Capital Prgm	\$ 1,488,227	\$ 325,000	\$ 325,000	\$ 341,250	\$ 358,313	\$ 376,229	\$ 395,040
SB125 Formula Transit Intercity	\$ -	\$ 1,358,307	\$ 1,194,413	\$ 1,567,408	\$ 2,203,129	\$ 2,890,465	\$ 3,633,506
Measure O	\$ -	\$ -	\$ 3,600,000	\$ 3,600,000	\$ 3,600,000	\$ 3,600,000	\$ 3,600,000
Regional Early Action Planning 2.0	\$ -	\$ -	\$ 1,190,250	\$ -	\$ -	\$ -	\$ -
Supplementary Total	\$ 8,831,784	\$ 7,870,312	\$ 14,224,794	\$ 13,596,482	\$ 14,450,462	\$ 15,362,117	\$ 16,335,720
TOTAL RESOURCES	\$ 11,680,429	\$ 10,873,581	\$ 16,836,200	\$ 16,309,820	\$ 17,269,970	\$ 18,292,218	\$ 19,381,032
Requirements							
Service Requirements							
Payroll	\$ 3,818,216	\$ 4,629,300	\$ 5,967,000	\$ 6,265,350	\$ 6,578,618	\$ 6,907,549	\$ 7,252,926
Employee Costs	\$ 1,031,655	\$ 1,123,394	\$ 1,526,000	\$ 1,602,300	\$ 1,682,415	\$ 1,766,536	\$ 1,854,863
Retirement	\$ 986,513	\$ 832,000	\$ 974,000	\$ 1,022,700	\$ 1,073,835	\$ 1,127,527	\$ 1,183,903
Contract Transportation	\$ 955,939	\$ 852,078	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 763,688	\$ 930,700	\$ 1,188,000	\$ 1,283,040	\$ 1,385,683	\$ 1,496,538	\$ 1,616,261
General Operating	\$ 446,328	\$ 372,361	\$ 633,000	\$ 658,320	\$ 684,653	\$ 712,039	\$ 740,521
Facilities	\$ 273,349	\$ 277,099	\$ 315,000	\$ 330,750	\$ 347,288	\$ 364,652	\$ 382,885
Technology	\$ 327,414	\$ 354,500	\$ 440,000	\$ 462,000	\$ 485,100	\$ 509,355	\$ 534,823
Vehicles	\$ 1,117,270	\$ 1,502,149	\$ 2,050,000	\$ 2,255,000	\$ 2,480,500	\$ 2,728,550	\$ 3,001,405
Service Total	\$ 9,720,371	\$ 10,873,581	\$ 13,093,000	\$ 13,879,460	\$ 14,718,092	\$ 15,612,746	\$ 16,567,587
Asset Management							
Equipment Purchases	\$ 87,953	\$ -	\$ 270,000	\$ 283,500	\$ 297,675	\$ 312,559	\$ 328,187
Facility Maintenance	\$ 1,262,819	\$ -	\$ 583,200	\$ 612,360	\$ 642,978	\$ 675,127	\$ 708,883
Vehicle Replacement	\$ 780,997	\$ -	\$ 2,890,000	\$ 1,534,500	\$ 1,611,225	\$ 1,691,786	\$ 1,776,375
Asset Total	\$ 2,131,769	\$ -	\$ 3,743,200	\$ 2,430,360	\$ 2,551,878	\$ 2,679,472	\$ 2,813,445
TOTAL REQUIREMENTS	\$ 11,852,140	\$ 10,873,581	\$ 16,836,200	\$ 16,309,820	\$ 17,269,970	\$ 18,292,218	\$ 19,381,032
Resources Less Requirements	\$ (171,711)	\$ -					
Note: Special projects and associated funding not eligible for operating use on Grant Funded Projects sheet							

TRANSIT OPERATOR COMPLIANCE CERTIFICATE

CHP 339 (Rev. 9-09) OPI 062

TRANSIT OPERATOR NAME

Humboldt Transit Authority

ADDRESS	TELEPHONE NUMBER
133 V Street	(707) 443-0826

CITY	ZIP CODE	COUNTY
Eureka	95501	Humboldt

This is to certify that the above named transit operator was inspected on this date and found to be in compliance with California Vehicle Code Section 1808.1, regarding participation in the Department of Motor Vehicles Pull Notice Program, and with Section 12804.6, regarding transit bus operator certificates.

ISSUED BY	I.D. NUMBER	DATE
D. Sanders	A16210	01/27/2026

Destroy Previous Editions

Chp339_0809.pdf

TRANSIT OPERATOR COMPLIANCE CERTIFICATE

CHP 339 (Rev. 9-09) OPI 062

TRANSIT OPERATOR NAME

Humboldt Transit Authority

ADDRESS	TELEPHONE NUMBER
133 V Street	(707) 443-0826

CITY	ZIP CODE	COUNTY
Eureka	95501	Humboldt

This is to certify that the above named transit operator was inspected on this date and found to be in compliance with California Vehicle Code Section 1808.1, regarding participation in the Department of Motor Vehicles Pull Notice Program, and with Section 12804.6, regarding transit bus operator certificates.

ISSUED BY	I.D. NUMBER	DATE
D. Sanders	A16210	01/27/2026

Destroy Previous Editions

Chp339_0809.pdf

TRANSIT OPERATOR COMPLIANCE CERTIFICATE

CHP 339 (Rev. 9-09) OPI 062

TRANSIT OPERATOR NAME

Humboldt Transit Authority

ADDRESS	TELEPHONE NUMBER
133 V Street	(707) 443-0826

CITY	ZIP CODE	COUNTY
Eureka	95501	Humboldt

This is to certify that the above named transit operator was inspected on this date and found to be in compliance with California Vehicle Code Section 1808.1, regarding participation in the Department of Motor Vehicles Pull Notice Program, and with Section 12804.6, regarding transit bus operator certificates.

ISSUED BY	I.D. NUMBER	DATE
D. Sanders	A16210	01/27/2026

Destroy Previous Editions

Chp339_0809.pdf

CARRIER NAME Humboldt Transit Authority	CA NUMBER 59296	LOC. CODE 125	SUBAREA N89
STREET ADDRESS, CITY, STATE, ZIP CODE 133 V Street, Eureka CA 95501	PHONE NUMBER (707) 443-0826	DATE 01/27/2026	
CARRIER REPRESENTATIVE Consuelo Espinosa	TITLE DER-Human Resources Manager	TIME IN 08 30	TIME OUT 11 30
INSPECTION LOCATION (if other than the carrier's principal place of business)	U.S. DOT NUMBER 659212	MC NUMBER	

On this date, the above named motor carrier was inspected by the California Highway Patrol. The inspection evaluated the carrier's compliance with the following requirements:

- CONTROLLED SUBSTANCES & ALCOHOL TESTING PROGRAM [VC 34520 & 49 CFR 382]
 OTHER: * See Remarks

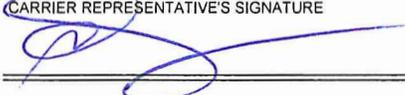
REMARKS
 Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations [VC 34520 & 49 CFR 655]

As a result of the inspection noted above, this carrier was assigned a compliance rating of SATISFACTORY
 This rating applies only to carrier requirements - Terminals are rated separately.

RATING HISTORY 1 <u>S</u> 2 <u>S</u> 3 <u>S</u> 4 <u>S</u>	NO. OF RECORDS INSPECTED 66	NO. OF VIOLATIONS 0	CHP 345 ISSUED <input type="checkbox"/>	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None	CHP 100D COLUMN NO.
INSPECTED BY (Name) D. Sanders	ID NUMBER A16210	CARRIER TYPE <input checked="" type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus			

MOTOR CARRIER CERTIFICATION

I hereby certify that all violations recorded hereon and on the attached pages (2 through 6) will be corrected in accordance with applicable provisions of the California Vehicle Code and the California Code of Regulations. I understand that I may request a review of an unsatisfactory rating by contacting the NORTHERN Division Motor Carrier Safety Unit Supervisor at (530) 242-4357 within 5 calendar days of the rating.

CARRIER REPRESENTATIVE'S PRINTED NAME Consuelo Espinosa	TITLE DER-Human Resources Manager	DRIVER LICENSE NUMBER A4506206	STATE CA
CARRIER REPRESENTATIVE'S SIGNATURE 	CURRENT CARRIER RATING SATISFACTORY	DATE 1/27/2026	



133 V Street
Eureka, CA 95501

A Public Entity Serving Humboldt County Since 1976

Office: (707) 443-0826
Fax: (707) 443-2032
www.hta.org

January 30, 2026

Brendan Byrd
Executive Director
Humboldt County Association of Governments
611 I Street, Suite B
Eureka, CA 95501

Mr. Byrd,

Enclosed please find both the City of Arcata and the City of Eureka Local Transportation Fund claims for the 2025-2026 fiscal year. These claims are in the amount of \$698,212.00 and \$981,903.00, respectively. Enclosed you will find the Checklist, Claim Request, Annual Project Financial Plan and Statement of Conformance as well as all supporting documentation.

Triennial Performance Audit Recommendations:

“Recommendation 1: Report operating data and performance measures to the State Controller in accordance with definitions in Appendix B of the Performance Audit Guidebook.

HTA compiles detailed operating data reports for each route/type of service. The DAR reports separate revenue and non-revenue hours and miles. However, fixed route reports only include total vehicle hours and miles. These figures are reported to the State Controller. To be consistent with other transit operators, HTA should report vehicle service hours and miles to the State Controller as defined in Appendix B of the Performance Audit Guidebook.”

Management is reviewing this recommendation and assessing how best to meet these reporting requirements using existing data sources. If you have any questions, please do not hesitate to contact me.

Fiscal and Compliance Audit Findings:

None.

Annual Operating Budget Increase of 15% or Above:

Many service increases justify a budget increase above 15% from the prior fiscal year. HTA took over direct operation of the Arcata and Mad River Transit System and the CTSA paratransit program. There was an additional trip added to Southern Humboldt Intercity and the North State Express 299. New funding sources were added for specific service increases, including Measure O service expansion to multiple programs and a Regional Early Action Planning grant to kick start the Flex



133 V Street
Eureka, CA 95501

A Public Entity Serving Humboldt County Since 1976

Office: (707) 443-0826
Fax: (707) 443-2032
www.hta.org

microtransit service. Operational costs continue to climb, but in this year insurance was a notable 49.5% year over year for a total of \$550,205 for general liability and vehicle physical damage alone.

Sincerely,

A handwritten signature in blue ink that reads 'Katie Collender'. The signature is written in a cursive style with a long, sweeping underline.

Katie Collender
Deputy General Manager
(707) 443-0826 ext. 115
cc: Greg Pratt