



TOWN OF APPLE VALLEY TOWN COUNCIL STAFF REPORT

To: Honorable Mayor and Town Council **Date:** August 8, 2017
From: Kofi Antobam, Assistant Director **Item No:** 4
 Finance Department
Subject: APPLICATION TO SAN BERNARDINO COUNTY TRANSPORTATION
 AUTHORITY (SBCTA) FOR LOCAL TRANSPORTATION FUNDS – ARTICLE 8
 – OTHER PURPOSE CLAIM

T.M. Approval: _____ **Budgeted Item:** Yes No N/A

RECOMMENDED ACTION:

Authorize the Assistant Town Manager - Finance & Administration to apply for Local Transportation Funds – Article 8 – Other Purpose Claim in the amount of \$1,162,391 for Fiscal Year 2016-17.

SUMMARY:

Each year in accordance with the requirement of Article 8 funds, the Town must submit a claim for its share of funds allocated by SBCTA for the Transit needs of the community.

Attached is the Town's request for \$1,162,391 which represents its share of funds for the 2016-17 fiscal year as determined by SBCTA.

In order to obtain these funds for ongoing road maintenance, it is required per SBCTA claim procedures that the Town Council authorize the Assistant Town Manager - Finance & Administration to submit the claim.

ATTACHMENT:

Financial Reporting Form

San Bernardino County Transportation Authority
Financial Report
Article 8, Local Transportation Funds
for Non-Transit Purposes

Claimant: Town of Apple Valley

	Prior Year	Unaudited FY 2016/2017
Beginning Fund Balance	\$ 1,819,013.00	\$ 1,640,970.00
Revenue		
Article 8 Allocation Amount ¹	\$ 639,202.00	\$ 1,162,391.00
Miscellaneous		
Interest	\$ 19,297.00	\$ 7,400.00
Lease Occupancy	\$ -	\$ -
Other	\$ 31,500.00	\$ -
Total Revenue	\$ 689,999.00	\$ 1,169,791.00
Expenditures		
Local Streets and Roads	\$ 868,042.00	\$ 460,500.00
Bicycle and Pedestrian Facilities	\$ -	\$ -
Multimodal Transportation Terminals	\$ -	\$ -
Total Expenditures	\$ 868,042.00	\$ 460,500.00
Ending Fund Balance	\$ 1,640,970.00	\$ 2,350,261.00

¹This information is provided by SBCTA.

I certify that the information on this Financial Reporting form is true and accurate to the best of my knowledge.
The same authority that signs the Claim Form must sign this form.

Signed: _____

Date: _____