



Effective(02/12)

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

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

Fiscal Year :	Multiple	Multiple
PTMISEA Cycle :		
Project Sponsor :	Solano County Transit	Solano County Transit
Contributing PTMISEA Sponsor :	Metropolitan Transportation Commission	Metropolitan Transportation Commission
Project Name :	Bus Maintenance Facility Renovation	Bus Maintenance Facility Renovation

Project Scope**Funding**

99313 :	\$2,598,123
99314 :	\$1,804,924
PTMISEA Interest :	\$163,877
Other Funds	
Federal :	\$3,337,398
State :	\$281,843
Local :	\$3,069,612

Total Project Cost :	\$11,255,777
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Schedule Date

Begin Environmental :	
End Environmental :	
Begin Design :	
End Design :	
Begin Right of Way :	
End Right of Way :	
Begin Construction :	
End Construction :	10/31/17
Begin Vehicle/Equipment Order :	
End Vehicle/Equipment Order :	
Begin Closeout Phase :	11/1/17
End Closeout Phase :	12/31/17

**Performance Outcomes
Description/Improvement
Percentages**
Original Application

Bus Maintenance Facility Rehabilitation and
Construction of Compressed Natural Gas
Fueling Facility

Original Approved Project Cost**Final Project**

Bus Maintenance Facility Rehabilitation Bus
and Construction of Compressed Natural Gas
Fueling Facility

Final Project Cost

	\$2,598,123
	\$1,804,924
	\$163,877
	\$3,337,398
	\$281,843
	\$1,871,554


	\$9,384,223
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Original Project Schedule**Final Project Schedule****Anticipated Performance Outcome****Actual Performance Outcome**

The Renovated Bus Maintenance Facility is providing an efficient location for the performance of bus maintenance as well as, when construction is completed, fueling of CNG buses currently being fueled at an external commercial facility.

Increased Ridership by	___%
Reduced Oper/Maint Cost by	___%
Reduced Emissions by	___%
Increased System Reliability by	___%

Signature:

 Finance & Admin Manager 9-25-17
Name and Title Date

Please include verification of the project completed as scoped by providing evidence of completion such as a photo and/or invoice of acquisition.

Note: The same authority that signed the Allocation Request or is designated on the Authorized Agent form must sign here.