

End-of-Year Program Compliance Report

Reports due December 31, 2010

Agency Name:

Date Submitted:

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:



Name and Title of Agency Manager:

Date:

Signature:



Name and Title of Agency Finance Manager:

Date:

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
\$8,303.92	\$95,688.14	\$3,748.80	\$120,000.00	\$-12,260.13

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)

This year Measure B funding was less than what we had obligated for this year project. We were still short of funding even after we had included the remaining of last year reserve Measure B fund on this year project. We'll use next year funding to balance the account.

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): Newark News, Spring 2010

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: <http://www.newark.org/departments/public-works/engineering-division/measure-b-funding/>

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):

Four 4'x6' moveable project signs, stating that funding is provided through Measure B, were installed at various locations on the project.

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)

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)*

City of Newark plans to use the Measure B fund for a similar project to repair broken curb, gutter and sidewalk for the coming year. The tentative schedule for this project is Summer 2011.

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): March 12, 2009

Document(s) type(s): Confirmation of the use of Measure B Bicycle and Pedestrian Local Pass-Through funds for the repair and replacement of sidewalk, curb, and gutter as adopted as

Time period(s): 2008-2010

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
\$1,240,457.99	\$329,411.65	\$10,712.80	\$906,538.92	\$674,043.52

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)

City of Newark is accruing funds to sufficiently fund a large overlay project.

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): Newark News, Spring 2010

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: <http://www.newark.org/departments/public-works/engineering-division/measure-b-funding/>

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):

Four 4'x6' moveable project signs, stating that funding is provided through Measure B, were installed at various locations on the project.

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: 104.5

9. What is your jurisdiction's current population? This figure should reflect the population as of January 1, 2010: 44,380

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*).

Local Streets and Roads Fund will be expended after sufficient funds are accrued to fund a large overlay project.

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*
\$21,565.00	\$128,774.00	\$11,709.00	\$133,684.00	\$28,364.00

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>
\$28,364.00			

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

Undesignated funds will be used as an operating reserve to offset any funding reductions or unanticipated expenses such as major vehicle repair.

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)

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.

Labor, Fringe <i>(for recipient staff)</i>	Admin. Costs <i>(for printing, postage, supplies, etc.)</i>	Contracts <i>(see 6A below)</i>	Transportation <i>(expenses recipients paid, not included in contracts)</i>
\$7,120.00	\$750.00	\$119,331.00	
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 6B)</i>
	\$7,000.00		\$225.00
Total Operating Expenses <i>(sum of all eight categories)</i>			
\$134,426.00			

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

Satellite Senior Housing Inc.

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

\$225 for meeting parking and travel

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

Management <i>(oversight, planning, budgeting, etc.)</i>	Customer Service and Outreach Activities	Trip Provision <i>(direct or contracted taxis, vans, shuttles, etc.)</i>
\$8,095.00		\$119,331.00

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

Total Capital Expenditures

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.

Net Revenues
\$27,622.00

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.

Cancelled Trip Reservations <i>(percent)</i>	Passenger No-shows <i>(percent)</i>	On-time Pickups <i>(percent)</i>	Late Pickups <i>(percent)</i>	Missed Trips, Provider No-shows* <i>(percent)</i>	Average Ride Time <i>(minutes)</i>
0.16	0.01	100	0	0	

**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.

Number of Registered Riders	Number of Riders Added to Program in FY 09/10	Number of Riders on Wait List	Number of Accidents and Incidents*
275	56	0	0

**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)

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): Winter/Spring Newark Recreation and Community Services Activities Guide
Publication dates January - June, 2010 +

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: <http://www.newark.org/departments/recreation-and-community-services/senior/transportation/> +

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):

All Newark Paratransit vehicles have signage stating:
YOUR MEASURE B TAX DOLLARS HELP FUND OPERATION OF THIS VEHICLE

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*).

Newark Paratransit continues to operate based on Measure B pass-through funds and nominal fees for service. We hope to maintain current levels of service to include door-to-door and same-day transportation for elderly and disabled Newark registered riders. We will also continue to fund the Life Elder Care Meals on Wheels program which provides over 12,000 annual meals to elderly Newark residents.

4. How would you rate the audit report requirements?

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

Comments/suggestions:

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

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