



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 : 2016-2017 FY

PTMISEA Cycle : 14/15 plus Residual

Project Sponsor : Sierra County Transportation Commission

Contributing PTMISEA Sponsor : Sierra County Transportation Commission

Project Name : 2015 Purchase of Two Transit Vehicles

14/15-3-42 (001) ✓

**Project Scope****Funding**

99313 :	\$16,746.00
99314 :	
PTMISEA Interest :	\$74.59
<b>Other Funds</b>	
Federal :	\$98,966.78
State :	
Local :	\$644.13

<b>Total Project Cost :</b>	<b>\$116,431.50</b>
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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 :	
Begin Vehicle/Equipment Order :	7/1/16
End Vehicle/Equipment Order :	10/1/16
Begin Closeout Phase :	10/1/16
End Closeout Phase :	1/1/17

**Performance Outcomes**  
Description/Improvement  
Percentages

**Original Application**

The purpose of this project is to replace two vehicles in transit service that have reached the end of their useful life and are incurring excessive maintenance costs. This purchase

**Original Approved Project Cost****Original Project Schedule****Anticipated Performance Outcome**

Reduce maintenance costs

**Final Project**

The purpose of this project is to replace two vehicles in transit service that have reached the end of their useful life and are incurring excessive maintenance costs. This purchase

**Final Project Cost**

	\$16,746.00
	\$104.36
	\$99,776.49
	\$757.26
	<b>\$117,384.11</b>

**Final Project Schedule**

	6/28/16
	1/20/17
	1/20/17
	1/21/17

**Actual Performance Outcome**

Increased Ridership by	___%
Reduced Oper/Maint Cost by	5%
Reduced Emissions by	___%
Increased System Reliability by	___%

**Signature:**

Name and Title

ASSISTANT ENGINEER

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.