

## **PTMISEA Allocation Request Instructions**

The following is to be used as a guide to completing the California Department of Transportation Public Transportation Modernization Improvement and Service Enhancement Account (PTMISEA) Allocation Request.

### **Cover Page**

An original should be completed and submitted by the Lead Agency and signed by contributing sponsor(s). An official signed letter can be submitted by contributing sponsor(s) in lieu of signing the cover page. The signature(s) should be from the Executive Director or the Authorized Agent to confirm validity of the request. PTMISEA will need an Authorized Agent Form to be completed every Fiscal Year.

### **PTMISEA Project Description and Allocation Request**

#### **Allocation Request Amount**

The amount requested should be listed under the year the funding was allocated by the legislature, not the year the funding is being requested or expended. The funds requested by each project sponsor cannot exceed the amount identified by the Controller for each year.

**Table 1 – Project Sponsor/Recipient Agency Information:** The Lead/Recipient Agency completes this table. If there are other contributing project sponsors, the agency receiving the funds from other project sponsors becomes the Lead Agency/Recipient Agency. The Lead Agency/Recipient Agency becomes the principal project contact and responsible for complying with reporting requirements. **Remember, only agencies identified by the Controller can be Project Sponsors.**

#### **Table 2 – Contributing Project Sponsor(s) Information**

The Request must clearly identify the contributing PTMISEA-eligible sponsors and the amount of funds they are contributing. In addition, whether the funds are from the PTMISEA formula for GC Section 8879.55(a)(2) or GC Section 8879.55(a)(3). **List PTMISEA funds only.**

#### **Table 3 – Project Category**

Select one category that best describes the project. *Refer to Eligible Projects, item #4, on the PTMITSEA guidelines.*

#### **Table 4 – Project Summary**

Describe the project (or minimum operable segment of a project). The description of the project should include the number of items being produced/purchased with PTMISEA funding (i.e. 5 vehicles, 1 transit center), the type (i.e. Type VII bus, i.e. Light Rail Station), and any appropriate definitions of project. Attach any additional pages if necessary.

#### **Table 4.b:**

The useful life of the project or asset, which shall not be less than the required useful life for capital assets pursuant to the State General Obligation Bond Law.

**Table 5 – Description of Major Benefits / Outcomes**

Please select one or more of the measurable public benefit(s). The major public benefit should be stated as a measurable statistical benefit shown as a percent. This information will be available on the Governor’s Bond Accountability Website for the public to view. Please refer to the table below for further guidance on filling out this table. In addition, please summarize any additional benefits the project will generate.

| The table below may aid in quantifying some public benefits and outcomes |                    |                                                         |                                     |                                |
|--------------------------------------------------------------------------|--------------------|---------------------------------------------------------|-------------------------------------|--------------------------------|
| Benefits                                                                 | Increase Ridership | Reduce Operating/<br>Maintenance Costs                  | Reduce Emissions                    | Increase System<br>Reliability |
|                                                                          | Outputs            | Increase in Rail Transit Round Trips                    | Increase Fleet Life                 | Increase Fuel Efficiency       |
| Average Daily Rides                                                      |                    | Reduce Vehicle Miles                                    | Construct CNG / LNG Fueling station | Service Facility Expansion     |
| Increased Capacity                                                       |                    | Enhanced Maintenance Capacity                           | Purchase CNG / LNG vehicles         | Improved System Performance    |
| Increase Mobility                                                        |                    | Extend Vehicle Life                                     |                                     | On-Time Performance Increase   |
| Reduce Congestion                                                        |                    | Maintenance / Storage Facility Construction / Expansion |                                     |                                |
| Transit Center Construction / Expansion                                  |                    | Decrease Fueling Time                                   |                                     |                                |
| Park & Ride Spaces                                                       |                    |                                                         |                                     |                                |
| Security Enhancement<br>ADA Requirement                                  |                    |                                                         |                                     |                                |

**Examples:**

**Project Description** - Pave and re-stripe 40 Park & Spaces.

**Output** - Park & Ride Spaces

**Benefit** - Increase Ridership by 5%

**Project Description** - Rehabilitate 50 Buses.

**Output** - Increase fleet life

**Benefit** - Reduce Operating / Maintenance Cost by 10%

**Project Description** - Replace 10 Diesel buses with new CNG models

**Output** - Purchase CNG vehicles

**Benefit** - Reduce Emissions by 20%

**Project Description** - Purchase and Install AVL in bus fleet

**Output** - On-Time Performance Increase

**Benefit** - Increased System Reliability by 10%

*Note: Percentages above are for example purposes only.*

### **Table 6 – Project Schedule and Milestones**

State the estimated start and completion dates for the project phases as applicable: start and completion dates for environmental clearance, design, right of way, construction, vehicle/equipment procurement, and project closeout. Please note, the PTMISEA-funded phase of the project **must** be ready to proceed within six months of the allocation request biannual deadlines.

### **Table 7 – Tax Compliance Information**

Respond to the questions as asked. These questions replace the Tax Compliance Questionnaire usually required.

### **Total Project Cost and Funding Plan**

The funding plan must demonstrate the project is fully funded by identifying the sources of funding, including federal, local, private, and State money committed for the project. If the project-funding plan includes interest earned on PTMISEA funds, it will be listed as a separate funding source and included on this attachment. The funding should be entered according to the year the funding was allocated to the project, not the year the funding was received or expended.

### **Short Range Transit Plan**

Projects must be consistent with the project sponsor's most recently adopted short-range transit plan or other publicly adopted plan that programs or prioritizes funds for transit capital improvements, including the region's transportation improvement program or a certified board endorsement. Submit only the following information of your plan:

- a. Cover page
- b. Summary
- c. Adoption page
- d. Relevant project description

### **Sponsor Check List**

The checklist serves as a guide to complete and submit key requirements in the Allocation Request process. Completing the checklist will help to ensure that requests are processed in a timely matter to meet Allocation Request deadlines.

**Division of Mass Transportation**  
**Public Transportation Modernization, Improvement, and**  
**Service Enhancement Account (PTMISEA)**  
**Authorized Agent Form**



Authorized Agent

AS THE \_\_\_\_\_  
(Chief Executive Officer / Director / President / Secretary)

OF THE \_\_\_\_\_  
(Name of County/City Organization)

I hereby authorize the following individual(s) to execute for and on behalf of the named Regional Entity/Transit Operator, any actions necessary for the purpose of obtaining Public Transportation Modernization, Improvement, and Service Enhancement Account (PTMISEA) funds provided by the California Department of Transportation, Division of Mass Transportation. This form shall remain valid for one year from date signed.

\_\_\_\_\_  
(Name and Title of Authorized Agent) OR

\_\_\_\_\_  
(Name and Title of Authorized Agent) OR

\_\_\_\_\_  
(Name and Title of Authorized Agent)

\_\_\_\_\_  
(Print Name) (Title)

\_\_\_\_\_  
(Signature)

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



**Public Transportation Modernization, Improvement & Service Enhancement Program (PTMISEA)  
Project Description and Allocation Request  
Corrective Action Plan**

Fiscal Year :  
PTMISEA Cycle :  
Project Sponsor :  
Contributing PTMISEA Sponsor :

|                                 | Original |  | Revised |
|---------------------------------|----------|--|---------|
| <b><u>Project Scope</u></b>     |          |  |         |
| <b><u>Funding</u></b>           |          |  |         |
| 99313 :                         |          |  |         |
| 99314 :                         |          |  |         |
| PTMISEA Interest :              |          |  |         |
| <b>Other Funds :</b>            |          |  |         |
| Federal :                       |          |  |         |
| State :                         |          |  |         |
| Local :                         |          |  |         |
| <b><u>Schedule Date</u></b>     |          |  |         |
| Begin Environmental :           |          |  |         |
| End Environmental :             |          |  |         |
| Begin Design :                  |          |  |         |
| End Design :                    |          |  |         |
| Begin Right of Way :            |          |  |         |
| End Right of Way :              |          |  |         |
| Begin Construction :            |          |  |         |
| End Construction :              |          |  |         |
| Begin Vehicle/Equipment Order : |          |  |         |
| End Vehicle/Equipment Order :   |          |  |         |
| Begin Closeout Phase :          |          |  |         |
| End Closeout Phase :            |          |  |         |
| Justification for Change :      |          |  |         |

**Signature(s)**

\_\_\_\_\_  
Sponsor Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contributing PTMISEA Sponsor

\_\_\_\_\_  
Date

Note: The same authority that signed the Allocation Request must sign here.

**Public Transportation Modernization, Improvement & Service Enhancement Program (PTMISEA)**

**Final Project Report**

*Per G.C. 8879.50 (f)(2) "Within six months of the project becoming operable the recipient agency shall provide a report to the administrative agency . . ." Please provide the following information:*

Fiscal Year :  
 PTMISEA Cycle :  
 Project Sponsor :  
 Contributing PTMISEA Sponsor :  
 Project Name :

|                                                                   | Original Application                   | Final Project                     |
|-------------------------------------------------------------------|----------------------------------------|-----------------------------------|
| <b>Project Scope</b>                                              |                                        |                                   |
| <b>Funding</b>                                                    | <b>Original Approved Project Cost</b>  | <b>Final Project Cost</b>         |
| 99313 :                                                           |                                        |                                   |
| 99314 :                                                           |                                        |                                   |
| PTMISEA Interest :                                                |                                        |                                   |
| <b>Other Funds</b>                                                |                                        |                                   |
| Federal :                                                         |                                        |                                   |
| State :                                                           |                                        |                                   |
| Local :                                                           |                                        |                                   |
| <b>Total Project Cost :</b>                                       | <b>\$0</b>                             | <b>\$0</b>                        |
| <b>Schedule Date</b>                                              | <b>Original Project Schedule</b>       | <b>Final Project Schedule</b>     |
| Begin Environmental :                                             |                                        |                                   |
| End Environmental :                                               |                                        |                                   |
| Begin Design :                                                    |                                        |                                   |
| End Design :                                                      |                                        |                                   |
| Begin Right of Way :                                              |                                        |                                   |
| End Right of Way :                                                |                                        |                                   |
| Begin Construction :                                              |                                        |                                   |
| End Construction :                                                |                                        |                                   |
| Begin Vehicle/Equipment Order :                                   |                                        |                                   |
| End Vehicle/Equipment Order :                                     |                                        |                                   |
| Begin Closeout Phase :                                            |                                        |                                   |
| End Closeout Phase :                                              |                                        |                                   |
|                                                                   | <b>Anticipated Performance Outcome</b> | <b>Actual Performance Outcome</b> |
| <b>Performance Outcomes Description/Improvement Percentages :</b> |                                        |                                   |

**Signature:**

\_\_\_\_\_  
 Name and Title

\_\_\_\_\_  
 Date

**Note: The same authority that signed the Allocation Request must sign here.**

**Division of Mass Transportation**  
**Public Transportation Modernization, Improvement, and**  
**Service Enhancement Account (PTMISEA)**  
**Financial Progress Report**



| Regional Entity                                                                                                                                                                                                                                                                                                                                                   | Transit Operator | Project Sponsor | Project Name |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|--------------|
| GC Section 8879.50(f)(1) requires the project sponsor to report semi-annually on the activities and progress made on the project to the Department to ensure the projects and activities funded from bond proceeds are being executed in a timely fashion, within the scope and cost approved at the time of allocation, and are achieving the intended purposes. |                  |                 |              |
| <b>BRIEF PROJECT DESCRIPTION:</b>                                                                                                                                                                                                                                                                                                                                 |                  |                 |              |

**1. IDENTIFY ANY CONTRACTS INITIATED THAT WILL EXPEND PTMISEA FUNDS ON THIS PROJECT:**

Contract #:

Vendor Name:

Start Date:

End Date:

Dollar Amount:

1a) If no contracts have been initiated please explain:

**2. INTEREST EARNED TO DATE ON PTMISEA FUNDS, FOR THIS PROJECT:**

Amount Awarded:

Interest Rate:

Interest Earned:

**3. COMPLETION STATUS:**

Overall Project Percent Complete: \_\_\_\_\_%

Date (anticipated completion date): \_\_\_\_\_

**4. BEGINNING BALANCE, ITEMIZED EXPENDITURES, AND ENDING BALANCE:**

Itemize Expenditures on Attachment A.1.3

|                                                     |                             |       |
|-----------------------------------------------------|-----------------------------|-------|
| PERSON PREPARING THIS REPORT (please type or print) | PHONE:                      | DATE: |
| APPROVAL AUTHORITY* (signature)<br><br>Date:        | TYPED NAME AND PHONE NUMBER |       |

\*Note: The same authority that signed the Allocation Request must sign here.



**Public Transportation Modernization, Improvement and  
Service Enhancement Program (PTMISEA)  
PROJECT DESCRIPTION AND ALLOCATION REQUEST**

|                       |                         |
|-----------------------|-------------------------|
|                       | <b>Regional Entity:</b> |
| <b>Project Lead*:</b> | <b>County:</b>          |
| <b>Project Title:</b> |                         |

I certify the scope, cost, schedule, and benefits as identified in the attached Project Description and Allocation Request (Request) and attachments are true and accurate and demonstrate a fully funded operable project. I understand the Request is subject to any additional restrictions, limitations or conditions that may be enacted by the State Legislature, including the State's budgetary process, which may effect the amount of bond proceeds received by the project sponsor now and in the future. Project sponsors may need to consider alternative funding sources if bond proceeds are not available. In the event the project cannot be completed as originally scoped, scheduled and estimated, or the project is terminated prior to completion, project sponsor shall, at its own expense, ensure that the project is in a safe and operable condition for the public. I understand this project will be monitored by the California Department of Transportation -- Division of Mass Transportation.

\_\_\_\_\_  
**Name:**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Title:**

\_\_\_\_\_  
**Agency:**

\_\_\_\_\_  
**Date:**

\*If this project includes funding from more than one project sponsor, the project sponsor above becomes the "recipient agency" and the additional contributing project sponsor(s) must also sign and state the amount and type of PTMISEA funds (GC Section 8879.55(a)(2) and/or Section 8879.55(a)(3)) contribution. Sign below or **attach a separate officially signed letter providing that information.**

\_\_\_\_\_  
**Name:**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Title:**

\_\_\_\_\_  
**Agency:**

\_\_\_\_\_  
**Date:**

**Amount:** \_\_\_\_\_

## PTMISEA 2009- 10 PROJECT DESCRIPTION AND ALLOCATION REQUEST

|                                                | 7/8        | 8/9        | 9/10       |
|------------------------------------------------|------------|------------|------------|
| Request Amount per GC 8879.55(a)(2)/PUC 99313: | \$ _____   | \$ _____   | \$ _____   |
| Request Amount per GC 8879.55(a)(3)/PUC 99314: | \$ _____   | \$ _____   | \$ _____   |
| <b>Total Project Allocation Request:</b>       | <b>\$0</b> | <b>\$0</b> | <b>\$0</b> |
| <b>Project Title:</b>                          | _____      |            |            |
| <b>Project Location/Address:</b>               | _____      |            |            |

| Table 1: Project Lead/Recipient Agency Information |                                     |                      |
|----------------------------------------------------|-------------------------------------|----------------------|
| Project Lead/<br>Recipient Agency: _____           | <i>Legislative District Numbers</i> |                      |
| Contact: _____                                     | Senate: _____                       |                      |
| Contact Phone #: _____                             | Assembly: _____                     |                      |
| Email Address: _____                               | Amount: _____                       | Congressional: _____ |
| Address: _____                                     | \$ _____                            | Fund Type: _____     |
| _____                                              | \$ _____                            | _____                |

| Table 2: Contributing PTMISEA-Eligible Project Sponsor Information |            |            |
|--------------------------------------------------------------------|------------|------------|
| PTMISEA Contributors: _____                                        | Amount :   | Fund Type: |
| Contact: _____                                                     | \$ _____   | _____      |
| Contact Phone #: _____                                             | \$ _____   | _____      |
| Email Address: _____                                               |            |            |
| Address: _____                                                     |            |            |
| _____                                                              |            |            |
| Other PTMISEA Contributors ( Attach sheet with contact info)       | Amount:    | Fund Type: |
| _____                                                              | \$ _____   | _____      |
| _____                                                              | \$ _____   | _____      |
| _____                                                              | \$ _____   | _____      |
| <b>TOTAL</b>                                                       | <b>\$0</b> | _____      |

(\*Contributing project sponsors attach signed letters of verification as to amount and eligibility or sign cover page)

| Table 3: Project Category                                                           |                                                     |
|-------------------------------------------------------------------------------------|-----------------------------------------------------|
| Check <b>only 1</b> box that best fits the description of the project being funded. |                                                     |
| <input type="checkbox"/> Rehabilitation, Safety or Modernization Improvement        | <input type="checkbox"/> Bus Rapid Transit          |
| <input type="checkbox"/> Capital Service Enhancement or Expansion                   | <input type="checkbox"/> Rolling Stock Procurement: |
| <input type="checkbox"/> New Capital Project                                        | ___ Expansion                                       |
|                                                                                     | ___ Rehabilitation                                  |
|                                                                                     | ___ Replacement                                     |

**Table 4: Project Summary**

a) Describe the project (or minimum operable segment) for which you are applying for funds. Attach additional sheets if necessary. If the application is for the purchase of vehicles or rolling stock, please include information on number of vehicles, size, passenger count, accessibility, and fuel type:

Write here:

b) Useful Life of the Project: \_\_\_\_\_ years

**Table 5: Description of Major Benefits/Outcomes**

a) Please check appropriate Benefit/Outcome:

\_\_\_\_\_ Increase Ridership by \_\_\_\_\_ %  
 \_\_\_\_\_ Reduce Operating/Maintenance Cost by \_\_\_\_\_ %  
 \_\_\_\_\_ Reduce Emissions by \_\_\_\_\_ %  
 \_\_\_\_\_ Increase System Reliability by \_\_\_\_\_ %

b) Please summarize and describe any other benefits:

**Table 6: Project Schedule**

|                                                            | Date |
|------------------------------------------------------------|------|
| Begin Project Approval & Environmental Document Phase      |      |
| CEQA/ Environmental Compliance                             |      |
| End Project Approval & Environmental Document Phase        |      |
| Begin Plans, Specifications & Estimates Phase              |      |
| End Plans, Specifications & Estimates Phase                |      |
| Begin Right of Way Phase                                   |      |
| End Right of Way Phase                                     |      |
| Begin Construction Phase ( <b>Contract Award</b> )         |      |
| End Construction Phase ( <b>Contract Acceptance</b> )      |      |
| Begin Vehicle/Equipment Order ( <b>Contract Award</b> )    |      |
| End Vehicle/Equipment Order ( <b>Contract Acceptance</b> ) |      |
| Begin Closeout Phase                                       |      |
| End Closeout Phase                                         |      |

**Table 7: Tax Compliance Information**

Is it reasonably anticipated that any money will be derived at any point in the future as a result of the project that will be paid to the State?  YES  NO

If yes, please describe the source of the money and provide an estimate of the amount: Estimate: \$ \_\_\_\_\_

**Public Transportation Modernization, Improvement, and Service Enhancement Account  
Total Project Cost and Funding Plan**

Shaded fields are automatically calculated. Please do not fill these fields

| <b>Proposed Total Project Cost</b> |          |          |          |          |          |          |          |          | Project<br>Total |
|------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|
| Component                          | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    |          |                  |
| PA&ED                              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                |
| PS&E                               | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                |
| R/W                                | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                |
| CON                                | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                |
| Vehicle/Equip Purchase             | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                |
| Other                              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                |
| <b>TOTAL</b>                       | <b>0</b>         |

| <b>Public Transportation Modernization, Improvement, and Service Enhancement Account (PTMISEA)</b> |          |          |          |          |          |          |          |          |
|----------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Component                                                                                          | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    | Total    |
| PA&ED                                                                                              |          |          |          |          |          |          |          | 0        |
| PS&E                                                                                               |          |          |          |          |          |          |          | 0        |
| R/W                                                                                                |          |          |          |          |          |          |          | 0        |
| CON                                                                                                |          |          |          |          |          |          |          | 0        |
| Veh/Equip Purchase                                                                                 |          |          |          |          |          |          |          | 0        |
| Other                                                                                              |          |          |          |          |          |          |          | 0        |
| <b>TOTAL</b>                                                                                       | <b>0</b> |

| <b>Funding Source: PTMISEA INTEREST</b> |          |          |          |          |          |          |          |          |
|-----------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Component                               | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    | Total    |
| PA&ED                                   |          |          |          |          |          |          |          | 0        |
| PS&E                                    |          |          |          |          |          |          |          | 0        |
| R/W                                     |          |          |          |          |          |          |          | 0        |
| CON                                     |          |          |          |          |          |          |          | 0        |
| Veh/Equip Purchase                      |          |          |          |          |          |          |          | 0        |
| Other                                   |          |          |          |          |          |          |          | 0        |
| <b>TOTAL</b>                            | <b>0</b> |

| <b>Funding Source:</b> |          |          |          |          |          |          |          |          |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Component              | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    | Total    |
| PA&ED                  |          |          |          |          |          |          |          | 0        |
| PS&E                   |          |          |          |          |          |          |          | 0        |
| R/W                    |          |          |          |          |          |          |          | 0        |
| CON                    |          |          |          |          |          |          |          | 0        |
| Veh/Equip Purchase     |          |          |          |          |          |          |          | 0        |
| Other                  |          |          |          |          |          |          |          | 0        |
| <b>TOTAL</b>           | <b>0</b> |

| <b>Funding Source:</b> |          |          |          |          |          |          |          |          |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Component              | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    | Total    |
| PA&ED                  |          |          |          |          |          |          |          | 0        |
| PS&E                   |          |          |          |          |          |          |          | 0        |
| R/W                    |          |          |          |          |          |          |          | 0        |
| CON                    |          |          |          |          |          |          |          | 0        |
| Veh/Equip Purchase     |          |          |          |          |          |          |          | 0        |
| Other                  |          |          |          |          |          |          |          | 0        |
| <b>TOTAL</b>           | <b>0</b> |

| <b>Funding Source:</b> |          |          |          |          |          |          |          |          |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Component              | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    | Total    |
| PA&ED                  |          |          |          |          |          |          |          | 0        |
| PS&E                   |          |          |          |          |          |          |          | 0        |
| R/W                    |          |          |          |          |          |          |          | 0        |
| CON                    |          |          |          |          |          |          |          | 0        |
| Veh/Equip Purchase     |          |          |          |          |          |          |          | 0        |
| Other                  |          |          |          |          |          |          |          | 0        |
| <b>TOTAL</b>           | <b>0</b> |

| Public Transportation Modernization, Improvement, and Service Enhancement Account<br>Total Project Cost and Funding Plan |          |          |          |          |          |          |          |          |  |
|--------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|--|
| Shaded fields are automatically calculated. Please do not fill these fields                                              |          |          |          |          |          |          |          |          |  |
| <b>Funding Source:</b>                                                                                                   |          |          |          |          |          |          |          |          |  |
| Component                                                                                                                | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    | Total    |  |
| PA&ED                                                                                                                    |          |          |          |          |          |          |          | 0        |  |
| PS&E                                                                                                                     |          |          |          |          |          |          |          | 0        |  |
| R/W                                                                                                                      |          |          |          |          |          |          |          | 0        |  |
| CON                                                                                                                      |          |          |          |          |          |          |          | 0        |  |
| Veh/Equip Purchase                                                                                                       |          |          |          |          |          |          |          | 0        |  |
| Other                                                                                                                    |          |          |          |          |          |          |          | 0        |  |
| <b>TOTAL</b>                                                                                                             | <b>0</b> |  |
| <b>Funding Source:</b>                                                                                                   |          |          |          |          |          |          |          |          |  |
| Component                                                                                                                | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    | Total    |  |
| PA&ED                                                                                                                    |          |          |          |          |          |          |          | 0        |  |
| PS&E                                                                                                                     |          |          |          |          |          |          |          | 0        |  |
| R/W                                                                                                                      |          |          |          |          |          |          |          | 0        |  |
| CON                                                                                                                      |          |          |          |          |          |          |          | 0        |  |
| Veh/Equip Purchase                                                                                                       |          |          |          |          |          |          |          | 0        |  |
| Other                                                                                                                    |          |          |          |          |          |          |          | 0        |  |
| <b>TOTAL</b>                                                                                                             | <b>0</b> |  |
| <b>Funding Source:</b>                                                                                                   |          |          |          |          |          |          |          |          |  |
| Component                                                                                                                | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    | Total    |  |
| PA&ED                                                                                                                    |          |          |          |          |          |          |          | 0        |  |
| PS&E                                                                                                                     |          |          |          |          |          |          |          | 0        |  |
| R/W                                                                                                                      |          |          |          |          |          |          |          | 0        |  |
| CON                                                                                                                      |          |          |          |          |          |          |          | 0        |  |
| Veh/Equip Purchase                                                                                                       |          |          |          |          |          |          |          | 0        |  |
| Other                                                                                                                    |          |          |          |          |          |          |          | 0        |  |
| <b>TOTAL</b>                                                                                                             | <b>0</b> |  |
| <b>Funding Source:</b>                                                                                                   |          |          |          |          |          |          |          |          |  |
| Component                                                                                                                | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    | Total    |  |
| PA&ED                                                                                                                    |          |          |          |          |          |          |          | 0        |  |
| PS&E                                                                                                                     |          |          |          |          |          |          |          | 0        |  |
| R/W                                                                                                                      |          |          |          |          |          |          |          | 0        |  |
| CON                                                                                                                      |          |          |          |          |          |          |          | 0        |  |
| Veh/Equip Purchase                                                                                                       |          |          |          |          |          |          |          | 0        |  |
| Other                                                                                                                    |          |          |          |          |          |          |          | 0        |  |
| <b>TOTAL</b>                                                                                                             | <b>0</b> |  |
| <b>Funding Source:</b>                                                                                                   |          |          |          |          |          |          |          |          |  |
| Component                                                                                                                | Prior    | 07/08    | 08/09    | 09/10    | 10/11    | 11/12    | 12/13    | Total    |  |
| PA&ED                                                                                                                    |          |          |          |          |          |          |          | 0        |  |
| PS&E                                                                                                                     |          |          |          |          |          |          |          | 0        |  |
| R/W                                                                                                                      |          |          |          |          |          |          |          | 0        |  |
| CON                                                                                                                      |          |          |          |          |          |          |          | 0        |  |
| Veh/Equip Purchase                                                                                                       |          |          |          |          |          |          |          | 0        |  |
| Other                                                                                                                    |          |          |          |          |          |          |          | 0        |  |
| <b>TOTAL</b>                                                                                                             | <b>0</b> |  |