



End-of-Year Program Compliance Reporting Requirements

Reporting Period July 1, 2010 through June 30, 2011

Note: 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 pass-through fund and grant agreements with ACTIA must continue to submit end-of-year program compliance reports. See page ii for submittal instructions.

Required end-of-year compliance submittals:

- **Audit:** Submit electronic version by email by 5 p.m. on **December 27, 2011**, and submit the hard copy by regular mail post-marked by December 27, 2011.
- **Compliance Report:** Submit electronic version by email by 5 p.m. on **December 31, 2011**, and submit the hard copy with attachments by regular mail post-marked by December 27, 2011.
- **Signage:** In the compliance report, include a description of signage and the number of signs posted. Contact us to receive the updated Alameda CTC signage.
- **Website:** On your website, provide a link to the Alameda CTC website (www.alamedactc.org), to inform the public about how your jurisdiction uses Measure B funds for transportation projects/programs.
- **Publications:** At a minimum, publish annually in your newsletter or Alameda CTC’s e-newsletter an article for each fund type you receive. Submit articles for e-newsletter publication to Carol Crossley (ccrossley@alamedactc.org).

This document includes the PDF report form and instructions for submittal. Hard copy submissions must have original signatures. Email submissions must include the signatory names as well as all additional attachments.

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End-of-Year Program Compliance Instructions

Reporting Period July 1, 2010 through June 30, 2011

Measure B fund recipients are required to submit to the Alameda CTC, one electronic and one hard copy version of two reports for end-of-year compliance: a compliance report and an audit. **New this year: The dollar amounts on each of your compliance documents must match, or Alameda CTC will consider your agency out of compliance.** For example, your total local streets and roads Measure B expenditures for fiscal year 2010-2011 must be the same dollar figure on your audit, compliance report, and Table 1 Attachment. See guidance throughout the report forms.

End-of-Year Program Compliance Report Due December 31, 2011

The End-of-Year (EOY) Program Compliance Report includes a PDF report form with attachments and a Microsoft Excel Table 1 Attachment for each program. These documents are available for download at http://www.alamedactc.org/app_pages/view/4624.

Electronic submission: Download the PDF form, add your agency's name (or acronym) to the file name, and save it to your hard drive. You can start work on the PDF, save your work, and finish it later. Also download and complete the Table 1 workbook. Submit one copy of both the PDF and Table 1 Attachment by email. Electronic signatures are acceptable. Include other attachments, such as photos (only two photos maximum per program fund type), articles, newsletters, signage, etc., with the electronic copy of the PDF only, not separately. Clearly label additional attachments, by letter and description, as labeled on page 1. Ensure the attachments are easily readable when reproduced in black and white. Send the email with the PDF, Table 1, and additional attachments to grants@alamedactc.org. If your files are larger than 8 MB, upload the files to Alameda CTC's FTP site and send an email to grants@alamedactc.org to notify us of the upload at:

FTP server name: <ftp.actia2022.com>

User: 2022

Password: Tr33inforest

Hard-copy submission: Page 1 of the EOY Program Compliance Report must have city finance manager and city manager, or the appropriate equivalent, original signatures. Postmark one hard copy of the EOY Program Compliance Report and the Table 1 workbook attachment with wet signatures by December 31, 2011.

Compliance Audit Report Due December 27, 2011

Electronic submission: Submit one copy of the Compliance Audit Report electronically. Use your jurisdiction's standard audit report format. Submit the report by attaching the file to an email and send it to grants@alamedactc.org. If the file is larger than 8 MB, upload your file to the FTP site (see above).

Hard-copy submission: Postmark one hard copy of the Compliance Audit Report, signed by an independent auditor, by December 27, 2011.

Mail hard-copy reports to:

Alameda CTC
Attn: End-of-Year Program Compliance
1333 Broadway, Suite 300
Oakland, CA 94612

E-mail reports to:

grants@alamedactc.org

The Alameda CTC must receive all electronic files by their respective due dates. If you submit a draft copy in error or encounter a problem submitting the report, notify the grants administrator by e-mail grants@alamedactc.org or phone (510) 208-7454.

End-of-Year Program Compliance Report

Reports due December 31, 2011

Agency Name: _____

Date Submitted: _____

Provide signatures below from authorized representatives.

Authorized representatives of the reporting agency, for example the city finance manager and the city manager or appropriate equivalent (city or county administrator or general manager), must sign below, affirming that the statements in the report package are true and complete to the best of their knowledge, and that the **audited dollar figures match the Measure B expenditures reported in the compliance report and Table 1 Attachment**. The hard copy submittal must have the original signatures; on the electronic version, include the name and title of the signatories.

Signature: _____

Name and Title of Agency Finance Manager: _____

Date: _____

Signature: _____

Name and Title of Agency Manager: _____

Date: _____

Choose the type(s) of report you are submitting (*check all that apply; you must submit the Table 1 Excel workbook attachment*).

- Annual Program Compliance Report – Bicycle and Pedestrian Safety Funds
- Annual Program Compliance Report – Local Streets and Roads Funds
- Annual Program Compliance Report – Mass Transit Funds
- Annual Program Compliance Report – Paratransit Funds
- Table 1: Program Summary of Expenditures/Accomplishments (Excel workbook) – **REQUIRED**

List any additional attachments in the electronic report submittal (*check all that apply*).

- Attachment A: Bicycle and Pedestrian Attachments
- Attachment B: Local Streets and Roads Attachments
- Attachment C: Mass Transit Attachments
- Attachment D: Paratransit Attachments
- Other Attachments (*clearly label additional attachments as needed*)

Bicycle and Pedestrian Program Report Summary

1. Did your agency receive Measure B Bicycle and Pedestrian Safety Funds in the reporting period of July 1, 2010 through June 30, 2011?

- Yes (Complete this section and continue on.)
 No (Do not complete this section and continue on.)

Bike/Ped Program Agency Contact Name: _____

Phone Number: _____

Fax: _____

E-mail: _____

2. During fiscal year 2010–2011 (FY 10-11), what amount of Measure B (MB) Bicycle and Pedestrian Safety Funds did your agency receive and expend (on an accrual basis)?

Fill in the boxes below. **These numbers must match your agency's compliance audit report and your Table 1 Attachment (see below).** Note: Interest/Other Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

09-10 Unspent MB Balance*	FY 10-11 MB Revenues	Interest/Other MB Income <i>(Table 1 Column L)</i>	FY 10-11 MB Expenditures <i>(Table 1 Column K)</i>	Ending MB Balance

*This number should match the ending MB balance reported in 2010.

3. What amount of non-Measure B Bicycle and Pedestrian Program revenues did your agency receive during FY 10-11? Fill in the box below if you received non-Measure B funds.

Non-Measure B Revenues <i>(Table 1 Column M)</i>

- 3A. List the specific types of non-Measure B funding your agency received.
 (max. 255 characters)

4. If your agency's ending MB balance was greater than zero, why do you have this reserve and how do you plan to spend these dollars? For instance, if you are saving a percentage of funding for certain purposes, what percentage are you saving and what types of projects or programs will those dollars fund? See also questions 4A and 4B. *(max. 500 characters)*

4A. List future planned Bike/Ped projects and/or programs funded by MB reserves. If your agency has reserve MB funds, **as reflected in your audit**, describe your plan for the entire Measure B Bicycle and Pedestrian Safety Funds balance. Describe the planned projects and/or programs and the projected schedule in the chart below. If your agency has undesignated reserve MB funds, complete question 4B. In question 10, list Measure B projects not funded by reserves.

Planned Projects Funded by Measure B Reserves

Project	Anticipated Spend Date	MB Amount	Comments	City or Agency-approved? (Yes or No)
Total:				

4B. 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? *(max. 500 characters)*

- 5. If applicable, why were the reported expenditures in FY 10-11 more than the amount of Measure B funds the agency received in FY 10-11?** For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? *(max. 500 characters)*
-

- 6. Did your agency publish articles that highlight Bike/Ped projects and programs funded by Measure B in an agency or Alameda CTC newsletter?**

- Yes
 No

If yes, include a copy of the newsletter(s) in Attachment A and list the publication(s) and date(s) below.

Publication(s) and Date(s): _____

- 7. Did your agency include a description of the Bike/Ped projects and programs funded by Measure B on its website?**

- Yes
 No

If yes, include a printout of the website in Attachment A and provide the URL below that contains updated and accurate project information.

Website Address: _____

- 8. Did your agency use signage that indicates use of Measure B funds for its Bike/Ped projects and programs?**

- Yes
 No

If yes, include photos of the signage in Attachment A and describe the signage below.

Signage Description *(max. 255 characters):*

9. What type of Bike/Ped projects and programs did Measure B fund?

To answer this question, complete the Table 1 **Bike-Ped Safety** tab in the Excel workbook. Describe in Table 1 the projects and/or programs implemented with Measure B Bicycle and Pedestrian Safety Funds in FY 10-11. Include up to two photographs in Attachment A.

9A. Alameda CTC uses the data from Table 1 to monitor compliance with the Master Program Fund Agreement requirement for bicycle/pedestrian safety funds: "Once approved by the City Council or Board of Supervisors, a list of high priority bike and pedestrian projects shall be submitted to Alameda CTC prior to construction." If your agency expended funds on any projects not approved by your governing board in advance (as indicated in **Column P of Table 1**), please explain how your agency prioritized the projects with public input. *(max. 500 characters)*

10. Beyond your planned reserve expenditures, what future Bike/Ped projects and programs does your agency plan to use Measure B funds to implement? Provide a list of planned future projects and/or programs approved by your governing board that your agency plans to implement with Measure B Bicycle and Pedestrian Safety Funds. As per the Master Program Fund Agreement, all projects and programs that use Measure B Bicycle and Pedestrian Safety Funds must receive governing board approval, and your agency must submit the project list to Alameda CTC prior to implementation. A complete response to questions 10 and 10A will fulfill this requirement. You may also add projects and programs at other times during the year, via written communication with Alameda CTC. Do not include bicycle and pedestrian Measure B grant-funded projects, unless your agency uses both pass-through and grant funds for the projects.

Planned Projects Funded by Measure B

Project	Anticipated Spend Date	MB Amount	Comments
Total:			

10A. Describe the governing board approval for future planned projects and/or programs. List the approval date of any resolutions. As applicable, describe the types of documents adopted by the resolution(s). Examples include a bicycle and/or pedestrian plan, capital improvement plan, prioritized project list, etc. For the time period, as applicable, describe the time period(s) covered by the document(s) adopted by the resolution(s).

Resolution date(s): _____

Document(s) type(s): _____

Time period(s): _____

11. Provide additional Bicycle and Pedestrian Program information, if necessary. If you need more room to add information for any question you answered or to further explain Measure B expenditures for any of your programs, please reference which program (and question, if applicable) below. *(no character limit)*

Local Streets and Roads (LSR) Program Report Summary

1. Did your agency receive Measure B Local Streets and Roads Funds in the reporting period of July 1, 2010 through June 30, 2011?

- Yes (Complete this section and continue on.)
 No (Do not complete this section and continue on.)

LSR Agency Contact Name: _____

Phone Number: _____

Fax: _____

E-mail: _____

2. During fiscal year 2010–2011 (FY 10-11), what amount of Measure B (MB) Local Streets and Roads Funds did your agency receive and expend (on an accrual basis)?

Fill in the boxes below. **These numbers must match your agency's compliance audit report and your Table 1 Attachment (see below).** Note: Interest/Other Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

09-10 Unspent MB Balance*	FY 10-11 MB Revenues	Interest/Other MB Income <i>(Table 1 Column L)</i>	FY 10-11 MB Expenditures <i>(Table 1 Column K)</i>	Ending MB Balance

*This number should match the ending MB balance reported in 2010.

3. What amount of non-Measure B LSR Program revenues did your agency receive during FY 10-11? Fill in the box below if you received non-Measure B funds.

<p>Non-Measure B Revenues <i>(Table 1 Column M)</i></p>

- 3A. List the specific types of non-Measure B funding your agency received.
 (max. 255 characters)

4. If your agency's ending MB balance was greater than zero, why do you have this reserve and how do you plan to spend these dollars? For instance, if you are saving a percentage of funding for certain purposes, what percentage are you saving and what types of projects or programs will those dollars fund? *(max. 500 characters)*

4A. List future planned Bike/Ped projects and/or programs funded by MB reserves. If your agency has reserve MB funds, **as reflected in your audit**, describe your plan for the entire Measure B Local Streets and Roads Funds balance. Describe the planned projects and/or programs and the projected schedule in the chart below. If your agency has undesignated reserve MB funds, complete question 4B. In question 12, list Measure B projects not funded by reserves.

Planned Projects Funded by Measure B Reserves

Project	Anticipated Spend Date	MB Amount	Comments	City or Agency-approved? (Yes or No)
Total:				

4B. 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? *(max. 500 characters)*

- 5. If applicable, why were the reported expenditures in FY 10-11 more than the amount of Measure B funds the agency received in FY 10-11?** For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? *(max. 500 characters)*
-

- 6. Did your agency publish articles that highlight LSR projects and programs funded by Measure B in an agency or Alameda CTC newsletter?**

- Yes
 No

If yes, include a copy of the newsletter(s) in Attachment B and list the publication(s) and date(s) below.

Publication(s) and Date(s): _____

- 7. Did your agency include a description of the LSR projects and programs funded by Measure B on its website?**

- Yes
 No

If yes, include a printout of the website in Attachment B and provide the URL below that contains updated and accurate project information.

Website Address: _____

- 8. Did your agency use signage that indicates use of Measure B funds for its Local Streets and Roads projects and programs?**

- Yes
 No

If yes, include photos of the signage in Attachment B and describe the signage below.

Signage Description *(max. 255 characters):*

- 9. What is the certified number of road-miles within the city's jurisdiction?** This figure must be consistent with the number of miles reported to state and federal agencies: _____

- 9A. List the average pavement condition index (PCI) for the local streets in your city's jurisdiction.** 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. _____

- 13. Provide additional Local Streets and Roads Program information, if necessary.** If you need more room to add information for any question you answered or to further explain Measure B expenditures for any of your programs, please reference which program (and question, if applicable) below. *(no character limit)*
-

Mass Transit Program Report Summary

1. Did your agency receive Measure B Mass Transit Funds in the reporting period of July 1, 2010 through June 30, 2011?

- Yes (Complete this section and continue on.)
 No (Do not complete this section and continue on.)

Mass Transit Agency Contact Name: _____

Phone Number: _____

Fax: _____

E-mail: _____

2. During fiscal year 2010–2011 (FY 10-11), what amount of Measure B (MB) Mass Transit Funds did your agency receive and expend (on an accrual basis)? Fill in the boxes below. **These numbers must match your agency's compliance audit report and your Table 1 Attachment (see below).** Note: Interest/Other Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

09-10 Unspent MB Balance*	FY 10-11 MB Revenues	Interest/Other MB Income <i>(Table 1 Column N)</i>	FY 10-11 MB Expenditures <i>(Table 1 Column M)</i>	Ending MB Balance

*This number should match the ending MB balance reported in 2010.

3. What amount of non-Measure B Mass Transit Program revenues did your agency receive during FY 10-11? Fill in the box below if you received non-Measure B funds.

Non-Measure B Revenues <i>(Table 1 Column O)</i>

- 3A. List the specific types of non-Measure B funding your agency received.
 (max. 255 characters)

4. If your agency's ending MB balance was greater than zero, why do you have this reserve and how do you plan to spend these dollars? For instance, if you are saving a percentage of funding for certain purposes, what percentage are you saving and what types of projects or programs will those dollars fund? *(max. 500 characters)*

4A. List future planned Bike/Ped projects and/or programs funded by MB reserves. If your agency has reserve MB funds, **as reflected in your audit**, describe your plan for the entire Measure B Mass Transit Funds balance. Describe the planned projects and/or programs and the projected schedule in the chart below. If your agency has undesignated reserve MB funds, complete question 4B. In question 10, list Measure B projects not funded by reserves.

Planned Projects Funded by Measure B Reserves

Project	Anticipated Spend Date	MB Amount	Comments	City or Agency-approved? (Yes or No)
Total:				

4B. 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? *(max. 500 characters)*

- 5. If applicable, why were the reported expenditures in FY 10-11 more than the amount of Measure B funds the agency received in FY 10-11?** For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? *(max. 500 characters)*
-

- 6. Did your agency publish articles that highlight Mass Transit projects and programs funded by Measure B in an agency or Alameda CTC newsletter?**

- Yes
 No

If yes, include a copy of the newsletter(s) in Attachment C and list the publication(s) and date(s) below.

Publication(s) and Date(s): _____

- 7. Did your agency include a description of the Mass Transit projects and programs funded by Measure B on its website?**

- Yes
 No

If yes, include a printout of the website in Attachment C and provide the URL below that contains updated and accurate project information.

Website Address: _____

- 8. Did your agency use signage that indicates use of Measure B funds for its Mass Transit projects and programs?**

- Yes
 No

If yes, include photos of the signage in Attachment C and describe the signage below.

Signage Description *(max. 255 characters):*

- 9. What type of Mass Transit projects and programs did Measure B fund?**

To answer this question, complete the Table 1 **Mass Transit** tab in the Excel workbook.

Describe the projects and/or programs implemented with Measure B Mass Transit Funds in FY 10-11. Include up to two photographs in Attachment C.

- 11. Provide additional Mass Transit Program information, if necessary.** If you need more room to add information for any question you answered or to further explain Measure B expenditures for any of your programs, please reference which program (and question, if applicable) below. *(no character limit)*
-

Paratransit Program Report Summary

1. Did your agency receive Measure B Paratransit Funds in the reporting period of July 1, 2010 through June 30, 2011?

- Yes (Complete this section and continue on.)
 No (Do not complete this section and continue on.)

Paratransit Agency Contact Name: _____

Phone Number: _____

Fax: _____

E-mail: _____

2. During fiscal year 2010–2011 (FY 10-11), what amount of Measure B (MB) Paratransit Funds did your agency receive and expend (on an accrual basis)? Fill in the boxes below. **These numbers must match your agency's compliance audit report and your Table 1 Attachment (see below).** Note: Interest/Other Income includes interest on unspent Measure B balances and other Measure B income, such as grant funds.

09-10 Unspent MB Balance*	FY 10-11 MB Revenues	Interest/Other MB Income <i>(Table 1 Column M)</i>	FY 10-11 MB Expenditures <i>(Table 1 Column L)</i>	Ending MB Balance

*This number should match the ending MB balance reported in 2010.

3. What amount of non-Measure B Paratransit Program revenues did your agency receive during FY 10-11? Fill in the box below if you received non-Measure B funds.

Non-Measure B Revenues <i>(Table 1 Column N)</i>

- 3A. List the specific types of non-Measure B funding your agency received. (max. 255 characters)

4. What additional Measure B revenues did your agency receive to support your base paratransit program in FY 10-11? Fill in the boxes below if you received these funds.

Minimum Service Level Funds	Stabilization Funds

5. If your agency's ending MB balance was greater than zero, explain why you have this reserve and how you plan to spend these dollars. In the future, how do you plan to use undesignated reserve Measure B funds? Fill in the boxes below with any operating or capital Measure B reserves, and fill in the table under question 5A.

Operating Reserve <i>(eligible for up to three months of service funds)</i>	Capital Reserve <i>(may be held for up to three years)</i>	Date of Capital Reserve Initiation	Undesignated Funds <i>*(End MB – (operations + capital) = Undesignated)</i>

5A. List future planned Paratransit projects and/or programs funded by MB operating or capital reserves. If your agency has reserve MB funds, **as reflected in your audit**, describe your plan for the entire Measure B Paratransit Funds balance. Describe the planned projects and/or programs and the projected schedule in the chart below. If your agency has undesignated reserve MB funds, complete question 5B. In question 17, list Measure B projects not funded by reserves.

Planned Projects Funded by Measure B Reserves

Project	Anticipated Spend Date	MB Amount	Comments	City or Agency-approved? (Yes or No)
Total:				

5B. 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? *(max. 500 characters)*

6. If applicable, why were the reported expenditures in FY 10-11 more than the amount of Measure B funds the agency received in FY 10-11? For instance, if your agency faced a funding shortage, how did you use reserve Measure B funds from a previous fiscal year(s)? *(max. 500 characters)*

7. What were your operating expenses in FY 10-11 by category? Fill in the boxes below. Provide additional information if you had contract or miscellaneous expenditures.

Labor, Fringe <i>(for recipient staff)</i>	Admin. Costs <i>(for printing, postage, supplies, etc.)</i>	Contracts <i>(see 6A below)</i>	Transportation <i>(expenses recipients paid, not included in contracts)</i>
Taxi Reimbursement	Meal Delivery	EBP Ticket Purchase	Miscellaneous <i>(see 6B)</i>
Total Operating Expenses <i>(sum of all eight categories)</i>			

7A. List the contracted firms below, and if more than one, list the amount your agency paid to each. *(max. 255 characters)*

7B. Describe any miscellaneous expenditures below; include the amounts for each item. *(max. 255 characters)*

8. Of these total expenditures, what amount was allocated for the following? Fill in the boxes below.

Management <i>(oversight, planning, budgeting, etc.)</i>	Customer Service and Outreach Activities	Trip Provision <i>(direct or contracted taxis, vans, shuttles, etc.)</i>

9. What were your Measure B capital expenditures in FY 10-11? Fill in the box below and describe the expenditures in question 8A.

Total Capital Expenditures

9A. Describe capital expenditures, such as purchase of vehicles or durable equipment, below.
(max. 255 characters)

10. What were your net revenues? The box below autopopulates based on previous entries and should equal the difference between the total Measure B plus non-Measure revenues and the total Measure B plus non-Measure B expenditures.

Net Revenues

11. Does your agency have service quality data available about reservations and trips? If so, enter the data, which may be from consumer surveys or vendors, in the applicable boxes.

Cancelled Trip Reservations <i>(percent)</i>	Passenger No-shows <i>(percent)</i>	On-time Pickups <i>(percent)</i>	Late Pickups <i>(percent)</i>	Missed Trips, Provider No-shows* <i>(percent)</i>	Average Ride Time <i>(minutes)</i>

*Includes very late pickups

12. 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 10-11	Number of Riders on Wait List	Number of Accidents and Incidents*

**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.*

12A. If any aspect of your responses to questions 11 or 12 needs clarifying, please explain below. (max. 550 characters)

13. Did your agency publish articles that highlight Paratransit projects and programs funded by Measure B in an agency or Alameda CTC newsletter?

- Yes
 No

If yes, include a copy of the newsletter(s) in Attachment D and list the publication(s) and date(s) below.

Publication(s) and Date(s): _____

14. Did your agency include a description of the Paratransit projects and programs funded by Measure B on its website?

- Yes
 No

If yes, include a printout of the website in Attachment D and provide on the next page the URL that contains updated and accurate project information.

Website Address: _____

15. Did your agency use signage that indicates use of Measure B funds for its Paratransit projects and programs?

- Yes
 No

If yes, include photos of the signage in Attachment D and describe the signage below.

Signage Description (max. 255 characters):

16. What type of Paratransit projects and programs did Measure B fund?

To answer this question, complete the Table 1 **Paratransit** tab in the Excel workbook. Describe in Table 1 the projects and/or programs implemented with Measure B Paratransit Funds in FY 10-11. Include up to two photographs in Attachment D.

18. Provide additional Paratransit Program information, if necessary. If you need more room to add information for any question you answered or to further explain Measure B expenditures for any of your programs, please reference which program (and question, if applicable) below. *(no character limit)*

Optional Compliance Reporting Survey

The Alameda CTC is very interested in your opinion on the current compliance process. We are considering consolidating the PDF and Table 1, and would like to know what type of improvements you would like to see as we move to an online, form-based reporting process.

Submit the following survey with your compliance report and attachments to the Alameda CTC by **December 31, 2011**. Put a check in the box to the right of the question that best represents your opinion on the topic. Add any comments and suggestions in the box below each question.

- 1. Are there additional things Alameda CTC should include or present differently in the compliance report PDF form or Table 1 Attachment?**

Comments/suggestions: *(max. 500 characters)*

- 2. How would you rate the instructions within the PDF document and the Table 1 Attachment?**

- 5. Outstanding
- 4. Good
- 3. Fair
- 2. Needs Improvement
- 1. Poor

Comments/suggestions:

- 3. What support during the compliance reporting process was most valuable or needs improvement?**

Comments/suggestions: *(max. 500 characters)*

4. How valuable was the compliance workshop and how could we improve it?

- 5. Outstanding
- 4. Good
- 3. Fair
- 2. Needs Improvement
- 1. Poor

Comments/suggestions: *(max. 500 characters)*

5. In your opinion, what works well or does not work well about the compliance reporting process? *(no character limit)*

6. In your opinion, what types of improvements to the compliance reporting process would you like to see (including any suggestions for online reporting)? *(no character limit)*
