VEHICLE REGISTRATION FEE

Annual Program Compliance Report Reporting Fiscal Year 2017-2018

AGENCY CONTACT INFORMATION

Agency Name: City of San Leandro

Date: 12/14/2018

Primary Point of Contact

Name: Austine Osakwe

Title: Senior Engineer

Phone: 510-577-3486

Email: aosakwe@sanleandro.org

Agency's Certification of True and Accurate Reporting by Submission

By submitting this Compliance Report to the Alameda County Transportation Commission, the submitting agency certifies the compliance information reported is true and complete to the best of their knowledge, and the dollar figures in the agency's Audited Financial Statement <u>matches</u> exactly to the revenues and expenditures reported herein.

Program Compliance Report Structure

This Reporting Form is broken into the following sections for the Vehicle Registration Fee Direct Local Distribution Programs applicable to the recipient agency.

- * Cover Agency Contact
- * General Compliance Reporting for all programs
- * Table 1 Summary of Revenue, Expenditures, and Changes in Fund Balance
- * Table 2 Detailed Summary of Expenditures and Accomplishments

VEHICLE REGISTRATION FEE Annual Program Compliance Report Fiscal Year 2017-2018

TABLE 1: SUMMARY OF REVENUE, EXPENDITURES, AND CHANGES IN FUND BALANCE

DIRECTIONS: Complete the sections below based on the VRF Audited Financial Statements, for the applicable DLD programs for your agency. Values must match financial statements and total reported expenditures on Table 2.

A.VRF Direct Local Distribution Programs

	Local Streets and Roads	Total	
Beginning of Year Fund Balance	\$ 571,850	\$ 571,850	
Revenue Interest	\$ 425,568 \$ 556	\$ 425,568 \$ 556	
Expenditures Expenditures Matches Table 27	\$ 222,279	\$ 222,279	
End of Year Fund Balance	\$ 775,695	\$ 775,695	
Notes			

Local Streets and Roads (LSR) Direct Local Distribution Program Reporting Period - Fiscal Year 2017-18

GENERAL COMPLIANCE REPORTING

1.	What is agency's current Pavement Condition Index (PC	1)?	PCI =		56
	Use PCI from the most recent MTC's VitalSigns linked here:	http://www.vitalsigns.mtc.ca.gov/street-p	avement	-condition	

If your PCI falls below a score of 60 (fair condition), specify what actions are being implemented to increase the PCI.

Indicate N/A, if not applicable.

City staff is aggressively using funds generated from the 2015 City residents' approved local sales tax, the Measures B and BB, and other grant funds to improve City's streets PCI.

2a. How much of the balance identified here is encumbered into active contracts and projects?

\$ Encumbered VRF Balance \$ 775,695 \$ -

2b. Explain why the program has a fund balance, and how the agency plans to expend the balances down.

Indicate N/A, if not applicable.

The City has a fund balance because we are still transitioning from our old practice of spending the funding within 5 years to carrying no more than 40% forward. The City has several large projects in design and construction that will expend the balance within the timeframe for compliance.

2c. Specify any large planned uses of fund balances within this program and their status i.e. planned or underway.

Project Title	Brief Project Description	DLD Amount		Project Status
Street Overlay/Rehab 17-18	Street resurfacing/maintenance of existing	\$	950,000	Underway
		\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	
		\$	-	

3. Confirm all expenditures were governing body approved (Yes/No).

Yes

4. Confirm the completion of the publicity requirements in the table below (Yes/No).

Copy of Article,
website, signage

Yes/No?				
Article	Yes			
Website	Yes			
Signage	No			

Attached?					
Yes					
Yes					
No					

If applicable, briefly explain why the publicity requirement wasn't completed.

See attached
https://www.sanleandro.org/depts/transit/project/currp
roi2010.asp
Project is yet to go to construction

Local Streets and Roads Direct Local Distribution Program Reporting Period - Fiscal Year 2017-18

TABLE 2: DETAILED SUMMARY OF EXPENDITURES AND ACCOMPLISHMENTS

Provide a detailed summary of VRF Expenditures for the reporting fiscal year.

- Expenditure total must correspond to your Audited Financial Statements and Table 1 values

a. Total Capital

b. Total Administrative \$

	Project	Project	Project	Primarily Capital				Units for			
No.	Category (Drop-down Menu)	Phase (Drop-down Menu)	Type (Drop-down Menu)	or Administrative Expenditure?	Project Name	Project Description/Benefits	Quantity Completed in FY 17-18	Quantity (Drop-down Menu)	Additional description on units or expanded detail on expenditures, performance, accomplishments		penditures
1	Streets/Rds	Project Closeout	Street Resurfacing/Mai	r Capital	Annual Street Sealing 2015-16 (SL Acc 143-38-376)	Maintain existing roadway	0	Lane Miles		\$	14,584
2	Streets/Rds	Construction	Streetscape / Complete	Capital	Marina Blvd/I-880 HOV Project (SL Acc 143-38-386)	Maintain existing roadway	0	Other		\$	207,695
3										\$	-
4										\$	-
5										\$	-
6										\$	-
7										\$	-
8										\$	-
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24										\$	-
25										\$	_
-	Perce	ntage of Capital vs Ad	ministrative Costs	100%					TOTAL	\$	222,279

Match to Table 1?

TRUE

If your agency did not expend greater than 50% of total costs on Capital Investments, explain how capital investments will increase in future over Program Administration (outreach, staffing, administrative support). <i>Indicate N/A if not applicable.</i>							ncrease in the

222,279