

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: 2010-2011 and 2014-2015

PTMISEA Cycle: 1

Project Sponsor: Solano County Transit

Contributing PTMISEA Sponsor: N/A

Project Name: North Bay Maintenance Facility

	Original Application	Final Project
	Construction of a North Bay Maintenance	The project includes both landside and
	Facility to provide a north San Francisco Bay	waterside improvements undertaken in phases
	base for WETA's ferry fleet.	to ultimately provide administrative office
		space, maintenance and fueling facilities and
Project Scope		berthing capacity for ferry vessels. Landside
		construction is substantially complete and the
	i	completion of the waterside construction is
		expected in June 2016.
Funding	Original Approved Project Cost	Final Project Cost
99313 :		
99314 :	\$2,622,808	\$2,622,808
PTMISEA Interest :		\$3,867
Other Funds		
Federal:	\$856,462	\$856,462
State :	\$27,629,343	\$21,411,299
Local:		
Total Project Cost :	\$31,108,613	\$24,894,436
Schedule Date	Original Project Schedule	Final Project Schedule
Begin Environmental:		
End Environmental:		
Begin Design:		
End Design:		
Begin Right of Way:		
End Right of Way:		
Begin Construction:	8/1/09	8/1/09
End Construction :	10/31/15	4/30/16
Begin Vehicle/Equipment Order:		
End Vehicle/Equipment Order:		
Begin Closeout Phase:	11/1/15	5/1/16
End Closeout Phase:	12/31/15	6/30/16
	Anticipated Performance Outcome	Actual Performance Outcome
	This project is expected to result in landside	The completed project will ensure that
Performance Outcomes	and waterside improvements that will provide	sufficient maintenance and fueling capacity
Description/Improvement :	administrative office space, maintenance and	exists to operate continuous daily as well as
Percentages	fueling facilities and berthing capacity for ferry vessels.	disaster response ferry service.
1 #		
Signature:		
· · · · · · · · · · · · · · · · · · ·	uta, Executive Director	
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.