

FINAL REPORT FORM 1 – TRIP REDUCTION

**For Ridesharing; Shuttle/Vanpool; Carpool/Transit Information;
Rail-Bus Integration; Smart Growth; and Pilot Projects**

TFCA Project # _____	Initial TFCA \$ Awarded: \$ _____
	Total TFCA \$ Awarded: \$ _____
Total TFCA Funds Expended by County Program Manager: \$ _____	
Total Project Cost: \$ _____	
Project Sponsor: _____	
Project Title: _____	
Contact: _____	
Phone: _____	E-mail: _____
Project Start Date: _____ Date Project Made Available for Use: _____	
Date Total TFCA Funds Expended: _____	
Were extensions granted to the TFCA expenditure deadline? Yes: _____ No: _____	
If yes, how many 1-year extensions were granted? 1: <input type="checkbox"/> 2: <input type="checkbox"/> (double-click to check)	
Final Cost-Effectiveness Value: \$ _____ / ton (weighted)	
Does your Project's contract allow for Administrative Costs to be reimbursed? Yes: _____ No: _____	
If yes, how much Administrative Costs have been reimbursed (total)? \$ _____	

Complete the section(s) that apply(ies) to the type of project implemented. Use additional sheets as needed.

- 1. Project Description:** Provide a brief description of the project implemented. Include all applicable information if the scope of the project changed in any way since it was originally approved.
- 2. Monitoring Methodology:** Describe the methodology used to obtain the data listed below and explain any assumptions made to generate data. If a survey was performed, provide a copy of survey form and summary data.
- 3. Project Data:** Complete the section below that is most appropriate for your specific project type. Note: Round trips should be counted as two one-way trips for all project types.

A. Carpool Formation/Transit Information Projects:

Project Component	# Trips Reduced Per Day (One Way)	# Days Per Year	Avg. One Way Trip Distance

B. Transit or Rideshare Incentive Projects:

Project Component	Total # Recipients	Total \$ Value of Incentives Provided	# Trips Reduced Per Day (One Way)	# Days Per Year	Avg. One Way Trip Distance

C. Shuttle / Vanpool Projects:

Vehicle Make, Model, & Year	Fuel Type	# Shuttle/ Vanpool Trips per Day	Avg. Shuttle/ VP Trip Distance (One-Way)	# Passengers per Day (One-Way)	% Passengers that Formerly Drove	Avg. Home to Work Trip Distance (One-Way)

D. Smart Growth/Pedestrian Improvement Projects:

Project Component	Data Collection	# of Days/Year	Avg. Trip Distance (One-way)	# Pedestrian trips per Day	# Bicycle trips per Day	# Transit Passenger trips per Day
	Pre-Project Count					
	Post-Project Count					

4. Other Requirements: Attach a copy of the Final Cost-Effective (C-E) Worksheet, including all assumptions used and calculations of input values, and attach any other information required in the Project Information form, Guidance, or Agreement. In most cases, the most current C-E Worksheet should be used.

5. Acknowledgement Requirements: Attach documentation of how the Air District’s acknowledgement requirements were met (i.e., photographs of signs, equipment, or outreach materials with the Air District’s approved logo).

6. Certification:

I _____(print name), certify that the information provided is complete and correct.

_____(Signature)

Project Sponsor

I _____(print name), to the best of my knowledge, certify that the information provided is complete and correct.

_____(Signature)

County Program Manager Liaison

FINAL REPORT FORM 2 – CLEAN AIR VEHICLES AND INFRASTRUCTURE

TFCA Project # _____	Initial TFCA \$ Awarded: \$ _____
	Total TFCA \$ Awarded: \$ _____
Total TFCA Funds Expended by County Program Manager: \$ _____	
	Total Project Cost: \$ _____
Project Sponsor: _____	
Project Title: _____	
Contact: _____	
Phone: _____	E-mail: _____
Project Start Date: _____	Date Project Made Available for Use: _____
Date Total TFCA Funds Expended: _____	
Were extensions granted to the TFCA expenditure deadline? Yes: _____ No: _____	
If yes, how many 1-year extensions were granted? 1: <input type="checkbox"/> 2: <input type="checkbox"/> (double-click to check)	
Final Cost-Effectiveness Value: \$ _____ / ton (weighted)	
Does your Project's contract allow for Administrative Costs to be reimbursed? Yes: _____ No: _____	
If yes, how much Administrative Costs have been reimbursed (total)? \$ _____	

Complete the section(s) that applies to the type of project implemented. Use additional sheets as needed.

- 1. Project Description:** Provide a brief description of the project implemented. Include all applicable information if the scope of the project changed in any way since it was originally approved.

2. Alt-Fuel and Hybrid Vehicles Purchased:

Provide documentation of purchase and the following information for each clean air vehicle acquired:

Manufacturer/Model/ Year	GVW	Fuel Type	Vehicle ID Number (VIN)	Month/Year Placed in Service	Engine Serial Number (Optional for Light-duty)

For each purchased vehicle, provide the final invoice, DMV registration, and a photograph of the vehicle.

Old Vehicles Scrapped: For projects that required vehicle scrapping, provide the following information on the vehicle(s) that were replaced.

Manufacturer	Model	Year	Engine Type/Fuel	Vehicle ID Number (VIN)	Engine Serial Number (Optional for Light-duty)

For each scrapped vehicle, provide evidence that the engine block was destroyed. Program Manager must retain this documentation. Evidence may include [DMV Notice to Dismantler](#) form and photograph(s).

3. Alternative Fuel Infrastructure: For refueling/recharging infrastructure projects, provide the following information.

Company/Station Name	Location of refueling/charging stations/spots (street address, city, zip)	Date Station Placed into Service	Type of Alternative Fuel	# of Dispensers/Charging Spots	Public Access? (Y/N)	# of, and weight class of, vehicles using facility

Provide volume of fuel or amount of electrical energy dispensed by the facility(ies). Attach additional sheets as needed.

4. Other Requirements: Attach a copy of the Final Cost-Effective (C-E) Worksheet, including all assumptions used and calculations of input values, and attach any other information required in the Project Information form, Guidance, or Agreement. For projects that provide a service (e.g., ridesharing, shuttle, bikeshare), use the C-E

TFCA Project # _____

Worksheet from the year the service was available to the public. For all other projects, use the C-E Worksheet for the year the purchased, installed, or constructed project became available for public use.

5. Acknowledgement Requirements: Attach documentation of how the Air District's acknowledgement requirements were met (i.e., photographs of signs, equipment, or outreach materials with the Air District's approved logo).

6. Certification:

I _____(print name), certify that the information provided is complete and correct.

_____(Signature)

Project Sponsor

I _____(print name), certify that the information provided is complete and correct.

_____(Signature)

County Program Manager Liaison

FINAL REPORT FORM 3 – BICYCLE PROJECTS

Date _____

For Bikeways and Bike Parking Projects

TFCA Project # _____	Initial TFCA \$ Awarded: \$ _____
	Total TFCA \$ Awarded: \$ _____
Total TFCA Funds Expended by County Program Manager: \$ _____	
	Total Project Cost: \$ _____
Project Sponsor: _____	
Project Title: _____	
Contact: _____	
Phone: _____	E-mail: _____
Project Start Date: _____	Date Project Made Available for Use: _____
Date Total TFCA Funds Expended: _____	
Were extensions granted to the TFCA expenditure deadline? Yes: _____ No: _____	
If yes, how many 1-year extensions were granted? 1: <input type="checkbox"/> 2: <input type="checkbox"/> (double-click to check)	
Final Cost-Effectiveness Value: \$ _____ / ton (weighted)	
Does your Project's contract allow for Administrative Costs to be reimbursed? Yes: _____ No: _____	
If yes, how much Administrative Costs have been reimbursed (total)? \$ _____	

Complete the section(s) that applies to the type of project implemented. Use additional sheets as needed.

1. Project Description: Provide a brief description of the project implemented. Include all applicable information if the scope of the project changed in any way since it was originally approved.

2. Monitoring Methodology: Describe the methodology used to obtain the data listed below and explain any assumptions made to generate data. If a survey was performed, provide a copy of survey form and summary data.

3. Bicycle Paths, Lanes, Routes, and Tracks: Provide the following information for each segment of project.

Note: Class 1 = off-street bicycle path, Class 2 = on-street bike lane, Class 3 = on-street bike route (no bike lane), Class 4 = separated bikeway. For a project installing bike lanes on only one side of the road, the # Trips per Day should be halved.

Segment Name	Class 1, 2, 3, or 4	Segment Length (to nearest 0.1 mile)	If Gap Closure, Total Length of All Segments	# Trips per Day based on counts (if conducted) (1-way)

4. Bicycle Lockers and Racks:

	Location (street address, city, zip)	# Units Installed	Capacity/Unit	Cost/Unit	Avg. # Users/Day	# of Trips(1-way) Eliminated/Day
Mechanical Lockers						
Electronic Lockers						
Regular Racks						
Racks on Buses						

5. Bicycle Purchase Projects: Provide information on bicycle usage.

Miles Traveled	Type of Bike	# of Hours of Usage	# Bikes Purchased	Cost per Bike

TFCA Project # _____

- 6. **Other Requirements:** Attach a copy of the Final Cost-Effective (C-E) Worksheet, including all assumptions used and calculations of input values, and attach any other information required in the Project Information form, Guidance, or Agreement. In most cases, the most current C-E Worksheet should be used.
- 7. **Acknowledgement Requirements:** Attach documentation of how the Air District's acknowledgement requirements were met (i.e., photographs of signs, equipment, or outreach materials with the Air District's approved logo).

8. Certification:

I _____(print name), certify that the information provided is complete and correct.

_____(Signature)
Project Sponsor

I _____(print name), to the best of my knowledge, certify that the information provided is complete and correct.

_____(Signature)
County Program Manager Liaison

FINAL REPORT FORM 4 – ARTERIAL MANAGEMENT PROJECTS

TFCA Project # _____	Initial TFCA \$ Awarded: \$ _____
	Total TFCA \$ Awarded: \$ _____
Total TFCA Funds Expended by County Program Manager: \$ _____	
	Total Project Cost: \$ _____
Project Sponsor: _____	
Project Title: _____	
Contact: _____	
Phone: _____	E-mail: _____
Project Start Date: _____	Date Project Made Available for Use: _____
Date Total TFCA Funds Expended: _____	
Were extensions granted to the TFCA expenditure deadline? Yes: _____ No: _____	
If yes, how many 1-year extensions were granted? 1: <input type="checkbox"/> 2: <input type="checkbox"/> (double-click to check)	
Final Cost-Effectiveness Value: \$ _____ / ton (weighted)	
Does your Project's contract allow for Administrative Costs to be reimbursed? Yes: _____ No: _____	
If yes, how much Administrative Costs have been reimbursed (total)? \$ _____	

Complete the section(s) that applies to the type of project implemented. Use additional sheets as needed.

- 1. Project Description:** Provide a brief description of the project implemented. Include all applicable information if the scope of the project changed in any way since it was originally approved.

2. Arterial Signal Timing Projects: Submit a separate table for each arterial included in the project.

Provide information for both directions of traffic (e.g., N & S) using a separate line for each direction. Measure vehicle speed and traffic volume concurrently. Pre-project data submitted shall be gathered within three

Route Number or Segment of Roadway (Use a separate column for each)	#1 ____	#2 ____	#3 ____
Distance of bus route (one-way)			
Days per year of service			
# Runs per day (one-way) with and / without project	/	/	/
Average bus speed with and / without project	/	/	/
Average passengers per run with and / without project	/	/	/
% of passengers that previously drove			

months prior to construction. The post-project data submitted shall be gathered within three months after project completion.

Provide a list of (or attach a map showing) locations of re-timed traffic signals within the segment.

Arterial/Segment: _____

Length (nearest 0.1 mi.) _____

Data Collection	Time Period	Direction of Traffic	Days/Year Effective	Traffic Volume in Period	Average Vehicle Speed for Period
Pre-Project					
Pre-Project					
Post-Project					
Post-Project					
*2-yr Post-Project					
*2-yr Post-Project					

*Note: The 2-year post project data (23 to 25 months after the construction of the project) is only required for projects that received four years of effectiveness at the time of project approval.

3. Transit Vehicle Traffic Signal Prioritization Projects: Provide the following information, using a separate column for each bus route that benefited from the project. The sponsor is encouraged to provide any additional information that helps document the impact of the project on bus ridership.

Provide list (or attach map) showing locations of traffic signals where transit signal prioritization systems were installed. Indicate where other improvements were made to the arterial to improve transit speeds (e.g., bus bulbs, queue lanes).

4. Other Requirements: Attach a copy of the Final Cost-Effective (C-E) Worksheet, including all assumptions used and calculations of input values, and attach any other information required in the Project Information form, Guidance, or Agreement. In most cases, the most current C-E Worksheet should be used. For arterial management projects, if the project consisted of multiple segments, one worksheet should be submitted with all segments listed, and a separate worksheet should be submitted showing the cost-effectiveness for each segment.

5. Acknowledgement Requirements: Attach documentation of how the Air District’s acknowledgement requirements were met (i.e., photographs of signs, equipment, or outreach materials with the Air District’s approved logo).

TFCA Project # _____

6. Certification:

I _____(print name), certify that the information provided is complete and correct.

_____(Signature)
Project Sponsor

I _____(print name), to the best of my knowledge, certify that the information provided is complete and correct.

_____(Signature)
County Program Manager Liaison

FINAL REPORT FORM 5 – REPOWER AND RETROFIT PROJECTS

TFCA Project # _____	Initial TFCA \$ Awarded: \$ _____
	Total TFCA \$ Awarded: \$ _____
Total TFCA Funds Expended by County Program Manager: \$ _____	
Total Project Cost: \$ _____	
Project Sponsor: _____	
Project Title: _____	
Contact: _____	
Phone: _____	E-mail: _____
Project Start Date: _____	Date Project Made Available for Use: _____
Date Total TFCA Funds Expended: _____	
Were extensions granted to the TFCA expenditure deadline? Yes: _____ No: _____	
If yes, how many 1-year extensions were granted? 1: <input type="checkbox"/> 2: <input type="checkbox"/> (double-click to check)	
Final Cost-Effectiveness Value: \$ _____/ton (weighted)	
Does your Project's contract allow for Administrative Costs to be reimbursed? Yes: _____ No: _____	
If yes, how much Administrative Costs have been reimbursed (total)? \$ _____	

Complete the section(s) that applies to the type of project implemented. Use additional sheets as needed.

- 1. Project Description:** Provide a brief description of the project implemented. Include all applicable information if the scope of the project changed in any way since it was originally approved.

2. Repowers:

Provide the following information about the old engine:

Engine Make/Model	Engine Year	Fuel Type	GVW	Vehicle ID Number (VIN)	Engine Serial Number

Provide the following information about the new repower engine:

Engine Make/Model	Engine Year	Fuel Type	Ave. Annual Mileage*	Month/Year Repowered	Engine Serial Number

Provide documentation that the vehicle was repowered.

For vehicles operating predominantly in stop-and-go applications, annual fuel use (in gallons) may be provided instead of annual mileage. If fuel use provided, submit supporting receipts/documentation.

3. Retrofits:

Provide the following information about the existing vehicle and engine:

Engine Make/Model	Engine Year	Fuel Type	GVW	Ave. Annual Mileage*	Vehicle ID Number (VIN)	Engine Serial Number

For each vehicle listed above, indicate the corresponding retrofit device. Provide the device name, and certified emissions reductions. Provide documentation that the vehicle was retrofitted.

4. Other Requirements: Attach a copy of the Final Cost-Effective (C-E) Worksheet and any other information required in Appendix E, Project Information Sheet. In most cases, the most current C-E Worksheet should be used.

5. Acknowledgement Requirements: Attach documentation of how the Air District's acknowledgement requirements were met (i.e., photographs of signs, equipment, or outreach materials with the Air District's approved logo).

6. Certification

I _____(print name), certify that the information provided is complete and correct.

_____(Signature)
Project Sponsor

I _____(print name), to the best of my knowledge, certify that the information provided is complete and correct.

_____(Signature)
County Program Manager Liaison
Revised August 2022

Date _____

INTERIM PROJECT REPORT FORM

Use for all TFCA projects that are not 100% complete as of June 30

TFCA Project # _____	Initial TFCA \$ Awarded: \$ _____
	Total TFCA \$ Awarded: \$ _____
Total TFCA Funds Expended by County Program Manager: \$ _____	Total Project Cost: \$ _____
Project Sponsor: _____	
Project Title: _____	
Project Start Date: _____	
Percent Complete: _____	
Were extensions granted to the TFCA expenditure deadline? Yes: _____ No: _____	
If yes, how many 1-year extensions were granted? 1: <input type="checkbox"/> 2: <input type="checkbox"/> (double-click to check);	
Revised Date of Project Completion: _____; and	
Revised Anticipated Date of Final Report Submission to County Program Manager: _____	
Does your Project's contract allow for Administrative Costs to be reimbursed? Yes: _____ No: _____	
If yes, how much Administrative Costs have been reimbursed to date? \$ _____	

1. Has the amount of TFCA funds awarded changed in the past year? No _____ Yes _____
If Yes, provide an explanation and state the revised amount awarded.

2. Provide a brief description and explain any changes in the Project Scope or Project Sponsor since the previous year:

TFCA Project # _____

3. Summarize activities performed during the previous fiscal year (July 1 through June):

4. Provide a description and schedule for activities that remain to be completed:

5. Certification:

I _____ (print name), to the best of my knowledge, certify that the information provided is complete and correct; and that if one or more extensions have been approved, that significant progress has been made on each project for which the funds were granted, pursuant to HSC 44242(d).

County Program Manager Liaison or Project Sponsor (Signature)