

## 1. INCORRECT REDUCTION CLAIM TITLE

City of Bellflower Stormwater and Urban Runoff  
Discharges Program Cost Claim

## 2. CLAIMANT INFORMATION

City of Bellflower  
Name of Local Agency or School District  
Jeffrey L. Stewart  
Claimant Contact  
City Manager  
Title  
16600 Civic Center Drive  
Street Address  
Bellflower, CA 90706  
City, State, Zip  
562-804-1424, ext. 2207  
Telephone Number  
562-925-8660  
Fax Number  
jstewart@bellflower.org  
E-Mail Address

## 3. CLAIMANT REPRESENTATIVE INFORMATION

Claimant designates the following person to act as its sole representative in this incorrect reduction claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Bernardo Iniguez  
Claimant Representative Name  
Public Works Manager  
Title  
City of Bellflower, Department of Public Works  
Organization  
16600 Civic Center Drive  
Street Address  
Bellflower, CA 90706  
City, State, Zip  
562-804-1424, ext. 2233  
Telephone Number  
562-925-8660  
Fax Number  
biniguez@bellflower.org  
E-Mail Address

<i>For CSM Use Only</i>	
Filing Date:	<b>RECEIVED</b> August 17, 2018 <b>Commission on State Mandates</b>
IRC #:	18-0304-I-01

## 4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

*Please specify the subject statute or executive order that claimant alleges is not being fully reimbursed pursuant to the adopted parameters and guidelines.*

Municipal Storm Water and Urban Runoff  
Discharges Program (Los Angeles Regional  
Water Quality Control Board, Order No. 01-182,  
Permit CAS004001, Part 4F5c3)

## 5. AMOUNT OF INCORRECT REDUCTION

*Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.*

Fiscal Year	Amount of Reduction
02/03	\$66,241.00
03/04	\$66,241.00
04/05	\$66,241.00
05/06	\$66,241.00
06/07	\$66,241.00
07/08	\$66,241.00
08/09	\$66,241.00
09/10	\$66,634.00
<b>TOTAL:</b>	<b>\$530,321.00</b>

## 6. NOTICE OF INTENT TO CONSOLIDATE

*Please check the box below if there is intent to consolidate this claim.*

**Yes, this claim is being filed with the intent to consolidate on behalf of other claimants.**

Sections 7 through 11 are attached as follows:

- 7. Written Detailed Narrative:** pages 1 to 3.
- 8. Documentary Evidence and Declarations:** pages 4-8 Exhibit A-D.
- 9. Claiming Instructions:** Exhibit E.
- 10. Final State Audit Report or Other Written Notice of Adjustment:** Exhibit D.
- 11. Reimbursement Claims:** Exhibit B.

*Sections 7 through 11 shall be included with each incorrect reduction claim submittal.*

## **7. WRITTEN DETAILED NARRATIVE**

Under the heading “7. Written Detailed Narrative,” please describe the alleged incorrect reduction(s). The narrative shall include a comprehensive description of the reduced or disallowed area(s) of cost(s).

## **8. DOCUMENTARY EVIDENCE AND DECLARATIONS**

If the narrative describing the alleged incorrect reduction(s) involves more than discussion of statutes or regulations or legal argument and utilizes assertions or representations of fact, such assertions or representations shall be supported by testimonial or documentary evidence and shall be submitted with the claim under the heading “8. Documentary Evidence and Declarations.” All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based upon the declarant's personal knowledge or information or belief.

## **9. CLAIMING INSTRUCTIONS**

Under the heading “9. Claiming Instructions,” please include a copy of the Office of State Controller's claiming instructions that were in effect during the fiscal year(s) of the reimbursement claim(s).

## **10. FINAL STATE AUDIT REPORT OR OTHER WRITTEN NOTICE OF ADJUSTMENT**

Under the heading “10. Final State Audit Report or Other Written Notice of Adjustment,” please include a copy of the final state audit report, letter, remittance advice, or other written notice of adjustment from the Office of State Controller that explains the reason(s) for the reduction or disallowance.

## **11. REIMBURSEMENT CLAIMS**

Under the heading “11. Reimbursement Claims,” please include a copy of the subject reimbursement claims the claimant submitted to the Office of State Controller.

1                   **CITY OF BELLFLOWER STORMWATER AND URBAN RUNOFF DISCHARGES**

2                                   **PROGRAM COST CLAIM; SECTIONS 7 AND 8**

3       **7. WRITTEN DETAILED NARRATIVE**

4                   On December 13, 2001, the California Regional Water Quality Control Board for the Los  
5 Angeles Region (“RWQCB”) issued Order Number 01-182 (the “Order”) in connection with  
6 National Pollutant Discharge Elimination System (“NPDES”) Permit CAS004001. (See Exh. A.)  
7 The Order contained special provisions related to the Public Agency Activities Program, including  
8 Public Agency requirements pertaining to storm drain operation and management. (Exh. A, BF\_005-  
9 BF\_006, § 4(F), BF\_008-BF\_010, § 4(F)(5) [requirements pertaining to storm drain operation].)  
10 These provisions required that permittees implement a Public Agency program to minimize storm  
11 water pollution impacts from public agency activities; specifically, it requires that permittees which  
12 were not subject to a trash Total Maximum Daily Load (“TMDL”), such as the City of Bellflower  
13 (“City”), place trash receptacles at all transit stops with shelters in their jurisdictions no later than  
14 February 3, 2003, and maintain them as necessary. (Exh. A, BF\_009, §4(F)(5)(c)(3).) This  
15 requirement is not federally mandated and is thus subject to reimbursement. (See *Dept. of Finance v.*  
16 *Commission on State Mandates* (2016) 1 Cal. 5<sup>th</sup> 749, 771.)

17                   The City complied with these provisions, using funds available through the Proposition C  
18 Ordinance of the Los Angeles County Metropolitan Transportation Authority (“Metro”) rather than  
19 the City’s general fund.<sup>1</sup> (Declaration of Bernardo Iniguez, hereinafter “Iniguez Decl.,” ¶ 3.) All of  
20 the costs associated with installing and maintaining trash receptacles pursuant to the Order, aside  
21 from overhead costs, were financed through the use of funds raised through the Proposition C tax.  
22 (Id.)

23                   Twenty percent of the funds raised through the Proposition C tax is designated for the Local  
24 Return (“LR”) Program funds to be used by local entities to develop and improve transit and  
25 transportation infrastructure. LR funds are allocated and distributed to cities on a “per capita” basis

26 \_\_\_\_\_  
27 <sup>1</sup> In accordance with *Public Utilities Code* section 130000 et seq., the Los Angeles County  
28 Transportation Commission adopted Ordinance No. 49, which imposed a retail transactions and use  
tax for public transit purposes. It was later approved through an election held on November 6, 1990.  
Metro, established in 1993, is the successor entity to the Commission.

1 every month, and may be applied towards certain eligible expenditures. (See Exh. C, BF\_050-  
2 BF\_064, §§ II(A) II(C).) Eligible uses identified by Metro include new fixed route or flexible  
3 destination bus services, extension of bus routes, shuttle services between activity centers, expansion  
4 of paratransit services, signal synchronization and traffic management projects, congestion  
5 management programs, bikeway construction and management projects, street improvement and  
6 maintenance in support of public transit, and the maintenance, improvement, or replacement of  
7 pavement management systems. (Id.)

8 On September 28, 2011, Bernardo Iniguez submitted a Claim for Payment to the Office of  
9 the State Controller, seeking reimbursement in connection with the purchase, construction, and  
10 maintenance of receptacles and pads during the period between Fiscal Year 2002 and Fiscal Year  
11 2010. (Iniguez Decl. ¶ 4, Exh. B.) The City claimed \$533,742 in connection with the mandated  
12 program. (Id.)

13 In a letter dated October 25, 2016, the State Controller found that only \$3,421 of the claimed  
14 funds were allowable. (Exh. D, BF\_071-BF\_072.) It found that the City “should have offset the  
15 [remaining] \$530,321 in Proposition C funding used to pay for the ongoing maintenance of transit  
16 stop trash receptacles during the review period.” (Id. at 4.) It further explained that, as per the  
17 Controller’s guidelines, “any offsetting revenue the claimant experiences *in the same program as a*  
18 *result of the same statutes or executive orders found to contain the mandate* shall be deducted from  
19 the costs claimed.” (Id. at BF\_072 [emphasis added]; see also Gov. Code § 17556(e).)

20 The State Controller improperly classified the Proposition C funds as “offsetting” revenues.  
21 The mandate at issue, which is intended to minimize discharge of waste from municipal storm sewer  
22 systems, derives from the *Water Code*, as implemented by the RWQCB through the Order. (Wat.  
23 Code § 13000 et seq.; see also *Dept. of Finance*, 1 Cal. 5<sup>th</sup> 749.)

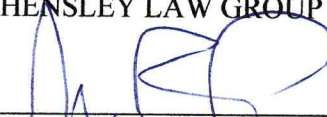
24 By contrast, Proposition C never mandated that the City maintain the trash receptacles; it  
25 provided the City with discretionary authority to direct the LR funds towards certain enumerated  
26 transit-related projects. Moreover, because the Proposition C funds were expended to comply with  
27 the mandate in the Order, the City was unable to apply the LR funds towards other projects, as it  
28 would have done if it were not subject to the requirement to install and maintain trash receptacles.

1 These projects, which the City had previously funded with Proposition C funds, included, but were  
2 not limited to, street improvements, highway safety improvements, and traffic signal improvements.  
3 (Iniguez Decl. ¶ 3.)

4 The so-called “offsetting revenue” was simply not “a result of the same statutes or executive  
5 orders found to contain the mandate.” For this reason, the Controller’s determination that \$530,321  
6 of the costs claimed by the City were not eligible for reimbursement was erroneous, and the City  
7 should be fully reimbursed for amounts expended in connection with its maintenance of trash  
8 receptacles.

9  
10 DATED: July 13, 2018

11 Respectfully submitted,  
12 HENSLEY LAW GROUP

13   
14 \_\_\_\_\_  
15 JENNIFER WEATHERUP, Deputy City Attorney  
16 Attorneys for Plaintiff, CITY OF BELLFLOWER ON  
17 BEHALF OF THE PEOPLE OF THE STATE OF  
18 CALIFORNIA  
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1 **8. DOCUMENTARY EVIDENCE AND DECLARATIONS**

2 **A. Declaration of Bernardo Iniguez**

- 3 1. **Exhibit A: Relevant Portions of Order Number 01-182, Issued by the**  
4 **California Regional Water Quality Control Board for the Los Angeles**  
5 **Region in connection with National Pollutant Discharge Elimination**  
6 **System Permit CAS004001 (BF\_001-BF\_012).**
- 7 2. **Exhibit B: Claim for Payment submitted to Office of the State Controller,**  
8 **dated September 28, 2011 (BF\_013-BF\_039).**


9 **B. Declaration of Tae Rhee**

- 10 1. **Exhibit C: Relevant Portions of Metro Board Guidelines, Proposition A**  
11 **and Proposition C Local Return (2007) (BF\_040-BF\_064).**
- 12 2. **Exhibit D: Letter from State Controller's Office to the City of Bellflower**  
13 **dated October 25, 2016 and Attached Documents (BF\_065-BF\_072).**

14 **C. Exhibit E: Office of the State Controller Claiming Instructions, May 31, 2011**

15  
16 DATED: August 16, 2018

17 Respectfully submitted,  
18 HENSLEY LAW GROUP

19   
20 \_\_\_\_\_  
21 JENNIFER WEATHERUP, Deputy City Attorney  
22 Attorneys for Plaintiff, CITY OF BELLFLOWER ON  
23 BEHALF OF THE PEOPLE OF THE STATE OF  
24 CALIFORNIA  
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1 **DECLARATION OF BERNARDO INIGUEZ**

2 I, BERNARDO INIGUEZ, DO HEREBY DECLARE AS FOLLOWS:

3 1. I am Public Works Manager for the City of Bellflower (“City”). I have personal  
4 knowledge of the facts stated in this Declaration, unless stated on information and belief, in which  
5 case, I believe the facts to be true. If called as a witness, could and would testify competently  
6 thereto. As to that information which I can state on information and belief, I am informed and  
7 believe that such information is true and correct.

8 2. On December 13, 2001, the California Regional Water Quality Control Board for the  
9 Los Angeles Region (“RWQCB”) issued Order Number 01-182 (the “Order”) in connection with  
10 National Pollutant Discharge Elimination System (“NPDES”) Permit CAS004001. Among other  
11 things, the Order required that permittees which were not subject to a trash Total Maximum Daily  
12 Load (“TMDL”), such as the City, place trash receptacles at all transit stops with shelters in their  
13 jurisdictions no later than August 1, 2002, and at all other transit stops in their jurisdictions no later  
14 than February 3, 2003, and maintain them as necessary. A true and correct copy of relevant portions  
15 of the Order has been attached hereto as **Exhibit “A.”**

16 3. The City complied with the requirement to place and maintain trash receptacles at  
17 certain transit stops using funds available through the Proposition C Ordinance of the Los Angeles  
18 County Metropolitan Transportation Authority (“Proposition C”). All of the costs associated with  
19 installing and maintaining trash receptacles pursuant to the Order, aside from overhead costs, were  
20 financed through the use of funds raised through the Proposition C tax. Because funds from  
21 Proposition C were used to comply with the mandate, the City was not able to apply those  
22 Proposition C funds towards other projects the City had previously funded with Proposition C funds  
23 including, but not limited to, street improvements, highway safety improvements, and traffic signal  
24 improvements.

25 4. On September 28, 2011, I submitted a Claim for Payment to the Office of the State  
26 Controller, seeking reimbursement in connection with the purchase, construction, and maintenance  
27 of receptacles and pads during the period between Fiscal Year 2002 and Fiscal Year 2010. A true  
28 and correct copy of the Claim has been attached hereto as **Exhibit “B.”**

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on May 16, 2018 in Bellflower, California.



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Bernardo Iniguez



**DECLARATION OF TAE RHEE**

I, TAE RHEE, DO HEREBY DECLARE AS FOLLOWS:

1. I am Director of Finance for the City of Bellflower (“City”). I have personal knowledge of the facts stated in this Declaration, unless stated on information and belief, in which case, I believe the facts to be true. If called as a witness, could and would testify competently thereto. As to that information which I can state on information and belief, I am informed and believe that such information is true and correct.

2. The City complied with requirements to place and maintain trash receptacles at certain transit stops by using funds available through the Proposition C Ordinance of the Los Angeles County Metropolitan Transportation Authority (“Proposition C”) rather than the City’s general fund. Proposition C imposed a retail transactions and use tax for public transit purposes. Twenty percent of the funds raised through the Proposition C tax is designated for the Local Return (“LR”) Program funds to be used by local entities to develop and improve transit and transportation infrastructure. LR funds are allocated and distributed to cities on a “per capita” basis every month, and may be applied towards certain eligible expenditures. A true and correct copy of relevant portions of the Metro Board Approved Proposition A and Proposition C Local Return Guidelines has been attached hereto as **Exhibit “C.”**

3. On September 28, 2011, the City submitted a Claim for Payment to the Office of the State Controller, seeking reimbursement in connection with the purchase, construction, and maintenance of receptacles and pads. The City claimed \$533,742 in connection with the mandated program, which was calculated based on the Commission on State Mandates’ reasonable reimbursement methodology.

4. In or about October 2016, I received a letter dated October 25, 2016 from Jeffrey V. Brownfield from the California State Controller’s Office. As set forth in the letter and attached documents, the State Controller found that only \$3,421 of the claimed funds were allowable. It found that the City “should have offset the [remaining] \$530,321 in Proposition C funding used to pay for the ongoing maintenance of transit stop trash receptacles during the review period.” A true and correct copy of the letter and attached documents has been attached hereto as **Exhibit “D.”**

1 I declare under penalty of perjury under the laws of the State of California that the foregoing  
2 is true and correct and that this declaration was executed on May 16, 2018 in Bellflower, California.

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Tae Rhee

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# Exhibit A

**STATE OF CALIFORNIA**

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
LOS ANGELES REGION**

**ORDER NO. 01-182  
NPDES PERMIT NO. CAS004001  
WASTE DISCHARGE REQUIREMENTS  
FOR**

**MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES WITHIN THE  
COUNTY OF LOS ANGELES, AND THE INCORPORATED CITIES THEREIN,  
EXCEPT THE CITY OF LONG BEACH**

**December 13, 2001**

**(Amended on September 14, 2006 by Order R4-2006-0074; August 9, 2007 by Order R4-  
2007-0042; and December 10, 2009 by Order R4-2009-0130; and October 19, 2010 and  
April 7, 2011 pursuant to the peremptory writ of mandate in L.A. Superior Court Case No.  
BS122724))**

## Table of Contents

A. Existing Permit .....	1
B. Nature of Discharges and Sources of Pollutant .....	1
C. Permit Background.....	5
D. Permit Coverage .....	6
E. Federal, State, and Regional Regulations .....	7
F. Implementation.....	22
G. Public Process .....	24
Part 1. DISCHARGE PROHIBITIONS .....	25
Part 2. RECEIVING WATER LIMITATIONS .....	26
Part 3. STORM WATER QUALITY MANAGEMENT PROGRAM (SQMP) IMPLEMENTATION .....	28
A. General Requirements .....	28
B. Best Management Practice Implementation .....	28
C. Revision of the Storm Water Quality Management Program .....	29
D. Designation and Responsibilities of the Principal Permittee .....	29
E. Responsibilities of the Permittees.....	29
F. Watershed Management Committees (WMCs) .....	30
G. Legal Authority .....	31
Part 4. SPECIAL PROVISIONS.....	33
A. General Requirements .....	33
B. Public Information and Participation Program (PIPP) .....	33
C. Industrial/Commercial Facilities Control Program .....	37
D. Development Planning Program.....	44
E. Development Construction Program.....	52
F. Public Agency Activities Program .....	55
G. Illicit Connections and Illicit Discharges Elimination Program .....	62
Part 5. DEFINITIONS .....	64
Part 6. STANDARD PROVISIONS .....	75
A. Standard Requirements .....	75
B. Regional Board Review .....	75
C. Public Review.....	75
D. Duty to Comply.....	76
E. Duty to Mitigate [40 CFR 122.41 (d)] .....	76
F. Inspection and Entry [40 CFR 122.41(i), CWC § 13267] .....	76
G. Proper Operation and Maintenance [40 CFR 122.41 (e), CWC § 13263(f)].....	77
H. Signatory Requirements [40 CFR 122.41(k) & 122.22].....	77
I. Reopener and Modification [40 CFR 122.41(f) & 122.62] .....	77
J. Severability.....	78
K. Duty to Provide Information [40 CFR 122.41(h)].....	78
L. Twenty-four Hour Reporting [40 CFR 122.41(l)(6)].....	78
M. Bypass [40 CFR 122.41(m)].....	78
N. Upset [40 CFR 122.41(n)] .....	79
O. Property Rights [40 CFR 122.41(g)] .....	80
P. Enforcement.....	80
Q. Need to Halt or Reduce Activity not a Defense [40 CFR 122.41(c)].....	81
R. Rescission.....	81
S. Expiration .....	81
Part 7. TOTAL MAXIMUM DAILY LOAD PROVISIONS .....	82



- f) Require that Treatment Control BMPs be properly operated and maintained to prevent the breeding of vectors.
3. Each Permittee shall, no later than November 1, 2002, amend and adopt (if necessary), a Permittee-specific storm water and urban runoff ordinance to enforce all requirements of this permit.
4. Each Permittee shall submit no later than December 2, 2002, a new or updated statement by its legal counsel that the Permittee has obtained all necessary legal authority to comply with this Order through adoption of ordinances and/or municipal code modifications.

#### **Part 4. SPECIAL PROVISIONS**

##### **Maximum Extent Practicable Standard**

This permit, and the provisions herein, are intended to develop, achieve, and implement a timely, comprehensive, cost-effective storm water pollution control program to reduce the discharge of pollutants in storm water to the MEP from the permitted areas in the County of Los Angeles to the waters of the State.

##### **A. General Requirements**

1. Best Management Practice Substitution

The Regional Board Executive Officer may approve any site-specific BMP substitution upon petition by a Permittee(s), if the Permittee can document that:

- a) The proposed alternative BMP or program will meet or exceed the objective of the original BMP or program in the reduction of storm water pollutants; or
- b) The fiscal burden of the original BMP or program is substantially greater than the proposed alternative and does not achieve a substantially greater improvement in storm water quality; and,
- c) The proposed alternative BMP or program will be implemented within a similar period of time.

##### **B. Public Information and Participation Program (PIPP)**

The Principal Permittee shall implement a Public Information and Participation Program (PIPP) that includes, but is not limited to, the requirements listed in this section. The Principal Permittee shall be responsible for developing and implementing the Public Education Program, as described in the SQMP, and shall coordinate with Permittees to implement specific requirements.

The objectives of the PIPP are as follows:

- b) Require proof of an NOI and a copy of the SWPPP at any time a transfer of ownership takes place for the entire development or portions of the common plan of development where construction activities are still on-going.
  - c) Use an effective system to track grading permits issued by each Permittee. To satisfy this requirement, the use of a database or GIS system is encouraged, but not required.
4. GCASP Violation Referrals
- a) Referral of Violations of the SQMP, Regional Board Resolution 98-08, and municipal storm water ordinances:  
A Permittee may refer a violation(s) to the Regional Board provided that the Permittee has made a good faith effort of progressive enforcement. At a minimum, a Permittee's good faith effort must include documentation of:
    - Two follow-up inspections within 3 months, and
    - Two warning letters or notices of violation.
  - b) Referral of Violations of GCASP Filing Requirements:  
For those projects subject to the GCASP, Permittees shall refer non-filers (i.e., those projects which cannot demonstrate that they have a WDID number) to the Regional Board, within 15 days of making a determination. In making such referrals, Permittees shall include, at a minimum, the following documentation:
    - Project location;
    - Developer;
    - Estimated project size; and
    - Records of communication with the developer regarding filing requirements.
5. Each Permittee shall train employees in targeted positions (whose jobs or activities are engaged in construction activities including construction inspection staff) regarding the requirements of the storm water management program no later than August 1, 2002, and annually thereafter. For Permittees with a population of 250,000 or more (2000 U.S. Census), initial training shall be completed no later than February 3, 2003. Each Permittee shall maintain a list of trained employees.

#### **F. Public Agency Activities Program**

Each Permittee shall implement a Public Agency program to minimize storm water pollution impacts from public agency activities. Public Agency requirements consist of:

- Sewage Systems Maintenance, Overflow, and Spill Prevention
- Public Construction Activities Management
- Vehicle Maintenance/Material Storage Facilities/Corporation Yards Management
- Landscape and Recreational Facilities Management

Amended by Orders R4-2006-0074, R4-2007-0042, and R4-2009-0130, and further amended pursuant to L.A. Superior Court Case No. BS122724

- Storm Drain Operation and Management
  - Streets and Roads Maintenance
  - Parking Facilities Management
  - Public Industrial Activities Management
  - Emergency Procedures
  - Treatment Feasibility Study
1. Sewage System Maintenance, Overflow, and Spill Prevention
    - a) Each Permittee shall implement a response plan for overflows of the sanitary sewer system within their respective jurisdiction, which shall consist at a minimum of the following:
      - (1) Investigation of any complaints received;
      - (2) Upon notification, immediate response to overflows for containment; and
      - (3) Notification to appropriate sewer and public health agencies when a sewer overflows to the MS4.
    - b) In addition to 1.a.1, 1.a.2, and 1.a.3 above, for those Permittees, which own and/or operate a sanitary sewer system, the Permittee shall also implement the following requirements:
      - (1) Procedures to prevent sewage spills or leaks from sewage facilities from entering the MS4; and
      - (2) Identify, repair, and remediate sanitary sewer blockages, exfiltration, overflow, and wet weather overflows from sanitary sewers to the MS4.
  2. Public Construction Activities Management
    - a) Each Permittee shall implement the Development Planning Program requirements (Permit Part 4.D) at public construction projects.
    - b) Each Permittee shall implement the Development Construction Program requirements (Permit Part 4.E) at Permittee owned construction sites.
    - c) Each Permittee shall obtain coverage under the GCASP for public construction sites 5 acres or greater (or part of a larger area of development) except that a municipality under 100,000 in population (1990 U.S. Census) need not obtain coverage under a separate permit until March 10, 2003.
    - d) Each Permittee, no later than March 10, 2003, shall obtain coverage under a statewide general construction storm water permit for public construction sites for projects between one and five acres.

Amended by Orders R4-2006-0074, R4-2007-0042, and R4-2009-0130, and further amended pursuant to L.A. Superior Court Case No. BS122724

3. Vehicle Maintenance/Material Storage Facilities/Corporation Yards Management
  - a) Each Permittee, consistent with the SQMP, shall implement SWPPPs for public vehicle maintenance facilities, material storage facilities, and corporation yards which have the potential to discharge pollutants into storm water.
  - b) Each Permittee shall implement BMPs to minimize pollutant discharges in storm water including but not be limited to:
    - (1) Good housekeeping practices;
    - (2) Material storage control;
    - (3) Vehicle leaks and spill control; and
    - (4) Illicit discharge control.
  - c) Each Permittee shall implement the following measures to prevent the discharge of pollutants to the MS4:
    - (1) For existing facilities, that are not already plumbed to the sanitary sewer, all vehicle and equipment wash areas (except for fire stations) shall either be:
      - (i) Self-contained;
      - (ii) Equipped with a clarifier;
      - (iii) Equipped with an alternative pre-treatment device; or
      - (iv) Plumbed to the sanitary sewer.
    - (2) For new facilities, or during redevelopment of existing facilities (including fire stations), all vehicle and equipment wash areas shall be plumbed to the sanitary sewer and be equipped with a pre-treatment device in accordance with requirements of the sewer agency.

4. Landscape and Recreational Facilities Management

Each Permittee shall implement the following requirements:

- a) A standardized protocol for the routine and non-routine application of pesticides, herbicides (including pre-emergents), and fertilizers;
- b) Consistency with State Board's guidelines and monitoring requirements for application of aquatic pesticides to surface waters (WQ Order No. 2001-12 DWQ);
- c) Ensure no application of pesticides or fertilizers immediately before, during, or immediately after a rain event or when water is flowing off the area to be applied;

Amended by Orders R4-2006-0074, R4-2007-0042, and R4-2009-0130, and further amended pursuant to L.A. Superior Court Case No. BS122724

- d) Ensure that no banned or unregistered pesticides are stored or applied;
  - e) Ensure that staff applying pesticides are certified by the California Department of Food and Agriculture, or are under the direct supervision of a certified pesticide applicator;
  - f) Implement procedures to encourage retention and planting of native vegetation and to reduce water, fertilizer, and pesticide needs;
  - g) Store fertilizers and pesticides indoors or under cover on paved surfaces or use secondary containment;
  - h) Reduce the use, storage, and handling of hazardous materials to reduce the potential for spills; and
  - i) Regularly inspect storage areas.
5. Storm Drain Operation and Management
- a) Each Permittee shall designate catch basin inlets within its jurisdiction as one of the following:
    - Priority A: Catch basins that are designated as consistently generating the highest volumes of trash and/or debris.
    - Priority B: Catch basins that are designated as consistently generating moderate volumes of trash and/or debris.
    - Priority C: Catch basins that are designated as generating low volumes of trash and/or debris.
  - b) Permittees subject to a trash TMDL (Ballona Creek WMA) shall continue to implement the requirements listed below until trash TMDL implementation measures are adopted. Thereafter, the subject Permittees shall implement programs in conformance with the TMDL implementation schedule, which shall include an effective combination of measures such as street sweeping, catch basin cleaning, installation of treatment devices and trash receptacles, or other BMPs. Default requirements include:
    - (1) Inspection and cleaning of catch basins between May 1 and September 30 of each year;
    - (2) Additional cleaning of any catch basin that is at least 40% full of trash and/or debris;
    - (3) Record keeping of catch basins cleaned; and
    - (4) Recording of the overall quantity of catch basin waste collected.

Amended by Orders R4-2006-0074, R4-2007-0042, and R4-2009-0130, and further amended pursuant to L.A. Superior Court Case No. BS122724



If the implementation phase for the Los Angeles River and Ballona Creek Trash TMDLs has not begun by October 2003, subject Permittees shall implement the requirements described below in subsection 5(c), until such time programs in conformance with the subject Trash TMDLs are being implemented.

Permittees subject to the Los Angeles River Watershed Trash TMDL shall implement the requirements set forth in Part 7. Total Maximum Daily Load Provisions, subsection 1 "TMDL for Trash in the Los Angeles River Watershed".

c) Permittees not subject to a trash TMDL shall:

(1) Clean catch basins according to the following schedule:

Priority A: A minimum of three times during the wet season and once during the dry season every year.

Priority B: A minimum of once during the wet season and once during the dry season every year.

Priority C: A minimum of once per year.

In addition to the schedule above, between February 1, 2002 and July 1, 2003, Permittees shall ensure that any catch basin that is at least 40% full of trash and/or debris shall be cleaned out. After July 1, 2003, Permittees shall ensure that any catch basin that is at least 25% full of trash and debris shall be cleaned out.

(2) For any special event that can be reasonably expected to generate substantial quantities of trash and litter, include provisions that require for the proper management of trash and litter generated, as a condition of the special use permit issued for that event. At a minimum, the municipality who issues the permit for the special event shall arrange for either temporary screens to be placed on catch basins or for catch basins in that area to be cleaned out subsequent to the event and prior to any rain event.

(3) Place trash receptacles at all transit stops within its jurisdiction that have shelters no later than August 1, 2002, and at all other transit stops within its jurisdiction no later than February 3, 2003. All trash receptacles shall be maintained as necessary.

d) Each Permittee shall inspect the legibility of the catch basin stencil or label nearest the inlet. Catch basins with illegible stencils shall be recorded and re-stenciled or re-labeled within 180 days of inspection.

- e) Each Permittee shall implement BMPs for Storm Drain Maintenance that include:
  - (1) A program to visually monitor Permittee-owned open channels and other drainage structures for debris at least annually and identify and prioritize problem areas of illicit discharge for regular inspection;
  - (2) A review of current maintenance activities to assure that appropriate storm water BMPs are being utilized to protect water quality;
  - (3) Removal of trash and debris from open channel storm drains shall occur a minimum of once per year before the storm season;
  - (4) Minimize the discharge of contaminants during MS4 maintenance and clean outs; and
  - (5) Proper disposal of material removed.

6. Streets and Roads Maintenance

- a) Each Permittee shall designate streets and/or street segments within its jurisdiction as one of the following:
  - Priority A: Streets and/or street segments that are designated as consistently generating the highest volumes of trash and/or debris.
  - Priority B: Streets and/or street segments that are designated as consistently generating moderate volumes of trash and/or debris.
  - Priority C: Streets and/or street segments that are designated as generating low volumes of trash and/or debris.
- b) Each Permittee shall perform street sweeping of curbed streets according to the following schedule:
  - Priority A: These streets and/or street segments shall be swept at least two times per month.
  - Priority B: Each Permittee shall ensure that each street and/or street segments is swept at least once per month.
  - Priority C: These streets and/or street segments shall be swept as necessary but in no case less than once per year.
- c) Each Permittee shall require that:
  - (1) Sawcutting wastes be recovered and disposed of properly and that in no case shall waste be left on a roadway or allowed to enter the storm drain;

Amended by Orders R4-2006-0074, R4-2007-0042, and R4-2009-0130, and further amended pursuant to L.A. Superior Court Case No. BS122724

- (2) Concrete and other street and road maintenance materials and wastes shall be managed to prevent discharge to the MS4; and
  - (3) The washout of concrete trucks and chutes shall only occur in designated areas and never discharged to storm drains, open ditches, streets, or catch basins.
- d) Each Permittee shall, no later than August 1, 2002, train their employees in targeted positions (whose interactions, jobs, and activities affect storm water quality) regarding the requirements of the storm water management program to:
- (1) Promote a clear understanding of the potential for maintenance activities to pollute storm water; and
  - (2) Identify and select appropriate BMPs.

For Permittees with a population of 250,000 or more (2000 U.S. Census) training shall be completed no later than February 1, 2003.

#### 7. Parking Facilities Management

Permittee-owned parking lots exposed to storm water shall be kept clear of debris and excessive oil buildup and cleaned no less than 2 times per month and/or inspected no less than 2 times per month to determine if cleaning is necessary. In no case shall a Permittee-owned parking lot be cleaned less than once a month.

#### 8. Public Industrial Activities Management

Each Permittee shall, for any municipal activity considered a discharge of storm water associated with industrial activity, obtain separate coverage under the GIASP except that a municipality under 100,000 in population (1990 U.S. Census) need not file the Notice Of Intent to be covered by said permit until March 10, 2003 (with the exception of power plants, airports, and uncontrolled sanitary landfills).

#### 9. Emergency Procedures

Each Permittee shall repair essential public services and infrastructure in a manner to minimize environmental damage in emergency situations such as: earthquakes; fires; floods; landslides; or windstorms. BMPs shall be implemented to the extent that measures do not compromise public health and safety. After initial emergency response or emergency repair activities have been completed, each Permittee shall implement BMPs and programs as required under this Order.

10. Treatment Feasibility Study

The Permittees in cooperation with the County Sanitation Districts of Los Angeles County shall conduct a study to investigate the possible diversion of dry weather discharges or the use of alternative Treatment Control BMPs to treat flows from their jurisdiction which may impact public health and safety and/or the environment. The Permittees shall collectively review their individual prioritized lists and create a watershed based priority list of drains for potential diversion or treatment and submit the priority listing to the Regional Board Executive Officer, no later than July 1, 2003.

**G. Illicit Connections and Illicit Discharges Elimination Program**

Permittees shall eliminate all illicit connections and illicit discharges to the storm drain system, and shall document, track, and report all such cases in accordance with the elements and performance measures specified in the following subsections.

1. General

- a) Implementation: Each Permittee must develop an Implementation Program which specifies how each Permittee is implementing revisions to the IC/ID Program of the SQMP. This Implementation Program must be documented, and available for review and approval by the Regional Board Executive Officer, upon request.
- b) Tracking: All Permittees shall, no later than February 3, 2003, develop and maintain a listing of all permitted connections to their storm drain system. All Permittees shall map at a scale and in a format specified by the Principal Permittee all illicit connections and discharges on their baseline maps, and shall transmit this information to the Principal Permittee. No later than February 3, 2003, the Principal Permittee shall use this information as well as results of baseline and priority screening for illicit connections (as set forth in subsection 2 below) to start an annual evaluation of patterns and trends of illicit connections and illicit discharges, with the objectives of identifying priority areas for elimination of illicit connections and illicit discharges.
- c) Training: All Permittees shall train all targeted employees who are responsible for identification, investigation, termination, cleanup, and reporting of illicit connections and discharges. For Permittees with a population of less than 250,000 (2000 U.S. Census), training shall be completed no later than August 1, 2002. For Permittees with a population of 250,000 or more (2000 U.S. Census), training shall be completed no later than February 3, 2003. Furthermore, all Permittees shall conduct refresher training on an annual basis thereafter.

Amended by Orders R4-2006-0074, R4-2007-0042, and R4-2009-0130, and further amended pursuant to L.A. Superior Court Case No. BS122724

# Exhibit B



The City of Bellflower

*Families. Businesses. Futures.*

16600 Civic Center Drive, Bellflower, CA 90706

Tel 562.804.1424 Fax 562.925.8660 www.bellflower.org



September 28, 2011

**Certified No. 7011 0110 0000 5656 2638**  
**Return Receipt Requested**

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

**Re: Municipal Storm Water and Urban Runoff Discharges Claim for Payment  
For Fiscal Years 2002 through 2010**

Dear Local Reimbursements Section Staff:

Enclosed you will find the City of Bellflower's Claim for Payment (Form FAM-27 for Program 314) for Fiscal Years 2002 through 2010. If you have any questions regarding this submittal or need any additional information, you may contact me via telephone at (562) 804-1424, ext. 2233 or via e-mail at [biniguez@bellflower.org](mailto:biniguez@bellflower.org).

Sincerely,

**Bernardo Iniguez**  
Environmental Services Manager

Enclosures

Doc 248068

➤ Scott A. Larsen  
Mayor

Dan Koops  
Mayor Pro Tem

Randy Bomgaars  
Council Member

Raymond Dunton  
Council Member

Sonny Santa Ines  
Council Member

**BF\_014**

USPS- GMF STATION  
 LONG BEACH, California  
 908099355  
 0544850015 -0094  
 09/28/2011 (562)494-2296 06:46:35 PM

Sales Receipt			
Product Description	Sale Qty	Unit Price	Final Price
SACRAMENTO CA 94250			\$1.88
Zone-4 First-Class Large Env			
5.20 oz.			
Expected Delivery: Sat 10/01/11			
Return Rcpt (Green Card)			\$2.30
Certified			\$2.85
Label #:	70110110000056562638		
Issue PVI:			\$7.03

Total: \$7.03  
 Paid by: Cash \$10.00  
 Change Due: -\$2.97

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Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.  
 Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.

Bill#: 1000603757047  
 Clerk: 06

All sales final on stamps and postage  
 Refunds for guaranteed services only  
 Thank you for your business

HELP US SERVE YOU BETTER  
 Go to: <https://postalexperience.com/Pos>  
 TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

YOUR OPINION COUNTS

Customer Copy

7011 0110 0000 5656 2638

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

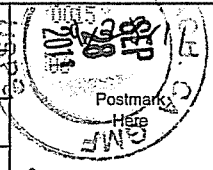
**OFFICIAL USE**

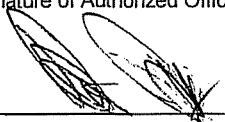
Postage	\$ 1.88
Certified Fee	\$ 2.85
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
<b>Total Price</b>	<b>\$ 7.03</b>

Office of the State Controller  
 Attn: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250

Sent To: \_\_\_\_\_  
 Street, Apt. or PO Box: \_\_\_\_\_  
 City, State: \_\_\_\_\_

PS Form 3800, August 2006 See Reverse for Instructions



<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT</b>		For State Controller Use Only		PROGRAM  314
		(19) Program Number 00314 (20) Date Filed (21) LRS Input		
(01) Claimant Identification Number 3790		Reimbursement Claim Data		
(02) Claimant Name City of Bellflower		(22) FORM-1, (04) A.1.(g)		
County of Location Los Angeles County		(23) FORM-1, (04) A.2.(g)		
Street Address or P.O. Box 16600 Civic Center Drive Suite		(24) FORM-1, (04) A.3.(g)		
City Bellflower State CA Zip Code 90706		(25) FORM-1, (04) A.4.(g)		3,421.17
		Type of Claim	(26) FORM-1, (04) A.5.(g)	
	(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (06)	9,828
	(04)	(10) Combined <input type="checkbox"/>	(28) FORM-1, (07)	66,240.72
	(05)	(11) Amended <input type="checkbox"/>	(29) FORM-1, (08)	
<b>Fiscal Year of Cost</b>		(06)	(12) 2002/2003	(30) FORM-1, (11)
<b>Total Claimed Amount</b>		(07)	(13) 69,661.89	(31) FORM-1, (12)
Less: (refer to attached Instructions)		(14)		(32)
Less: <b>Prior Claim Payment Received</b>		(15)	0	(33)
<b>Net Claimed Amount</b>		(16)	69,661.89	(34)
<b>Due from State</b>		(08)	(17) 69,661.89	(35)
<b>Due to State</b>		(18)		(36)
<b>(37) CERTIFICATION OF CLAIM</b>				
In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.				
I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.				
The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer		Date Signed	09/28/11	
 _____ Bernardo Iniguez, Environmental Services Manager		Telephone Number	562-804-1424, ext. 2233	
		E-mail Address	biniguez@bellflower.org	
Type or Print Name and Title of Authorized Signatory				
(38) Name of Agency Contact Person for Claim		Telephone Number	562-804-1424, ext. 2233	
Bernardo Iniguez, Environmental Services Manager		E-mail Address	biniguez@bellflower.org	
Name of Consulting Firm / Claim Preparer		Telephone Number	_____	
_____		E-mail Address	_____	

<b>PROGRAM</b> <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b> <b>CLAIM SUMMARY</b>	<b>Form</b> <b>1</b>
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(01) Claimant    City of Bellflower	(02) Fiscal Year <u>2002</u> / <u>2003</u>
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(03) Department	Public Works
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Direct Costs	Object Accounts						
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
<b>A. One-time Activities</b>							
1. Identification of locations that are required to have a trash receptacle							
2. Selection/evaluation/and preparation of specifications and drawings							
3. Preparation of contracts/specification review process/advertise/review and award bids							
4. Purchase or construction and installation of receptacles and pads			3,421.17				3,421.17
5. Moving/restoration at old location/and installation at new location							
(05) Total One-time Costs			3,421.17				3,421.17

**Reasonable Reimbursement Methodology (RRM).**

<b>B. Ongoing Activity: Maintain Trash Receptacles and Pads</b>	
(06) Annual number of trash collections (Refer to claiming instructions)	9,828
(07) Total Ongoing Costs	Line (06) x RRM rate 66,240.72

<b>Indirect Costs</b>	
(08) Indirect Cost Rate for A. One-time Activities	[From ICRP or 10%] %
(09) Total Indirect Costs for A. One-time Activities	Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]
(10) Total Direct and Indirect Costs	Line (05)(g) + line (07) + line (09) 69,661.89
(11) Less: Offsetting Revenues	
(12) Less: Other Reimbursements	
(13) Total Claimed Amount	[Line (10) - {line (11) + line (12)}] 69,661.89

<b>Program</b> <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b> <b>ACTIVITY COST DETAIL</b>	<b>Form</b> <b>2</b>
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(01) Claimant    City of Bellflower	(02) Fiscal Year    2002/2003
-------------------------------------	-------------------------------


(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-time Activities**

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input checked="" type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
---	---

(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel
Purchase of trash receptacles	77.17	40			3,421.17			

(05) Total <input checked="" type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>1</u> of <u>1</u>	3,421.17
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<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT</b>		<b>For State Controller Use Only</b>	<b>PROGRAM</b>
		(19) Program Number 00314 (20) Date Filed (21) LRS Input	314
(01) Claimant Identification Number 3790		<b>Reimbursement Claim Data</b>	
(02) Claimant Name City of Bellflower		(22) FORM-1, (04) A.1.(g)	
County of Location Los Angeles County		(23) FORM-1, (04) A.2.(g)	
Street Address or P.O. Box 16600 Civic Center Drive Suite		(24) FORM-1, (04) A.3.(g)	
City Bellflower State CA Zip Code 90706		(25) FORM-1, (04) A.4.(g)	
	<b>Type of Claim</b>	(26) FORM-1, (04) A.5.(g)	
(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (06)	9,828
(04)	(10) Combined <input type="checkbox"/>	(28) FORM-1, (07)	66,240.72
(05)	(11) Amended <input type="checkbox"/>	(29) FORM-1, (08)	
<b>Fiscal Year of Cost</b>	(06) (12) 2003/2004	(30) FORM-1, (11)	
<b>Total Claimed Amount</b>	(07) (13) 66,240.72	(31) FORM-1, (12)	
<b>Less: (refer to attached Instructions)</b>	(14)	(32)	
<b>Less: Prior Claim Payment Received</b>	(15) 0	(33)	
<b>Net Claimed Amount</b>	(16) 66,240.72	(34)	
<b>Due from State</b>	(08) (17) 66,240.72	(35)	
<b>Due to State</b>	(18)	(36)	
<b>(37) CERTIFICATION OF CLAIM</b>			
<p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>			
Signature of Authorized Officer		Date Signed	09/28/11
 _____ Bernardo Iniguez, Environmental Services Manager Type or Print Name and Title of Authorized Signatory		Telephone Number	562-804-1424, ext. 2233
		E-mail Address	biniguez@bellflower.org
(38) Name of Agency Contact Person for Claim		Telephone Number	562-804-1424, ext. 2233
Bernardo Iniguez, Environmental Services Manager		E-mail Address	biniguez@bellflower.org
Name of Consulting Firm / Claim Preparer		Telephone Number	
_____		E-mail Address	

<b>PROGRAM</b> <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b> <b>CLAIM SUMMARY</b>						<b>Form</b> <b>1</b>		
(01) Claimant City of Bellflower				(02)		Fiscal Year <u>2003</u> / <u>2004</u>			
(03) Department		Public Works							
<b>Direct Costs</b>			<b>Object Accounts</b>						
			(a)	(b)	(c)	(d)	(e)	(f)	(g)
(04) Reimbursable Activities			Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel	Total
<b>A. One-time Activities</b>									
1. Identification of locations that are required to have a trash receptacle									
2. Selection/evaluation/and preparation of specifications and drawings									
3. Preparation of contracts/specification review process/advertise/review and award bids									
4. Purchase or construction and installation of receptacles and pads									
5. Moving/restoration at old location/and installation at new location									
(05) Total One-time Costs									
<b>Reasonable Reimbursement Methodology (RRM).</b>									
<b>B. Ongoing Activity: Maintain Trash Receptacles and Pads</b>									
(06) Annual number of trash collections (Refer to claiming instructions)									9,828
(07) Total Ongoing Costs			Line (06) x RRM rate						66,240.72
<b>Indirect Costs</b>									
(08) Indirect Cost Rate for A. One-time Activities			[From ICRP or 10%]						%
(09) Total Indirect Costs for A. One-time Activities			Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]						
(10) Total Direct and Indirect Costs			Line (05)(g) + line (07) + line (09)						66,240.72
(11) Less: Offsetting Revenues									
(12) Less: Other Reimbursements									
(13) Total Claimed Amount			[Line (10) - (line (11) + line (12))]						66,240.72

<b>Program</b>  <span style="font-size: 2em; font-weight: bold;">314</span>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b>  <b>ACTIVITY COST DETAIL</b>	<b>Form</b>  <span style="font-size: 2em; font-weight: bold;">2</span>
---	---	--

(01) Claimant    City of Bellflower	(02) Fiscal Year    2003/2004
-------------------------------------	-------------------------------

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.


**A. One-time Activities**

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
---	--

(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>1</u> of <u>1</u>	
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<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT</b>		For State Controller Use Only		PROGRAM
		(19) Program Number 00314		314
		(20) Date Filed (21) LRS Input		
(01) Claimant Identification Number 3790		<b>Reimbursement Claim Data</b>		
(02) Claimant Name City of Bellflower		(22) FORM-1, (04) A.1.(g)		
County of Location Los Angeles County		(23) FORM-1, (04) A.2.(g)		
Street Address or P.O. Box 16600 Civic Center Drive Suite		(24) FORM-1, (04) A.3.(g)		
City Bellflower State CA Zip Code 90706		(25) FORM-1, (04) A.4.(g)		
		<b>Type of Claim</b>		
(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(26) FORM-1, (04) A.5.(g)	(27) FORM-1, (06)	9,828
(04)	(10) Combined <input type="checkbox"/>	(28) FORM-1, (07)	(29) FORM-1, (08)	66,240.72
(05)	(11) Amended <input type="checkbox"/>			
<b>Fiscal Year of Cost</b>		(06)	(12) 2004/2005	(30) FORM-1, (11)
<b>Total Claimed Amount</b>		(07)	(13) 66,240.72	(31) FORM-1, (12)
Less: (refer to attached Instructions)		(14)		(32)
Less: Prior Claim Payment Received		(15)	0	(33)
<b>Net Claimed Amount</b>		(16)	66,240.72	(34)
<b>Due from State</b>		(08)	(17) 66,240.72	(35)
<b>Due to State</b>		(18)		(36)
<b>(37) CERTIFICATION OF CLAIM</b>				
<p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Officer		Date Signed 09/28/11		
 _____ Bernardo Iniguez, Environmental Services Manager Type or Print Name and Title of Authorized Signatory		Telephone Number		562-804-1424, ext. 2233
		E-mail Address		biniguez@bellflower.org
(38) Name of Agency Contact Person for Claim		Telephone Number		562-804-1424, ext. 2233
Bernardo Iniguez, Environmental Services Manager		E-mail Address		biniguez@bellflower.org
Name of Consulting Firm / Claim Preparer		Telephone Number		_____
_____		E-mail Address		_____

<b>PROGRAM</b> <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b> <b>CLAIM SUMMARY</b>	<b>Form</b> <b>1</b>
(01) Claimant    City of Bellflower		(02) Fiscal Year <u>2004/2005</u>
(03) Department	Public Works	
<b>Direct Costs</b>		<b>Object Accounts</b>
(04) Reimbursable Activities	(a) Salaries	(b) Benefits
	(c) Materials and Supplies	(d) Contract Services
	(e) Fixed Assets	(f) Travel
	(g) Total	
<b>A. One-time Activities</b>		
1. Identification of locations that are required to have a trash receptacle		
2. Selection/evaluation/and preparation of specifications and drawings		
3. Preparation of contracts/specification review process/advertise/review and award bids		
4. Purchase or construction and installation of receptacles and pads		
5. Moving/restoration at old location/and installation at new location		
(05) Total One-time Costs		
<b>Reasonable Reimbursement Methodology (RRM).</b>		
<b>B. Ongoing Activity: Maintain Trash Receptacles and Pads</b>		
(06) Annual number of trash collections (Refer to claiming instructions)		9,828
(07) Total Ongoing Costs	Line (06) x RRM rate	66,240.72
<b>Indirect Costs</b>		
(08) Indirect Cost Rate for A. One-time Activities	[From ICRP or 10%]	%
(09) Total Indirect Costs for A. One-time Activities	Line (05) (a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]	
(10) Total Direct and Indirect Costs	Line (05)(g) + line (07) + line (09)	66,240.72
(11) Less: Offsetting Revenues		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount	[Line (10) - {line (11) + line (12)}]	66,240.72

<b>Program</b>  <span style="font-size: 24pt;"><b>314</b></span>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b>  <b>ACTIVITY COST DETAIL</b>	<b>Form</b>  <span style="font-size: 24pt;"><b>2</b></span>
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(01) Claimant    City of Bellflower	(02) Fiscal Year    2004/2005
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-time Activities**

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
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(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>1</u> of <u>1</u>							
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<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT</b>			<b>For State Controller Use Only</b>	<b>PROGRAM</b>	
			(19) Program Number 00314 (20) Date Filed (21) LRS Input	<b>314</b>	
(01) Claimant Identification Number    3790			<b>Reimbursement Claim Data</b>		
(02) Claimant Name                      City of Bellflower			(22) FORM-1, (04) A.1.(g)		
County of Location                      Los Angeles County			(23) FORM-1, (04) A.2.(g)		
Street Address or P.O. Box    16600 Civic Center Drive                      Suite			(24) FORM-1, (04) A.3.(g)		
City                      Bellflower                      State    CA                      Zip Code    90706			(25) FORM-1, (04) A.4.(g)		
<b>Type of Claim</b>			(26) FORM-1, (04) A.5.(g)		
			(03)                      (09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (06)                      9,828	
			(04)                      (10) Combined <input type="checkbox"/>	(28) FORM-1, (07)                      66,240.72	
			(05)                      (11) Amended <input type="checkbox"/>	(29) FORM-1, (08)	
<b>Fiscal Year of Cost</b> (06)                      (12) 2005/2006			(30) FORM-1, (11)		
<b>Total Claimed Amount</b> (07)                      (13) 66,240.72			(31) FORM-1, (12)		
<b>Less: (refer to attached Instructions)</b> (14)			(32)		
<b>Less: Prior Claim Payment Received</b> (15)                      0			(33)		
<b>Net Claimed Amount</b> (16) 66,240.72			(34)		
<b>Due from State</b> (08)                      (17) 66,240.72			(35)		
<b>Due to State</b> (18)			(36)		
<b>(37) CERTIFICATION OF CLAIM</b>					
In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.					
I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.					
The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.					
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Signature of Authorized Officer			Date Signed                      09/28/11		
			Telephone Number                      562-804-1424, ext. 2233		
			E-mail Address                      biniguez@bellflower.org		
Bernardo Iniguez, Environmental Services Manager			biniguez@bellflower.org		
Type or Print Name and Title of Authorized Signatory			biniguez@bellflower.org		
(38) Name of Agency Contact Person for Claim			Telephone Number                      562-804-1424, ext. 2233		
Bernardo Iniguez, Environmental Services Manager			E-mail Address                      biniguez@bellflower.org		
Name of Consulting Firm / Claim Preparer			Telephone Number		
_____			E-mail Address		

<b>PROGRAM</b> <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b> <b>CLAIM SUMMARY</b>						<b>Form</b> <b>1</b>			
(01) Claimant City of Bellflower				(02) Fiscal Year		2005/2006				
(03) Department		Public Works								
<b>Direct Costs</b>				<b>Object Accounts</b>						
				(a)	(b)	(c)	(d)	(e)	(f)	(g)
(04) Reimbursable Activities				Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel	Total
<b>A. One-time Activities</b>										
1. Identification of locations that are required to have a trash receptacle										
2. Selection/evaluation/and preparation of specifications and drawings										
3. Preparation of contracts/specification review process/advertise/review and award bids										
4. Purchase or construction and installation of receptacles and pads										
5. Moving/restoration at old location/and installation at new location										
(05) Total One-time Costs										
<b>Reasonable Reimbursement Methodology (RRM).</b>										
<b>B. Ongoing Activity: Maintain Trash Receptacles and Pads</b>										
(06) Annual number of trash collections (Refer to claiming instructions)										9,828
(07) Total Ongoing Costs <span style="float:right">Line (06) x RRM rate</span>										66,240.72
<b>Indirect Costs</b>										
(08) Indirect Cost Rate for A. One-time Activities <span style="float:right">[From ICRP or 10%]</span>										%
(09) Total Indirect Costs for A. One-time Activities <span style="float:right">Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]</span>										
(10) Total Direct and Indirect Costs <span style="float:right">Line (05)(g)+ line (07) + line (09)</span>										66,240.72
(11) Less: Offsetting Revenues										
(12) Less: Other Reimbursements										
(13) Total Claimed Amount <span style="float:right">[Line (10) - {line (11) + line (12)}]</span>										66,240.72

<b>Program</b>  <span style="font-size: 24pt;"><b>314</b></span>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b>  <b>ACTIVITY COST DETAIL</b>	<b>Form</b>  <span style="font-size: 24pt;"><b>2</b></span>
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(01) Claimant    City of Bellflower	(02) Fiscal Year    2005/2006
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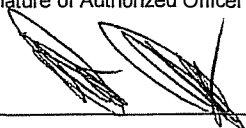
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-time Activities**

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
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(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>1</u> of <u>1</u>	
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<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT</b>		For State Controller Use Only		PROGRAM  314
		(19) Program Number 00314 (20) Date Filed (21) LRS Input		
(01) Claimant Identification Number 3790		Reimbursement Claim Data		
(02) Claimant Name City of Bellflower		(22) FORM-1, (04) A.1.(g)		
County of Location Los Angeles County		(23) FORM-1, (04) A.2.(g)		
Street Address or P.O. Box 16600 Civic Center Drive Suite		(24) FORM-1, (04) A.3.(g)		
City Bellflower State CA Zip Code 90706		(25) FORM-1, (04) A.4.(g)		
		(26) FORM-1, (04) A.5.(g)		
		(27) FORM-1, (06)		9,828
		(28) FORM-1, (07)		66,240.72
		(29) FORM-1, (08)		
<b>Fiscal Year of Cost</b>		(06)	(12) 2006/2007	(30) FORM-1, (11)
<b>Total Claimed Amount</b>		(07)	(13) 66,240.72	(31) FORM-1, (12)
Less: (refer to attached instructions)		(14)		(32)
Less: <b>Prior Claim Payment Received</b>		(15)	0	(33)
<b>Net Claimed Amount</b>		(16)	66,240.72	(34)
<b>Due from State</b>		(08)	(17) 66,240.72	(35)
<b>Due to State</b>		(18)		(36)
<b>(37) CERTIFICATION OF CLAIM</b>				
In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.				
I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.				
The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer		Date Signed 09/28/11		
 _____ Bernardo Iniguez, Environmental Services Manager Type or Print Name and Title of Authorized Signatory		Telephone Number		562-804-1424, ext. 2233
		E-mail Address		biniguez@bellflower.org
(38) Name of Agency Contact Person for Claim		Telephone Number		562-804-1424, ext. 2233
Bernardo Iniguez, Environmental Services Manager		E-mail Address		biniguez@bellflower.org
Name of Consulting Firm / Claim Preparer		Telephone Number		_____
_____		E-mail Address		_____

<b>PROGRAM</b> <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b> <b>CLAIM SUMMARY</b>	<b>Form</b> <b>1</b>					
(01) Claimant    City of Bellflower		(02) Fiscal Year <u>2006/2007</u>					
(03) Department	Public Works						
<b>Direct Costs</b>	<b>Object Accounts</b>						
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
<b>A. One-time Activities</b>							
1. Identification of locations that are required to have a trash receptacle							
2. Selection/evaluation/and preparation of specifications and drawings							
3. Preparation of contracts/specification review process/advertise/review and award bids							
4. Purchase or construction and installation of receptacles and pads							
5. Moving/restoration at old location/and installation at new location							
(05) Total One-time Costs							
<b>Reasonable Reimbursement Methodology (RRM).</b>							
<b>B. Ongoing Activity: Maintain Trash Receptacles and Pads</b>							
(06) Annual number of trash collections (Refer to claiming instructions)							9,828
(07) Total Ongoing Costs	Line (06) x RRM rate						66,240.72
<b>Indirect Costs</b>							
(08) Indirect Cost Rate for A. One-time Activities	[From ICRP or 10%]						%
(09) Total Indirect Costs for A. One-time Activities	Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]						
(10) Total Direct and Indirect Costs	Line (05)(g) + line (07) + line (09)						66,240.72
(11) Less: Offsetting Revenues							
(12) Less: Other Reimbursements							
(13) Total Claimed Amount	[Line (10) - {line (11) + line (12)}]						66,240.72



<b>Program</b>  <span style="font-size: 24pt;"><b>314</b></span>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b>  <b>ACTIVITY COST DETAIL</b>	<b>Form</b>  <span style="font-size: 24pt;"><b>2</b></span>
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(01) Claimant    City of Bellflower	(02) Fiscal Year    2006/2007
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-time Activities**

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
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(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>1</u> of <u>1</u>	
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<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT</b>		<b>For State Controller Use Only</b>		<b>PROGRAM</b>
		(19) Program Number 00314 (20) Date Filed (21) LRS Input	<b>314</b>	
(01) Claimant Identification Number 3790		<b>Reimbursement Claim Data</b>		
(02) Claimant Name City of Bellflower		(22) FORM-1, (04) A.1.(g)		
County of Location Los Angeles County		(23) FORM-1, (04) A.2.(g)		
Street Address or P.O. Box 16600 Civic Center Drive Suite		(24) FORM-1, (04) A.3.(g)		
City Bellflower State CA Zip Code 90706		(25) FORM-1, (04) A.4.(g)		
	<b>Type of Claim</b>		(26) FORM-1, (04) A.5.(g)	
(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (06)		9,828
(04)	(10) Combined <input type="checkbox"/>	(28) FORM-1, (07)		66,240.72
(05)	(11) Amended <input type="checkbox"/>	(29) FORM-1, (08)		
<b>Fiscal Year of Cost</b>	(06)	(12) 2007/2008	(30) FORM-1, (11)	
<b>Total Claimed Amount</b>	(07)	(13) 66,240.72	(31) FORM-1, (12)	
<b>Less: (refer to attached Instructions)</b>		(14)	(32)	
<b>Less: Prior Claim Payment Received</b>		(15) 0	(33)	
<b>Net Claimed Amount</b>		(16) 66,240.72	(34)	
<b>Due from State</b>	(08)	(17) 66,240.72	(35)	
<b>Due to State</b>		(18)	(36)	
<b>(37) CERTIFICATION OF CLAIM</b>				
<p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Officer		Date Signed	09/28/11	
 _____ Bernardo Iniguez, Environmental Services Manager Type or Print Name and Title of Authorized Signatory		Telephone Number	562-804-1424, ext. 2233	
		E-mail Address	biniguez@bellflower.org	
(38) Name of Agency Contact Person for Claim		Telephone Number	562-804-1424, ext. 2233	
Bernardo Iniguez, Environmental Services Manager		E-mail Address	biniguez@bellflower.org	
Name of Consulting Firm / Claim Preparer		Telephone Number	_____	
_____		E-mail Address	_____	

<b>PROGRAM</b>  <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b>  <b>CLAIM SUMMARY</b>	<b>Form</b>  <b>1</b>					
(01) Claimant    City of Bellflower		(02) Fiscal Year <u>20072008</u>					
(03) Department	Public Works						
<b>Direct Costs</b>	<b>Object Accounts</b>						
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
<b>A. One-time Activities</b>							
1. Identification of locations that are required to have a trash receptacle							
2. Selection/evaluation/and preparation of specifications and drawings							
3. Preparation of contracts/specification review process/advertise/review and award bids							
4. Purchase or construction and installation of receptacles and pads							
5. Moving/restoration at old location/and installation at new location							
(05) Total One-time Costs							
<b>Reasonable Reimbursement Methodology (RRM).</b>							
<b>B. Ongoing Activity: Maintain Trash Receptacles and Pads</b>							
(06) Annual number of trash collections (Refer to claiming instructions)							9,828
(07) Total Ongoing Costs	Line (06) x RRM rate						66,240.72
<b>Indirect Costs</b>							
(08) Indirect Cost Rate for A. One-time Activities	[From ICRP or 10%]						%
(09) Total Indirect Costs for A. One-time Activities	Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]						
(10) Total Direct and Indirect Costs	Line (05)(g)+ line (07) + line (09)						66,240.72
(11) Less: Offsetting Revenues							
(12) Less: Other Reimbursements							
(13) Total Claimed Amount	[Line (10) - {line (11) + line (12)}]						66,240.72

<b>Program</b>  <span style="font-size: 24pt;"><b>314</b></span>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b>  <b>ACTIVITY COST DETAIL</b>	<b>Form</b>  <span style="font-size: 24pt;"><b>2</b></span>
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(01) Claimant    City of Bellflower	(02) Fiscal Year    2007/2008
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-time Activities**

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
---	--

(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>1</u> of <u>1</u>	
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<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT</b>		<b>For State Controller Use Only</b>		<b>PROGRAM</b>
		(19) Program Number 00314 (20) Date Filed (21) LRS Input		<b>314</b>
(01) Claimant Identification Number 3790		<b>Reimbursement Claim Data</b>		
(02) Claimant Name City of Bellflower		(22) FORM-1, (04) A.1.(g)		
County of Location Los Angeles County		(23) FORM-1, (04) A.2.(g)		
Street Address or P.O. Box 16600 Civic Center Drive Suite		(24) FORM-1, (04) A.3.(g)		
City Bellflower State CA Zip Code 90706		(25) FORM-1, (04) A.4.(g)		
	<b>Type of Claim</b>		(26) FORM-1, (04) A.5.(g)	
(03)	(09) Reimbursement	<input checked="" type="checkbox"/>	(27) FORM-1, (06)	9,828
(04)	(10) Combined	<input type="checkbox"/>	(28) FORM-1, (07)	66,240.72
(05)	(11) Amended	<input type="checkbox"/>	(29) FORM-1, (08)	
<b>Fiscal Year of Cost</b>	(06)	(12) 2008/2009	(30) FORM-1, (11)	
<b>Total Claimed Amount</b>	(07)	(13) 66,240.72	(31) FORM-1, (12)	
Less: (refer to attached Instructions)		(14)	(32)	
Less: <b>Prior Claim Payment Received</b>		(15) 0	(33)	
<b>Net Claimed Amount</b>		(16) 66,240.72	(34)	
<b>Due from State</b>	(08)	(17) 66,240.72	(35)	
<b>Due to State</b>		(18)	(36)	
<b>(37) CERTIFICATION OF CLAIM</b>				
<p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Officer		Date Signed 09/28/11		
 _____ Bernardo Iniguez, Environmental Services Manager Type or Print Name and Title of Authorized Signatory		Telephone Number 562-804-1424, ext. 2233		
		E-mail Address biniguez@bellflower.org		
(38) Name of Agency Contact Person for Claim		Telephone Number 562-804-1424, ext. 2233		
Bernardo Iniguez, Environmental Services Manager		E-mail Address biniguez@bellflower.org		
Name of Consulting Firm / Claim Preparer		Telephone Number		
_____		E-mail Address		

<b>PROGRAM</b> <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b> <b>CLAIM SUMMARY</b>						<b>Form</b> <b>1</b>		
(01) Claimant City of Bellflower				(02) Fiscal Year <u>2008</u> <del>2009</del>					
(03) Department		Public Works							
<b>Direct Costs</b>			<b>Object Accounts</b>						
(04) Reimbursable Activities			(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
<b>A. One-time Activities</b>									
1. Identification of locations that are required to have a trash receptacle									
2. Selection/evaluation/and preparation of specifications and drawings									
3. Preparation of contracts/specification review process/advertise/review and award bids									
4. Purchase or construction and installation of receptacles and pads									
5. Moving/restoration at old location/and installation at new location									
(05) Total One-time Costs									
<b>Reasonable Reimbursement Methodology (RRM).</b>									
<b>B. Ongoing Activity: Maintain Trash Receptacles and Pads</b>									
(06) Annual number of trash collections (Refer to claiming instructions)									9,828
(07) Total Ongoing Costs <span style="float:right;">Line (06) x RRM rate</span>									66,240.72
<b>Indirect Costs</b>									
(08) Indirect Cost Rate for A. One-time Activities <span style="float:right;">[From ICRP or 10%]</span>									%
(09) Total Indirect Costs for A. One-time Activities <span style="float:right;">Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]</span>									
(10) Total Direct and Indirect Costs <span style="float:right;">Line (05)(g) + line (07) + line (09)</span>									66,240.72
(11) Less: Offsetting Revenues									
(12) Less: Other Reimbursements									
(13) Total Claimed Amount <span style="float:right;">[Line (10) - {line (11) + line (12)}]</span>									66,240.72

<b>Program</b>  <span style="font-size: 24pt;"><b>314</b></span>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b>  <b>ACTIVITY COST DETAIL</b>	<b>Form</b>  <span style="font-size: 24pt;"><b>2</b></span>
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(01) Claimant    City of Bellflower	(02) Fiscal Year    2008/2009
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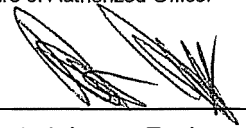
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-time Activities**

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
---	--

(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>1</u> of <u>1</u>	
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<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT</b>		For State Controller Use Only		PROGRAM  314
		(19) Program Number 00314 (20) Date Filed (21) LRS Input		
(01) Claimant Identification Number 3790		Reimbursement Claim Data		
(02) Claimant Name City of Bellflower		(22) FORM-1, (04) A.1.(g)		
County of Location Los Angeles County		(23) FORM-1, (04) A.2.(g)		
Street Address or P.O. Box 16600 Civic Center Drive Suite		(24) FORM-1, (04) A.3.(g)		
City Bellflower State CA Zip Code 90706		(25) FORM-1, (04) A.4.(g)		
		Type of Claim		
(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(26) FORM-1, (04) A.5.(g)		
(04)	(10) Combined <input type="checkbox"/>	(27) FORM-1, (06)	9,828	
(05)	(11) Amended <input type="checkbox"/>	(28) FORM-1, (07)	66,633.84	
		(29) FORM-1, (08)		
<b>Fiscal Year of Cost</b>		(06)	(12) 2009/2010	(30) FORM-1, (11)
<b>Total Claimed Amount</b>		(07)	(13) 66,633.84	(31) FORM-1, (12)
Less: (refer to attached Instructions)		(14)		(32)
Less: Prior Claim Payment Received		(15)	0	(33)
<b>Net Claimed Amount</b>		(16)	66,633.84	(34)
<b>Due from State</b>		(08)	(17) 66,633.84	(35)
<b>Due to State</b>		(18)		(36)
(37) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Officer		Date Signed		09/28/11
		Telephone Number		562-804-1424, ext. 2233
		E-mail Address		biniguez@bellflower.org
Type or Print Name and Title of Authorized Signatory				
(38) Name of Agency Contact Person for Claim		Telephone Number		562-804-1424, ext. 2233
Bernardo Iniguez, Environmental Services Manager		E-mail Address		biniguez@bellflower.org
Name of Consulting Firm / Claim Preparer		Telephone Number		
		E-mail Address		



<b>PROGRAM</b> <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b> <b>CLAIM SUMMARY</b>						<b>Form</b> <b>1</b>				
(01) Claimant City of Bellflower				(02)		Fiscal Year <u>20092010</u>					
(03) Department		Public Works									
<b>Direct Costs</b>				<b>Object Accounts</b>							
(04) Reimbursable Activities				(a)	(b)	(c)	(d)	(e)	(f)	(g)	
				Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel	Total	
<b>A. One-time Activities</b>											
1. Identification of locations that are required to have a trash receptacle											
2. Selection/evaluation/and preparation of specifications and drawings											
3. Preparation of contracts/specification review process/advertise/review and award bids											
4. Purchase or construction and installation of receptacles and pads											
5. Moving/restoration at old location/and installation at new location											
(05) Total One-time Costs											
<b>Reasonable Reimbursement Methodology (RRM).</b>											
<b>B. Ongoing Activity: Maintain Trash Receptacles and Pads</b>											
(06) Annual number of trash collections (Refer to claiming instructions)										9,828	
(07) Total Ongoing Costs				Line (06) x RRM rate						66,633.84	
<b>Indirect Costs</b>											
(08) Indirect Cost Rate for A. One-time Activities				[From ICRP or 10%]						%	
(09) Total Indirect Costs for A. One-time Activities				Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]							
(10) Total Direct and Indirect Costs				Line (05)(g)+ line (07) + line (09)						66,633.84	
(11) Less: Offsetting Revenues											
(12) Less: Other Reimbursements											
(13) Total Claimed Amount				[Line (10) - {line (11) + line (12)}]						66,633.84	

<b>Program</b>  <span style="font-size: 24pt; font-weight: bold;">314</span>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b>  <b>ACTIVITY COST DETAIL</b>	<b>Form</b>  <span style="font-size: 24pt; font-weight: bold;">2</span>
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(01) Claimant    City of Bellflower	(02) Fiscal Year    2009/2010
-------------------------------------	-------------------------------

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-time Activities**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle<br><input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings<br><input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids | <input type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads<br><input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location |
|---|--|

(04) Description of Expenses	<b>Object Accounts</b>
------------------------------	------------------------

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>1</u> of <u>1</u>	
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# Exhibit C

# GUIDELINES

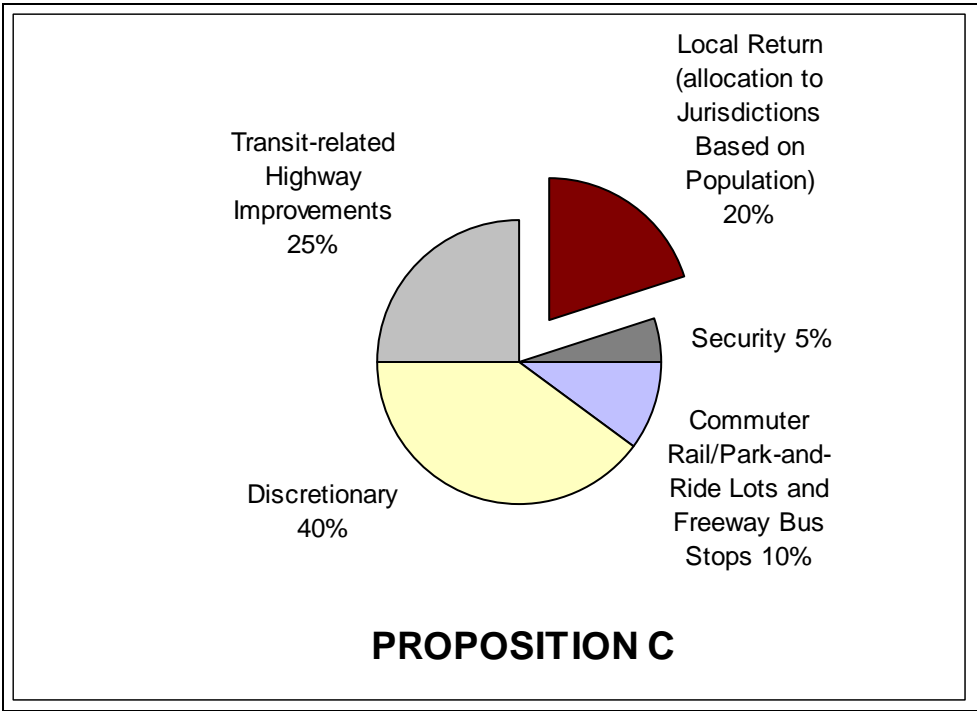
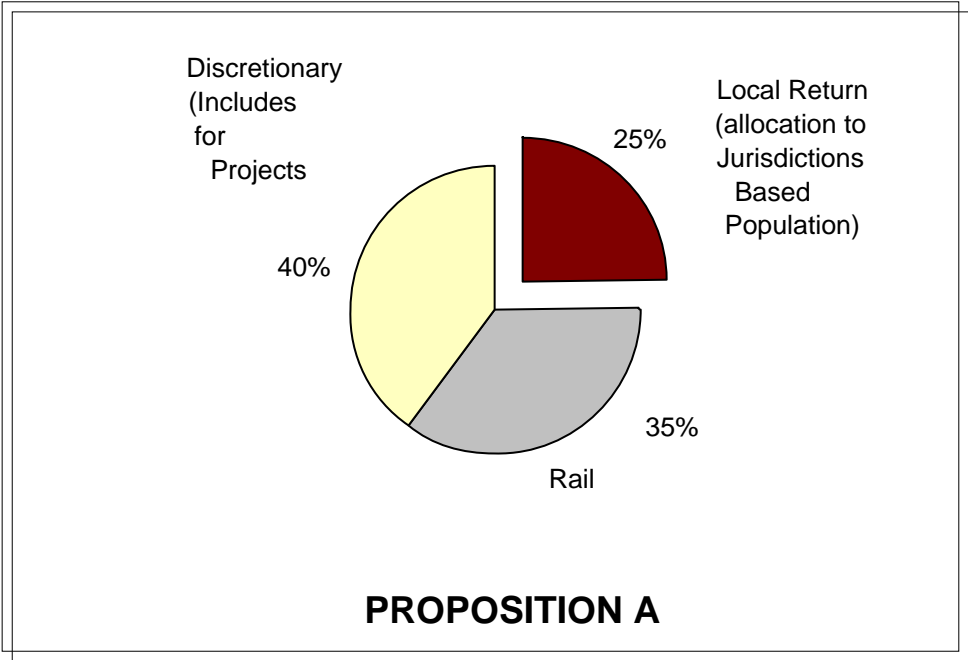
## Proposition A and Proposition C LOCAL RETURN



Metro

**Metro Board Approved**  
**FY 2006-07**

**PROPOSITION A AND PROPOSITION C  
DISTRIBUTION**



## TABLE OF CONTENTS

<b>I. PROGRAM SUMMARY</b>	1
A. Introduction	1
B. General Provisions Concerning Proposition A and Proposition C Local Return Expenditures	1
C. Proposition A and Proposition C Form and Submittal Requirements	3
D. Process Flow Chart of Obtaining and Expending Local Return Funds	3
<b>II. PROJECT ELIGIBILITY (Project Codes)</b>	5
<b>A. Eligible Uses of Proposition A and Proposition C</b>	5
1. Public Transit Services - Operating (110, 120, 130, and 140)	5
1.1 Fixed Route Service (110)	5
1.2 Paratransit Service (120 & 130)	6
Non-exclusive School Service	6
Specialized Public Transit	6
1.3 Recreational Transit Service (140)	7
2. Bus Stop Improvements and Maintenance (150, 160, and 170)	7
3. Public Transit - Capital (180, 190, and 200)	8
4. Transit Systems Management (Bus Priority) (210)	8
5. Transit Security (220 and 230)	9
6. Fare Subsidy (240 and 250)	9
7. Transportation Planning (270)	9
8. Transit Marketing (280)	10
9. Park-and-Ride Lots (290)	10
10. Transit Facilities and Transportation Enhancements (300 and 310)	10
11. Metro Rail Capital - (320)	11
12. Right-of-Way Improvements (350)	11
13. Commuter Rail (360 and 370)	11
14. Capital Reserve (380)	12
15. Direct Administration (480)	12
16. Other (500)	12
<b>B. Exclusive Uses of Proposition A Funds</b>	13
1. Signal Synchronization (400)	13
2. Fund Exchange (405)	13
3. Transportation Demand Management (410)	14
<b>C. Exclusive Uses of Proposition C Funds</b>	15
1. Signal Synchronization and Traffic Management (400)	15
2. Transportation Demand Management (410)	16
3. Congestion Management Program (420)	17
4. Bikeways and Bike Lanes (430)	18
5. Street Improvement and Maintenance (440, 450 and 460)	18
6. Pavement Management System (470)	20

**TABLE OF CONTENTS**

**III. METRO'S ADMINISTRATIVE PROCESS**..... 21

    A. Reporting Requirements for Jurisdictions ..... 21

        Standard Assurances Form ..... 21

        Proposition A and Proposition C Local Return Forms (Form A, Form B, and Form C)..... 21

    B. Appeal of Eligibility ..... 23

    C. Governing Body Authorization ..... 23

    D. Environmental Review Responsibility ..... 23

    E. Project Description Forms and the Proposition A and Proposition C 40% Disc. Program ..... 23

    F. Annual Project Update Submittals by Recipients of Metro Formula Funds..... 24

    G. Other Responsibilities of Local Jurisdictions ..... 24

    H. Americans With Disabilities Act Maintenance of Effort (MOE) ..... 24

    I. Service Coordination Process ..... 24

        1. Implementing a Proposed New/Modified Transit /Paratransit Service..... 25

        2. Seasonal or Emergency Temporary Service ..... 26

        3. Contracting with Other Service Providers ..... 26

    J. Capital Reserve Process - Approval Procedure ..... 26

    K. Fund Exchange ..... 27

    L. Loaning LR Funds Between Jurisdictions (For Proposition A Only)..... 27

    M. Giving Proposition C LR Funds to Another Jurisdiction..... 27

    N. Reimbursement ..... 28

**IV. FINANCE SECTION** ..... 28

    A. Metro's Method of Apportionment..... 28

    B. Metro's Fund Disbursement ..... 28

    C. Accounting for Proposition A And Proposition C Revenues and Expenditures by Jurisdictions ..... 28

        1. Establishing a Separate Account..... 28

        2. Exceptions for Recipients of TDA Article 4 Funds ..... 29

        3. Pooling of Funds..... 29

        4. Interest and Other Earned Income ..... 29

        5. Project Revenue ..... 29

        6. Inter-Fund Transfers ..... 29

        7. Unexpended Project Funds ..... 29

        8. Ongoing Operating Projects..... 30

        9. Carryover Capital Projects..... 30

        10. Reimbursement ..... 30

    D. Non-Substitution of Funds..... 30

    E. Timely Use of Funds..... 30

        1. Proposition A and Proposition C Funds ..... 30

        2. Determining Compliance with Timely Use Provision ..... 31

        3. Extension of Timely Use Provision ..... 31

    F. Relationship to TDA Entry and Formula Distribution ..... 31

    G. National Transit Database (NTD)..... 31

    H. Repayment of Funds for Fixed Asset Purchases..... 31

**TABLE OF CONTENTS**

V. **AUDIT SECTION**..... 33  
A. Financial and Compliance Provisions..... 33  
B. Audit Deliverables ..... 35  
C. Suspension or Revocation ..... 35

**TABLE OF APPENDICES**

APPENDIX I - SUMMARY OF PROPOSITION A AND PROPOSITION C USES ..... 36  
APPENDIX II - ASSURANCES AND UNDERSTANDINGS ..... 37  
APPENDIX III - PAVEMENT MANAGEMENT SYSTEM CERTIFICATION ..... 39  
APPENDIX IV - SAMPLE CAPITAL RESERVE AGREEMENT ..... 40  
APPENDIX V - SAMPLE FUND EXCHANGE AGREEMENT..... 43  
APPENDIX VI - ITS POLICY AND PROCEDURES ..... 45  
APPENDIX VII - ELIGIBLE RECREATIONAL TRANSIT SERVICE AREA MAP..... 48  
APPENDIX VIII - PROJECT FORMS A, B AND C, INSTRUCTIONS AND CODES ..... 49  
PROJECT DESCRIPTION FORM (FORM A)  
ANNUAL PROJECT UPDATE (FORM B) AND  
ANNUAL EXPENDITURE REPORT (FORM C)  
APPENDIX IX - GLOSSARY OF TERMS USED IN LOCAL RETURN GUIDELINES ..... 56  
ACKNOWLEDGEMENTS ..... 65



**I. PROGRAM SUMMARY**

**A. INTRODUCTION**

The Proposition A and Proposition C Programs are funded by two 1/2 cent sales tax measures approved by Los Angeles County voters to finance a Transit Development Program. The Proposition A tax measure was approved in 1980 and the Proposition C tax measure was approved in 1990. Collection of the taxes began on July 1, 1982, and April 1, 1991, respectively.

Twenty-five percent of the Proposition A tax and twenty percent of the Proposition C tax is designated for the Local Return (LR) Program funds to be used by cities and the County (Jurisdictions) in developing and/or improving public transit, paratransit, and the related transportation infrastructure.

LR funds are allocated and distributed monthly to Jurisdictions on a "per capita" basis by the Los Angeles County Metropolitan Transportation Authority (Metro).

**1. PROPOSITION A LOCAL RETURN FUNDS**

The Proposition A Ordinance requires that LR funds be used exclusively to benefit public transit. Expenditures related to fixed route and paratransit services, Transportation Demand Management, Transportation Systems Management and fare subsidy programs that exclusively benefit transit are all eligible uses of Proposition A LR funds. Proposition A LR funds may also be traded to other Jurisdictions in exchange for general or other funds.

**2. PROPOSITION C LOCAL RETURN FUNDS**

The Proposition C Ordinance directs that the LR funds also be used to benefit public transit, as described above, but provides an expanded list of eligible project expenditures including, Congestion Management Programs, bikeways and bike lanes, street improvements supporting public transit service, and Pavement Management System projects. Proposition C funds cannot be traded.

The tables in Appendix I, page 36, summarize the Proposition A and Proposition C LR Programs and the respective eligible project expenditures.

**B. GENERAL PROVISIONS CONCERNING PROPOSITION A AND PROPOSITION C LOCAL RETURN EXPENDITURES**

Jurisdictions are required to use LR funds for developing and/or improving public transit service. As a general rule, an expenditure that is eligible for funding under one or more existing state or federal transit funding programs would also be an eligible LR fund expenditure provided that the project does not duplicate an existing regional or municipal transit service, project or program.

Allocation of LR funds to and expenditure by Jurisdictions shall be subject to the following conditions:

1. **TIMELY USE OF FUNDS**

Metro will enforce regulations to insure the timely use of LR funds. Under the Proposition A and Proposition C Ordinances, Jurisdictions have three years to expend LR funds. Funds must be expended within three years of the last day of the fiscal year in which funds were originally allocated. Therefore, by method of calculation, each Jurisdiction has the Fiscal Year of allocation plus three years to expend Proposition A and/or Proposition C funds. For example, a Jurisdiction receiving funds during FY 2005-06 must expend those funds, and any interest or other income earned from Proposition A and/or Proposition C projects, by June 30, 2009.

2. **AUDIT OF PROPOSITION A AND PROPOSITION C FUNDS**

Jurisdictions shall annually account, through a fiscal and compliance audit, to Metro on the use of LR funds. The Audit Section, (Section V, page 33), details Project Expenditure Criteria, Allowable Costs, Audit Deliverables, and Administrative Accounting Procedures.

3. **INELIGIBLE USE OF FUNDS**

If LR funds have been expended prior to Metro approval and/or used for ineligible purposes, Jurisdictions will be required to reimburse their Proposition A or C LR account, including interest and/or earned income, as indicated in the Audit Section (page 33).

Stand alone projects, such as, lighting, landscaping, traffic signals, storm drains, or Transportation Planning projects unrelated to an eligible project, are not eligible.

4. **STANDARD ASSURANCES**

If a new Jurisdiction is formed within Los Angeles County, Metro will require that a Standard Assurances and Understanding agreement be submitted prior to participation in the LR Program. A sample Standard Assurance and Understanding Agreement form is included as Appendix II (see page 37).

C. **PROPOSITION A AND PROPOSITION C FORMS AND SUBMITTAL REQUIREMENTS**

To maintain eligibility and meet LR Program compliance requirements, Jurisdictions shall submit a Project Description (Form A) as required, an Annual Project Update (Form B) and Annual Expenditure Report (Form C). Form submittal information is detailed in the Administrative Process section, page 21. Sample forms along with instructions for their completion are included as Appendix VIII (page 49). An electronic version is available on the website @www.Metro.net (under Projects/Programs; Local Return Program).

Project Description Form (Form A)

Jurisdictions shall submit for approval a Project Description Form prior to the expenditure of funds for: 1) a new project; 2) a new route; 3) a 25 percent change (increase or decrease) in route or revenue vehicle miles for an established LR funded transit service; 4) a 0.75 miles or greater service change that duplicates/overlays an existing transit service; or 5) a 25 percent or greater change in an approved LR project budget or scope on all operating or capital LR projects.

Annual Project Update (Form B)

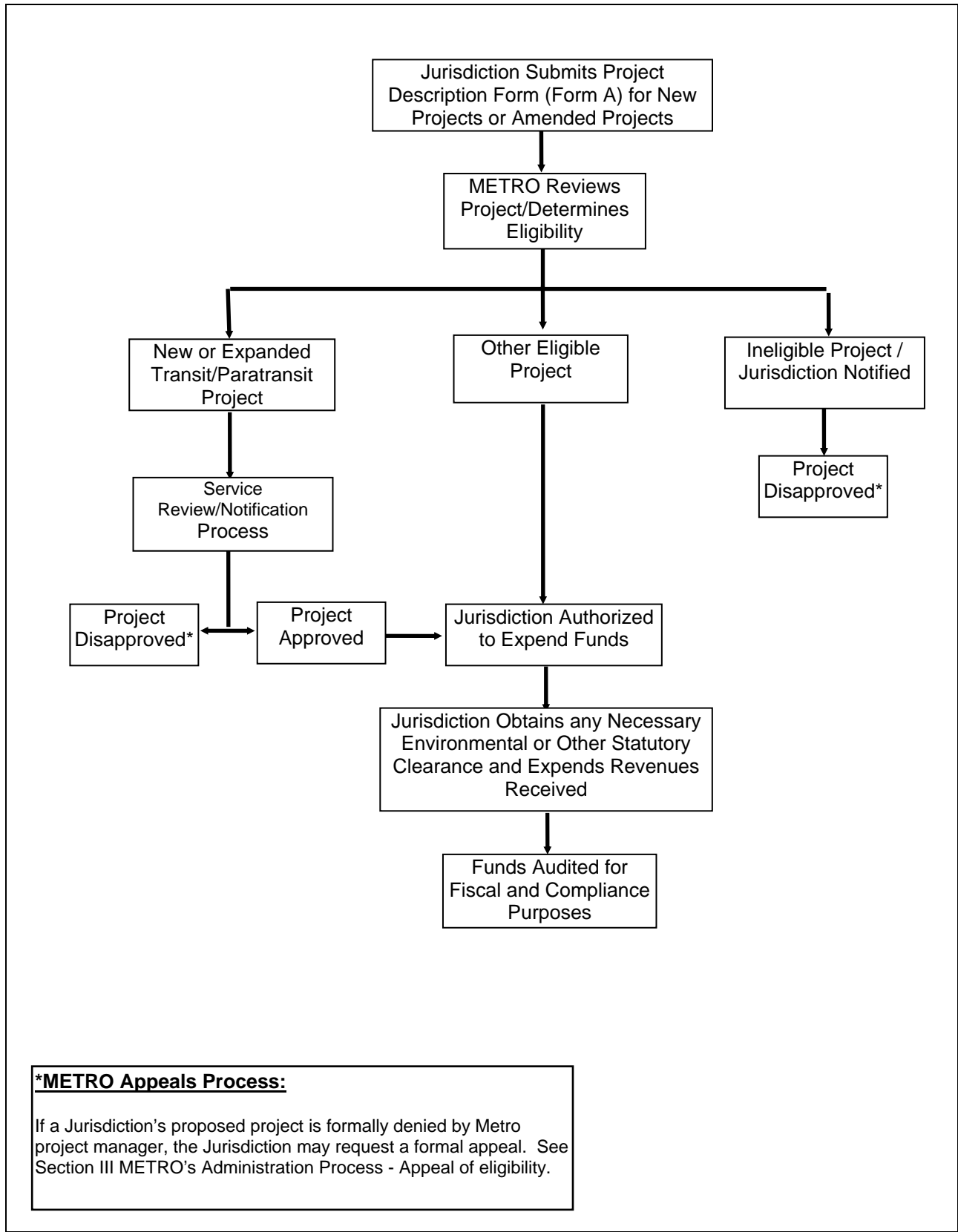
Jurisdictions shall submit on or before August 1 of each fiscal year an Annual Project Update to provide current information on all approved on-going and carryover LR projects. Metro will review and accept or return the report for changes. Cities shall report the anticipated expenditure cash flow amounts for the covered fiscal year.

Annual Expenditure Report (Form C)

On or before October 15th of each fiscal year, the Jurisdictions shall submit an Annual Expenditure Report to provide an update on previous year LR fund receipts and expenditures.

The following provides a summary of form use and due dates:

<u>FORM</u>	<u>DETERMINATION</u>	<u>DUE DATE</u>
Project Description Form - Form A	New and amended projects	Any time during the year
Annual Project Update - Form B	All on-going and/or capital (carryover) projects	August 1 <sup>st</sup> of each year
Annual Expenditure Report - Form C	Report expenditures	October 15 <sup>th</sup> of each year



**\*METRO Appeals Process:**  
 If a Jurisdiction's proposed project is formally denied by Metro project manager, the Jurisdiction may request a formal appeal. See Section III METRO's Administration Process - Appeal of eligibility.

## **II. PROJECT ELIGIBILITY**

The Proposition A and Proposition C Ordinances specify that LR funds are to be used for “public transit purposes” as defined by the following: “A proposed expenditure of funds shall be deemed to be for public transit purposes to the extent that it can reasonably be expected to sustain or improve the quality and safety of and/or access to public transit services by the general public or those requiring special public transit assistance”.

For simplification and user ease, project categories that share common eligibility requirements and/or project code designations are defined and listed as either Proposition A and Proposition C Eligible, Proposition A Exclusive, or Proposition C Exclusive. Local Return can be used as a match to grant programs such as the Metro Call for Projects, the Safe Routes to School, and the Hazard Elimination and Safety programs, so long as the projects are LR eligible. Note: The following project eligibility criteria provide for general guidance only and are not the sole determinant for project approval. The authority to determine the eligibility of an expenditure rests solely with Metro. Jurisdictions may appeal projects deemed ineligible as described in Section III, Metro’s Administrative Process, page 23.

### **A. ELIGIBLE USES OF PROPOSITION A AND PROPOSITION C**

#### **1. PUBLIC TRANSIT SERVICES - OPERATING (Codes 110,120, 130 & 140)**

New or expanded Transit or Paratransit services are subject to review under the Service Coordination Process (SCP) as detailed in Section III, page 24. The process will, in part, determine the proposed service’s compatibility with the existing regional bus transit system provided by Metro and services provided by the municipal transit operators. Metro may request that modification be made to proposed services that duplicate or compete with existing services. Proposed services must also meet the criteria outlined under Non-exclusive School Service and Specialized Transit discussed on the following page. Note that Emergency Medical Transportation is not an eligible use of LR funds.

**Examples of Fixed Route, Paratransit, and Recreational Transit Service projects follow:**

#### **1.1 FIXED ROUTE SERVICE (Project Code 110)**

- New fixed route or Flexible Destination bus service
- Extension or augmentation of an existing bus route(s)
- Contracting with a transit operator or private provider for commuter bus service
- Contracting with a transit in an adjacent county to provide transit within Los Angeles County
- Operating subsidy to existing municipal or regional bus operator
- Service enhancements related to Bus/rail Interface
- ADA improvements to fixed route operations
- Shuttle service between activity centers

## 1.2 PARATRANSIT SERVICE (Project Codes 120 & 130)

- Expansion/ coordination of existing paratransit service
- Subsidized, shared-ride taxi service for disadvantaged residents
- Taxi coupon programs used to provide intermittent or temporary capacity to support paratransit systems for senior and disabled patrons
- New paratransit service
- General public paratransit service
- ADA-related improvements to paratransit operations

### Non-Exclusive School Service

Fixed-route bus services or Demand-responsive services available to the general public, which also provide school trips, are eligible for LR funding. Exclusive school bus services are not eligible. **Projects must meet the following conditions:**

- The bus Vehicles utilized cannot be marked "School Bus" or feature graphics that in any way indicate they are not available to the general public. Yellow paint schemes should not be for the specific purpose of meeting the vehicle code definition of a school bus
- The bus Head Sign is to display its route designation by street intersection, geographic area, or other landmark/destination description and cannot denote "School Trip" or "Special." In cases where the service includes an alternate rush-hour trip to provide service by a school location, the dashboard sign is to indicate the line termination without indicating the school name
- Timetables for such services will be made available to the general public, shall provide the given schedule and route but must not be labeled "school service"
- Drivers must be instructed that such service is available to the general public and board and alight all passengers as required at designated stops
- The same fare payment options must be made available to all users
- The overall transportation service provided in the Jurisdiction must not be for school service hours only

### Specialized Public Transit

Metro will approve special-user group service or social service transit where it can be incorporated into the existing local transit or paratransit program. Jurisdictions must demonstrate that existing services cannot be modified to meet the identified user need. Projects must meet the following conditions:

- The special user group identified does not discriminate on the basis of race, religion, sex, disability or ethnicity
- Service shall be available to all members of the general public having that specialized need and not be restricted to a specific group or program
- Service shall be advertised to the general public
- Metro may require, as a condition of approval, inter-jurisdictional project coordination and consolidation
- LR funds may only be used for the transportation component of the special user group program, i.e., direct, clearly identifiable and auditable

transportation costs, excluding salaries for specialized escorts or other program aides

- The designated vehicle(s) used must be made available for coordination with other paratransit programs if space permits

**1.3 RECREATIONAL TRANSIT SERVICE (Project Code 140)**

Jurisdictions shall submit a listing of Recreational Transit Services no later than October 15 after the fiscal year. Recreational Transit Service projects must meet the following conditions:

- Travel within the area of Los Angeles, Orange and Ventura Counties, and portions of Kern, Riverside and San Bernardino Counties (see map Appendix VII, page 48) are eligible expenditures. Trip segments to areas shown on the proportionately eligible areas of the map must be funded through other sources. Trips to locations not within either the eligible or proportionately eligible area are not eligible.
- Trips may be limited to certain general age groups (e.g., children under 18, senior citizens, persons with disabilities), however, trips must be made available to all individuals within that designated group.
- Special events or destinations (e.g., city parks, concerts, special events) may be served, however, all members of the general public including individuals with disabilities must be allowed to use, the service.
- LR funds may not be used to pay the salaries of recreation leaders or escorts involved in recreational transit projects.
- All recreational transit trips must be advertised to the public, such as through newspapers, flyers, posters, and/or websites.

**2. BUS STOP IMPROVEMENTS AND MAINTENANCE (Codes 150, 160 & 170)**

Examples of eligible Bus Stop Improvement and Maintenance projects include installation/replacement and/or maintenance of:

- Concrete landings - in street for buses and at sidewalk for passengers
- Bus turn-outs
- Benches
- Shelters
- Trash receptacles
- Curb cuts
- Concrete or electrical work directly associated with the above items

Amenities shall be integral to the bus stop. Improvements must be located within 25 feet of the bus stop signpost, or have one edge or end within that area. At high volume stops, where more than one bus typically uses the stop at a time, improvements must be placed at the immediate locations where buses normally stop.

Curb cuts may be located on or adjacent to street segments (blocks) with bus stops.

**Conditions:**

Jurisdictions shall coordinate bus stop improvements (excluding curb cuts) with effected Transit Operators. A letter of coordination must be submitted with the Project Description Form. Jurisdictions that propose replacing privately owned benches or shelters must notify the Operator before requesting City Council project approval. The Operator shall have seven (7) days to respond to the notification before the Jurisdiction takes further action.

**3. PUBLIC TRANSIT - CAPITAL (Project Codes 180, 190 & 200)**

Public Transit Capital projects will be approved only for the percentage of vehicle or equipment use, as determined by Metro staff, exclusive to public transit service.

A list of sample Public Transit Capital projects follows:

- a. Vehicles/parts purchases and repairs
  - Transit vehicles for passenger service
  - Mechanical parts and supplies for buses or vans
  - Non-revenue support vehicles, such as supervisor’s cars, service trucks
  - ADA-related improvements to vehicles
  - Retrofits or additions to buses or vans, such as lifts, fare boxes, or radios
  - Security equipment, for example, cameras on buses
- b. Equipment
  - New or modified transit maintenance facilities
  - Maintenance equipment for new or existing transit or paratransit operations
  - Office equipment and furnishings for new and existing transit and paratransit operations

NOTE: Jurisdictions shall reimburse their LR Account, in the amount of the current appraised value or purchase price from resale, for Public Transit Capital projects no longer used for public transit purposes.

**4. TRANSPORTATION SYSTEMS MANAGEMENT (TSM) (Project Code 210)**

TSM projects are relatively low-cost, non-capacity-enhancing traffic control measures that serve to improve vehicular (bus and car) flow and/or increase safety within an existing right-of-way. Proposals must include an element demonstrating the project’s benefit to public transit. **A list of sample TSM projects follows:**

- Reserved bus lanes (no physical separation) on surface arterials
- Contra-flow bus lanes (reversible lanes during peak travel periods)
- Ramp meter by-pass (regulated access with bus/carpool unrestricted entry)
- Traffic signal priority for buses (to allow approaching transit vehicles to extend green phase or change traffic signal from red to green)
- Preferential turning lanes for buses
- Other traffic signal improvements that facilitate bus movement

If a Local Return funded project is or has an Intelligent Transportation System (ITS) component, it must be consistent with the Regional ITS Architecture. ITS projects must comply with the Countywide ITS Policy and Procedures adopted by



the Metro Board including the submittal of a completed, signed self-certification form. Please go to <http://RIITS.net/RegITSDocs.html> and choose “Los Angeles Countywide ITS Policy and Procedures Document” or see Appendix VI (page 45) for information on Countywide ITS Policy and Procedures, and the self-certification form.

**5. TRANSIT SECURITY (Project Codes 220 & 230)**

Transit Security projects may include Transit Safety, Security Operations and Safety Education Programs, provided that they demonstrate a direct benefit to public transit service and do not supplant general law enforcement programs.

**A list of sample Transit Security Programs follows:**

- Local police deployment for direct and specific transit security
- Private security (state licensed) deployment for transit security
- Contracted police services for direct and specific transit security
- Capital improvements for transit security
- Innovative and/or advanced technology transit security
- Community-based policing activities in direct support of transit security
- Security awareness, graffiti prevention, Safety education and/or crime prevention programs
- Transit security at commuter rail stations and park and ride facilities

**NOTE:** Jurisdictions are encouraged to participate in existing local and regional transit security efforts, which should be coordinated through Metro.

**6. FARE SUBSIDY (Project Codes 240 & 250)**

Fare Subsidy programs provide residents within Jurisdictions a discount fare incentive for using public transit. The method, amount of subsidy and user group(s) shall be determined by Jurisdictions. **A list of sample Fare Subsidy Programs follows:**

**A list of sample Fare Subsidy Programs follows:**

- User-side subsidies (buy down of passes, tickets, or coupons) for the general public or segments of the general public (i.e., elderly, individuals with disabilities, or low-income residents)
- Subsidy of bus/rail passes, tickets or tokens for transit riders-

**7. TRANSPORTATION PLANNING (Project Code 270)**

Planning, coordination, engineering and design costs incurred toward the implementation of eligible LR projects are eligible when the following conditions are met:

- The projects being planned (designed, coordinated, etc.) are LR eligible.
- Coordination includes: local jurisdictions’ start up costs or dues for Councils of Governments (COG’s) and Transportation Management Associations (TMA’s); advocacy; and funding for Joint Powers Authorities (JPA’s) by local jurisdictions or (COG’s).
- If some of a COG’s, TMA’s or JPA’s projects or activities are LR eligible and some are not, partial payment of dues must be made, in proportion to the organization’s budget for LR eligible projects.

- Proposition A must be used to plan for Proposition A eligible projects.  
Proposition C must be used to plan for Proposition C eligible projects.

**8. TRANSIT MARKETING (Project Code 280)**

**Transit Marketing projects may include:**

- Transit user guides, maps, brochures
- Transit information Kiosks
- Transit information/pass sales centers
- New rider subsidy programs

**9. PARK-AND-RIDE LOTS (Project Code 290)**

Park-and-Ride Lot projects must be coordinated with Metro and appropriate affected transit operator(s). Additional justification including, for example, surveys or studies that provide a basis for determining the project's level of public transit use and related funding, may be requested prior to project evaluation.

**Park-n-Ride Lot projects shall:**

- be located adjacent to (no greater than 0.25 mile away from) a fixed route service bus stop, HOV lanes and/or rail stations.
- be located on unimproved land unless a specific Metro waiver is granted.
- have received environmental clearance by the Jurisdiction prior to Metro approval for construction funds
- require a letter from the affected transit operator(s) to the Jurisdiction and Metro, as reasonable assurance, that park-and-ride lot users will be assured of continued access to services.
- be used primarily by transit/rideshare patrons during commute hours.
- have appropriate exclusive-use signage posted and enforced.
- be open for general parking during non-transit use time, e.g., evenings and weekends, provided that transit user demands are not adversely impacted. All revenues, (for example, parking, advertising or related revenue) generated during the non-transit use time must be returned to the Jurisdictions' LR Account in the same proportion as the original LR investment in the facility. In the event that the facility ceases operation, the Jurisdiction shall be required to repay its LR Account as determined by the audit, see page 33.

**10. TRANSIT FACILITIES/TRANSPORTATION ENHANCEMENTS (TE) (Project Codes 300 & 310)**

**Examples of Transit Facility projects include:**

- Bus-only transit malls or stations
- Transit/paratransit accessible Transfer Centers that feature, for example, shelters, telephones, information displays/centers, and other related amenities)
- Eligible as match to TE grants.
- Eligible projects may include building rehabilitation and restoration for transit-related purposes.
- Project itself must be LR eligible.

**Conditions:**

Jurisdictions shall submit a project budget and scope of work that specifies the proposed facility's public transit and, if applicable, joint development. Additional documentation may be required to determine project eligibility and level of funding.

If the facility ceases to be used for public transit purposes, LR funds used toward land purchase for a facility must be returned at the original purchase price or present appraised value, whichever is greater, to the Jurisdiction's LR Account. Repayment of facility expenditures shall be based on the schedule outlined on page 31.

Prior to land and/or facility purchases, Jurisdictions shall provide the following:

- Documentation of the financial resources for facility implementation, operation and maintenance
- Assurance(s) from the affected transit carrier(s) to provide facility service
- Land appraisal
- Assurance that the Jurisdiction will proceed with the project per the implementation schedule outlined in the application
- Environmental clearance in conformance with, wherever applicable, all local, state and federal requirements. Jurisdictions preparing an Environmental Impact Report (EIR) must coordinate with Metro Regional Transportation Planning and Development Department.

**11. METRO RAIL CAPITAL (Project Codes 320)**

Metro Rail Capital projects may include, for example, Metro Red, Blue, Green, or Gold Line or Mid-City Exposition Light Rail Transit station or line improvements, local match toward Metro Rail Capital projects, Metro Art or related Metro Rail enhancements.

**12. RIGHT-OF-WAY IMPROVEMENTS (Project Code 350)**

Right-of-Way Improvements or land purchases must be coordinated through Metro to ensure consistency with adopted regional corridors, priorities or preferred alignments. Right-of-Way Improvement project proposals must also demonstrate direct, quantifiable, environmental and/or economic benefit to given LR-eligible projects.

**13. COMMUTER RAIL (Project Codes 360 & 370)**

Rail (commuter system and station enhancement) projects must be consistent with Metro's existing and planned program of rail projects. Eligible project may include match to TE grants for building rehabilitation and restoration for transit-related purposes. Project itself must be LR eligible. **Examples of Rail projects include:**

- Signal upgrades at rail crossings
- Signage and marketing materials to promote increased commuter rail ridership
- Landscaping, lighting, fencing and environmental enhancements at or along commuter rail facilities

- System safety
- Safety education programs
- Commuter rail station operating, maintenance, insurance, or other station-related costs
- Commuter rail station capital costs

**14. CAPITAL RESERVE (Project Code 380)**

A Capital Reserve project provides Jurisdictions the opportunity to accumulate LR funds (over and above the year of allocation and three year expenditure requirement see page 30, Timely Use of Funds) to finance a large project. Projects are limited to construction of bus facilities, bus purchases, transit centers, park-and-ride lots, construction of major street improvements or rail projects along Metro's planned and adopted rail corridors.

A Capital Reserve project constitutes a long-term financial and planning commitment. For specific information on the Capital Reserve approval process, see Section III, Metro's Administration Process, page 26.

**15. DIRECT ADMINISTRATION (Project Code 480)**

Direct Administration is defined as those fully burdened costs which are directly associated with administering Local Return program or projects, and includes salaries and benefits, office supplies and equipment, and other overhead costs.

**Direct Administration project conditions:**

- All costs shall be associated with developing, maintaining, monitoring, coordinating, reporting and budgeting specific LR project(s)
- Expenditures must be reasonable and appropriate to the activities undertaken by the locality
- The administrative expenditures for any year shall not exceed 20 percent of the total LR annual expenditures, based on year-end expenditures, and will be subject to an audit finding if the figure exceeds 20%;
- The annual expenditure figure will be reduced by fund trades to other cities and/or funds set aside for reserves; conversely, the annual expenditure figure will be increased by expenditure of reserves or LR funds received in fund exchanges;
- Jurisdictions are required to report all administrative charges to Direct Administration in order to verify compliance of 20% administration cap.

**16. OTHER (Project Code 500)**

Projects that do not fit under any of the project codes, but are for public transit purposes, may be included in the "other" category. Note that "public transit purposes" are defined as follows: "A proposed expenditure of funds shall be deemed to be for public transit purposes to the extent that it can reasonably be expected to sustain or improve the quality and safety of and/or access to public transit services by the general public or those requiring special public transit assistance".

- Providing matching funds for LR eligible Safe Routes to School projects.

Jurisdictions are encouraged to adopt monitoring and evaluation performance standards for funding TDM projects. Jurisdictions are encouraged to utilize regionally adopted standards, and demonstrate, for example, how AQMD trip reduction targets are addressed through the TDM measure.

In conformity with regional, state and federal air quality objectives, Metro encourages use of alternative-fuel vehicles (e.g. LNG, CNG, Methanol) for any TDM-related shuttle, vanpool or paratransit vehicles.

If a Local Return funded project is or has an Intelligent Transportation System (ITS) component, it must be consistent with the Regional ITS Architecture. ITS projects must comply with the Countywide ITS Policy and Procedures adopted by the Metro Board including the submittal of a completed, signed self-certification form. Please go to <http://RIITS.net/RegITSDocs.html> and choose “Los Angeles Countywide ITS Policy and Procedures Document” or see Appendix VI (page 45) for information on Countywide ITS Policy and Procedures, and the self-certification form.

**C. EXCLUSIVE USES OF PROPOSITION C FUNDS**

**Projects listed below are eligible for Proposition C LR funding only.** Jurisdictions must certify that all project conditions will be met and include all supporting documents with submittal of the Form A. Jurisdictions are encouraged to use LR funds for improved public transit services and for multi-jurisdictional cooperation of arterial traffic signal control operations. Agency costs for operating a centralized traffic signal system, including those costs linked to a local agency’s participation in the countywide Information Exchange Network (IEN), are now eligible for reimbursement. Stand alone amenities such as landscaping and storm drains are ineligible. Note: The following project eligibility criteria provide for general guidance only and are not the sole determinant for project approval. The authority to determine the eligibility of an expenditure rests solely with Metro. Jurisdictions may appeal projects deemed ineligible as described in Section III, page 23.

**1. SIGNAL SYNCHRONIZATION & TRAFFIC MANAGEMENT (Project Code 400)**

**Synchronized Signalization projects must meet the following conditions:**

- Projects shall be implemented only on major arterials.
- Operation costs associated with centralized traffic signal control systems, including updating traffic signal coordination timing and costs associated with multi-jurisdictional or inter-community systems, (such as the IEN or ATSAC/ATCS) or with transit signal priority systems, are eligible. Costs may include: lease lines for communication; software licenses and maintenance; hardware maintenance, maintenance and repair of hardware, vehicle detection devices and interconnect lines; warranties; and upgrades and enhancements for software or hardware. Cities shall coordinate the signal timing or systems with other affected jurisdictions.

- The major arterial targeted for implementation must have full-sized transit buses operating on regularly scheduled fixed routes.
- Documentation of coordination with affected public transit operators is required for approval (e.g., correspondence between the Jurisdiction and the transit operator with written concurrence from the transit operator to Metro)
- Local return funds shall not be used to alter system/signal timing that was implemented under a traffic forum project/grant unless coordinated with all affected jurisdictions in the corridor.

**Installation or modification of traffic signals which are not part of a larger transit project are not eligible, except as detailed in this section.** Maintenance and replacement of traffic signals are not eligible.

Traffic signal projects will be reviewed and considered on a case by case basis to evaluate the transit benefit of the project. The following information may be requested and evaluated, depending on the type of traffic signal project:

- Number of transit boardings at the affected transit stop or station
- Transit patrons as a proportion of pedestrian volume
- Transit vehicles as a proportion of vehicle flow
- Letter from affected transit operator requesting and justifying traffic signal installation or modification
- Proximity of proposed signal to transit stop or station
- The affected transit stop(s) must be served by transit with 15 minute or greater frequency to be eligible.
- Proximity to adjacent controlled intersection

Based on the review, all or a proportion of the project costs may be eligible for Local Return funds.

If a Local Return funded project is or has an Intelligent Transportation System (ITS) component, it must be consistent with the Regional ITS Architecture. ITS projects must comply with the Countywide ITS Policy and Procedures adopted by the Metro Board including the submittal of a completed, signed self-certification form. Please go to <http://RIITS.net/RegITSDocs.html> and choose “Los Angeles Countywide ITS Policy and Procedures Document” or see Appendix VI (page 45) for information on Countywide ITS Policy and Procedures, and the self-certification form.

## **2. TRANSPORTATION DEMAND MANAGEMENT (Project Code 410)**

Transportation Demand Management (TDM) projects are defined as strategies/actions intended to influence the manner in which people commute, resulting in a decrease in the number of vehicle trips made and vehicle miles traveled during peak travel periods.

TDM projects funded by Proposition C will be evaluated on their proposed impact on reduction of single-occupancy vehicle trips and corresponding vehicle miles traveled.

**A list of sample TDM projects follows:**

- Formation and operation of vanpool and/or vanpool incentive programs, including ride matching programs (must be made available to all employers and/or residents within the Jurisdiction boundaries)
- Community-based shuttles for employees as long as such services complement existing transit service
- Parking Management incentive programs, such as, parking cash outs or parking pricing strategies
- Employer or citizen ride-matching programs and subsidies
- Formation or ongoing operation of a Transportation Management Association to administer and market local TDM programs (provided that the 20% administrative cost stipulated for Proposition A and Proposition C is not exceeded)
- Transit and TDM-related activities required by the Congestion Management Program (CMP) including: preparation of TDM ordinances; administration and implementation of transit or TDM-related projects pursuant to CMP deficiency plans; and monitoring of transit standards by transit operators
- Funding Transportation Management Organization's (TMO) insurance costs or individual employer's vanpool programs under the umbrella vehicle insurance policy of the Jurisdiction
- Providing matching funds for LR eligible Safe Routes to School projects.

Jurisdictions are encouraged to adopt monitoring and evaluation performance standards for funding TDM projects. Jurisdictions are encouraged to utilize regionally adopted standards, and demonstrate, for example, how AQMD trip reduction targets are addressed through the TDM measure.

In conformity with regional, state and federal air quality objectives, Metro encourages use of alternative-fuel vehicles (e.g. LNG, CNG, Methanol) for any TDM-related shuttle, vanpool or paratransit vehicles.

If a Local Return funded project is or has an Intelligent Transportation System (ITS) component, it must be consistent with the Regional ITS Architecture. ITS projects must comply with the Countywide ITS Policy and Procedures adopted by the Metro Board including the submittal of a completed, signed self-certification form. Please go to <http://RIITS.net/RegITSDocs.html> and choose "Los Angeles Countywide ITS Policy and Procedures Document" or see Appendix VI (page 45) for information on Countywide ITS Policy and Procedures, and the self-certification form.

**3. CONGESTION MANAGEMENT PROGRAM (CMP) (Project Code 420)**

**The following provides a list of sample CMP projects:**

- Land use analysis as required by CMP
- Computer modeling as required to support CMP land use analysis
- Administration, monitoring and implementation of transit- or TDM-related projects as part of deficiency plans
- Monitoring of transit standards by transit operators

**4. BIKEWAYS AND BIKE LANES (Project Code 430)**

**Bikeway projects include bikeway construction and maintenance, signage, information/safety programs, and bicycle parking, and must meet the following conditions:**

- Shall be linked to employment or educational sites
- Shall be used for commuting or utilitarian trips
- Jurisdictions must have submitted a PMS Self Certification (see page 20, and Appendix III on page 39).

**5. STREET IMPROVEMENT AND MAINTENANCE (Codes 440, 450 & 460)**

Proposition C Local Return funds are to be used for the maintenance and improvements to street and highways used as public transit thoroughfares. Street Improvement and Maintenance Projects Capacity enhancements include repair and maintenance projects with a direct benefit to transit. **Projects must meet the following conditions and reporting requirements:**

**A. CONDITIONS:**

**Public Transit Benefit**

Projects must demonstrate a public transit benefit or be performed on streets “heavily used by public transit,” where such streets carry regularly-scheduled, fixed-route public transit service, and where service has operated for a minimum of one (1) year and there are no foreseeable plans to discontinue such service.

If there are no fixed-route systems within a Jurisdiction, or if all the streets supporting fixed-route systems are already in a satisfactory condition as documented by the required Pavement Management System (PMS), a Jurisdiction may use LR funds for street improvements and maintenance and repair on streets within their community on which they can demonstrate that public paratransit trips, that have been in service for a minimum of one year, concentrate.

The method of demonstrating heavy-use by paratransit vehicles is to document trip pick-up and drop-off locations, including street-routing, for a consecutive three month time period. The data will be used in making a determination on which street segments have heavy-use by this form of transit.

**Pavement Management System (PMS)**

If Proposition C LR funds are to be used for street improvement or maintenance, a jurisdiction must have a PMS in place, and use it. (See PMS code 470 for self certification requirements, page 20).

**Maintenance of Effort (MOE) Requirement**

The goal of the Proposition C LR Program is to improve transportation conditions, including the roadways upon which public transit operates. When used to improve roadways, the additional funds provided to local jurisdictions through the Proposition C LR Program are intended to supplement existing local revenues being used for road improvement purposes. Cities and counties shall maintain their existing commitment of local, discretionary funds for street and



highway maintenance, rehabilitation, reconstruction, and storm damage repair in order to remain eligible for Proposition C LR funds to be expended for streets and roads.

Metro will accept the State Controller's finding of a Jurisdiction's compliance with the California Streets and Highways Code as sufficient to demonstrate the required Maintenance of Effort during any fiscal year in which Proposition C LR funds are expended for streets and roads.

## **B. REPORTING REQUIREMENTS**

Street maintenance, rehabilitation or reconstruction projects should be submitted individually. Jurisdictions shall submit a Project Description Form listing all new project street segments prior to undertaking each street maintenance or improvement project. Jurisdictions will be advised as to any eligible and ineligible street segments within 30 days of project submittal.

The projects must be reflected on subsequent Annual Project Update (Form B) submittals and Annual Expenditure Reports (Form C) until the project is completed or deleted from the work program. Once deleted, a segment must be re-submitted for approval if a new street maintenance project on the segment is subsequently planned.

### **Eligible Street Improvement and Maintenance Projects**

#### **1. Exclusive Bus Lane Street Widening**

Such projects are for exclusive bus lanes (physically separated) on surface arterials.

#### **2. Capacity Enhancement**

Capacity Enhancement projects are level-of-service and/or capacity improvements capital projects. These projects must include a public transit element that is comprised of transit vehicles on streets that are "heavily used by transit." Examples of these projects include street widening or restriping to add additional lanes.

#### **3. Street Repair and Maintenance**

Eligible Street Repair and Maintenance projects are limited to pavement maintenance, slurry seals, and chip seals, pavement rehabilitation and roadway reconstruction. Required curb, gutter, and catch basin repair (storm drains) on streets "heavily used by transit" that are part of a rehabilitation or reconstruction project are eligible. Betterments are not eligible for LR funding.

#### **4. Safety**

Street improvement projects to increase safety are eligible, but must have a direct and clearly demonstrable benefit to both safety and transit. At Metro's discretion, a project may be approved on a down-scoped demonstration basis. The local jurisdiction would be required to conduct a before and after evaluation prior to Metro approval of the full project scope.

5. Americans with Disabilities Act Related Street Improvements

In compliance with the Americans with Disabilities Act (ADA), the provision of curb cuts or passenger boarding/alighting concrete pads at or adjacent to bus stops and other accessible improvements on roadways “heavily used by transit” is an eligible use of Proposition C LR funds. Such modifications must meet ADA and California Title 24 specifications.

7. PAVEMENT MANAGEMENT SYSTEM (PMS) (Project Code 470)

**Sample Pavement Management System projects include:**

- Cost to purchase, upgrade or replace a Pavement Management System.
- The ongoing cost of maintaining a PMS equal to the proportion of a Jurisdiction’s eligible street mileage to total street mileage; or 50% of the PMS maintenance cost, whichever is greater.

**Note:** Jurisdictions are required to certify that they have conducted and maintain Pavement Management Systems when proposing "Street Repair and Maintenance" or “Bikeway” projects (see Appendix III, page 39). The requirement for a PMS is consistent with Streets & Highways Code Section 2108.1.

**PMS must include the following:**

- Inventory of existing pavements including, as a minimum, arterial and collector routes, reviewed and updated triennially;
- Inventory of existing Class I bikeways, reviewed and updated triennially;
- Assessment of pavement condition including, as a minimum, arterial and collector routes, reviewed and updated triennially;
- Identification of all pavement sections needing rehabilitation/replacement; and
- Determination of budget needs for rehabilitation or replacement of deficient sections of pavement for current and following triennial period(s)

Self-certifications (included in Appendix III) executed by the Jurisdiction’s Engineer or designated, registered civil engineer, must be submitted with a Form A for new street maintenance or bikeway projects, or Form B (biannually) for ongoing projects, to satisfy “Street Repair and Maintenance” and “Bikeway” project eligibility criteria.

**PROPOSITION A AND PROPOSITION C LOCAL RETURN PROGRAM  
SUMMARY OF PROPOSITION A AND PROPOSITION C USES**

<b>PROJECT TYPE</b>	<b>PROPOSITION A</b>	<b>PROPOSITION C</b>
Streets and Roads Expenditures	<ul style="list-style-type: none"> <li>Allowed exclusively for Bus Lanes and Curb Cuts at corners located or adjacent to Bus Stops</li> </ul>	<ul style="list-style-type: none"> <li>Allowed only on streets that carry regularly scheduled, Fixed-Route Public Transit Services and on streets that carry public Paratransit trips (see conditions outlined in eligibility section of the Guidelines)</li> </ul>
Signal Synchronization	<ul style="list-style-type: none"> <li>Allowed if performed to predominantly benefit Transit.</li> <li>Bus Priority must be included as part of the project.</li> <li>The street must have a minimum of five (5) full-sized transit buses in each direction per hour</li> </ul>	<ul style="list-style-type: none"> <li>Allowed on streets that are heavily-used by Public Transit</li> <li>The street must have full-sized transit buses operating on a regularly scheduled fixed-route (no minimum number of buses)</li> <li>Operating costs such as software and hardware maintenance are allowed</li> </ul>
Bikeways and Bike Lanes	<ul style="list-style-type: none"> <li>Not allowed</li> </ul>	<ul style="list-style-type: none"> <li>Commuter bikeways</li> <li>Shall be linked to employment sites.</li> </ul>
Congestion Management Activities	<ul style="list-style-type: none"> <li>Not allowed</li> </ul>	<p>Most elements allowed, such as:</p> <ul style="list-style-type: none"> <li>Preparation of TDM Ordinances and Deficiency Plans.</li> <li>Land Use Analysis required by CMP</li> <li>Monitoring of Transit Standards by transit operators</li> </ul>
Pavement Management System	<ul style="list-style-type: none"> <li>Not allowed</li> </ul>	<p>Some elements allowed, such as:</p> <ul style="list-style-type: none"> <li>One-time development costs of a Pavement Management System.</li> <li>The ongoing costs of maintaining the Pavement Management System (see Guidelines for conditions)</li> </ul>
Trading or Exchanging of Funds	<ul style="list-style-type: none"> <li>Allowed if the traded funds are used for Public Transit purposes</li> </ul>	<ul style="list-style-type: none"> <li>Not allowed</li> </ul>

# Exhibit D



**BETTY T. YEE**  
California State Controller

October 25, 2016

Tae Rhee, Finance Director/Treasurer  
Finance Department  
City of Bellflower  
16600 Civic Center Drive  
Bellflower, CA 90706

Dear Mr. Rhee:

The State Controller's Office performed a desk review of costs claimed by the City of Bellflower for the legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program (Los Angeles Regional Water Quality Control Board, Order No. 01-182, Permit CAS004001, Part 4F5c3) for the period of July 1, 2002, through June 30, 2010. We conducted our review under the authority of Government Code sections 12410, 17558.5, and 17561. Our review was limited to verifying the funding sources used to pay for the mandated activities.

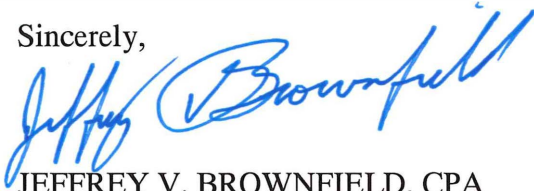
The city claimed \$533,742 for the mandated program. Our review found that \$3,421 is allowable and \$530,321 is unallowable. The costs are unallowable because the city did not offset the restricted revenues used to fund the mandated activities, as described in the attached Summary Program Costs and the Review Results. The State made no payments to the city. The State will pay \$3,421, contingent upon available appropriations.

We informed Bernardo Iniguez, Public Works Manager, of the review finding via email on September 21, 2016. We did not receive a response from the city.

This final letter report contains an adjustment to costs claimed by the city. If you disagree with the review finding, you may file an Incorrect Reduction Claim (IRC) with the Commission on the State Mandates (Commission). Pursuant to Section 1185, subdivision (c), of the Commission's regulations (*California Code of Regulations*, Title 3), an IRC challenging this adjustment must be filed with the Commission no later than three years following the date of this report, regardless of whether this report is subsequently supplemented, superseded, or otherwise amended. You may obtain IRC information on the Commission's website at [www.csm.ca.gov/forms/IRCForm.pdf](http://www.csm.ca.gov/forms/IRCForm.pdf).

If you have any questions, please contact Jim L. Spano, Chief, Mandated Cost Audits Bureau, by telephone at (916) 323-5849.

Sincerely,



JEFFREY V. BROWNFIELD, CPA  
Chief, Division of Audits

JVB/lis

Attachments

RE: S17-MCC-9003

cc: Bernardo Iniguez, Public Works Manager  
Public Works Department, City of Bellflower  
Mary Halterman, Principal Program Budget Analyst  
Local Government Unit, California Department of Finance  
Danielle Brandon, Staff Finance Budget Analyst  
Local Government Unit, California Department of Finance  
Jay Lal, Manager  
Division of Accounting and Reporting  
State Controller's Office

## Attachment 1— Summary of Program Costs July 1, 2002, through June 30, 2010

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment <sup>1</sup>
<u>July 1, 2002, through June 30, 2003</u>			
One-time activities:			
Purchase, construction, and installation of receptacles and pads	\$ 3,421	\$ 3,421	\$ -
Total one-time costs	3,421	3,421	-
Ongoing activities:			
Reasonable reimbursement methodology factor	6.74	6.74	-
Number of transit receptacles	× 189	× 189	× -
Annual number of trash pickups	× 52	× 52	× -
Total ongoing costs	66,241	66,241	-
Total one-time costs and ongoing costs	69,662	69,662	-
Less offsetting revenues and reimbursements	-	(66,241)	(66,241)
Total program costs	<u>\$ 69,662</u>	3,421	<u>\$ (66,241)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 3,421</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Ongoing activities:			
Reasonable reimbursement methodology factor	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 189	× 189	× -
Annual number of trash pickups	× 52	× 52	× -
Total ongoing costs	66,241	66,241	-
Less offsetting revenues and reimbursements	-	(66,241)	(66,241)
Total program costs	<u>\$ 66,241</u>	-	<u>\$ (66,241)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>July 1, 2004, through June 30, 2005</u>			
Ongoing activities:			
Reasonable reimbursement methodology factor	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 189	× 189	× -
Annual number of trash pickups	× 52	× 52	× -
Total ongoing costs	66,241	66,241	-
Less offsetting revenues and reimbursements	-	(66,241)	(66,241)
Total program costs	<u>\$ 66,241</u>	-	<u>\$ (66,241)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	

## Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment <sup>1</sup>
<u>July 1, 2005, through June 30, 2006</u>			
Ongoing activities:			
Reasonable reimbursement methodology factor	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 189	× 189	× -
Annual number of trash pickups	× 52	× 52	× -
Total ongoing costs	66,241	66,241	-
Less offsetting revenues and reimbursements	-	(66,241)	(66,241)
Total program costs	<u>\$ 66,241</u>	-	<u>\$ (66,241)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Ongoing activities:			
Reasonable reimbursement methodology factor	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 189	× 189	× -
Annual number of trash pickups	× 52	× 52	× -
Total ongoing costs	66,241	66,241	-
Less offsetting revenues and reimbursements	-	(66,241)	(66,241)
Total program costs	<u>\$ 66,241</u>	-	<u>\$ (66,241)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>July 1, 2007, through June 30, 2008</u>			
Ongoing activities:			
Reasonable reimbursement methodology factor	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 189	× 189	× -
Annual number of trash pickups	× 52	× 52	× -
Total ongoing costs	66,241	66,241	-
Less offsetting revenues and reimbursements	-	(66,241)	(66,241)
Total program costs	<u>\$ 66,241</u>	-	<u>\$ (66,241)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>July 1, 2008, through June 30, 2009</u>			
Ongoing activities:			
Reasonable reimbursement methodology factor	\$ 6.74	\$ 6.74	\$ -
Number of transit receptacles	× 189	× 189	× -
Annual number of trash pickups	× 52	× 52	× -
Total ongoing costs	66,241	66,241	-
Less offsetting revenues and reimbursements	-	(66,241)	(66,241)
Total program costs	<u>\$ 66,241</u>	-	<u>\$ (66,241)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	



## Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment <sup>1</sup>
<u>July 1, 2009, through June 30, 2010</u>			
Ongoing activities:			
Reasonable reimbursement methodology factor	\$ 6.78	\$ 6.78	\$ -
Number of transit receptacles	× 189	× 189	× -
Annual number of trash pickups	× 52	× 52	× -
Total ongoing costs	66,634	66,634	-
Less offsetting revenues and reimbursements	-	(66,634)	(66,634)
Total program costs	<u>\$ 66,634</u>	-	<u>\$ (66,634)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ -</u>	
<u>Summary: July 1, 2002, through June 30, 2010</u>			
One-time costs	\$ 3,421	\$ 3,421	\$ -
Ongoing costs	530,321	530,321	-
Total one-time costs and ongoing costs	533,742	533,742	-
Less offsetting revenues and reimbursements	-	(530,321)	(530,321)
Total program costs	<u>\$ 533,742</u>	3,421	<u>\$ (530,321)</u>
Less amount paid by the State		-	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 3,421</u>	

<sup>1</sup> See Attachment 2, Review Results.

## **Attachment 2— Review Results July 1, 2002, through June 30, 2010**

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### **BACKGROUND—**

The California Regional Water Quality Control Board, Los Angeles Region (Board), adopted a 2001 storm water permit (Permit CAS004001) that requires local jurisdictions to:

Place trash receptacles at all transit stops within its jurisdiction that have shelters no later than August 1, 2002, and at all other transit stops within its jurisdiction no later than February 3, 2003. All trash receptacles shall be maintained as necessary.

On July 31, 2009, the Commission on State Mandates (Commission) determined that part 4F5c3 of the permit imposes a state mandate reimbursable under Government Code section 17561 and adopted the Statement of Decision. The Commission further clarified that each local agency subject to the permit and not subject to a trash total maximum daily load is entitled to reimbursement.

The Commission also determined that the period of reimbursement for the mandated activities begins July 1, 2002, and continues until a new National Pollutant Discharge Elimination System (NPDES) permit issued by the Board is adopted. On November 8, 2012, the Board adopted a new NPDES permit, Order No. R4-2012-0175, which became effective on December 28, 2012.

The program's parameters and guidelines establish the state mandate and define the reimbursement criteria. The Commission adopted the parameters and guidelines on March 24, 2011. In compliance with Government Code section 17558, the State Controller's Office issues claiming instructions to assist local agencies, school districts, and community college districts in claiming mandated program reimbursable costs.

### **FINDING— Unreported offsetting revenues**

The city did not offset any revenues on its claim forms for the review period. We found that the city should have offset \$530,321 in Proposition C funding used to pay for the ongoing maintenance of transit stop trash receptacles during the review period.

The ongoing maintenance costs are recorded in Fund 135 – Proposition C, a special revenue fund type. Special revenue funds are used to account for the proceeds a specific revenue sources that are legally restricted to expenditures for specified purposes.

Proposition C is half-cent sales tax measure approved by Los Angeles County voters in 1980 to finance transit programs. Twenty percent of the Proposition C tax is designated for the Local Return Program to be used by cities in developing and/or improving public transit and the related transportation infrastructure. Local return funds are distributed monthly to cities based on a "per capita" basis.

The Proposition C Local Return Guidelines, section II., Project Eligibility, identify reimbursement for ongoing trash receptacle maintenance as follows:

2. BUS STOP IMPROVEMENTS AND MAINTENANCE (Codes 150, 160, & 170)

Examples of eligible Bus Stop Improvement and Maintenance projects include installation/replacement and/or maintenance of:

- Concrete landings – in street for buses and at sidewalk for passengers
- Bus turn-outs
- Benches
- Shelters
- Trash receptacles
- Curb cuts
- Concrete of electrical work directly associated with the above items

We confirmed that there were no general fund transfers into the Proposition C Fund during the review period. Therefore, as the city used Proposition C funds authorized to be used on the mandated activities, it did not have to rely on the use of discretionary general funds to pay for the mandated activities.

The parameters and guidelines, section VIII. Offsetting Revenues and Reimbursements, state:

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any federal, state or non-local source shall be identified and deducted from this claim.

Recommendation

No recommendation is applicable for this finding, as the period of reimbursement expired on December 27, 2012, with the adoption of a new permit.

# Exhibit E

OFFICE OF THE STATE CONTROLLER  
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2011-05  
MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES

MAY 31, 2011

This program will be in effect beginning July 1, 2002, until a new national pollutant discharge elimination system (NPDES) permit issued by the Regional Water Quality Control Board for Los Angeles is adopted.

In accordance with Government Code sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for the Municipal Storm Water and Urban Runoff Discharges program. These claiming instructions are issued subsequent to adoption of the program's Parameters and Guidelines (P's & G's) by the Commission on State Mandates (Commission).

On July 31, 2009, the Commission adopted a Statement of Decision finding that part 4F5c3 of the Permit CAS004001 adopted by the Los Angeles Regional Water Quality Control Board imposes a partially reimbursable state-mandated program on specified local agencies for the activities listed in the P's & G's which are included as an integral part of these claiming instructions.

**Exception**

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

**Eligible Claimants**

The following local agencies that incur increased costs as a result of this mandate are eligible to claim reimbursement:

- Local agency permittees identified in the Los Angeles Regional Water Quality Control Board Order No. 01-182, Permit CAS004001, that are *not* subject to a trash total maximum daily load (TMDL) are eligible to claim reimbursement for the mandated activities.
- The following local agency permittees that are subject to the Ballona Creek trash TMDL are eligible to claim reimbursement for the mandated activities only to the extent they have transit stops located in areas not covered by the Ballona Creek trash TMDL requirements:
  - Beverly Hills, Culver City, Inglewood, Los Angeles (City), Los Angeles County, Santa Monica, and West Hollywood
- From August 28, 2002, until September 22, 2008, the following local agency permittees that are subject to the Los Angeles River trash TMDL are eligible to claim reimbursement for the mandated activities:

Alhambra, Arcadia, Bell, Bell Gardens, Bradbury, Burbank, Calabasas, Carson, Commerce, Compton, Cudahy, Downey, Duarte, El Monte, Glendale, Hidden Hills, Huntington Park, Irwindale, La Canada Flintridge, Los Angeles (City), Los Angeles County, Lynwood, Maywood, Monrovia, Montebello, Monterey Park, Paramount, Pasadena, Pico Rivera, Rosemead, San Fernando, San Gabriel, San Marino, Santa Clarita, Sierra Madre, Signal Hill, Simi Valley, South El Monte, South Gate, South Pasadena, Temple City, and Vernon

- Beginning September 23, 2008, the following local agency permittees that are subject to the Los Angeles River trash TMDL are eligible to claim reimbursement for the mandated activities only to the extent they have transit stops located in areas not covered by the Los Angeles River trash TMDL requirements:

Alhambra, Arcadia, Bell, Bell Gardens, Bradbury, Burbank, Calabasas, Carson, Commerce, Compton, Cudahy, Downey, Duarte, El Monte, Glendale, Hidden Hills, Huntington Park, Irwindale, La Canada Flintridge, Los Angeles (City), Los Angeles County, Lynwood, Maywood, Monrovia, Montebello, Monterey Park, Paramount, Pasadena, Pico Rivera, Rosemead, San Fernando, San Gabriel, San Marino, Santa Clarita, Sierra Madre, Signal Hill, Simi Valley, South El Monte, South Gate, South Pasadena, Temple City, and Vernon

## **Filing Deadlines**

### **A. Reimbursement Claims**

Initial reimbursement claims must be filed within 120 days from the issuance date of the claiming instructions. Costs incurred for compliance with this mandate are reimbursable for fiscal years 2002-2003 through 2009-2010 and must be filed with the SCO and be delivered or postmarked on or before **September 28, 2011**. Claims filed after **September 28, 2011**, are subject to a 10% late penalty without limitation. Claims for fiscal year 2010-2011 must be filed with the SCO and be delivered or post marked on or before **February 15, 2012**. Claims for fiscal year 2010-2011 filed after **February 15, 2012**, will be subject to a 10% late penalty not to exceed \$10,000. **Claims filed more than one year after the applicable deadline will not be accepted.**

### **B. Late Penalty**

#### **1. Initial Claims**

Late initial claims are assessed a 10% late penalty of the total amount of the claims without limitation pursuant to Government Code Section 17561.

#### **2. Annual Reimbursement Claims**

Annual reimbursement claims must be filed by February 15 of the following fiscal year in which costs were incurred or the claims will be reduced by a late penalty.

Late annual reimbursement claims are assessed a 10% late penalty of the claimed amount; \$10,000 maximum penalty.

### **Minimum Claim Cost**

GC section 17564(a) provides that no claim may be filed pursuant to sections 17551, 17560, and 17561, unless such a claim exceeds one thousand dollars (**\$1,000**).

### **Reimbursement of Claims**

Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure Section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

### **Audit of Costs**

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the Commission. If any adjustments are made to a claim, a Notice of Claim Adjustment specifying the activity adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within thirty days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency for this mandate is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

### **Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or last amended regardless of the year of costs incurred. If no funds were appropriated for initial claims at the time the claim was filed, supporting documents must be retained for three years from the date of

initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

**Address for Filing Claims**

Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.**

Use the following mailing addresses:

If delivered by  
U.S. Postal Service:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

If delivered by  
other delivery services:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 700  
Sacramento, CA 95816

Mandated costs claiming instructions and forms are available online at the SCO's Web site: [www.sco.ca.gov/ard\\_mancost.html](http://www.sco.ca.gov/ard_mancost.html). If you have questions, call the Local Reimbursements Section at (916) 324-5729 or email **LRSDAR@sco.ca.gov**.



## **PARAMETERS AND GUIDELINES**

Los Angeles Regional Quality Control Board Order No. 01-182

Permit CAS004001

Part 4F5c3

### *Municipal Storm Water and Urban Runoff Discharges*

03-TC-04, 03-TC-20, 03-TC-21

County of Los Angeles, Claimant (03-TC-04)

Cities of Artesia, Beverly Hills, Carson, Norwalk, Rancho Palos Verdes, Westlake Village,

Azusa, Commerce, Vernon, Claimants (03-TC-20)

Bellflower, Covina, Downey, Monterey Park, Signal Hill, Claimants (03-TC-21)

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### **I. SUMMARY OF THE MANDATE**

This consolidated test claim was filed by the County of Los Angeles and several cities in the Los Angeles region, alleging that various sections of the 2001 storm water permit (Permit CAS004001) adopted by the Los Angeles Regional Water Quality Control Board constitute a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution. On July 31, 2009, the Commission adopted a Statement of Decision, finding that part 4F5c3 of the permit imposes a partially reimbursable state-mandated program on specified local agencies. (California Regional Water Quality Control Board, Los Angeles Region, Order No. 01-182, Permit CAS004001 (12/13/01), part 4F5c3, page 49.) Part 4F5c3 states the following:

Permittees not subject to a trash TMDL [total maximum daily load] shall [¶]...[¶] Place trash receptacles at all transit stops within its jurisdiction that have shelters no later than August 1, 2002, and at all other transit stops within its jurisdiction no later than February 3, 2003. All trash receptacles shall be maintained as necessary.

The Commission found that each local agency subject to the permit and not subject to a trash total maximum daily load (TMDL), is entitled to reimbursement to: “Place trash receptacles at all transit stops within its jurisdiction that have shelters no later than August 1, 2002, and at all other transit stops within its jurisdiction no later than February 3, 2003. All trash receptacles shall be maintained as necessary.” All other activities pled in the test claim were denied by the Commission. The Statement of Decision was issued in September 2009.

### **II. ELIGIBLE CLAIMANTS**

The following local agencies that incur increased costs as a result of this mandate are eligible to claim reimbursement:

- Local agency permittees identified in the Los Angeles Regional Water Quality Control Board Order No. 01-182, Permit CAS004001, that are *not* subject to a trash TMDL are eligible to claim reimbursement for the mandated activities.
- The following local agency permittees that are subject to the Ballona Creek trash TMDL are eligible to claim reimbursement for the mandated activities only to the extent they have transit stops located in areas not covered by the Ballona Creek trash TMDL requirements:
  - Beverly Hills, Culver City, Inglewood, Los Angeles (City), Los Angeles County Santa Monica, and West Hollywood
- From August 28, 2002, until September 22, 2008, the following local agency permittees that are subject to the Los Angeles River trash TMDL are eligible to claim reimbursement for the mandated activities:
  - Alhambra, Arcadia, Bell, Bell Gardens, Bradbury, Burbank, Calabasas, Carson, Commerce, Compton, Cudahy, Downey, Duarte, El Monte, Glendale, Hidden Hills, Huntington Park, Irwindale, La Canada Flintridge, Los Angeles (City), Los Angeles County, Lynwood, Maywood, Monrovia, Montebello, Monterey Park, Paramount, Pasadena, Pico Rivera, Rosemead, San Fernando, San Gabriel, San Marino, Santa Clarita, Sierra Madre, Signal Hill, Simi Valley, South El Monte, South Gate, South Pasadena, Temple City, and Vernon
- Beginning September 23, 2008, the following local agency permittees that are subject to the Los Angeles River trash TMDL are eligible to claim reimbursement for the mandated activities only to the extent they have transit stops located in areas not covered by the Los Angeles River trash TMDL requirements:
  - Alhambra, Arcadia, Bell, Bell Gardens, Bradbury, Burbank, Calabasas, Carson, Commerce, Compton, Cudahy, Downey, Duarte, El Monte, Glendale, Hidden Hills, Huntington Park, Irwindale, La Canada Flintridge, Los Angeles (City), Los Angeles County, Lynwood, Maywood, Monrovia, Montebello, Monterey Park, Paramount, Pasadena, Pico Rivera, Rosemead, San Fernando, San Gabriel, San Marino, Santa Clarita, Sierra Madre, Signal Hill, Simi Valley, South El Monte, South Gate, South Pasadena, Temple City, and Vernon

### III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The County of Los Angeles filed a test claim on *Transit Trash Receptacles* (03-TC-04) on September 2, 2003. The Cities of Artesia, Beverly Hills, Carson, La Mirada, Monrovia, Norwalk, Rancho Palos Verdes, San Marino, and Westlake Village filed a test claim on *Waste Discharge Requirements* (03-TC-20) on September 30, 2003. The Cities of Baldwin Park, Bellflower, Cerritos, Covina, Downey, Monterey Park, Pico Rivera, Signal Hill, South Pasadena, and West Covina filed a test claim on *Storm Water Pollution Requirements* (03-TC-21) on September 30, 2003. Each test claim alleged that Part 4F5C3 of the Los Angeles Regional Water Quality Control Board Order No. 01-182,

Permit CAS004001 was a reimbursable state-mandated program. The filing dates of these test claims establish eligibility for reimbursement beginning July 1, 2002, pursuant to Government Code section 17557, subdivision (e), and continues until a new NPDES permit issued by the Regional Water Quality Control Board for Los Angeles is adopted.

Reimbursement for state-mandated costs may be claimed as follows:

1. Costs for one fiscal year shall be included in each claim.
2. All claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions. (Gov. Code, § 17561, subd. (b)(1)(A).)
3. A local agency may, by February 15 following the fiscal year in which costs were incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year. (Gov. Code, § 17560, subd. (a).)
4. In the event revised claiming instructions are issued by the Controller pursuant to Government Code section 17558, subdivision (c), between November 15 and February 15, a local agency filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim. (Gov. Code, § 17560, subd. (b).)
5. If the total costs for a given fiscal year do not exceed \$1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564, subdivision (a).
6. There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

#### **IV. REIMBURSABLE ACTIVITIES**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed for the one-time activities in section IV. A below. The ongoing activities in section IV. B below are reimbursed under a reasonable reimbursement methodology.

Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual costs were incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, timesheets, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, calendars, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise reported in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible local agency, the following activities are reimbursable:

- A. Install Trash Receptacles (one-time per transit stop, reimbursed using actual costs):
  - 1. Identify locations of all transit stops within the jurisdiction required to have a trash receptacle pursuant to the Permit.
  - 2. Select receptacle and pad type, evaluate proper placement of receptacles and prepare specifications and drawings.
  - 3. Prepare contracts, conduct specification review process, advertise bids, and review and award bids.
  - 4. Purchase or construct receptacles and pads and install receptacles and pads.
  - 5. Move (including replacement if required) receptacles and pads to reflect changes in transit stops, including costs of removal and restoration of property at former receptacle location and installation at new location.
- B. Maintain Trash Receptacles and Pads (on-going, reimbursed using the reasonable reimbursement methodology):
  - 1. Collect and dispose of trash at a disposal/recycling facility. *This activity is limited to no more than three times per week.*
  - 2. Inspect receptacles and pads for wear, cleaning, emptying, and other maintenance needs.
  - 3. Maintain receptacles and pads. This activity includes painting, cleaning, and repairing receptacles; and replacing liners. The cost of paint, cleaning supplies and liners is reimbursable. *Graffiti removal is not reimbursable.*
  - 4. Replace individual damaged or missing receptacles and pads. The costs to purchase and install replacement receptacles and pads and dispose of or recycle replaced receptacles and pads are reimbursable.

**V. CLAIM PREPARATION AND SUBMISSION OF ACTUAL COSTS FOR THE REIMBURSABLE ACTIVITIES IDENTIFIED IN SECTION IV.A.**

Each of the following cost elements must be identified for the reimbursable activities identified in section IV of this document. Each reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services were also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include: (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the 2 CFR Part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B) and the indirect shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B).) However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distributions base may be: (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.); (2) direct salaries and wages; or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by: (1) classifying a department's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in (OMB Circular A-87 Attachments A and B) shall be accomplished by: (1) separate a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

## **VI. CLAIM PREPARATION AND SUBMISSION OF THE REASONABLE REIMBURSEMENT METHODOLOGY FOR THE REIMBURSABLE ACTIVITIES IDENTIFIED IN SECTION IV.B**

### **Direct and Indirect Costs**

The Commission is adopting a reasonable reimbursement methodology to reimburse eligible local agencies for all direct and indirect costs for the on-going activities identified in section IV.B of these parameters and guidelines to maintain trash receptacles. (Gov. Code, §§ 17557, subd. (b) & 17518.) The RRM is in lieu of filing detailed documentation of actual costs. Under the RRM, the unit cost of \$6.74, during the period of July 1, 2002 to June 30, 2009, for each trash collection or "pickup" is multiplied by the annual number of trash collections (number of receptacles times pickup

events for each receptacle), subject to the limitation of no more than three pickups per week. Beginning in fiscal year 2009-2010, the RRM shall be adjusted annually by the implicit price deflator as forecast by the Department of Finance.

## **VII. RECORDS RETENTION**

### **A. Actual Costs**

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter<sup>1</sup> is subject to the initiation of an audit by the State Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

### **B. Reasonable Reimbursement Methodology**

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a school district pursuant to this chapter<sup>2</sup> is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

Pursuant to Government Code section 17561, subdivision (d)(2), the Controller has the authority to audit the application of a reasonable reimbursement methodology.

Local agencies must retain documentation which supports the reimbursement of the maintenance costs identified in Section IV.B of these parameters and guidelines during the period subject to audit, including documentation showing the number of trash receptacles in the jurisdiction and the number of trash collections or pickups. If an audit has been initiated by the Controller during the period subject to audit, the record retention period is extended until the ultimate resolution of any audit findings.

## **VIII. OFFSETTING REVENUES AND REIMBURSEMENTS**

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any federal, state or non-local source shall be identified and deducted from this claim.

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<sup>1</sup> This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

<sup>2</sup> This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

## **VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS**

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1)(A), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## **IX. REMEDIES BEFORE THE COMMISSION**

Upon the request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (d), and California Code of Regulations, title 2, section 1183.2.

## **X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES**

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.



<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT</b>		<b>For State Controller Use Only</b>	<b>PROGRAM 314</b>		
		(19) Program Number 00314			
		(20) Date Filed			
		(21) LRS Input			
(01) Claimant Identification Number		<b>Reimbursement Claim Data</b>			
(02) Claimant Name		(22) FORM-1, (04) A.1.(g)			
County of Location		(23) FORM-1, (04) A.2.(g)			
Street Address or P.O. Box <span style="float: right;">Suite</span>		(24) FORM-1, (04) A.3.(g)			
City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span>		(25) FORM-1, (04) A.4.(g)			
		<b>Type of Claim</b>			
		(03)	(09) Reimbursement <input type="checkbox"/>	(26) FORM-1, (04) A.5.(g)	
		(04)	(10) Combined <input type="checkbox"/>	(27) FORM-1, (06)	
		(05)	(11) Amended <input type="checkbox"/>	(28) FORM-1, (07)	
<b>Fiscal Year of Cost</b>		(06)	(12)	(29) FORM-1, (08)	
<b>Total Claimed Amount</b>		(07)	(13)	(30) FORM-1, (11)	
Less: (refer to attached Instructions)		(14)	(31) FORM-1, (12)		
Less: <b>Prior Claim Payment Received</b>		(15)	(32)		
<b>Net Claimed Amount</b>		(16)	(33)		
<b>Due from State</b>		(08)	(17)	(34)	
<b>Due to State</b>			(18)	(35)	
<b>(37) CERTIFICATION OF CLAIM</b>					
<p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>					
Signature of Authorized Officer					
			Date Signed _____		
			Telephone Number _____		
			E-mail Address _____		
Type or Print Name and Title of Authorized Signatory					
(38) Name of Agency Contact Person for Claim			Telephone Number _____		
			E-mail Address _____		
Name of Consulting Firm / Claim Preparer			Telephone Number _____		
			E-mail Address _____		

**PROGRAM**  
**314**

**MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES**  
**CLAIM FOR PAYMENT**  
**INSTRUCTIONS**

**FORM**  
**FAM - 27**

- (01) Enter the claimant identification number assigned by the State Controller's Office.
- (02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) Not applicable.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim as shown on Form 1, line (13). The total claimed amount must exceed \$1,000; minimum claim must be \$1,001.
- (14) Initial claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was timely filed. Otherwise, enter the penalty amount as a result of the calculation formula as follows:
- Late Initial Claims: FAM-27 line(13) multiplied by 10%, without limitation; or
  - Late Annual Reimbursement Claims: FAM-27, line (13) multiplied by 10%, late penalty not to exceed \$10,000.
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form 1, (04) A.1.(g), means the information is located on Form 1, line (04). A.1, column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the payment process.**
- (37) Read the statement of Certification of Claim. The claim must be dated, signed by the district's authorized officer, and must type or print name, title, date signed, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and e-mail address.

**SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**OFFICE OF THE STATE CONTROLLER  
ATTN: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**OFFICE OF THE STATE CONTROLLER  
ATTN: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 700  
Sacramento, CA 95816**

<b>PROGRAM</b> <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b> <b>CLAIM SUMMARY</b>	<b>Form</b> <b>1</b>
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(01) Claimant	(02) Fiscal Year ____/20__
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(03) Department	
-----------------	--

Direct Costs	Object Accounts						
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
<b>A. One-time Activities</b>							
1. Identification of locations that are required to have a trash receptacle							
2. Selection/evaluation/and preparation of specifications and drawings							
3. Preparation of contracts/specification review process/advertise/review and award bids							
4. Purchase or construction and installation of receptacles and pads							
5. Moving/restoration at old location/and installation at new location							
(05) Total One-time Costs							

**Reasonable Reimbursement Methodology (RRM).**

<b>B. Ongoing Activity: Maintain Trash Receptacles and Pads</b>		
(06) Annual number of trash collections (Refer to claiming instructions)		
(07) Total Ongoing Costs	Line (06) x RRM rate	

<b>Indirect Costs</b>		
(08) Indirect Cost Rate for A. One-time Activities	[From ICRP or 10%]	%
(09) Total Indirect Costs for A. One-time Activities	Line (05)(a) x 10% or [Refer to Claiming Instructions for ICRP over 10%]	
(10) Total Direct and Indirect Costs	Line (05)(g)+ line (07) + line (09)	
(11) Less: Offsetting Revenues		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount	[Line (10) - {(line (11) + line (12))}]	

<b>PROGRAM 314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY INSTRUCTIONS</b>	<b>Form 1</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of claim.
- (03) Department. If more than one department has incurred costs for this mandate, give the name of each department. A separate Form-1 should be completed for each department.
- (04) A **One-time Activities (Actual Costs)**  
Reimbursable Activities. For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row. Total each row.
- (05) Total One-time Costs. Total each column (a) through (g).
- (04) B. **Ongoing Activity- Reasonable Reimbursement Methodology (RRM)**
- (06) Annual number of trash collections. Enter the product of (number of receptacles) x (pick up events) for each receptacle, subject to the limitation of no more than three pickups per week.  
Example: 10 receptacles x 2 times per week x 52 weeks = 1,040
- (07) Total Cost = Result from line (06) above x RRM rate for the applicable fiscal year.

Example: 1,040 x \$6.74 = \$7,010

Fiscal Year	RRM Rate
2002-03 to 2008-09	\$6.74
2009-2010	6.78
2010-2011	6.80

- (08) Indirect Cost Rate for A. One-time Activities. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.
- (09) Local agencies have the option of using 1) the flat rate of 10% of direct labor costs or 2) a department's indirect cost rate proposal (ICRP) in accordance with the Office of Management and Budget OMB Circular A-87 (Title 2 CFR Part 225). If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate, by the Indirect Cost Rate, line (08). If more than one department is reporting costs, each must have its own ICRP for the program. [Line (08) x (line (05) (g) – costs not used in distribution base)].
- (10) Total Direct and Indirect Costs. Enter the sum of line (05)(g) + line (07) + line (09).
- (11) Less Offsetting Revenues. If applicable, enter any revenue received by the claimant for this mandate from any state or federal source.
- (12) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (13) Total Claimed Amount. Line (10) less the sum of line (11) plus line (12). Enter the total on this line and carry the amount forward to form FAM-27, line (14) for the Reimbursement Claim.

<b>Program</b> <span style="font-size: 24pt; font-weight: bold;">314</span>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b> <b>ACTIVITY COST DETAIL</b>	<b>Form</b> <span style="font-size: 24pt; font-weight: bold;">2</span>
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(01) Claimant	(02) Fiscal Year
---------------	------------------

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-time Activities**

<input type="checkbox"/> 1. Identification of locations that are required to have a trash receptacle <input type="checkbox"/> 2. Selection/evaluation and preparation of specifications and drawings <input type="checkbox"/> 3. Preparation of contracts/specification review process/advertisement/review and award of bids	<input type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads <input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
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(04) Description of Expenses	Object Accounts							
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____							
--	--	--	--	--	--	--	--

<b>Program</b>  <b>314</b>	<b>MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES</b>  <b>ACTIVITY COST DETAIL</b>  <b>INSTRUCTIONS</b>	<b>Form</b>  <b>2</b>
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- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box checked in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents must be made available to the SCO on request.

Object/ Sub object Accounts	Columns									Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
<b>Salaries</b>	Employee Name/Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked						
<b>Benefits</b>	Activities Performed	Benefit Rate			Benefits = Benefit Rate x Salaries					
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used				
<b>Contract Services</b>	Name of Contractor  Specific Tasks Performed	Hourly Rate	Hours Worked  Inclusive Dates of Service				Cost = Hourly Rate x Hours Worked			Copy of Contract
<b>Fixed Assets</b>	Description of Equipment Purchased	Unit Cost	Usage					Cost = Unit Cost x Usage		
<b>Travel</b>	Purpose of Trip Name and Title  Departure and Return Date	Per Diem Rate Mileage Rate Travel Cost	Days Miles Travel Mode						Total Travel Cost = Rate x Days or Miles	

- (05) Total line (04), columns (d) through (i) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (05), columns (a) through (f) in the appropriate row.

**12. CLAIM CERTIFICATION**

*Read, sign, and date this section and insert at the end of the incorrect reduction claim submission.\**

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this incorrect reduction claim submission is true and complete to the best of my own knowledge or information or belief.

Jeffrey L. Stewart

\_\_\_\_\_  
Print or Type Name of Authorized Local Agency  
or School District Official

City Manager

\_\_\_\_\_  
Print or Type Title

July 26, 2018

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Local Agency or  
School District Official

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the incorrect reduction claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**DECLARATION OF SERVICE BY EMAIL**

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On August 23, 2018, I served the:

- **Notice of Complete Incorrect Reduction Claim, Schedule for Comments, and Notice of Tentative Hearing Date issued August 23, 2018**
- **Incorrect Reduction Claim (IRC) filed by the City of Bellflower on August 17, 2018**

*Municipal Storm Water and Urban Runoff Discharges, 18-0304-I-01*  
Los Angeles Regional Quality Control Board Order No. 01-182,  
Permit CAS004001, Part 4F5c3  
Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007,  
2007-2008, 2008-2009, and 2009-2010  
City of Bellflower, Claimant

By making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on August 23, 2018 at Sacramento, California.

  
\_\_\_\_\_  
Jill L. Magee  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814  
(916) 323-3562



# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 8/21/18

**Claim Number:** 18-0304-I-01

**Matter:** Municipal Storm Water and Urban Runoff Discharges

**Claimant:** City of Bellflower

### TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

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