MEASURE B AND MEASURE BB

Annual Program Compliance Report

Reporting Period - Fiscal Year 2020-21

AGENCY CONTACT INFORMATION

Agency Name:	Livermore Amador Valley Transit Authority
Date:	11/8/2021
Primary Point of Co	ontact
Name:	Tamara Edwards
Title:	Director of Finance
Phone:	925-455-7566
Email:	tedwards@lavta.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> <u>exactly</u> to the revenues and expenditures reported herein.

Additionally, for the 2000 Measure B and 2014 Measure BB Direct Local Distribution (DLD) funds, pursuant to the California Public Utilities Code 180001 (e), funds generated by the transportation sales tax are to be used to supplement and not replace existing local revenues used for transportation purposes. By submit this report, the agency confirms that DLD funds are supplementing and not replacing existing local revenues used for transportation purposes.

Program Compliance Report Structure

This Reporting Form is broken into the following sections for the Measure B and BB 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

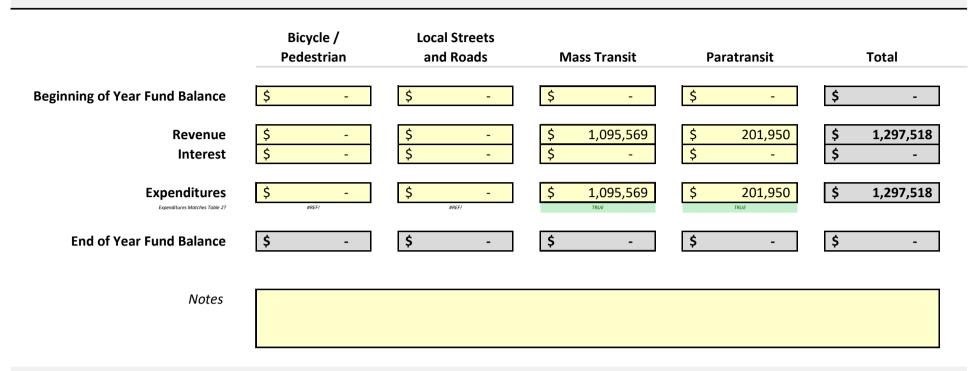
MEASURE B AND MEASURE BB

Annual Program Compliance Report

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

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

A. 2000 MEASURE B Direct Local Distribution Programs



B. 2014 MEASURE BB Direct Local Distribution Programs

	Bicycle / Pedestrian	Local Streets and Roads	Mass Transit	Paratransit	Total
Beginning of Year Fund Balance	<mark>\$ -</mark>	\$ -	<mark>\$ -</mark>	\$ -	\$-
Revenue Interest	<mark>\$ -</mark> \$ -	<mark>\$ -</mark> \$ -	\$ 811,210 \$ -	\$ 397,087 \$ -	\$ 1,208,297 \$ -
Expenditures Expenditures Matches Table 2?	\$ –	\$	\$ 811,210 TRUE	\$ 397,087 TRUE	\$ 1,208,297
End of Year Fund Balance	\$-	\$-	\$-	\$-	\$-
Notes					

Transit Direct Local Distribution Program

Reporting Period - Fiscal Year 2020-21

GENERAL COMPLIANCE REPORTING

What is the agency's average on-time performance goal/target?
 What is the agency's average on-time performance for the year?

85	Percent
92	Percent

3. If your agency's actual average on-time performance for the year is less than the agency's on-time performance goal/target explain what actions are being taken to improve performance?

4a. How much of the balance identified here is encumbered into active contracts and projects?

Encumbered value should be less than or equal to the available balance.

		\$ Encumbered
MB Balance	\$ -	\$ -
MBB Balance	\$ -	\$ -
Total	\$ -	\$ -

4b. Why is there a fund balance? Indicate N/A, if not applicable.

4c. 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
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	

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

Yes

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

Copy of article, website, signage

e If applicable, briefly explain why the publicity

	Measure B	Measure B Measure BB	
Article	Yes	Yes	Yes
Website	Website Yes		Yes
Signage	Yes	Yes	Yes

requirement wasn't completed.

Transit Direct Local Distribution Program Reporting Period - Fiscal Year 2020-21

TABLE 2: DETAILED SUMMARY OF EXPENDITURES AND ACCOMPLISHMENTS

Provide a detailed summary of Measure B and BB Expenditures for the reporting fiscal year. Performance reporting/quantity complete and other fund expenditures should be consistent with reporting data sent to other agencies (regional/state/federal reporting). - Expenditure total must correspond to your Audited Financial Statements and Table 1 values.

No.	Project Category (Drop-down Menu)	Project Phase (Drop-down Menu)	Project Type (Drop-down Menu)	Project Name	Project Description/Benefits	Quantity Completed in FY 20-21	Units for Quantity (Drop-down Menu)	Additional description on units or expanded detail on expenditures, performance, accomplishments	Measure B	Measure BB DLD Expenditures	Other Fund Expenditures	Total Cost
1	Bus	Operations	Operations	WHEELS-Fixed Route	Fixed Route Bus service for		Number of		\$ 1,095,569	\$ 811,210	\$ 10,998,169	\$ 12,904,948
					Livermore, Dublin and Pleasanton	420226	People/Passen					
							gers					
2									\$ -	\$ -	\$ -	\$ -
3									\$ -	\$ -	\$ -	\$ -
4									\$ -	\$ -	\$ -	\$ -
5									\$ -	\$ -	\$ -	\$ -
6									\$ -	\$ -	\$ -	\$ -
7									\$ -	\$ -	\$ -	\$ -
8									\$ -	\$ -	\$ -	\$ -
9									\$ -	\$ -	\$ -	\$ -
10									\$ -	\$ -	\$ -	\$ -
11									\$ -	\$ -	\$ -	\$ -
12									\$ -	\$ -	\$ -	\$ -
13									\$ -	\$ -	\$ -	\$ -
14									\$ -	\$ -	\$ -	\$ -
15									\$ -	\$ -	\$ -	\$ -
16									\$ -	\$ -	\$ -	\$ -
								TOTAL	\$ 1,095,569	\$ 811,210	\$ 10,998,169	\$ 12,904,948
								Match to Table 1?	TRUE	TRUE		

Reporting Period - Fiscal Year 2020-21

GENERAL COMPLIANCE REPORTING

1a. How much of the balance identified here is encumbered into active contracts and projects?

Encumbered value should be less than or equal to the available balance.

		\$ Encumbered		
MB Balance	\$ -	\$	-	
MBB Balance	\$ -	\$	-	
Total	\$ -	\$	-	

2b. Why is there a fund balance? *Indicate N/A, if not applicable.*

1c. 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
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-

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

Yes

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

	Measure B	Measure BB	Copy of Article, website, signage Attached?	lf . wa
Article	Yes	Yes	Yes	
Website	Yes	Yes	Yes	
Signage	Yes	Yes	Yes	

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

Paratransit Direct Local Distribution Program

Reporting Period - Fiscal Year 2020-21

TABLE 2: DETAILED SUMMARY OF EXPENDITURES AND ACCOMPLISHMENTS

Provide a detailed summary of Measure B and BB Expenditures for the reporting fiscal year. Performance reporting/quantity complete and other fund expenditures should be consistent with reporting data sent to other agencies (regional/state/federal reporting). - Expenditure total must correspond to your Audited Financial Statements and Table 1 values.

No.	Project Category (Drop-down Menu)	Project Phase (Drop-down Menu)	Project Type (Drop-down Menu)	Project Name	Project Description/Benefits	Quantity Completed in FY 20-21	Units for Quantity (Drop-down Menu)	Additio expand perfor
1	Senior and Disabled Services	Operations	ADA-mandated Services	WHEELS Dial A Ride	Individual demand response trips	14960	Number of One-Way Unduplicated Trips	
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

onal description on units or								
ded detail on expenditures,	Measu	ure B	Mea	asure BB	Oth	er Fund		
rmance, accomplishments	DLD E	xpenditures	DLD	Expenditures	Ехр	enditures	Tota	al Cost
	\$	201,950	\$	397,087	\$	525,996	\$	1,125,032
	\$	-	\$	-	\$	-	\$	-
	\$	_	\$	_	\$	_	\$	_
	\$	-	\$	-	\$	-	\$	-
	\$	-	, \$	-	\$	-	\$	-
	\$	_	, \$	_	\$	_	\$	_
	\$	_	\$	_	\$	_	\$	_
	\$	_	\$	_	\$	_	\$	-
	\$	_	\$	_	\$	_	\$	_
	\$	_	\$	_	\$	_	\$	_
	\$	_	\$	_	\$	_	\$	-
	\$		\$	_	\$	_	\$	
	\$	_	\$	_	\$	_	\$	-
	\$	_	\$	_	\$	_	\$	
	\$		\$	_	\$	_	\$	
	\$		\$	_	\$	_	\$	
	\$		\$	_	\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$	-	\$	
	\$		\$		\$		\$	_
TOTAL	\$	201,950	\$	397,087	\$	525,996	\$	1,125,032
Match to Table 1?	Ļ	TRUE	Ļ	TRUE	Ļ	525,550	Ļ	1,123,032
		INOL .		INOL				