## MEASURE B PROGRAM COMPLIANCE REPORT

## Signature Cover Sheet Fiscal Year 2013-14

Agency Name:	Livermore Amador Valley Transit Authority	Revision Number: 1	
Choose the type(s	s) of report you are submitting (check all that	annly: Tables 1-3 are required)	
	Annual Program Compliance Report – Bicycle and Pedestrian Safety Funds		
	Annual Program Compliance Report – Local Streets and Roads Funds		
	al Program Compliance Report – Mass Transit I		
	al Program Compliance Report – Paratransit Fu		
∐ Tables	s 1-3: Program Summary of Revenues, Expend	itures, and Reserves (Excel workbook)	
List any additiona	l attachments included in the submittal (chec	k all that apply).	
Attach	nment A: Bicycle and Pedestrian Attachments		
Attach	nment B: Local Streets and Roads Attachments		
Attach	nment C: Mass Transit Attachments		
Attach	Attachment D: Paratransit Attachments		
Other Attachments (clearly label additional attachments as needed)			
	Unter Attachments (clearly laber dualtional attachments as needed)		
Certification of T	Frue and Accurate Reporting		
	the agency manager and finance manager, or	their designees certify the compliance	
information report	ted are true and complete to the best of their k	nowledge, and the audited dollar	
figures <u>matches ex</u> and Tables 1-3.	<u>kactly</u> to the Measure B revenues and expendit	ures reported in the compliance report	
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x SIGNAL HE FEED 10, ZOIC			
Signature		Date	
Michael Tree Executive Directo	on		
Executive Directo		1 1	
x Jamay	Edwards	2/9/15	
Signature	-	Date	
Tamara Edwards			
Finance and Grai	nts Manager		



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### **MASS TRANSIT PROGRAM**

### Compliance Report Summary Fiscal Year 2013-14

1.	Did your agency receive Measure B Mass through June 30, 2014?	Transit Funds in the reporting period of July 1, 2013
	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:	Livermore Amador Valley Transit Authority (LAVTA)
	Contact Name:	Tamara Edwards
	Title:	Finance and Grants Manager
	Phone Number:	925-455-7566
	E-mail Address:	tedwards@lavta.org
3.	The values entered into statements and comple have questions before your audited financial reject your submission  Table 2: Summary of E	evenues and Expenditures o Table 1 must match your agency's audited financial iance reports. Please contact Alameda CTC staff if you submitting your report. All dollar figures must match statements and compliance report or Alameda CTC may .  Expenditures and Accomplishments
	(FY 13-14).  Table 3: Summary of P This table describes yo	Planned Projects and Reserve Funds Our agency's plan to expend any remaining Measure B
	14-15 thru FY 17-18.	ed reserve policies of the funding agreement through FY



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.

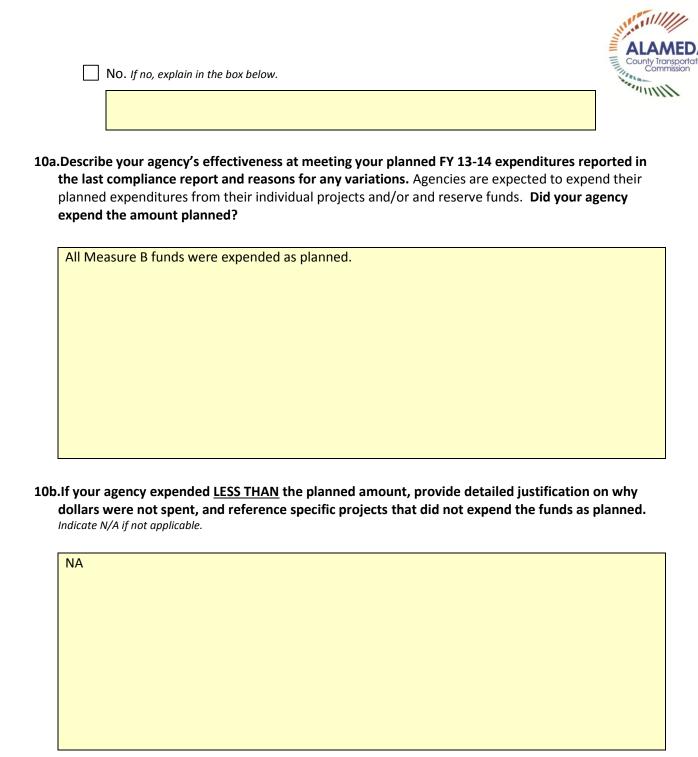
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'	
D	d your agency expend MORF THAN the amount of Measure B funds received in EV 13-147 If yes
	d your agency expend MORE THAN the amount of Measure B funds received in FY 13-14? If yes,
	d your agency expend MORE THAN the amount of Measure B funds received in FY 13-14? If yes, ow much more did you expend using prior fund balances? Indicate N/A if not applicable.
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h	w much more did you expend using prior fund balances? Indicate N/A if not applicable.

**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.** 

5.



	Publication	Date Published (Month/Year)	Confirm Copy Attached? (Y/N)
	No. If no, explain in the box below.	·	
	Valley Herald, and the Contra ( was published on the LAVTA w	14- also sent to The Independen Costa Times. However, none of rebsite at ndex.aspx?page=33&recordid=1	this sources published i
Mea	vour agency include a description of sure B on its website?  Yes. If yes, include a printout of the wand accurate project information.		
	Website Address		Confirm Printout Copy Attached? (Y/N)
	http://www.wheelsbus.com/ir	ndex.aspx?page=238	Yes- the page with the logo is attached.
	No. If no, explain in the box below.		
and j	your agency use signage that indicatorograms?  X Yes. If yes, include photos of the poster		
and j	orograms?		





10c. If your agency expended <u>MORE THAN</u> 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*.

LAVTA expends all funds received within a fiscal year. Thus, if the funds received in FY14 were
more than the amount planned (based on prior year estimates) LAVTA expends these funds in the
year received rather than placing them in reserves. The amount estimated for FY 14 was \$786,786
and was included in the plan for FY 14. However, the actuals received for FY 14 were \$816,561
which was the amount spent by LAVTA in FY 14 without having to use prior year reserved (LAVTA
does not have prior year reserves).

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

Measure B funds were expended as planned, as part of the overall "Fixed Route" program.		



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### PARATRANSIT PROGRAM

### Compliance Report Summary Fiscal Year 2013-14

1.	Did your agency receive Measure B Paratransit Funds in the reporting period of July 1, 2013 through June 30, 2014?	
	Yes (Complete the Paratransit section)  No (Do not complete the Paratransit section)	

#### 2. Complete the below contact information.

CONTACT INFORMATION		
Paratransit Program Agency:	: Livermore Amador Valley Transit Authority (LAVTA)	
Contact Name:	Tamara Edwards	
Title:	Finance and Grants Manager	
Phone Number:	925-455-7566	
E-mail Address:	tedwards@lavta.org	

3. Complete the Excel Worksheets Tables 1 to 3 for the Paratransit Program.

(Check the boxes below to indicate completion).

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 <u>must match</u> 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 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.

NA
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
how much more did you expend using prior fund balances? Indicate N/A if not applicable.  NA
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.
NA

5.

6.



# 7. List the amount of the FY 13-14 Total Operating Expenses allocated to the following categories.

Category	Expense Amount
Management (oversight, planning, budgeting, etc.)	
Customer Service and Outreach Activities	
Trip Provision (direct or contracted taxis, vans, shuttles, etc.)	\$153,126
TOTAL Operating Expenses:	\$153,126

8a. List the total number of trips provided and services provided in FY 13/14.

Trips / Service Types	Quantity
	(match to Table 2, Excel Form)
Number of One-way unduplicated trips	
ADA Mandated Paratransit	44,152
Door-to-Door Program / Van Services	
Taxi Program	1,897
Fixed-Route Services	
Group Trips	
Volunteer Driver Program	
Other: [Specify here]	
Number of contacts through Mobility Management/Travel Training	
Number of Scholarships provided	
Number of Meals Delivered	

**8b.** Complete the table below with available service quality data for reservations and trips. If no data is available, skip this question and complete 8c and 8d.

Cancelled Trip	Passenger	On-time	Late Pickups	Missed Trips,	Average Ride
Reservations	No-shows	Pickups	(percent)	Provider No-	Time
(percent)	(percent)	(percent)		shows* (percent)	(minutes)
		95%	5%		

<sup>\*</sup>Includes very late pickups

**8c. Describe your complaint and commendation process.** Describe the process from beginning to end, including instructions you provide to customers for filing complaints or commendations, your document procedures, and your follow up.

Step 1: Complaints or commendation can be submitted either in writing or by phone.

For Written comments:

1. Go to the Wheels website at http://www.wheelsbus.com/index.aspx?page=50



- 2. Select Online Customer Comment Card
- 3. Fill out complaint or commendation and submit it.

#### By Phone:

- 1. Call Wheels customer service at 925-455-7500
- 2. Leave a comment with the representative
- 3. Representative enters the comment into the customer service database

#### Step 2:

Comment is investigated. The internal investigation and resolution process is documented within the customer service database. If needed, the customer will be contacted for further information.

#### Step 3:

If applicable, there is follow up with the appropriate department of the agency to improve policies or procedures.

If the customer provides an email address, they will receive a copy of the resolution. In some cases, a free ticket is sent out to the customer for the inconvenience of a poor experience.

8d. Describe any common or recurring complaints your program has received and any program changes as a result. Did the number of complaints increase or decrease compared to the prior year?

LAVTA has a new paratransit operations contractor MTM as of May 1, 2014. During the transition period in the first few months of their service LAVTA received complaints in the following areas:

- On Time Performance
- Reservations/scheduling/dispatching

As a result of customer service complaints and commendations LAVTA worked with MTM and made the following changes to the paratransit operations:

- Improved the scheduling software
- Drivers started utilizing radios to directly communicate with dispatchers
- The dispatching and scheduling function moved from Lake St. Louis, MI to LAVTA office in Livermore. The reservations function is still in Lake St. Louis, MI.

Number of Regi Riders (as of 6/3	80/14) A	Number of Riders Added to Program in TY 13-14	Number of Riders on Wait List	Number of Accidents and Incidents*
	•	1 13 14		

**9. Does your agency have service quality data available about ridership?** If so, enter the data in the applicable boxes below.



\*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.

10. Did your agency publish an article(s) that highlight Paratransit projects and programs funded by

	Publication	Date Published	Confirm Copy
		(Month/Year)	Attached? (Y/N)
	No. If no, explain in the box below.		
	Submitted to ACTC in April 2014- also ser	nt to The Independen	it, Pleasanton Weekly, Ti
	Valley Herald, and the Contra Costa Time		lets printed the articles,
	however it was published on the LAVTA		F49 matumal IDL 0/25 - 1
	http://www.wheelsbus.com/index.aspx?x%3fpage%3d1	page=33&recordid=1	154&returnUKL=%2finde
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id vou	ur agency include a description of the Para	transit projects and i	programs funded by
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d you	Yes. If yes, include a printout of the website as Att and accurate project information.  Website Address  http://www.wheelsbus.com/index.aspx?  No. If no, explain in the box below.	page=127  Measure B funds for	Confirm Printout Copy Attached? (Y/N)  yes  r its Paratransit projects
d you	Yes. If yes, include a printout of the website as Attandaccurate project information.  Website Address  http://www.wheelsbus.com/index.aspx?  No. If no, explain in the box below.  ur agency use signage that indicates use of ms?  Yes. If yes, include photos of the posted signage in	page=127  Measure B funds for	Confirm Printout Copy Attached? (Y/N)  yes  r its Paratransit projects the the signage below.
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No. If	no, explain in the box be	elow.				Cour
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AVTA expe	nded 100% of the M	leasure B funds.				
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13c.If your agency expended <u>MORE THAN</u> 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*.

LAVTA expends all funds received within a fiscal year. Thus, if the funds received in FY14 were
more than the amount planned (based on prior year estimates) LAVTA expends these funds in the
year received rather than placing them in reserves. The amount estimated for FY 14 was \$147,543
and was included in the plan for FY 14. However, the actuals received for FY 14 were \$153,126
which was the amount spent by LAVTA in FY 14 without having to use prior year reserved (LAVTA
does not have prior year reserves).

14.	<b>14. Provide additional information, if necessary,</b> to further explain Measure B	expenditures for the
	Paratransit Program.	

NA	