

## End-of-Year Program Compliance Reporting

### Reporting Period July 1, 2009 through June 30, 2010

**Note:** In July 2010, the Alameda County Transportation Improvement Authority (ACTIA) merged with the Alameda County Congestion Management Agency to become the Alameda County Transportation Commission (Alameda CTC). Agencies and jurisdictions that have pass-through fund and grant agreements with ACTIA must continue to submit end-of-year program compliance reports. See page ii for submittal instructions.

Required end-of-year compliance submittals:

- **Audit:** Submit email and hard copies by December 27, 2010.
- **Compliance Report:** Submit email and hardcopies by December 31, 2010.
- **Signage:** In the compliance report you submit, include a description of signage and the number of signs posted. Contact us for more information on the signage requirement.
- **Website:** On your website, provide a link to the Alameda CTC website ([www.alamedactc.org](http://www.alamedactc.org)), to inform the public about how your jurisdiction is using Measure B funds for transportation projects/programs.
- **Publications:** At a minimum, publish annually in your newsletter or ACTIA's e-newsletter (which will soon be the Alameda CTC e-newsletter) an article for each fund type you receive. Submit articles for e-newsletter publication to Carol Crossley ([ccrossley@actia2022.com](mailto:ccrossley@actia2022.com)).

This document includes the PDF report form and instructions for submittal. Hard copy submissions must have original signatures and include all attachments. Email submissions must include the signatory names. Additional attachments beyond Table 1 are not required via email.

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# End-of-Year Program Compliance Requirements and Instructions

## Reporting Period July 1, 2009 through June 30, 2010

Measure B fund recipients are required to submit to the Alameda County Transportation Commission (Alameda CTC), one electronic and one hard copy version of two reports for end-of-year compliance.

### End-of-Year Program Compliance Report Due December 31, 2010

The End-of-Year (EOY) Program Compliance Report includes a PDF and Table 1 Attachment for each program available for download at [http://www.actia2022.com/app\\_pages/view/37](http://www.actia2022.com/app_pages/view/37):

1. EOY Program Compliance Report (PDF)
2. Table 1 Attachment

**Electronic submission:** Complete the PDF form online. If you want to start work on the PDF and finish it later, save it to your hard drive. Also complete the Table 1 workbook. Submit one copy of both the PDF and Table 1 Attachment by email. Send it to [grants@actia2022.com](mailto:grants@actia2022.com). *In the email, only include the PDF and Table 1, do not include additional attachments.*

**Hard-copy submission:** Page 1 of the EOY Program Compliance Report must have City Manager and City Finance Manager, or the appropriate equivalent, original signatures. Include other attachments, such as photos, articles, newsletters, signage, etc., with the hard copy only. Clearly label additional attachments, by letter and description, as labeled on page 1. Ensure the attachments are easily readable when reproduced in black and white, and insert them at the back of the report. Postmark one hard copy of the EOY Program Compliance Report and the Table 1 workbook attachment with wet signatures and attachments by December 31, 2010.

### Compliance Audit Report Due December 27, 2010

**Electronic submission:** Submit one copy of the Compliance Audit Report electronically. Use your jurisdiction's standard audit report format. Submit the report by attaching the file to an email and send it to [grants@actia2022.com](mailto:grants@actia2022.com).

**Hard-copy submission:** Postmark one hard copy of the Compliance Audit Report, signed by an independent auditor, by December 27, 2010.

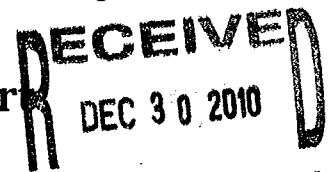
*Mail hard-copy reports to:* Alameda CTC  
Attn: End-of-Year Program Compliance  
1333 Broadway, Suite 300  
Oakland, CA 94612

*E-mail reports to:* [grants@actia2022.com](mailto:grants@actia2022.com)

The Alameda CTC must receive all electronic files by their respective due dates. If you submit a draft copy in error or encounter a problem submitting the report, notify the grants administrator by e-mail [grants@actia2022.com](mailto:grants@actia2022.com) or phone (510) 267-6113.

# End-of-Year Program Compliance Report

## Reports due December 31, 2010



Agency Name: San Francisco Bay Area Rapid Transit District BY: \_\_\_\_\_

Date Submitted: 12-28-10

**Provide signatures below from authorized representatives.**

Authorized representatives of the reporting agency, for example the city manager and the city finance manager or appropriate equivalent, must sign below, affirming that the statements in the report package are true and complete to the best of their knowledge. The hard copy submittal must have the original signatures; on the electronic version, include the name and title of the signatories.

Signature: Marcia deVaughn

Name and Title of Agency Manager: Dorothy Dugger, General Manager/ Marcia deVaughn, Deputy General

Date: 12-28-10

Signature: Ed Pangilinan

Name and Title of Agency Finance Manager: Ed Pangilinan, Assistant Controller

Date: 12-28-10

**Choose the type(s) of report you are submitting** (check all that apply; you must submit the Table 1 Excel workbook attachment).

- Annual Program Compliance Report – Bicycle and Pedestrian Safety Funds
- Annual Program Compliance Report – Local Streets and Roads Funds
- Annual Program Compliance Report – Mass Transit Funds
- Annual Program Compliance Report – Paratransit Funds
- Table 1: Program Summary of Expenditures/Accomplishments (Excel workbook) – **REQUIRED**

**List any additional attachments in the hard copy report submittal** (check all that apply).

- Attachment A: Bicycle and Pedestrian Attachments
- Attachment B: Local Streets and Roads Attachments
- Attachment C: Mass Transit Attachments
- Attachment D: Paratransit Attachments
- Other Attachments (clearly label additional attachments as needed)

## Bicycle and Pedestrian Program Report Summary

1. Did your agency receive Measure B Bicycle and Pedestrian Safety Funds in the reporting period of July 1, 2009 through June 30, 2010?

- Yes (Complete this section and continue on.)  
 No (Do not complete this section and continue on.)

Bike/Ped Program Agency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. During fiscal year 2009–2010 (FY 09/10), what amount of Measure B (MB) Bicycle and Pedestrian Safety Funds did your agency receive and expend (on an accrual basis)? Fill in the boxes below. These numbers should be the same as those your agency reports in its compliance audit.

08/09 Unspent MB Balance	09/10 MB Revenues	Interest/Other Income	MB Expended in 09/10	Ending MB Balance

3. If your agency's ending MB balance was greater than zero, why do you have this reserve and how do you plan to spend these dollars? Why did revenues exceed expenditures? For instance, if you are saving a percentage of funding for certain purposes, what percentage are you saving and what types of projects or programs will those dollars fund? In the future, how do you plan to use reserve Measure B funds? (max. 500 characters)
- 

4. If applicable, why were the reported expenditures in FY 09/10 more than the amount of Measure B funds the agency received in FY 09/10? For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? (max. 500 characters)
-

**5. Did your agency publish articles that highlight Bike/Ped projects and programs funded by Measure B in an agency or ACTIA newsletter?**

- Yes  
 No

If yes, include a copy of the newsletter(s) in Attachment A and list the publication(s) and date(s) below.

**Publication(s) and Date(s):** \_\_\_\_\_

**6. Did your agency include a description of the Bike/Ped projects and programs funded by Measure B on its website?**

- Yes  
 No

If yes, include a printout of the website in Attachment A and provide the URL below that contains updated and accurate project information.

**Website Address:** \_\_\_\_\_

**7. Did your agency use signage that indicates use of Measure B funds for its Bike/Ped projects and programs?**

- Yes  
 No

If yes, include photos of the signage in Attachment A and describe the signage below.

**Signage Description** (*max. 255 characters*):

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**8. What type of Bike/Ped projects and programs did Measure B fund?**

To answer this question, complete the Table 1 **Bike-Ped Safety** tab in the Excel workbook. Describe the projects and/or programs implemented with Measure B Bicycle and Pedestrian Safety Funds in FY 09/10. Include any photographs in Attachment A.

Alameda CTC uses the data from Table 1 to monitor compliance with the Master Program Fund Agreement requirement for bicycle/pedestrian safety funds: "Once approved by the City Council or Board of Supervisors, a list of high priority bike and pedestrian projects shall be submitted to Alameda CTC prior to construction." If your agency expended funds on any projects (indicated in Table 1) not approved by your governing board in advance, please explain how your agency prioritized the projects with public input. (*max. 500 characters*)

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**9. What future Bike/Ped projects and programs does your agency plan to use Measure B funds to implement?** Provide a list of planned future projects and/or programs approved by your governing board that your agency plans to implement with Measure B Bicycle and Pedestrian Safety Funds.

As per the Master Program Fund Agreement, all projects and programs that use Measure B Bicycle and Pedestrian Safety Funds must receive governing board approval, and your agency must submit the project list to Alameda CTC prior to implementation. A complete response to the questions below will fulfill this requirement. You may also add projects and programs at other times during the year, via written communication with Alameda CTC.

**9A. List future planned Bike/Ped projects and/or programs:** Describe the planned projects and/or programs to be funded by Measure B Bicycle and Pedestrian Safety Funds and the projected schedule. *(max. 1,300 characters)*

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**9B. Describe the governing board approval for future planned projects and/or programs.** List the date of approval of any resolutions. For document type, as applicable, describe the types of documents adopted by the resolution(s). Examples include a bicycle and/or pedestrian plan, capital improvement plan, prioritized project list, etc. For the time period, as applicable, describe the time period(s) covered by the document(s) adopted by the resolution(s).

**Resolution date(s):** \_\_\_\_\_

**Document(s) type(s):** \_\_\_\_\_

**Time period(s):** \_\_\_\_\_

## Local Streets and Roads (LSR) Program Report Summary

1. Did your agency receive Measure B Local Streets and Roads Funds in the reporting period of July 1, 2009 through June 30, 2010?

- Yes (Complete this section and continue on.)  
 No (Do not complete this section and continue on.)

LSR Agency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. During fiscal year 2009–2010 (FY 09/10), what amount of Measure B (MB) Local Streets and Roads Funds did your agency receive and expend (on an accrual basis)?

Fill in the boxes below. These numbers should be the same as those your agency reports in its compliance audit.

08/09 Unspent MB Balance	09/10 MB Revenues	Interest/Other Income	MB Expended in 09/10	Ending MB Balance

3. If your agency's ending MB balance was greater than zero, why do you have this reserve and how do you plan to spend these dollars? Why did revenues exceed expenditures? For instance, if you are saving a percentage of funding for certain purposes, what percentage are you saving and what types of projects or programs will those dollars fund? In the future, how do you plan to use reserve Measure B funds? (max. 500 characters)
- 

4. If applicable, why were the reported expenditures in FY 09/10 more than the amount of Measure B funds the agency received in FY 09/10? For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? (max. 500 characters)
-

**5. Did your agency publish articles that highlight LSR projects and programs funded by Measure B in an agency or ACTIA newsletter?**

- Yes  
 No

If yes, include a copy of the newsletter(s) in Attachment B and list the publication(s) and date(s) below.

**Publication(s) and Date(s):** \_\_\_\_\_

**6. Did your agency include a description of the LSR projects and programs funded by Measure B on its website?**

- Yes  
 No

If yes, include a printout of the website in Attachment B and provide the URL below that contains updated and accurate project information.

**Website Address:** \_\_\_\_\_

**7. Did your agency use signage that indicates use of Measure B funds for its Local Streets and Roads projects and programs?**

- Yes  
 No

If yes, include photos of the signage in Attachment B and describe the signage below.

**Signage Description** (*max. 255 characters*):

\_\_\_\_\_

**8. What is the certified number of road-miles within the city's jurisdiction?** This figure must be consistent with the number of miles reported to state and federal agencies: \_\_\_\_\_

**9. What is your jurisdiction's current population?** This figure should reflect the population as of January 1, 2010: \_\_\_\_\_

**10. What type of LSR projects and programs did Measure B fund?**

To answer this question, complete the Table 1 **Local Streets and Roads** tab in the Excel workbook. Describe the projects and/or programs implemented with Measure B LSR Funds in FY 09/10. Include any photographs in Attachment B.



**11. What future LSR projects and programs does your agency plan to use Measure B funds to implement?**

Describe the planned projects and/or programs using Measure B LSR Funds and the projected schedule (*max. 1,300 characters*).

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## Mass Transit Program Report Summary

1. Did your agency receive Measure B Mass Transit Funds in the reporting period of July 1, 2009 through June 30, 2010?

- Yes (Complete this section and continue on.)  
 No (Do not complete this section and continue on.)

Mass Transit Agency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. During fiscal year 2009–2010 (FY 09/10), what amount of Measure B (MB) Mass Transit Funds did your agency receive and expend (on an accrual basis)? Fill in the boxes below. These numbers should be the same as those your agency reports in its compliance audit.

08/09 Unspent MB Balance	09/10 MB Revenues	Interest/Other Income	MB Expended in 09/10	Ending MB Balance

3. If your agency's ending MB balance was greater than zero, why do you have this reserve and how do you plan to spend these dollars? Why did revenues exceed expenditures? For instance, if you are saving a percentage of funding for certain purposes, what percentage are you saving and what types of projects or programs will those dollars fund? In the future, how do you plan to use reserve Measure B funds? (max. 500 characters)
- 

4. If applicable, why were the reported expenditures in FY 09/10 more than the amount of Measure B funds the agency received in FY 09/10? For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? (max. 500 characters)
-

**5. Did your agency publish articles that highlight Mass Transit projects and programs funded by Measure B in an agency or ACTIA newsletter?**

- Yes  
 No

If yes, include a copy of the newsletter(s) in Attachment C and list the publication(s) and date(s) below.

**Publication(s) and Date(s):** \_\_\_\_\_

**6. Did your agency include a description of the Mass Transit projects and programs funded by Measure B on its website?**

- Yes  
 No

If yes, include a printout of the website in Attachment C and provide the URL below that contains updated and accurate project information.

**Website Address:** \_\_\_\_\_

**7. Did your agency use signage that indicates use of Measure B funds for its Mass Transit projects and programs?**

- Yes  
 No

If yes, include photos of the signage in Attachment C and describe the signage below.

**Signage Description** (*max. 255 characters*):

\_\_\_\_\_

**8. What type of Mass Transit projects and programs did Measure B fund?**

To answer this question, complete the Table 1 **Mass Transit** tab in the Excel workbook. Describe the projects and/or programs implemented with Measure B Mass Transit Funds in FY 09/10. Include any photographs in Attachment C.

**9. What future Mass Transit projects and programs does your agency plan to use Measure B funds to implement?**

Describe the planned projects and/or programs using Measure B Mass Transit Funds and the projected schedule (*max. 550 characters*).

\_\_\_\_\_

## Paratransit Program Report Summary

1. Did your agency receive Measure B Paratransit Funds in the reporting period of July 1, 2009 through June 30, 2010?

- Yes (Complete this section and continue on.)  
 No (Do not complete this section and continue on.)

Paratransit Agency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. During fiscal year 2009–2010 (FY 09/10), what amount of Measure B (MB) Paratransit Funds did your agency receive and expend (on an accrual basis)? Fill in the boxes below. These numbers should be the same as those your agency reports in its compliance audit.

08/09 Unspent MB Balance	09/10 MB Revenues	Interest/Other Income	MB Expended in 09/10	Ending MB Balance*

3. What additional Measure B revenues did your agency receive to support your base paratransit program in FY 09/10? Fill in the boxes below if you received these funds.

Minimum Service Level Funds	Stabilization Funds

4. If your agency's ending MB balance was greater than zero, explain why you have this reserve and how you plan to spend these dollars. In the future, how do you plan to use undesignated reserve Measure B funds? Fill in the boxes below with any operating or capital Measure B reserves.

Operating Reserve <i>(eligible for up to three months of service funds)</i>	Capital Reserve <i>(may be held for up to three years)</i>	Date of Capital Reserve Initiation	Undesignated Funds <i>*(End MB – (operations + capital) = Undesignated)</i>

- 4A. Describe the use of the undesignated funds below. (max. 255 characters)

\_\_\_\_\_

**5. If applicable, why were the reported expenditures in FY 09/10 more than the amount of Measure B funds the agency received in FY 09/10?** For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? *(max. 500 characters)*

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**6. What were your operating expenses in FY 09/10 by category?** Fill in the boxes below. Provide additional information if you had contract or miscellaneous expenditures.

<b>Labor, Fringe</b> <i>(for recipient staff)</i>	<b>Admin. Costs</b> <i>(for printing, postage, supplies, etc.)</i>	<b>Contracts</b> <i>(see 6A below)</i>	<b>Transportation</b> <i>(expenses recipients paid, not included in contracts)</i>
<b>Taxi Reimbursement</b>	<b>Meal Delivery</b>	<b>EBP Ticket Purchase</b>	<b>Miscellaneous</b> <i>(see 6B)</i>
<b>Total Operating Expenses</b> <i>(sum of all eight categories)</i>			

**6A. List the contracted firms below, and if more than one, list the amount your agency paid to each.** *(max. 255 characters)*

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**6B. Describe any miscellaneous expenditures below; include the amounts for each item.** *(max. 255 characters)*

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**7. Of these total expenditures, what amount was allocated for the following?** Fill in the boxes below.

<b>Management</b> <i>(oversight, planning, budgeting, etc.)</i>	<b>Customer Service and Outreach Activities</b>	<b>Trip Provision</b> <i>(direct or contracted taxis, vans, shuttles, etc.)</i>

**8. What were your Measure B capital expenditures in FY 09/10?** Fill in the box below.

<b>Total Capital Expenditures</b>

**8A. Describe capital expenditures, such as purchase of vehicles or durable equipment, below.**  
*(max. 255 characters)*

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**9. What were your net revenues?** The box below autopopulates based on previous entries.

<b>Net Revenues</b>

**10. Does your agency have service quality data available about reservations and trips?** If so, enter the data, which may be from consumer surveys or vendors, in the applicable boxes.

<b>Cancelled Trip Reservations</b> <i>(percent)</i>	<b>Passenger No-shows</b> <i>(percent)</i>	<b>On-time Pickups</b> <i>(percent)</i>	<b>Late Pickups</b> <i>(percent)</i>	<b>Missed Trips, Provider No-shows*</b> <i>(percent)</i>	<b>Average Ride Time</b> <i>(minutes)</i>

*\*Includes very late pickups*

**11. Does your agency have service quality data available about ridership?**

If so, enter the data in the applicable boxes below.

<b>Number of Registered Riders</b>	<b>Number of Riders Added to Program in FY 09/10</b>	<b>Number of Riders on Wait List</b>	<b>Number of Accidents and Incidents*</b>

*\*Report incidents resulting in any of the following: a fatality other than a suicide, injuries requiring immediate medical attention away from the scene for two or more persons, property damage equal to or exceeding \$7,500, an evacuation due to life safety reasons, or a collision at a grade crossing.*

**11A. If any aspect of your responses to questions 10 or 11 needs clarifying, please explain below. (max. 550 characters)**

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**12. Did your agency publish articles that highlight Paratransit projects and programs funded by Measure B in an agency or ACTIA newsletter?**

- Yes  
 No

If yes, include a copy of the newsletter(s) in Attachment D and list the publication(s) and date(s) below.

**Publication(s) and Date(s):** \_\_\_\_\_

**13. Did your agency include a description of the Paratransit projects and programs funded by Measure B on its website?**

- Yes  
 No

If yes, include a printout of the website in Attachment D and provide on the next page the URL that contains updated and accurate project information.

**Website Address:** \_\_\_\_\_

**14. Did your agency use signage that indicates use of Measure B funds for its Paratransit projects and programs?**

- Yes  
 No

If yes, include photos of the signage in Attachment D and describe the signage below.

**Signage Description (max. 255 characters):**

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**15. What type of Paratransit projects and programs did Measure B fund?**

To answer this question, complete the Table 1 **Paratransit** tab in the Excel workbook. Describe the projects and/or programs implemented with Measure B Paratransit Funds in FY 09/10. Include any photographs in Attachment D.

**16. What future Paratransit projects and programs does your agency plan to use Measure B funds to implement?**

Describe the planned projects and/or programs using Measure B Paratransit Pass-through Program Funds and the projected schedule. Do not include grant-funded projects, unless your agency uses both pass-through and grant funds for the project (*max. 1,300 characters*).

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## Optional Compliance Reporting Survey

The Alameda CTC is very interested in your opinion on the current compliance process. We are considering consolidating the PDF and Table 1, and would like to know what type of improvements you would like to see as we move to an online, form-based reporting process.

Submit the following survey with your compliance report and attachments to the Alameda CTC by **December 31, 2010**. Put a check in the box to the right of the question that best represents your opinion on the topic. Add any comments and suggestions in the box below each question.

**1. How would you rate Alameda CTC's compliance report PDF form for collecting compliance reporting data?**

- 5. Outstanding
- 4. Good
- 3. Fair
- 2. Needs Improvement
- 1. Poor

**Comments/suggestions:**

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**2. How would you rate the Table 1 attachment for collecting expenditures/accomplishments data?**

- 5. Outstanding
- 4. Good
- 3. Fair
- 2. Needs Improvement
- 1. Poor

**Comments/suggestions:**

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**3. How would you rate the instructions within the PDF document and the Table 1 attachment?**

- 5. Outstanding
- 4. Good
- 3. Fair
- 2. Needs Improvement
- 1. Poor

**Comments/suggestions:**

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**4. How would you rate the audit report requirements?**

- 5. Outstanding
- 4. Good
- 3. Fair
- 2. Needs Improvement
- 1. Poor

**Comments/suggestions:**

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**5. In your opinion, what works well about the compliance reporting process?**

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**6. In your opinion, what types of improvements to the compliance reporting process would you like to see (including any suggestions for online reporting)?**

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