



# MEASURE B PROGRAM COMPLIANCE REPORT

## Signature Cover Sheet *Fiscal Year 2013-14*

Agency Name: San Joaquin Regional Rail Commission

Revision Number: 1

Choose the type(s) of report you are submitting (*check all that apply; Tables 1-3 are required*)

- 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
- Tables 1- 3: Program Summary of Revenues, Expenditures, and Reserves (Excel workbook)

List any additional attachments included in the 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*)

### **Certification of True and Accurate Reporting**

*By signing below, the agency manager and finance manager, or their designees certify the compliance information reported are true and complete to the best of their knowledge, and the audited dollar figures matches exactly to the Measure B revenues and expenditures reported in the compliance report and Tables 1-3.*

X   
 \_\_\_\_\_  
**Signature**  
 Stacey Mortensen  
 Executive Director

12/23/14  
 \_\_\_\_\_  
**Date**

X   
 \_\_\_\_\_  
**Signature**  
 Nila Cordova  
 Director of Fiscal Services and  
 Administration

12/22/14  
 \_\_\_\_\_  
**Date**



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# MASS TRANSIT PROGRAM

## Compliance Report Summary *Fiscal Year 2013-14*

1. Did your agency receive Measure B Mass Transit Funds in the reporting period of July 1, 2013 through June 30, 2014?

- Yes (Complete the Mass Transit section)  
 No (Do not complete the Mass Transit section and continue on)

2. Complete the below contact information.

| CONTACT INFORMATION          |  |
|------------------------------|--|
| Mass Transit Program Agency: | San Joaquin Regional Rail Commission           |
| Contact Name:                | Nila Cordova                                   |
| Title:                       | Director of Fiscal Services and Administration |
| Phone Number:                | (209)944-6226                                  |
| E-mail Address:              | nila@acerail.com                               |

3. Complete the Excel Worksheets Tables 1 to 3 for the Mass Transit Program.  
*(Check the boxes below to indicate completion).*

- Table 1: Measure B Revenues and Expenditures**  
 The values entered into Table 1 must match your agency's audited financial statements and compliance reports. **Please contact Alameda CTC staff if you have questions before submitting your report. All dollar figures must match your audited financial statements and compliance report or Alameda CTC may reject your submission.**
- Table 2: Summary of Expenditures and Accomplishments**  
 This table describes actual expenditures and activities incurred for FY 2013-2014 (FY 13-14).
- Table 3: Summary of Planned Projects and Reserve Funds**  
 This table describes your agency's plan to expend any remaining Measure B funds within the defined reserve policies of the funding agreement through FY 14-15 thru FY 17-18.

4. If your agency's ending MB Direct Local Distribution Program fund balance was greater than ZERO, describe why you have this fund balance and identify larger anticipated projects that will use these funds within the next year. Indicate N/A if not applicable.

**Complete Table 3 Summary of Planned Projects and Reserve Funds.**

ACE/SJRRRC can only expend the amount of MB operating funds approved by the ACTC Board on an annual basis. The annual amount is based on a set calculation in the coop services agreement executed in 2003 between ACE/SJRRRC, ACTC and SCVTA. Any excess MB funds received are kept in an account and used only if the receipts received from ACTC are less than required to meet ACTC's share of the ACE Service. Excess funds are to be used for funding future expansion of the ACE Service.

5. Did your agency expend MORE THAN the amount of Measure B funds received in FY 13-14? If yes, how much more did you expend using prior fund balances? Indicate N/A if not applicable.

The Cooperative Services Agreement between SJRRRC, ACTC (formerly ACCMA) and SCVTA restrict expenses to the approved Baseline Service Plan. The approved amount increases every year by the Consumer Price Index (CPI) applied to the prior year authorized amount.

6. **Describe Reserve Funds.** If your agency has Measure B Reserve Funds identified, describe your process to allocate these funds and describe in detail your plan and time frame for using these funds. In addition, if the use of reserves requires additional agency approvals, what is your approval process? **Refer to Reserve Fund Guidance, and complete Table 3 Summary of Planned Projects and Reserve Funds.**

|                                | FY 13/14    | FY 14/15    | FY 15/16    | FY 16/17    |
|--------------------------------|-------------|-------------|-------------|-------------|
| Measure B service Contribution |             | \$2,200,000 | \$2,200,000 | \$2,200,000 |
| Administrative Fee             |             | \$20,000    | \$20,000    | \$20,000    |
| Measure B from Reserve Balance |             | \$700,000   | \$700,000   | \$661,474   |
| Total                          |             | \$2,920,000 | \$2,920,000 | \$2,920,000 |
| Remaining Reserve              | \$2,061,474 | \$1,361,474 | \$661,474   | \$0         |

**7. Did your agency publish an article(s) that highlight Mass Transit projects and programs funded by Measure B in an agency or Alameda CTC newsletter?**

Yes. If yes, complete the table below and INCLUDE a copy of the article(s) as Attachment C: Mass Transit Program Attachments.

| Publication         | Date Published<br>(Month/Year) | Confirm Copy Attached? (Y/N) |
|---------------------|--------------------------------|------------------------------|
| Alameda CTC Reports | December 2013                  | Y                            |

No. If no, explain in the box below.

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

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

| Website Address   | Confirm Printout Copy Attached? (Y/N) |
|---|---------------------------------------|
| <a href="http://www.acerail.com/About/Public-Projects/Funding-Partners">http://www.acerail.com/About/Public-Projects/Funding-Partners</a> | Y                                     |

No. If no, explain in the box below.

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

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

| Signage Location / Project   | Confirm Photos Attached? (Y/N) |
|--|--------------------------------|
| Permanent placard located on all coach and cab cars directly above the wheel chair ramp. | Y                              |

No. If no, explain in the box below.



**10a. Describe your agency's effectiveness at meeting your planned FY 13-14 expenditures reported in the last compliance report and reasons for any variations.** Agencies are expected to expend their planned expenditures from their individual projects and/or and reserve funds. **Did your agency expend the amount planned?**

All funds expended as budgeted except for the administration fee as billed by ACTC. This expense is budgeted for \$20,000; ACTC's invoice is typically just under this amount. The expense this year is \$22,298 which is \$2,298 over budget. The invoice was reviewed and approved for payment.

**10b. If your agency expended LESS THAN the planned amount, provide detailed justification on why dollars were not spent, and reference specific projects that did not expend the funds as planned.**  
*Indicate N/A if not applicable.*

N/A

**10c. If your agency expended MORE THAN planned amount for a particular project/reserve, explain why and describe any adjustments to the reserves to finance the surplus amount.** *Indicate N/A if not applicable.*

N/A

**11. Provide additional information, if necessary, to further explain Measure B expenditures for the Mass Transit Program**

None



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