

End-of-Year Program Compliance Report Reports due December 31, 2011

Agency Name:

Date Submitted:

Provide signatures below from authorized representatives.

Authorized representatives of the reporting agency, for example the city finance manager and the city manager or appropriate equivalent (city or county administrator or general manager), must sign below, affirming that the statements in the report package are true and complete to the best of their knowledge, and that the *audited dollar figures match the Measure B expenditures reported in the compliance report and Table 1 Attachment*. 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 Finance Manager:

Date:

Signature:

Name and Title of Agency 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 electronic 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, 2010 through June 30, 2011?

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 2010–2011 (FY 10-11), 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 must match your agency's compliance audit report and your Table 1 Attachment (see below).* Note: Interest/Other Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

09-10 Unspent MB Balance*	FY 10-11 MB Revenues	Interest/Other MB Income <i>(Table 1 Column L)</i>	FY 10-11 MB Expenditures <i>(Table 1 Column K)</i>	Ending MB Balance
\$143,106.00	\$24,458.00	\$2,354.00	\$4,000.00	\$165,918.00

*This number should match the ending MB balance reported in 2010.

3. What amount of non-Measure B Bicycle and Pedestrian Program revenues did your agency receive during FY 10-11? Fill in the box below if you received non-Measure B funds.

Non-Measure B Revenues <i>(Table 1 Column M)</i>
\$0.00

- 3A. List the specific types of non-Measure B funding your agency received.
(max. 255 characters)

N/A

5. If applicable, why were the reported expenditures in FY 10-11 more than the amount of Measure B funds the agency received in FY 10-11? 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)

N/A

6. Did your agency publish articles that highlight Bike/Ped projects and programs funded by Measure B in an agency or Alameda CTC 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): Summer 2011 Community Services Guide - May 2011

7. 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: www.ci.emeryville.ca.us/index.aspx?nid=354

8. 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):

Photo of signage attached.

10A. Describe the governing board approval for future planned projects and/or programs. List the approval date of any resolutions. 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):	8/16/11; 9/6/11 and 11/1/11
Document(s) type(s):	Bike Rack Appropriation; CIP-Slurry Seal: Video Detection and Ped-Bike striping
Time period(s):	FY 2010-11 Bike Rack Program; FY2011-12 Slurry Seal Project

11. Provide additional Bicycle and Pedestrian Program information, if necessary. If you need more room to add information for any question you answered or to further explain Measure B expenditures for any of your programs, please reference which program (and question, if applicable) below. *(no character limit)*

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, 2010 through June 30, 2011?

- 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 2010–2011 (FY 10-11), 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 must match your agency's compliance audit report and your Table 1 Attachment (see below).* Note: Interest/Other Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

09-10 Unspent MB Balance*	FY 10-11 MB Revenues	Interest/Other MB Income (Table 1 Column L)	FY 10-11 MB Expenditures (Table 1 Column K)	Ending MB Balance
\$316,755.00	\$203,797.00	\$5,233.00	\$48,722.00	\$477,063.00

*This number should match the ending MB balance reported in 2010.

3. What amount of non-Measure B LSR Program revenues did your agency receive during FY 10-11? Fill in the box below if you received non-Measure B funds.

Non-Measure B Revenues (Table 1 Column M)
\$0.00

- 3A. List the specific types of non-Measure B funding your agency received.
 (max. 255 characters)

N/A

5. If applicable, why were the reported expenditures in FY 10-11 more than the amount of Measure B funds the agency received in FY 10-11? 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)

N/A

6. Did your agency publish articles that highlight LSR projects and programs funded by Measure B in an agency or Alameda CTC 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): City of Emeryville Summer 2011 City News & Activity Guide

7. 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.ci.emeryville.ca.us/index.aspx?nid=354>

8. 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):

The City uses both post mounted signage, as pictured, and magnetic vehicle signs attached to Contractor's equipment to promote the Measure B Local Streets and Roads Program.

9. 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: 19.11

- 9A. List the average pavement condition index (PCI) for the local streets in your city's jurisdiction. This figure must be consistent with the information available in Metropolitan Transportation Commission's 2011 Pothole Report for the year 2010, table "PCI for Bay Area Jurisdictions, 2006-2010" (pages 15-18). For more information, visit http://www.mtc.ca.gov/library/pothole_report/Pothole_Report_2011.pdf. 77

10. What is your jurisdiction's current population? This figure should reflect the population as of January 1, 2011:

11. 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 in Table 1 the projects and/or programs implemented with Measure B LSR Funds in FY 10-11. Include up to two photographs in Attachment B.

12. Beyond your planned reserve expenditures, what future LSR projects and programs does your agency plan to use Measure B funds to implement? Provide a list of planned future projects and/or programs using Measure B LSR Funds and the projected schedule in the chart below.

Planned Projects Funded by Measure B

Project	Anticipated Spend Date	MB Amount	Comments
2012 Annual Slurry Seal	06/04/10	\$170,000.00	FY 11/12 funds
2013 Annual Slurry Seal	06/10/13	\$170,000.00	FY 12/13 funds
2014 Annual Slurry Seal	06/06/14	\$170,000.00	FY 13/14 funds
Total:		\$510,000.00	

- 13. Provide additional Local Streets and Roads Program information, if necessary.** If you need more room to add information for any question you answered or to further explain Measure B expenditures for any of your programs, please reference which program (and question, if applicable) below. *(no character limit)*

Staff Report to City Council Excerpt

The Alameda County half-cent transportation sales tax measure, Measure B, provides funds to local governments to help fund critical projects and programs to increase mobility and access. Measure B serves as an additional funding stream to existing funding sources that support local streets and roads, including bicycle access. Measure B gives top priority to the preservation and maintenance of the existing system of roads, highways, and bridges. Currently the Public Works department uses Measure B money for slurry sealing in an effort to prolong the useful life of City streets by slowing deterioration of the asphalt. Like wise, street sweeping is also a necessary component of maintaining the City streets, and maintaining safe bicycle circulation, by removing debris and reducing flooding caused by debris clogged storm drains. In June 2010, when the operating budget was adopted, staff was unaware that Measure B funds could be used for street sweeping as part of critical maintenance of City streets. To this end, staff is recommending using Measure B funds to sweep the streets during the winter and spring when the falling leaves, combined with wet weather causing standing water, creates hazardous conditions for drivers and bicyclists and hastens the deterioration of asphalt surfaces.

Capital Improvement Program - Annual Slurry Seal Ongoing Project

The City's slurry seal program was started in 2001 as a cost-effective way of prolonging the life of city streets and maximize the value of the investment that has already been made in improving these streets. The ongoing project schedule is as follows:

FY11/12: Hollis Street (Powell to Yerba Buena), Powell Street (Vallejo to Peladeau), 40th Street (Halleck to Adeline), Emery Street (Park to W.MacArthur).

FY12/13: Powell Street (west of Watergate Market), Westbound Powell (Christie to Frontage), Eastbound Powell(Watergate Market to Frontage).

Mass Transit Program Report Summary

1. Did your agency receive Measure B Mass Transit Funds in the reporting period of July 1, 2010 through June 30, 2011?

- 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 2010–2011 (FY 10-11), 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 must match your agency’s compliance audit report and your Table 1 Attachment (see below).* Note: Interest/Other Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

09-10 Unspent MB Balance*	FY 10-11 MB Revenues	Interest/Other MB Income <i>(Table 1 Column N)</i>	FY 10-11 MB Expenditures <i>(Table 1 Column M)</i>	Ending MB Balance

*This number should match the ending MB balance reported in 2010.

3. What amount of non-Measure B Mass Transit Program revenues did your agency receive during FY 10-11? Fill in the box below if you received non-Measure B funds.

Non-Measure B Revenues <i>(Table 1 Column O)</i>

- 3A. List the specific types of non-Measure B funding your agency received.
(max. 255 characters)

4. 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? 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? *(max. 500 characters)*

4A. List future planned Bike/Ped projects and/or programs funded by MB reserves. If your agency has reserve MB funds, as reflected in your audit, describe your plan for the entire Measure B Mass Transit Funds balance. Describe the planned projects and/or programs and the projected schedule in the chart below. If your agency has undesignated reserve MB funds, complete question 4B. In question 10, list Measure B projects not funded by reserves.

Planned Projects Funded by Measure B Reserves

Project	Anticipated Spend Date	MB Amount	Comments	City or Agency-approved? (Yes or No)
Total:				

4B. Describe undesignated funds. If your agency has undesignated Measure B funds, describe your process to allocate these funds and describe in detail your plan and time frame for using those funds. In addition, if you plan to use reserves, will this require additional agency approvals, and if so, what is your approval process? *(max. 500 characters)*

5. **If applicable, why were the reported expenditures in FY 10-11 more than the amount of Measure B funds the agency received in FY 10-11?** 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. **Did your agency publish articles that highlight Mass Transit projects and programs funded by Measure B in an agency or Alameda CTC 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):

7. **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:

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

- Yes
 No

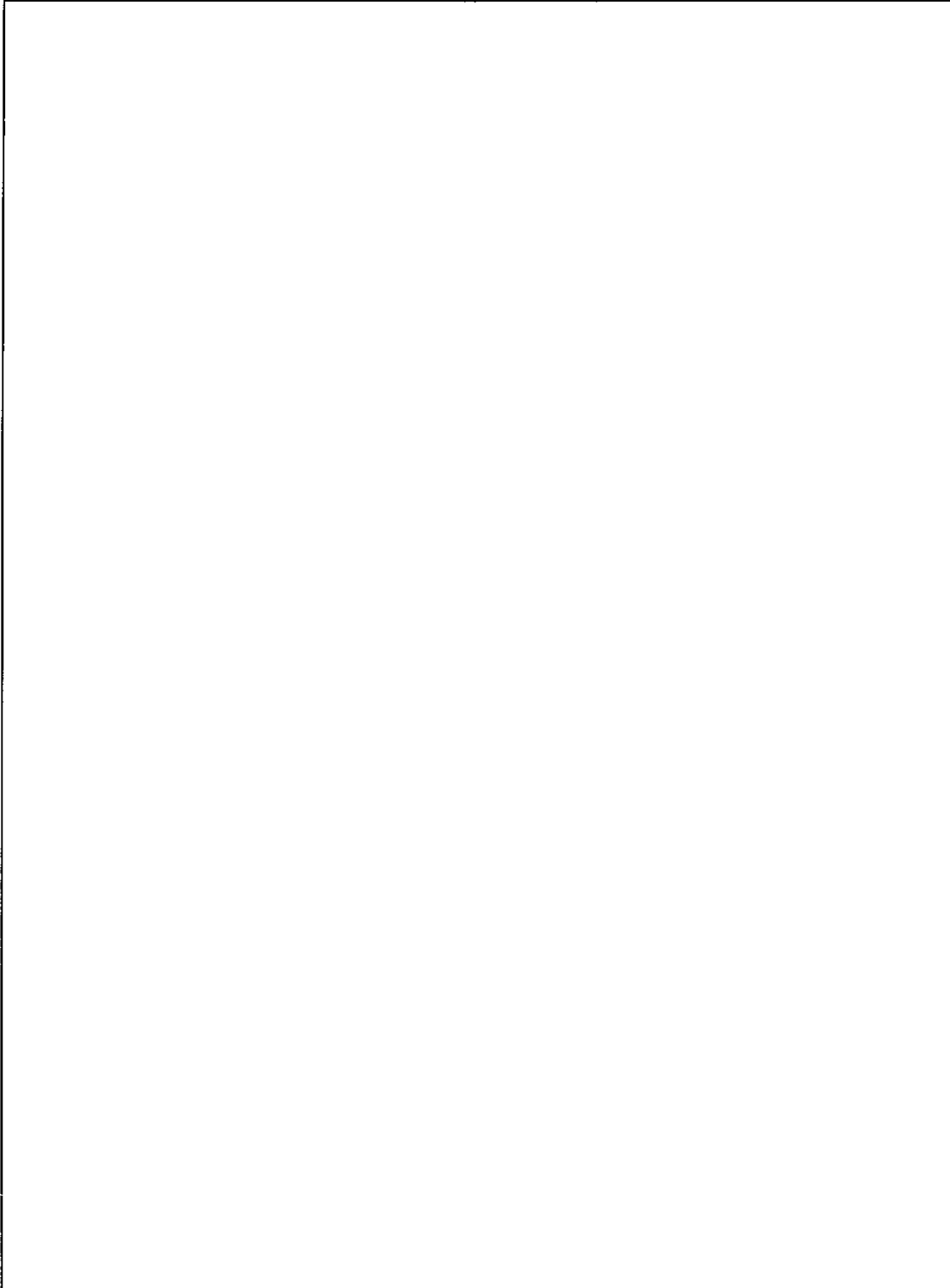
If yes, include photos of the signage in Attachment C and describe the signage below.

Signage Description (max. 255 characters):

9. **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 10-11. Include up to two photographs in Attachment C.

- 11. Provide additional Mass Transit Program information, if necessary.** If you need more room to add information for any question you answered or to further explain Measure B expenditures for any of your programs, please reference which program (and question, if applicable) below. *(no character limit)*

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Paratransit Program Report Summary

1. Did your agency receive Measure B Paratransit Funds in the reporting period of July 1, 2010 through June 30, 2011?

- 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 2010–2011 (FY 10-11), 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 must match your agency's compliance audit report and your Table 1 Attachment (see below).* Note: Interest/Other Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

09-10 Unspent MB Balance*	FY 10-11 MB Revenues	Interest/Other MB Income (Table 1 Column M)	FY 10-11 MB Expenditures (Table 1 Column L)	Ending MB Balance
\$9,913.00	\$22,727.00	\$163.00	\$26,899.00	\$5,904.00

*This number should match the ending MB balance reported in 2010.

3. What amount of non-Measure B Paratransit Program revenues did your agency receive during FY 10-11? Fill in the box below if you received non-Measure B funds.

Non-Measure B Revenues <i>(Table 1 Column N)</i>
\$219,187.00

3A. List the specific types of non-Measure B funding your agency received. (max. 255 characters)

Group trip fee revenues and expenditures (general fund), EBP ticket sales, BART ticket sales revenues and expenditures (general fund), and staffing/coordination of the Paratransit programs from Column's N & O.

4. What additional Measure B revenues did your agency receive to support your base paratransit program in FY 10-11? Fill in the boxes below if you received these funds.

Minimum Service Level Funds	Stabilization Funds
\$0.00	\$0.00

6. If applicable, why were the reported expenditures in FY 10-11 more than the amount of Measure B funds the agency received in FY 10-11? 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)

The Paratransit program has been spending down the fund balance from previous years. Staff has continued to offer as many accessible group trips to the community as feasible. Staff also continued to heavily promote these programs in guides, newsletters, presentations, flyers, etc. It should be noted the City supports the Paratransit program as shown in the Net Revenue (contributed \$26,066 to Paratransit programs from the general fund).

7. What were your operating expenses in FY 10-11 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>
\$34,680.00	\$0.00	\$0.00	\$102,400.00
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 6B)</i>
\$3,758.00	\$21.00	\$2,252.00	\$4,410.00
Total Operating Expenses <i>(sum of all eight categories)</i>			
\$147,521.00			

7A. List the contracted firms below, and if more than one, list the amount your agency paid to each. (max. 255 characters)

7B. Describe any miscellaneous expenditures below; include the amounts for each item. (max. 255 characters)

Senior Center Supervisor purchased \$1,980 worth of discount BART tickets from Measure B fund (along with \$2430 in gen fund, totaling \$4,410). Program allows seniors/disabled to purchase \$24 ride tickets for \$9 per BART guidelines.

8. 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>
\$15,000.00	\$19,680.00	\$112,841.00

9. What were your Measure B capital expenditures in FY 10-11? Fill in the box below and describe the expenditures in question 8A.

Total Capital Expenditures
\$0.00

9A. Describe capital expenditures, such as purchase of vehicles or durable equipment, below.
 (max. 255 characters)

10. What were your net revenues? The box below autopopulates based on previous entries and should equal the difference between the total Measure B plus non-Measure revenues and the total Measure B plus non-Measure B expenditures.

Net Revenues
\$94,556.00

11. 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>

*Includes very late pickups

12. 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 10-11	Number of Riders on Wait List	Number of Accidents and Incidents*

**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.*

12A. If any aspect of your responses to questions 11 or 12 needs clarifying, please explain below. (max. 550 characters)

The City is unable to provide individual rider data for our largest program, group trips, so we are unable to discern how many of the group trip riders are duplicates in the data below.

The breakdown of the number of registered riders is as follows given the above constraint:
EBP = 15 / Taxi Reimbursement = 25 / Group Accessible Trips = 6,176 trips

13. Did your agency publish articles that highlight Paratransit projects and programs funded by Measure B in an agency or Alameda CTC 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): 3 times a year in the Emeryville City News & Activity Guide: August and December of 2010 and April, 2011.

14. 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.ci.emeryville.ca.us/index.aspx?NID=458>

15. 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):

The City's only Measure B funded vehicle, the "Go Van Go" bus, has a large Measure B ACTIA permanent decal sign with logo and text.

16. 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 in Table 1 the projects and/or programs implemented with Measure B Paratransit Funds in FY 10-11. Include up to two photographs in Attachment D.

- 18. Provide additional Paratransit Program information, if necessary.** If you need more room to add information for any question you answered or to further explain Measure B expenditures for any of your programs, please reference which program (and question, if applicable) below. *(no character limit)*

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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, 2011**. 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. **Are there additional things Alameda CTC should include or present differently in the compliance report PDF form or Table 1 Attachment?**

Comments/suggestions: *(max. 500 characters)*

None

2. **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:

Very thorough.

3. **What support during the compliance reporting process was most valuable or needs improvement?**

Comments/suggestions: *(max. 500 characters)*

The compliance instructions within the pdf document were the most valuable.

4. How valuable was the compliance workshop and how could we improve it?

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

Comments/suggestions: *(max. 500 characters)*

I attended the workshop in September and if I recall, it was scheduled for 2 hours but the majority of it was wrapped up in 45 minutes. I believe that most of the material was self-explanatory and didn't necessarily warrant a mandatory workshop. I would suggest that the workshop be optional for those who have previously prepared and submitted the report, unless there are significant changes.

5. In your opinion, what works well or does not work well about the compliance reporting process? *(no character limit)*

The process seems to work well, however we look forward to moving entirely to online reporting (with no hard copy submittal).

6. In your opinion, what types of improvements to the compliance reporting process would you like to see (including any suggestions for online reporting)? *(no character limit)*

None.