

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 on-line 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) 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.
- i) 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.
- j) 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.
- 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).

STATEMENT OF CONFORMANCE

LTF

Claimant: City of Blue Lake

Fiscal Year of Claim: 23-24

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 \$ _____ 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 \$46,683.00 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: Amanda Mager

Title: City manager

Signature: 

Date: 11.9.23

CLAIM REQUEST
Local Transportation Fund (LTF)

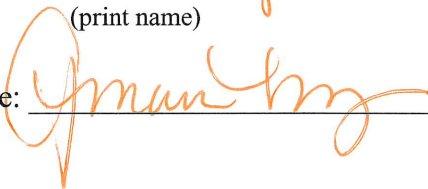
Claimant: City of Blue Lake
Address: PO Box 964-Blue Lake, CA 95525
Contact Person: Mandy Mager
Title: City Manager
Phone: 707-668-5655
E-mail: citymanager@bluelake.ca.gov

The City of Blue Lake 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 \$46,683.00 for fiscal year 2023-2024. 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: Amanda Mager Title: City Manager
(print name)

Signature:  Submittal date: 11.9.23

APPROVED:

By: _____ Date: _____
Beth Burks
Executive Director, Humboldt County Association of Governments

