

End-of-Year Program Compliance Report

Reports due December 31, 2012

| Agency Name: <u>City of Newark</u> | |
|---|---|
| Choose the type(s) of report you are submitting (check | call that apply; Tables 1-3 are required) |
| Annual Program Compliance Report – Bicycle and Po | |
| Annual Program Compliance Report – Local Streets | |
| Annual Program Compliance Report – Mass Transit | |
| | |
| Annual Program Compliance Report – Paratransit Fu | |
| | litures, and Reserves (Excel Workbook) |
| List any additional attachments in the electronic repor | t submittal (check all that apply). |
| Attachment A: Bicycle and Pedestrian Attachments | |
| Attachment B: Local Streets and Roads Attachments | 5 |
| Attachment C: Mass Transit Attachments | |
| Attachment D: Paratransit Attachments | |
| Other Attachments (clearly label additional attachm | nents as needed) |
| | |
| Certification of True and Accurate Reporting | |
| Authorized representatives of the reporting agency (i.e. | |
| or their designees) must sign below affirming the comp complete to the best of their knowledge, and the audit | |
| Measure B revenues and expenditures reported in the | |
| \sim \sim \sim \sim \sim | |
| x John Becker | 12-18-12 |
| Signature | Date |
| Print Name John Becker | |
| Title of Agency Manager: City Manager | |
| * Music Illordstock | 12/17/12 |
| Signature | Date |
| Print Name: Susie Woodstock | |
| Title of Finance Manager: Administrative | |
| Services Director | |
| Alameda County Transportation Commission | |
| End of the Year Compliance Report FY 11-12 | Page 1 |



End-of-Year Program Compliance Reporting Forms

Reporting Period July 1, 2011 through June 30, 2012

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Measure B Program End-of-Year Program Compliance

Reporting Period July 1, 2011 through June 30, 2012

| Submittal | Due Dates | |
|-------------|---|--|
| Independent | Thursday December 27, 2012 | |
| Audit | Electronic version by email by 5 p.m. | |
| | Hard copy post-marked by due date. | |
| Compliance | Monday December 31, 2012 | |
| Report | Electronic version by email by 5 p.m. Hard copy with original signatures and attachments, post-marked by due date. | |

The Alameda CTC must receive all electronic files and hardcopies by their respective due dates. If you have any questions or concerns, notify the grants administrator, John Nguyen by e-mail grants@alamedactc.org or phone (510) 208-7419.

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End-of-Year Program Compliance Reporting Requirements

Reporting Period July 1, 2011 through June 30, 2012

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 Measure B pass-through fund and grant agreements with ACTIA must continue to submit end-of-year program compliance reports to the Alameda CTC.

Measure B and Vehicle Registration Fee (VRF) pass-through fund recipients are required to submit to the Alameda CTC, one electronic and one hard copy version of the following: an audit report and a compliance report.

COMPLIANCE REPORT REQUIRED ENCLOSURES:

- 1. End of the Year Compliance Report Forms for Measure B and Vehicle Registration Fee (as applicable)
- **2. Tables 1-3** (for each applicable program)
- 3. Documentation of Reporting Requirements
 - **Measure B/VRF Signage:** In the compliance report, include a description and documentation of signage and the number of signs posted.
 - Website: In the compliance report, include a description and documentation of where you listed a link to Alameda CTC's website (www.alamedactc.org) on your agency's website, and informed the public about how your jurisdiction uses Measure B funds for transportation projects/programs.
 - Publications: In the compliance report, include a description and documentation of an article published in your agency's newsletter or Alameda CTC's e-newsletter for each fund type you receive.

Audit and Compliance Reporting Consistency

The dollar amounts on each of your compliance documents <u>must match</u>, or Alameda CTC will consider your agency out of compliance.

For example, your audit's expenditure dollar figures for the Paratransit program must match reported figures in your Paratransit compliance report, and the Tables 1-3 Attachments. See guidance throughout the report forms.



Submittal Instructions

Audit and Compliance Reports

The End-of-Year (EOY) Program Compliance Report includes a Microsoft (MS) Word Report form and a MS Excel file with tabbed Tables 1-3 for each program. These documents are available for download at http://www.alamedactc.org/app_pages/view/4136.

INDEPENDENT AUDIT REPORT: Due Thursday December 27, 2012

Electronic submission: Submit one copy of the Independent Audit Report via email to grants@alamedactc.org.

Hard-copy submission: Postmark one hard copy of the Independent Audit Report, signed by an independent auditor, by Thursday December 27, 2012.

Mail hard-copy reports to:

Alameda CTC

Attn: End-of-Year Program Compliance

1333 Broadway, Suite 220 Oakland, CA 94612

EOY COMPLIANCE REPORT: Due Monday December 31, 2012

Electronic submission:

- **1.** Download and complete the MS Word Form and Excel files for Measure B and Vehicle Registration Fee Programs as applicable.
- 2. Include attachments, labeled appropriately as Attachments A-D as indicated on the signature page (page 1). Each attachment package should include:
 - a. Two photos maximum, per program fund type.
 - b. Documentation of articles, newsletters, signage, etc., Ensure the attachments are labeled and are easily readable when reproduced in black and white.
- **3.** Send an email with the completed MS Word document, Excel Tables 1-3, and attachments to grants@alamedactc.org. If your files are larger than 8 MB, upload the files to Alameda CTC's FTP site below, and send an email to grants@alamedactc.org to notify us of the upload:

FTP server name: ftp.actia2022.com

Username: 2022 Password: Tr33inforest

Hard-copy submission:

- **1.** Postmark one hard copy of the EOY Program Compliance Report and the Tables 1-3 workbook attachments with original signatures by Monday December 31, 2012.
- 2. The signature page (page 1) must have original signatures from the city finance manager and city manager, or the appropriate equivalent or their designees.

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Policies on Timely Use of Funds and Reserve Funds

Each jurisdiction receiving Measure B and Vehicle Registration Fee (VRF) pass-through funds are required to comply with the stipulations set forth in the Master Programs Funding Agreement (MPFA) between the jurisdiction and Alameda CTC.

Measure B and VRF funds are to be expended in a timely manner, and/or placed into an appropriate reserve as indicated in the MPFA excerpts below.

Article 3.A. Timely Use of Funds

1. Except for those funds properly placed into a reserve fund pursuant to Section B below, all Measure B and VRF funds received by RECIPIENT shall be spent expeditiously, and no expended funds beyond those included in reserves pursuant to Section B below are allowed, unless a written request is submitted to the Alameda CTC and approved by the Board.

Article 3.B. Reserve Fund Policy

- 1. Capital Fund Reserve: RECIPIENT may establish a specific capital fund reserve to fund specific large capital project(s) that could otherwise not be funded with a single year's worth of Measure B or VRF pass-through funds.
 - a. RECIPENT may collected capital funds during not more than three years and shall expend all reserve funds prior to the end of the third fiscal year immediately following the fiscal year during which the reserve was established.
 - For example, if a reserve is established at any time during FY 12-13, recipient may collect reserve funds during some or all of FY 12-13, FY 13-14, and FY 14-15, and must spend the reserve funds prior to the end of FY 15-16.
- 2. Operations Fund Reserve: RECIPIENT may establish and maintain a specific reserve to address operational issues, including fluctuations in revenues, and to help maintain transportation operations. The total amount retained in such fund may not exceed 50 percent of anticipated annual combined revenues from Measure B and VRF funds. This fund may be a revolving fund and is not subject to an expenditure timeframe.
 - **3. Undesignated Fund Reserve:** RECIPIENT may establish and maintain a specific reserve for transportation needs over a fiscal year, such as matching funds for grants, project development work, studies for transportation purposes, or contingency funds for a project or program. This fund may not contain more than 10 percent of annual pass-through revenues.



End-of-Year Program Compliance Report

Reports due December 31, 2012

| Agency Name: <u>City of Newark</u> | | |
|---|---|--|
| Choose the type(s) of report you are submitting | (check all that apply; Tables 1-3 are required) | |
| Annual Program Compliance Report – Bicycle | | |
| Annual Program Compliance Report – Local S | • | |
| Annual Program Compliance Report – Mass T | | |
| | | |
| Annual Program Compliance Report – Paratransit Funds | | |
| Tables 1- 3: Program Summary of Revenues, | Expenditures, and Reserves (Excel workbook) | |
| List any additional attachments in the electronic | c report submittal (check all that apply). | |
| Attachment A: Bicycle and Pedestrian Attach | ments | |
| Attachment B: Local Streets and Roads Attack | nments | |
| Attachment C: Mass Transit Attachments | | |
| Attachment D: Paratransit Attachments | | |
| Other Attachments (clearly label additional a | ttachments as needed) | |
| Gener Accuernments (eleutry ruser dualitional d | ttaeimients as necaca; | |
| Certification of True and Accurate Reporting | | |
| Authorized representatives of the reporting ager | ncy (i.e. the city manager and finance manager | |
| or their designees) must sign below affirming the | · | |
| complete to the best of their knowledge, and the | | |
| Measure B revenues and expenditures reported | in the compliance report and Tables 1-3. | |
| | | |
| X | | |
| Signature | Date | |
| Print Name: John Becker Title of Agency Manager: City Manager | | |
| Title of Agency Manager. City Manager | | |
| X | | |
| Signature | Date | |
| Print Name: Susie Woodstock | | |
| Title of Finance Manager: Administrative Services Director | | |
| Services Director | | |
| Alameda County Transportation Commission | | |



Bicycle and Pedestrian Program Compliance Report Summary

| 1. | Did your agency receive Measure B Bicycle and Pedestrian Funds in the reporting period of July 1, 2011 through June 30, 2012? | | | | |
|----|---|--|--|--|--|
| | Yes (Complete the Bicycle/Pedestrian section.) No (Do not complete the Bicycle/Pedestrian section and continue on.) | | | | |
| 2. | . Complete the below contact information. | | | | |
| | CONTACT INFORMATION | | | | |
| | Bicycle/Pedestrian Program Agency: Contact Name: Title: | City of Newark Trang Tran Associate Civil Engineer | | | |
| | Phone Number: | (510) 578-4298 | | | |
| | E-mail Address: | trang.tran@newark.org | | | |
| 3. | 3. Complete the Excel Worksheets Tables 1 to 3 for the Bicycle and Pedestrian 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 audit and compliance report. Please contact Alameda CTC staff if you have questions before submitting your report. All dollar figures must match your independe audit report and compliance report or Alameda CTC may reject your submiss Table 2: Summary of Expenditures and Accomplishments This table describes actual expenditures and activities incurred for FY 2011-2012 (FY 11-12). | | | | |
| | | | | | |

This table describes your agency's plan to expend any remaining Measure B funds within the four-year time table of the funding agreement through FY 12-13 thru FY 15-16.

4. If your agency's ending MB Pass-through balance was greater than zero, why do you have this reserve? For instance, if you are saving a funding amount, what amount are you saving and what types of projects/programs will those dollars fund? Refer to Reserve Fund guidance (page iv), and complete Table 3 Summary of Planned Projects and Reserve Funds as required by the Master Programs Funding Agreement.

The City of Newark will expend the remaining balance in FY 12-13 on sidewalk, curb and gutter repair projects either already completed or scheduled to be completed by June 30, 2013. Also, the City of Newark is accruing sufficient funding for future sidewalk, curb and gutter repair; and Citywide handicap ramps projects.

5. If applicable, why were the reported expenditures in FY 11-12 more than the amount of Measure B funds the agency received in FY 11-12? For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)?

| Not applicable. | | | |
|-----------------|--|--|--|
| | | | |
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| ado | cess to allocate these funds and describe in detail your plan and time frame for using those funds. In lition, if you plan to use reserves, will this require additional agency approvals, and if so, what is your proval process? Refer to Reserve Fund guidance (page iv), and complete Table 3 Summary of nned Projects and Reserve Funds. |
|-----|---|
| | Not applicable. |
| 7. | Alameda CTC uses the data from Table 2 to monitor compliance with the Master Programs Funding Agreement requirement (Section 5.1.d): "All projects and programs that use Measure B Bicycle and Pedestrian Safety pass-through funds must receive governing board approval prior to the jurisdiction expending the pass-through funding on the project/program." If your agency expended funds on any projects not approved by your governing board in advance (as indicated in Column R of Table 2: Governing Board Approval), list them below and explain why your agency expended funds without agency approval. |
| | Not applicable. |
| | |

Describe undesignated funds. If your agency has undesignated Measure B funds, describe your

6.

8. Describe the governing board approval for future planned projects and/or programs. List the document type, time period, and resolution approval date. Examples include a bicycle and/or pedestrian plan, capital improvement plan, prioritized project list, etc.

| Document Type | Time Period | Resolution Date |
|--|-------------|-----------------|
| Resolution of the City Council of the City of Newark confirming 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 part of the 2010-2012 Capital Improvement Plan | 2010-2012 | 09/23/2010 |
| | | |
| | | |

9. Per Section 6 of the Master Programs Fund Agreement, Alameda CTC requires local jurisdictions to have developed and adopted a Complete Streets policy by June 30, 2013.

Does your agency have an adopted Complete Streets policy, and if so, when was it adopted by your governing board? If not, please describe your agency's plan to develop and adopt a Complete Streets policy by the June 30, 2013 deadline.

| Currently, the City of Newark does not have an adopted Complete Streets policy; however, the City |
|---|
| of Newark is tentatively scheduled to submit the Complete Streets policy to the City Council for |
| approval and adoption in January 2013. |

| nt A: Bicycle and Peds) below. Date Published | destrian Program Copy Attached? |
|--|---|
| Date Published | Copy Attached? |
| | (Y/N) |
| March 2012 | Yes |
| | |
| | |
| cle/Pedestrian proj | ects and program |
| n #13 Additional Info | ormation. |
| nent A and provide t n. | the URL below tha |
| Printout Attached? (Y/N) | |
| Yes | |
| 1 | n #13 Additional Info ment A and provide to n. Printout Attached? (Y/N) |

| 12. proje | Did your agency use signage that indicates use of Notes and programs? | Neasure B funds for i | ts Bicycle/Pedestrian |
|--------------|--|---------------------------|-----------------------|
| | Yes No. If no, explain in Question | #13 Additional Info | ormation. |
| If | yes, include photos of the signage in <u>Attachment</u> | <u>A</u> and describe the | signage below. |
| 5 | Signage Description | Photos attached? (Y/N) | |
| 2 | Two 3'x5' moveable bicycle/pedestrian project signs, stating that funding is provided through Measure B, were installed at various locations on the project. | Yes | |
| | 13. Provide additional information, if necessary, to further explain Measure B expenditures for the Bicycle and Pedestrian Program. | | |
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Local Streets and Roads (LSR) Program Compliance Report Summary

| 1. | Did your agency receive Measure B Local Streets and Roads Funds in the reporting period of July 1, 2011 through June 30, 2012? | | | | |
|----|--|--|--|--|--|
| | Yes (Complete the LSR section.) No (Do not complete the LSR section and continue on.) | | | | |
| 2. | 2. Complete the below contact information. | | | | |
| | CONTACT INFORMATION | | | | |
| | LSR Program Agency: Contact Name: Title: | City of Newark Trang Tran Associate Civil Engineer | | | |
| | Phone Number: | (510) 578-4298 | | | |
| | E-mail Address: | trang.tran@newark.org | | | |
| 3. | Complete the Excel Worksheets Table (Check the boxes below to indicate comple | | | | |
| | The values entered compliance report. before submitting you audit report and com | The values entered into Table 1 must match your agency's audit and compliance report. Please contact Alameda CTC staff if you have questions before submitting your report. All dollar figures must match your independent audit report and compliance report or Alameda CTC may reject your submission. | | | |
| | This table describes 2011-2012 (FY 11-1) | actual expenditures and activities incurred for FY | | | |
| | This table describes | your agency's plan to expend any remaining Measure our-year time table of the funding agreement through | | | |

| 4. | If your agency's ending MB Pass-through balance was greater than zero, why do you have this reserve? For instance, if you are saving a funding amount, what amount are you saving and what types of projects/programs will those dollars fund? Refer to Reserve Fund guidance (page iv), and complete Table 3 Summary of Planned Projects and Reserve Funds as required by the Master Programs Funding Agreement. |
|----|---|
| | City of Newark will expend the remaining balance in FY 12-13 on pavement maintenance, handicap ramps, sidewalk, curb and gutter repair projects either already completed or scheduled to be completed by June 30, 2013. |
| 5. | If applicable, why were the reported expenditures in FY 11-12 more than the amount of Measure B funds the agency received in FY 11-12? For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? |
| | Not applicable. |
| 6. | 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? Refer to Reserve Fund guidance (page iv), and complete Table 3 Summary of Planned Projects and Reserve Funds. |
| | Not applicable. |

| 7. | Alameda CTC uses the data from Table 2 to monitor compliance with the Master Programs |
|----|---|
| | Funding Agreement requirement (Section 5.d.): "All projects and programs that use |
| | Measure B Local Streets and Roads pass-through funds must receive governing board |
| | approval prior to the jurisdiction expending the pass-through funding on the |
| | project/program." |

If your agency expended funds on any projects not approved by your governing board in advance (as indicated in Column R of Table 2: Governing Board Approval), list them below and explain why your agency expended funds without agency approval.

| Not applicable. | | |
|-----------------|--|--|
| | | |
| | | |
| | | |

8. Describe the governing board approval for future planned projects and/or programs. List the document type, time period, and resolution approval date. Examples include a bicycle and/or pedestrian plan, capital improvement plan, prioritized project list, etc.

| Time Period | Resolution Date |
|-------------|-----------------|
| 2010-2012 | 06/24/2010 |
| | |
| | |
| | |

| 9. | Per Section 6 of the Master Programs Fund Agreement, Alameda CTC requires local jurisdictions to have developed and adopted a Complete Streets policy by June 30, 2013. |
|----|--|
| | Does your agency have an adopted Complete Streets policy, and if so, when was it adopted by your governing board? If not, please describe your agency's plan to develop and adopt a Complete Streets policy by the June 30, 2013 deadline. |
| | Currently, the City of Newark does not have an adopted Complete Streets policy; however, the City of Newark is tentatively scheduled to submit the Complete Streets policy to the City Council for approval and adoption in January 2013. |
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10. Complete the table below to describe your jurisdiction's road miles and conditions.

| Jurisdiction's Information | |
|---|--------|
| Current Population | |
| This figure should reflect the population as of January 1, 2012. Refer to the California Department of Finance's Population Estimates: http://www.dof.ca.gov/research/demographic/reports/estimates/e-1/view.php | 43,041 |
| Certified number of road-miles | |
| This figure must be consistent with the number of miles reported to state and federal agencies. | 104.5 |
| Average pavement condition index (PCI) for agency's local streets | |
| 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 . | 69 |

| 11. Did your ager | ncy publish articles that highlight Local Streets and Roads projects and |
|-------------------|--|
| programs fun | ded by Measure B in an agency or Alameda CTC newsletter? |
| X Yes | No. If no, explain in Question #14 Additional Information. |

If yes, include a copy of the article(s) as <u>Attachment B: Local Streets and Roads Program Attachments</u> and list the publication(s) and date(s) below.

| Publication | Date Published | Copy Attached? (Y/N) |
|--------------------------|----------------|----------------------|
| Newark News, Spring 2012 | March 2012 | Yes |
| | | |
| | | |

| programs funded by Mea | . If no, explain in Questi | on #14 Additional Inf | ormation. |
|--|---|-----------------------------|----------------------|
| If yes, include a printout of contains updated and acc | · | <u> </u> | the URL below tha |
| Website Address | | Printout Attached? (Y/N) |] |
| http://www.newark.org/dworks/engineering-division | | Yes | |
| | | | |
| | | | |
| Did your agency use sign and Roads projects and p | _ | of Measure B funds f | or its Local Streets |
| and Roads projects and p | _ | | |
| and Roads projects and p | orograms? . If no, explain in Questi | on #14 Additional Inf | ormation. |
| and Roads projects and p | orograms? . If no, explain in Questi | on #14 Additional Inf | ormation. |

- **14. Provide additional information, if necessary,** to further explain Measure B expenditures for the Local Streets and Roads Program.
 - On Table 1: Measure B Revenues and Expenditures for Local Streets and Roads, \$1,980 in Column K, was a reimbursement from AT&T for the adjustment of its manholes frames and covers to finished grade on our overlay project.
 - On Table 1: Measure B Revenues and Expenditures for Local Streets and Roads, Column E, the Ending MB Balance did not match the Auditor's Report End of Year Balance because it did not include the AT&T's reimbursement amount of \$1,980 from Column K of the Non-Measure B Funds.
 - On Table 2: Measure B Revenues and Expenditures for Local Streets and Roads, Column L, the negative amount of \$46,251 was an administrative correction to prior year expense accruals.



Mass Transit Program Compliance Report Summary

| 1. | Did your agency receive July 1, 2011 through Jur | | ass Transit Funds in the reporting period of |
|----|---|---|---|
| | Yes (Complete the Ma No (Do not complete t | | on.) t section and continue on.) |
| 2. | Complete the below con | ntact informat | ion. |
| | CONTACT INFORMATIO | N | |
| | Mass Transit Prog | gram Agency: ontact Name: Title: | |
| | Ph | one Number: | |
| | E- | mail Address: | |
| 3. | Complete the Excel Wor (Check the boxes below to | | es 1 to 3 for Mass Transit. |
| | The v comp before | alues entered liance report. It is submitting you | Revenues and Expenditures into Table 1 must match your agency's audit and Please contact Alameda CTC staff if you have questions or report. All dollar figures must match your independent collance report or Alameda CTC may reject your submission. |
| | This t | - | of Expenditures and Accomplishments actual expenditures and activities incurred for FY 2). |
| | This t | able describes | of Planned Projects and Reserve Funds your agency's plan to expend any remaining Measure our-year time table of the funding agreement through 16. |

| 4. | If your agency's ending MB Pass-through balance was greater than zero, why do you have this reserve? For instance, if you are saving a funding amount, what amount are you saving and what types of projects/programs will those dollars fund? Refer to Reserve Fund guidance (page iv), and complete Table 3 Summary of Planned Projects and Reserve Funds as required by the Master Programs Funding Agreement. |
|----|---|
| | |
| 5. | If applicable, why were the reported expenditures in FY 11-12 more than the amount of Measure B funds the agency received in FY 11-12? For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? |
| | |
| | |
| 6. | 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? Refer to Reserve Fund guidance (page iv), and complete Table 3 Summary of Planned Projects and Reserve Funds. |
| | |
| | |

| by Measure B in Yes | an agency or Alameda CTC No. If no, explain in Qu | newsletter? uestion #10 Additional In | formation. |
|---|--|--|--|
| | copy of the article(s) as Attac cation(s) and date(s) below. | | Program Attachme |
| Publication | | Date Published | Copy Attached? |
| | | | |
| by Measure B or | | | |
| Yes | No. If No, explain in Qu | uestion #10 Additional In | jorniacion. |
| | orintout of the website in <u>At</u> d and accurate project infor | | the URL below tha |
| | d and accurate project infor | | the URL below tha |
| contains updated | d and accurate project infor | mation. Printout | the URL below tha |
| Website Address | use signage that indicates ugrams? | Printout Attached? (Y/N) | for its Mass Trans |
| Website Address Did your agency projects and pro | use signage that indicates ugrams? | Printout Attached? (Y/N) use of Measure B funds | for its Mass Transi |
| Website Address Did your agency projects and pro | use signage that indicates ugrams? No. If no, explain in Quanties of the signage in Attac | Printout Attached? (Y/N) use of Measure B funds | for its Mass Trans formation. e signage below. |

| the Mass Transit Progr | formation, if necessary, to fur ram | ther explain Measure B expe | nditures f |
|------------------------|-------------------------------------|-----------------------------|------------|
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Paratransit Program Compliance Report Summary

| 1. | . Did your agency receive Measure B Paratransit Funds in the reporting period of July 1, 2011 through June 30, 2012? | | |
|----|--|--|--|
| | Yes (Complete this Paratransit section No (Do not complete the Paratransit | • | |
| 2. | Complete the below contact information | tion. | |
| | CONTACT INFORMATION | | |
| | Paratransit Program Agency: Contact Name: Title: | City of Newark David Zehnder Community Services Director | |
| | Phone Number: | 510 578-4405 | |
| | E-mail Address: | david.zehnder@newark.org | |
| 3. | Complete the Excel Worksheets Table (Check the boxes below to indicate complete the boxes) | | |
| | The values entered compliance report. before submitting yo | B Revenues and Expenditures into Table 1 must match your agency's audit and Please contact Alameda CTC staff if you have questions ur report. All dollar figures must match your independent pliance report or Alameda CTC may reject your submission. | |
| | | of Expenditures and Accomplishments actual expenditures and activities incurred for FY 2). | |
| | This table describes | of Planned Projects and Reserve Funds s your agency's plan to expend any remaining Measure four-year time table of the funding agreement through -16. | |

| If your agency's ending MB Pass-through balance was greater than zero, why do you have this reserve? For instance, if you are saving a funding amount, what amount are you saving and what types of projects/programs will those dollars fund? Refer to Reserve Fund guidance (page iv), and complete Table 3 Summary of Planned Projects and Reserve Fund as required by the Master Programs Funding Agreement. |
|--|
| Our ending MB Pass-through balance of \$53,231 is equal to previous operational reserves less \$5,143 used to cover FY 11-12 operational expenses. We anticipate a continued draw-down of these reserve funds to cover direct operational expenses for FY 12-13 and beyond. |
| If applicable, why were the reported expenditures in FY 11-12 more than the amount of Measure B funds the agency received in FY 11-12? For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? |
| |
| expansion of services to include Sunday service. |
| Reserve funds from previous fiscal year were set aside as we anticipated using these funds to covexpansion of services to include Sunday service. |

| 6. | 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? Refer to Reserve Fund guidance (page |
| | iv), and complete Table 3 Summary of Planned Projects and Reserve Funds. |
| | |

| N/A | |
|-----|--|
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7. List the amount of the Total Operating Expenses allocated to the following.

| Category | Expense Amount Indicate zero if none. |
|---|---------------------------------------|
| Management (oversight, planning, budgeting, etc.) | \$0 |
| Customer Service and Outreach Activities | \$0 |
| Trip Provision (direct or contracted taxis, vans, shuttles, etc.) | \$151,614 |
| TOTAL Operating Expenses: | \$ 151,614 |

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

| Cancelled Trip Reservations (percent) | Passenger No-shows (percent) | On-time Pickups (percent) | Late Pickups (percent) | Missed Trips, Provider No- shows* (percent) | Average Ride Time (minutes) |
|---|------------------------------------|---------------------------------|------------------------|---|-----------------------------------|
| 13% | 1% | 100% | 0.5% | 0% | N/A |

^{*}Includes very late pickups

8b. 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.

Comment cards are made available in the transportation office and on the vehicles. These include a mail-in address and the phone number of the Program Supervisor. Additionally, the Supervisor's name and number are supplied to each new rider in their welcome packet. All riders are encouraged to call or write with feedback about their experiences. All complaints and commendations are logged and reviewed with Paratransit staff and corrective action, if needed, is defined and implemented. A follow-up inquiry to the complainant occurs to assess the effectiveness of efforts to improve services.

8c. Describe any common or recurring complaints your program has received and the program changes as as a result.

Subsequent to intense intercity traffic conditions, there are occasional complaints from the customers regarding a few minutes delay when picking them up for transport. All of the drivers excel in communicating in a respectful and courteous manner when explaining to the seniors that the delays are resultant to the early morning traffic conditions. The drivers persist at being punctual without compromising safety to insure a pleasant, non-stressful transportation experience for the ridership.

9. 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 11-12 | Number of Riders on Wait List | Number of Accidents and Incidents* |
|--------------------------------|---|----------------------------------|------------------------------------|
| 424 | 115 | 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.

| Yes No. If no, explain in Question | | formation. |
|--|-----------------------------|-------------------|
| f yes, include a copy of the article(s) in Attachme and list the publication(s) and date(s) below. | nt D: Paratransit Pro | ogram Attachment |
| Publication | Date Published | Copy Attached? |
| Department Fall Activities Guide | Fall, 2011 | Υ |
| City of Newark Newsletter | Summer 2011 | Υ |
| Did your agency include a description of the Para Measure B on its website? | atransit projects an | d programs funde |
| igwedge Yes $igwedge$ No. If no, explain in Questic | n #13 Additional In | formation. |
| If yes, include a printout of the website in Attachr contains updated and accurate project informatio | • | the URL below tha |
| Website Address | Printout Attached? (Y/N) | |
| http://www.newark.org/departments/recreation- and-community-services/senior/transportation/ | Υ | |

| 2. Did your agency use signage that indicates use of Measure B funds for its Paratransit projects and programs? Yes No. If no, explain in Question #13 Additional Information. | | |
|---|---|--|
| If yes, include photos of the signage in Attachment D and describe the signage below. | | |
| Signage Description | Photos attached? (Y/N) | |
| "YOUR MEASURE B TAX DOLLARS HELP FUND OPERATIONS OF THIS VEHICLE | Y | |
| 13. Provide additional information, if necessary, the Paratransit Program. | to further explain Measure B expenditures for | |
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