

**NOTICE OF INTENT TO JOIN A CONSOLIDATED
INCORRECT REDUCTION CLAIM**

**1. TITLE OF CONSOLIDATED INCORRECT
REDUCTION CLAIM**

Municipal Storm Water and Urban Runoff Discharges, 20-0304-I-08

2. JOINT-CLAIMANT INFORMATION

City of Santa Clarita
 Name of Local Agency or School District
 Carmen Magaña
 Joint-Claimant Contact
 Director of Administrative Services
 Title
 23920 Valencia Blvd
 Street Address
 Santa Clarita, CA 91355
 City, State, Zip
 (661) 255-4997
 Telephone Number
 (661) 259-8125
 Fax Number
 cmagana@santa-clarita.com
 E-Mail Address

3. AMOUNT OF INCORRECT REDUCTION

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

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
02/03 to 08/09	\$362,982.00
TOTAL: \$362,982.00	

**4. 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.

5. REIMBURSEMENT CLAIMS

Please include a copy of the subject reimbursement claims submitted to the Office of State Controller.

<i>For CSM Use Only</i>	
Filing Date:	<div style="border: 2px solid blue; border-radius: 15px; padding: 5px; display: inline-block;"> RECEIVED February 9, 2021 Commission on State Mandates </div>
	20-0304-I-11 (20-0304-I-08)
Consolidated IRC #:	

**6. OPTING OUT PROCEDURES FOR A
CLAIMANT-INITIATED CONSOLIDATION**

To opt out of a consolidated incorrect reduction claim, a joint-claimant shall file a written notice with the Commission within fifteen (15) days of service of the Office of State Controller's comments. A copy of the notice must be served on all parties and interested parties on the mailing list. Proof of service shall be filed with the notice pursuant to section 1181.2.

No later than one (1) year after opting out, or within the statute of limitations under section 1185(b) of the Commission's regulations, whichever is later, a claimant that opts out of a consolidated claim shall file an individual incorrect reduction claim pursuant to Commission requirements in order to preserve its right to challenge a reduction made by the Controller on that same mandate.

If a claimant opts out of a consolidated incorrect reduction claim and an individual incorrect reduction claim for that entity is already on file with the Commission, the individual filing is automatically reinstated.

7. CLAIM CERTIFICATION

Joint-Claimant authorizes the original claimant in the above-named incorrect reduction claim to act as its representative in this consolidated incorrect reduction claim, which is filed pursuant to Government Code section 17558.7. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this intent to join a consolidated incorrect reduction claim is true and complete to the best of my own knowledge or information or belief.

Carmen Magaña, Director of Administrative Services
 Name & Title of Authorized Local Agency/School District Official

Carmen Magaña
 Signature

2-8-21
 Date

STATE MANDATED COST CLAIMS RECEIPT

CITY OF SANTA CLARITA

September 28, 2011

Claimant ID: 9819836

The State Controller, Division of Accounting, hereby acknowledges receipt of the following State Mandated Cost Claims submitted by MGT of America:

Program #	Mandate	FY	Claim Amt.
			Actual
314	Municipal Storm Water & Urban Runoff Discharges	2002-03	\$5,796
314	Municipal Storm Water & Urban Runoff Discharges	2003-04	\$51,170
314	Municipal Storm Water & Urban Runoff Discharges	2004-05	\$51,170
314	Municipal Storm Water & Urban Runoff Discharges	2005-06	\$51,170
314	Municipal Storm Water & Urban Runoff Discharges	2006-07	\$51,170
314	Municipal Storm Water & Urban Runoff Discharges	2007-08	\$147,390
314	Municipal Storm Water & Urban Runoff Discharges	2008-09	\$5,116

	\$0
<u>All years, initial filing:</u>	\$362,982
Total Claims Filed:	\$362,982
Number of Claims by Type:	7

Received by: _____

California State Controller
 Division of Accounting
 Bureau of Local Reimbursement

_____ Date

Please return an electronic confirmation to: pdyer@mgtamer.com



MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only		Program 314
		(19) Program Number 00314	(20) Date Filed	
(01) Claimant Identification Number 9819836		Reimbursement Claim Data		
(02) Claimant Name City of Santa Clarita		(22) FORM-1, (04) A.1.(g)		
County of Location Los Angeles		(23) FORM-1, (04) A.2.(g)		
Street Address or P.O. Box 23920 Valencia Blvd		Suite #295		(24) FORM-1, (04) A.3.(g)
City Santa Clarita		State CA	Zip Code 91358	(25) FORM-1, (04) A.4.(g)
		Type of Claim		(26) FORM-1, (04) A.5.(g)
	(03)	(09) Reimbursement	<input checked="" type="checkbox"/>	(27) FORM-1, (06)
	(04)	(10) Combined	<input type="checkbox"/>	(28) FORM-1, (07)
	(05)	(11) Amended	<input type="checkbox"/>	(29) FORM-1, (08)
				860
				5,796
				10
Fiscal Year of Cost		(06)	(12) 2002-2003	(30) FORM-1, (11)
Total Claimed Amount		(07)	(13) \$5,796	(31) FORM-1, (12)
Less: 10% Late penalty (refer to attached instructions)		(14)		(32)
LESS: Prior Claim Payment Received		(15)		(33)
Net Claimed Amount		(16)	(17) \$5,796	(34)
Due from State		(08)	(17) \$5,796	(35)
Due to State		(18)		(36)
<p>(37) CERTIFICATION OF CLAIM</p> <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. 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		9-26-11
Darren Hernandez, Deputy City Manager		Telephone Number		(661) 259-2489
Type or Print Name and Title of Authorized Signatory		E-Mail Address		dhernandez@santa-clarita.com
(38) Name of Agency Contact Person for Claim		Telephone Number		(661) 255-4927
Susan Cromsigt		E-Mail Address		scromsigt@santa-clarita.com
Name of Consulting Firm / Claim Preparer		Telephone Number		(916) 443-9236 x 4522
MGT of America, Inc., Guy Burdick		E-Mail Address		gburdick@mgtamer.com

Program
314

**MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

FORM
1

(01) Claimant: **City of Santa Clarita**

(02) Fiscal Year: **2002-2003**

(3) Department

Direct Costs

Object Accounts

(04) Reimbursable Activities	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel	Total
A. One-Time Activity							
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. Ongoing Activity: Maintain Trash Receptacles and Pads

(06) Annual number of trash collections	<i>Total # of receptacles: 10</i>	<i>Total # of pick up events: 2</i>	860
(07) Total Ongoing Costs	<i>Line (06) x RRM rate</i>	<i>RRM Rate: 6.74</i>	\$5,796

Indirect Costs

(08) Indirect Cost Rate for A. One-Time Activities	Salary and Wages	10.00%
(09) Total Indirect Costs for A. One-Time Activities		
(10) Total Direct and Indirect Costs		\$5,796
(11) Less: Offsetting Savings		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount		\$5,796

Program

314

**MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES
ACTIVITY COST DETAIL**

Attachment

(01) Claimant:

City of Santa Clarita

(02) Fiscal Year

2002-2003

Activity Summary:

The City of Santa Clarita has two divisions within the City that places and maintains trash receptacles at its various transit stops.

Environmental Services Division

2003-04 to 2007-08 - 63 receptacles serviced 2 times weekly

2008-09 - 14 receptacles serviced 2 times weekly

Transit Division

2002-03 to 2006-07 - 10 receptacles serviced 2 times weekly

2007-08 to 2008-09 - 205 receptacles serviced once weekly and 10 serviced 2 times weekly

Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups	Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups
Transit Division	10	2	20				

TOTAL: 20

(05) Total _____ Subtotal _____ Page: _____ of _____

Total: 20

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT			For State Controller Use Only		Program 314	
			(19) Program Number 00314	(20) Date Filed		(21) LRS Input
(01) Claimant Identification Number 9819836			Reimbursement Claim Data			
(02) Claimant Name City of Santa Clarita			(22) FORM-1, (04) A.1.(g)			
County of Location Los Angeles			(23) FORM-1, (04) A.2.(g)			
Street Address or P.O. Box 23920 Valencia Blvd			(24) FORM-1, (04) A.3.(g)			
Suite #295						
City Santa Clarita			(25) FORM-1, (04) A.4.(g)			
State CA						
Zip Code 91358						
			Type of Claim		(26) FORM-1, (04) A.5.(g)	
			(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (06)	7,592
			(04)	(10) Combined <input type="checkbox"/>	(28) FORM-1, (07)	51,170
			(05)	(11) Amended <input type="checkbox"/>	(29) FORM-1, (08)	10
Fiscal Year of Cost			(06)	(12) 2003-2004	(30) FORM-1, (11)	
Total Claimed Amount			(07)	(13) \$51,170	(31) FORM-1, (12)	
Less: 10% Late penalty (refer to attached instructions)			(14)		(32)	
LESS: Prior Claim Payment Received			(15)		(33)	
Net Claimed Amount			(16)	\$51,170	(34)	
Due from State			(08)	(17) \$51,170	(35)	
Due to State			(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. 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			
			9-26-11			
			Telephone Number			(661) 259-2489
Darren Hernandez, Deputy City Manager			E-Mail Address			
			dhernandez@santa-clarita.com			
Type or Print Name and Title of Authorized Signatory						
(38) Name of Agency Contact Person for Claim			Telephone Number			
Susan Cromsigt			(661) 255-4927			
			E-Mail Address			
			scromsigt@santa-clarita.com			
Name of Consulting Firm / Claim Preparer			Telephone Number			
MGT of America, Inc., Guy Burdick			(916) 443-9236 x 4522			
			E-Mail Address			
			gburdick@mgtamer.com			

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT			For State Controller Use Only	Program 314
(01) Claimant Identification Number 9819836			(19) Program Number 00314	
(02) Claimant Name City of Santa Clarita			(20) Date Filed	
County of Location Los Angeles			(21) LRS Input	
Street Address or P.O. Box 23920 Valencia Blvd			Reimbursement Claim Data	
Suite #295			(22) FORM-1, (04) A.1.(g)	
City Santa Clarita			(23) FORM-1, (04) A.2.(g)	
State CA			(24) FORM-1, (04) A.3.(g)	
Zip Code 91358			(25) FORM-1, (04) A.4.(g)	
Type of Claim			(26) FORM-1, (04) A.5.(g)	
(03)	(09) Reimbursement	<input checked="" type="checkbox"/>	(27) FORM-1, (06)	7,592
(04)	(10) Combined	<input type="checkbox"/>	(28) FORM-1, (07)	51,170
(05)	(11) Amended	<input type="checkbox"/>	(29) FORM-1, (08)	10
Fiscal Year of Cost			(12)	(30) FORM-1, (11)
			2003-2004	
Total Claimed Amount			(13)	(31) FORM-1, (12)
			\$51,170	
Less: 10% Late penalty (refer to attached instructions)			(14)	(32)
LESS: Prior Claim Payment Received			(15)	(33)
Net Claimed Amount			(16)	(34)
			\$51,170	
Due from State			(17)	(35)
			\$51,170	
Due to State			(18)	(36)
(37) CERTIFICATION OF CLAIM				
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		
		<u>9-26-11</u>		
Darren Hernandez, Deputy City Manager		Telephone Number		
		<u>(661) 259-2489</u>		
Type or Print Name and Title of Authorized Signatory		E-Mail Address		
		<u>dhernandez@santa-clarita.com</u>		
(38) Name of Agency Contact Person for Claim		Telephone Number		
Susan Cromsig		<u>(661) 255-4927</u>		
		E-Mail Address		
		<u>scromsig@santa-clarita.com</u>		
Name of Consulting Firm / Claim Preparer		Telephone Number		
MGT of America, Inc., Guy Burdick		<u>(916) 443-9236 x 4522</u>		
		E-Mail Address		
		<u>gburdick@mgtamer.com</u>		

Program
314

**MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES
CLAIM SUMMARY**

FORM
1

(01) Claimant: **City of Santa Clarita** (02) Fiscal Year: **2003-2004**

(3) Department

Direct Costs	Object Accounts						
	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
(04) Reimbursable Activities							
A. One-Time Activity							
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. Ongoing Activity: Maintain Trash Receptacles and Pads

(06) Annual number of trash collections	<i>Total # of receptacles: 73</i>	<i>Total # of pick up events: 2</i>	7,592
(07) Total Ongoing Costs	<i>Line (06) x RRM rate</i>	<i>RRM Rate: 6.74</i>	\$51,170

Indirect Costs

(08) Indirect Cost Rate for A. One-Time Activities	Salary and Wages	10.00%
(09) Total Indirect Costs for A. One-Time Activities		
(10) Total Direct and Indirect Costs		\$51,170
(11) Less: Offsetting Savings		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount		\$51,170

Program
314

**MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES
ACTIVITY COST DETAIL**

Attachment

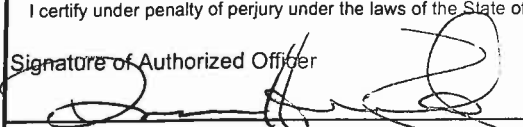
(01) Claimant: **City of Santa Clarita** (02) Fiscal Year: **2003-2004**

Activity Summary:
The City of Santa Clarita has two divisions within the City that places and maintains trash receptacles at its various transit stops.

Environmental Services Division
2003-04 to 2007-08 - 63 receptacles serviced 2 times weekly
2008-09 - 14 receptacles serviced 2 times weekly

Transit Division
2002-03 to 2006-07 - 10 receptacles serviced 2 times weekly
2007-08 to 2008-09 - 205 receptacles serviced once weekly and 10 serviced 2 times weekly

Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups	Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups
Environmental Services Division	63	2	126				
Transit Division	10	2	20				
TOTAL:			146				

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT			For State Controller Use Only	Program 314
(01) Claimant Identification Number 9819836			(19) Program Number 00314	
(02) Claimant Name City of Santa Clarita			(20) Date Filed	
County of Location Los Angeles			(21) LRS Input	
Street Address or P.O. Box 23920 Valencia Blvd			Reimbursement Claim Data	
Suite #295			(22) FORM-1, (04) A.1.(g)	
City Santa Clarita			(23) FORM-1, (04) A.2.(g)	
State CA			(24) FORM-1, (04) A.3.(g)	
Zip Code 91358			(25) FORM-1, (04) A.4.(g)	
Type of Claim			(26) FORM-1, (04) A.5.(g)	
(03)	(09) Reimbursement	<input checked="" type="checkbox"/>	(27) FORM-1, (06)	7,592
(04)	(10) Combined	<input type="checkbox"/>	(28) FORM-1, (07)	51,170
(05)	(11) Amended	<input type="checkbox"/>	(29) FORM-1, (08)	10
Fiscal Year of Cost 2004-2005			(30) FORM-1, (11)	
Total Claimed Amount \$51,170			(31) FORM-1, (12)	
Less: 10% Late penalty (refer to attached instructions)			(32)	
LESS: Prior Claim Payment Received			(33)	
Net Claimed Amount \$51,170			(34)	
Due from State \$51,170			(35)	
Due to State			(36)	
(37) CERTIFICATION OF CLAIM				
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 <u>9-26-11</u>	
Darren Hernandez, Deputy City Manager			Telephone Number (661) 259-2489	
Type or Print Name and Title of Authorized Signatory			E-Mail Address dhernandez@santa-clarita.com	
(38) Name of Agency Contact Person for Claim Susan Crowsigt			Telephone Number (661) 255-4927	
Name of Consulting Firm / Claim Preparer MGT of America, Inc., Guy Burdick			E-Mail Address scrowsigt@santa-clarita.com	
			Telephone Number (916) 443-9236 x 4522	
			E-Mail Address gburdick@mgtamer.com	

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT			For State Controller Use Only	Program 314
			(19) Program Number 00314 (20) Date Filed (21) LRS Input	
(01) Claimant Identification Number 9819836			Reimbursement Claim Data	
(02) Claimant Name City of Santa Clarita			(22) FORM-1, (04) A.1.(g)	
County of Location Los Angeles			(23) FORM-1, (04) A.2.(g)	
Street Address or P.O. Box Suite 23920 Valencia Blvd #295			(24) FORM-1, (04) A.3.(g)	
City State Zip Code Santa Clarita CA 91358			(25) FORM-1, (04) A.4.(g)	
Type of Claim			(26) FORM-1, (04) A.5.(g)	
(03)	(09) Reimbursement	<input checked="" type="checkbox"/>	(27) FORM-1, (06)	7,592
(04)	(10) Combined	<input type="checkbox"/>	(28) FORM-1, (07)	51,170
(05)	(11) Amended	<input type="checkbox"/>	(29) FORM-1, (08)	10
Fiscal Year of Cost (06)			(12) 2004-2005	(30) FORM-1, (11)
Total Claimed Amount (07)			(13) \$51,170	(31) FORM-1, (12)
Less: 10% Late penalty (refer to attached instructions)			(14)	(32)
LESS: Prior Claim Payment Received			(15)	(33)
Net Claimed Amount			(16) \$51,170	(34)
Due from State (08)			(17) \$51,170	(35)
Due to State			(18)	(36)
(37) CERTIFICATION OF CLAIM 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		9-26-11
		Telephone Number		(661) 259-2489
Darren Hernandez, Deputy City Manager		E-Mail Address		dhernandez@santa-clarita.com
Type or Print Name and Title of Authorized Signatory				
(38) Name of Agency Contact Person for Claim		Telephone Number		(661) 255-4927
Susan Cromsigt		E-Mail Address		scromsigt@santa-clarita.com
Name of Consulting Firm / Claim Preparer		Telephone Number		(916) 443-9236 x 4522
MGT of America, Inc., Guy Burdick		E-Mail Address		gburdick@mgtamer.com

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY	FORM 1						
(01) Claimant: City of Santa Clarita		(02) Fiscal Year: 2004-2005						
(3) 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	
A. One-Time Activity								
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. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections	<i>Total # of receptacles: 73</i>		<i>Total # of pick up events: 2</i>			7,592		
(07) Total Ongoing Costs	<i>Line (06) x RRM rate</i>		<i>RRM Rate: 6.74</i>			\$51,170		
Indirect Costs								
(08) Indirect Cost Rate for A. One-Time Activities	Salary and Wages						10.00%	
(09) Total Indirect Costs for A. One-Time Activities								
(10) Total Direct and Indirect Costs								\$51,170
(11) Less: Offsetting Savings								
(12) Less: Other Reimbursements								
(13) Total Claimed Amount								\$51,170

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES ACTIVITY COST DETAIL	<i>Attachment</i>
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(01) Claimant: City of Santa Clarita	(02) Fiscal Year: 2004-2005
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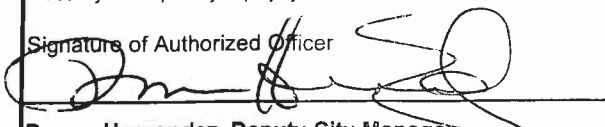
Activity Summary:
The City of Santa Clarita has two divisions within the City that places and maintains trash receptacles at its various transit stops.

Environmental Services Division
2003-04 to 2007-08 - 63 receptacles serviced 2 times weekly
2008-09 - 14 receptacles serviced 2 times weekly

Transit Division
2002-03 to 2006-07 - 10 receptacles serviced 2 times weekly
2007-08 to 2008-09 - 215 receptacles serviced once weekly and 10 serviced 2 times weekly

Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups	Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups
Environmental Services Division	63	2	126				
Transit Division	10	2	20				
TOTAL:			146				

ORIGINAL

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT		For State Controller Use Only		Program 314
		(19) Program Number 00314	(20) Date Filed	
(01) Claimant Identification Number 9819836		Reimbursement Claim Data		
(02) Claimant Name City of Santa Clarita		(22) FORM-1, (04) A.1.(g)		
County of Location Los Angeles		(23) FORM-1, (04) A.2.(g)		
Street Address or P.O. Box 23920 Valencia Blvd		Suite #295		(24) FORM-1, (04) A.3.(g)
City Santa Clarita		State CA		Zip Code 91358 (25) FORM-1, (04) A.4.(g)
		Type of Claim		(26) FORM-1, (04) A.5.(g)
		(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (06)
		(04)	(10) Combined <input type="checkbox"/>	(28) FORM-1, (07)
		(05)	(11) Amended <input type="checkbox"/>	(29) FORM-1, (08)
Fiscal Year of Cost		(06)	(12) 2005-2006	(30) FORM-1, (11)
Total Claimed Amount		(07)	(13) \$51,170	(31) FORM-1, (12)
Less: 10% Late penalty (refer to attached instructions)		(14)		(32)
LESS: Prior Claim Payment Received		(15)		(33)
Net Claimed Amount		(16)	\$51,170	(34)
Due from State		(08)	(17) \$51,170	(35)
Due to State		(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. 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		
 Darren Hernandez, Deputy City Manager		<u>9-26-11</u>		
		Telephone Number		<u>(661) 259-2489</u>
Type or Print Name and Title of Authorized Signatory		E-Mail Address		
		<u>dhernandez@santa-clarita.com</u>		
(38) Name of Agency Contact Person for Claim		Telephone Number		
Susan Crowsigt		<u>(661) 255-4927</u>		
		E-Mail Address		
		<u>scrowsigt@santa-clarita.com</u>		
Name of Consulting Firm / Claim Preparer		Telephone Number		
MGT of America, Inc., Guy Burdick		<u>(916) 443-9236 x 4522</u>		
		E-Mail Address		
		<u>gburdick@mgtamer.com</u>		

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT			For State Controller Use Only	Program 314
(01) Claimant Identification Number 9819836			(19) Program Number 00314	
(02) Claimant Name City of Santa Clarita			(20) Date Filed	
County of Location Los Angeles			(21) LRS Input	
Street Address or P.O. Box 23920 Valencia Blvd			Reimbursement Claim Data	
Suite #295			(22) FORM-1, (04) A.1.(g)	
City Santa Clarita			(23) FORM-1, (04) A.2.(g)	
State CA			(24) FORM-1, (04) A.3.(g)	
Zip Code 91358			(25) FORM-1, (04) A.4.(g)	
Type of Claim			(26) FORM-1, (04) A.5.(g)	
(03)	(09) Reimbursement	<input checked="" type="checkbox"/>	(27) FORM-1, (06)	7,592
(04)	(10) Combined	<input type="checkbox"/>	(28) FORM-1, (07)	51,170
(05)	(11) Amended	<input type="checkbox"/>	(29) FORM-1, (08)	10
Fiscal Year of Cost			(30) FORM-1, (11)	
(06)	2005-2006			
Total Claimed Amount			(31) FORM-1, (12)	
(07)	\$51,170			
Less: 10% Late penalty (refer to attached instructions)			(32)	
LESS: Prior Claim Payment Received			(33)	
Net Claimed Amount			(34)	
(08)	\$51,170			
Due from State			(35)	
(08)	\$51,170			
Due to State			(36)	
(37) CERTIFICATION OF CLAIM				
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.				
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		Telephone Number <u>(661) 259-2489</u>		
Darren Hernandez, Deputy City Manager		E-Mail Address <u>dhernandez@santa-clarita.com</u>		
Type or Print Name and Title of Authorized Signatory				
(38) Name of Agency Contact Person for Claim		Telephone Number <u>(661) 255-4927</u>		
Susan Cromsigt		E-Mail Address <u>scromsigt@santa-clarita.com</u>		
Name of Consulting Firm / Claim Preparer		Telephone Number <u>(916) 443-9236 x 4522</u>		
MGT of America, Inc., Guy Burdick		E-Mail Address <u>gburdick@mgtamer.com</u>		

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY	FORM 1						
(01) Claimant: City of Santa Clarita		(02) Fiscal Year: 2005-2006						
(3) 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	
A. One-Time Activity								
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. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections	<i>Total # of receptacles: 73</i>		<i>Total # of pick up events: 2</i>			7,592		
(07) Total Ongoing Costs	<i>Line (06) x RRM rate</i>		<i>RRM Rate: 6.74</i>			\$51,170		
Indirect Costs								
(08) Indirect Cost Rate for A. One-Time Activities	Salary and Wages						10.00%	
(09) Total Indirect Costs for A. One-Time Activities								
(10) Total Direct and Indirect Costs								\$51,170
(11) Less: Offsetting Savings								
(12) Less: Other Reimbursements								
(13) Total Claimed Amount								\$51,170

Program
314

**MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES
ACTIVITY COST DETAIL**

Attachment

(01) Claimant:

City of Santa Clarita

(02) Fiscal Year

2005-2006

Activity Summary:

The City of Santa Clarita has two divisions within the City that places and maintains trash receptacles at its various transit stops.

Environmental Services Division

2003-04 to 2007-08 - 63 receptacles serviced 2 times weekly

2008-09 - 14 receptacles serviced 2 times weekly

Transit Division

2002-03 to 2006-07 - 10 receptacles serviced 2 times weekly

2007-08 to 2008-09 - 205 receptacles serviced once weekly and 10 serviced 2 times weekly

Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups	Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups
Environmental Services Division	63	2	126				
Transit Division	10	2	20				

TOTAL:

146

(05) Total _____ Subtotal _____ Page: _____ of _____

Total: 146

ORIGINAL

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT	For State Controller Use Only	Program 314
	(19) Program Number 00314	
	(20) Date Filed	
		(21) LRS Input

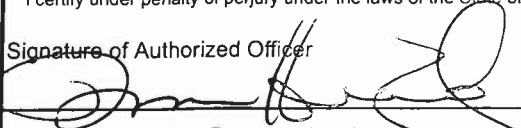
(01) Claimant Identification Number 9819836			Reimbursement Claim Data	
(02) Claimant Name City of Santa Clarita			(22) FORM-1, (04) A.1.(g)	
County of Location Los Angeles			(23) FORM-1, (04) A.2.(g)	
Street Address or P.O. Box 23920 Valencia Blvd			Suite #295	(24) FORM-1, (04) A.3.(g)
City Santa Clarita			State CA	Zip Code 91358
			(25) FORM-1, (04) A.4.(g)	
			(26) FORM-1, (04) A.5.(g)	
			(27) FORM-1, (06)	
			(28) FORM-1, (07)	7,592
			(29) FORM-1, (08)	51,170
				10
Fiscal Year of Cost 2006-2007			(12)	(30) FORM-1, (11)
Total Claimed Amount \$51,170			(13)	(31) FORM-1, (12)
Less: 10% Late penalty (refer to attached instructions)			(14)	(32)
LESS: Prior Claim Payment Received			(15)	(33)
Net Claimed Amount \$51,170			(16)	(34)
Due from State			(17)	(35)
Due to State			(18)	(36)

(37) CERTIFICATION OF CLAIM

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 <u>9-26-11</u>
Darren Hernandez, Deputy City Manager	Telephone Number <u>(661) 259-2489</u>
Type or Print Name and Title of Authorized Signatory	E-Mail Address <u>dhernandez@santa-clarita.com</u>

(38) Name of Agency Contact Person for Claim Susan Cromsigt	Telephone Number <u>(661) 255-4927</u>
Name of Consulting Firm / Claim Preparer MGT of America, Inc., Guy Burdick	E-Mail Address <u>scromsigt@santa-clarita.com</u>
	Telephone Number <u>(916) 443-9236 x 4522</u>
	E-Mail Address <u>gburdick@mgtamer.com</u>

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT			For State Controller Use Only	Program 314
(01) Claimant Identification Number 9819836			(19) Program Number 00314	
(02) Claimant Name City of Santa Clarita			(20) Date Filed	
County of Location Los Angeles			(21) LRS Input	
Street Address or P.O. Box 23920 Valencia Blvd			Reimbursement Claim Data	
Suite #295			(22) FORM-1, (04) A.1.(g)	
City Santa Clarita			(23) FORM-1, (04) A.2.(g)	
State CA			(24) FORM-1, (04) A.3.(g)	
Zip Code 91358			(25) FORM-1, (04) A.4.(g)	
Type of Claim			(26) FORM-1, (04) A.5.(g)	
(03)	(09) Reimbursement	<input checked="" type="checkbox"/>	(27) FORM-1, (06)	7,592
(04)	(10) Combined	<input type="checkbox"/>	(28) FORM-1, (07)	51,170
(05)	(11) Amended	<input type="checkbox"/>	(29) FORM-1, (08)	10
Fiscal Year of Cost 2006-2007			(30) FORM-1, (11)	
Total Claimed Amount \$51,170			(31) FORM-1, (12)	
Less: 10% Late penalty (refer to attached instructions)			(32)	
LESS: Prior Claim Payment Received			(33)	
Net Claimed Amount \$51,170			(34)	
Due from State			(35)	
Due to State			(36)	
(37) CERTIFICATION OF CLAIM				
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.				
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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 9-26-11		
Darren Hernandez, Deputy City Manager		Telephone Number (661) 259-2489		
Type or Print Name and Title of Authorized Signatory		E-Mail Address dhernandez@santa-clarita.com		
(38) Name of Agency Contact Person for Claim Susan Cromsigt		Telephone Number (661) 255-4927		
Name of Consulting Firm / Claim Preparer MGT of America, Inc., Guy Burdick		E-Mail Address scromsigt@santa-clarita.com		
		Telephone Number (916) 443-9236 x 4522		
		E-Mail Address gburdick@mgtamer.com		

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY	FORM 1						
(01) Claimant: City of Santa Clarita		(02) Fiscal Year: 2006-2007						
(3) 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	
A. One-Time Activity								
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. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections	<i>Total # of receptacles: 73</i>		<i>Total # of pick up events: 2</i>			7,592		
(07) Total Ongoing Costs	<i>Line (06) x RRM rate</i>		<i>RRM Rate: 6.74</i>			\$51,170		
Indirect Costs								
(08) Indirect Cost Rate for A. One-Time Activities	Salary and Wages						10.00%	
(09) Total Indirect Costs for A. One-Time Activities								
(10) Total Direct and Indirect Costs								\$51,170
(11) Less: Offsetting Savings								
(12) Less: Other Reimbursements								
(13) Total Claimed Amount								\$51,170

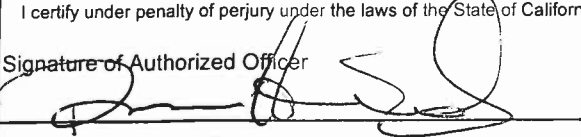
(01) Claimant: City of Santa Clarita	(02) Fiscal Year: 2006-2007
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Activity Summary:
The City of Santa Clarita has two divisions within the City that places and maintains trash receptacles at its various transit stops.

Environmental Services Division
2003-04 to 2007-08 - 63 receptacles serviced 2 times weekly
2008-09 - 14 receptacles serviced 2 times weekly

Transit Division
2002-03 to 2006-07 - 10 receptacles serviced 2 times weekly
2007-08 to 2008-09 - 205 receptacles serviced once weekly and 10 serviced 2 times weekly

Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups	Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups
Environmental Services Division	63	2	126				
Transit Division	10	2	20				
TOTAL:			146				

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT			For State Controller Use Only	Program 314
(01) Claimant Identification Number 9819836			(19) Program Number 00314	
(02) Claimant Name City of Santa Clarita			(20) Date Filed	
County of Location Los Angeles			(21) LRS Input	
Street Address or P.O. Box Suite 23920 Valencia Blvd #295			Reimbursement Claim Data	
City State Zip Code Santa Clarita CA 91358			(22) FORM-1, (04) A.1.(g)	
			(23) FORM-1, (04) A.2.(g)	
			(24) FORM-1, (04) A.3.(g)	
			(25) FORM-1, (04) A.4.(g)	24,371
			(26) FORM-1, (04) A.5.(g)	
	(03)	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (06)	18,252
	(04)	(10) Combined <input type="checkbox"/>	(28) FORM-1, (07)	123,018
	(05)	(11) Amended <input type="checkbox"/>	(29) FORM-1, (08)	10
Fiscal Year of Cost	(06)	(12) 2007-2008	(30) FORM-1, (11)	
Total Claimed Amount	(07)	(13) \$147,390	(31) FORM-1, (12)	
Less: 10% Late penalty (refer to attached instructions)			(14)	(32)
LESS: Prior Claim Payment Received			(15)	(33)
Net Claimed Amount			(16)	(34)
				\$147,390
Due from State	(08)	(17) \$147,390	(35)	
Due to State		(18)	(36)	
(37) CERTIFICATION OF CLAIM				
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.				
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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 <u>9-26-11</u>		
Darren Hernandez, Deputy City Manager		Telephone Number (661) 259-2489		
Type or Print Name and Title of Authorized Signatory		E-Mail Address dhernandez@santa-clarita.com		
(38) Name of Agency Contact Person for Claim Susan Cromsigt		Telephone Number (661) 255-4927		
Name of Consulting Firm / Claim Preparer MGT of America, Inc., Guy Burdick		E-Mail Address scromsigt@santa-clarita.com		
		Telephone Number (916) 443-9236 x 4522		
		E-Mail Address gburdick@mgtamer.com		

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT			For State Controller Use Only	Program 314
(01) Claimant Identification Number 9819836			(19) Program Number 00314 (20) Date Filed (21) LRS Input	
(02) Claimant Name City of Santa Clarita			Reimbursement Claim Data	
County of Location Los Angeles			(22) FORM-1, (04) A.1.(g)	
Street Address or P.O. Box 23920 Valencia Blvd			(23) FORM-1, (04) A.2.(g)	
Suite #295			(24) FORM-1, (04) A.3.(g)	
City Santa Clarita			(25) FORM-1, (04) A.4.(g)	24,371
State CA			(26) FORM-1, (04) A.5.(g)	
Zip Code 91358			(27) FORM-1, (06)	18,252
Type of Claim			(28) FORM-1, (07)	123,018
(03)	(09) Reimbursement <input checked="" type="checkbox"/>		(29) FORM-1, (08)	10
(04)	(10) Combined <input type="checkbox"/>			
(05)	(11) Amended <input type="checkbox"/>			
Fiscal Year of Cost			(30) FORM-1, (11)	
(06)	2007-2008			
Total Claimed Amount			(31) FORM-1, (12)	
(07)	\$147,390			
Less: 10% Late penalty (refer to attached instructions)			(32)	
LESS: Prior Claim Payment Received			(33)	
Net Claimed Amount			(34)	
(08)	\$147,390			
Due from State			(35)	
(08)	\$147,390			
Due to State			(36)	
(37) CERTIFICATION OF CLAIM				
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.				
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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 9-26-11	
Darren Hernandez, Deputy City Manager			Telephone Number (661) 259-2489	
Type or Print Name and Title of Authorized Signatory			E-Mail Address dhernandez@santa-clarita.com	
(38) Name of Agency Contact Person for Claim Susan Cromsigt			Telephone Number (661) 255-4927	
Name of Consulting Firm / Claim Preparer MGT of America, Inc., Guy Burdick			E-Mail Address scromsigt@santa-clarita.com	
			Telephone Number (916) 443-9236 x 4522	
			E-Mail Address gburdick@mgtamer.com	

(01) Claimant: City of Santa Clarita	(02) Fiscal Year: 2007-2008
---	------------------------------------

(3) Department	
----------------	--

Direct Costs	Object Accounts						
(04) Reimbursable Activities	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel	Total
A. One-Time Activity							
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			\$24,371				\$24,371
5. Moving/restoration at old location/and installation at new location							
(05) Total One-time Costs			\$24,371				\$24,371

Reasonable Reimbursement Methodology (RRM)

B. Ongoing Activity: Maintain Trash Receptacles and Pads

(06) Annual number of trash collections	<i>Total # of receptacles: 278 Total # of pick up events: 2 & 1</i>	18,252
(07) Total Ongoing Costs	<i>Line (06) x RRM rate RRM Rate: 6.74</i>	\$123,018

Indirect Costs		
(08) Indirect Cost Rate for A. One-Time Activities	Salary and Wages	10.00%
(09) Total Indirect Costs for A. One-Time Activities		
(10) Total Direct and Indirect Costs		\$147,390
(11) Less: Offsetting Savings		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount		\$147,390

(01) Claimant: City of Santa Clarita	(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 checked="" type="checkbox"/> 4. Purchase or construction and installation of receptacles and pads
<input type="checkbox"/> 2. Selection/evaluation/and preparation of specifications and drawings	<input type="checkbox"/> 5. Moving/restoration at old location/and installation at new location
<input type="checkbox"/> 3. Preparation of contracts/specification review process/ advertise/ review and award bids	

(04) Description of Expenses				Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel
<p>In fiscal year 2007-08, the City of Santa Clarita purchased and installed 215 new trash receptacles. The purchase and installation was partially covered by a Federal Transit grant. The cost covered by the grant is not included in this claim.</p> <p>Transit trash receptacles Installation of receptacles</p>						\$19,354 \$5,017			
(05) Total _____ Subtotal _____ Page: _____ of _____						\$24,371			

Program
314

**MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES
ACTIVITY COST DETAIL**

Attachment

(01) Claimant:

City of Santa Clarita

(02) Fiscal Year

2007-2008

Activity Summary:

The City of Santa Clarita has two divisions within the City that places and maintains trash receptacles at its various transit stops.

Environmental Services Division

2003-04 to 2007-08 - 63 receptacles serviced 2 times weekly

2008-09 - 14 receptacles serviced 2 times weekly

Transit Division

2002-03 to 2006-07 - 10 receptacles serviced 2 times weekly

2007-08 to 2008-09 - 205 receptacles serviced once weekly and 10 serviced 2 times weekly

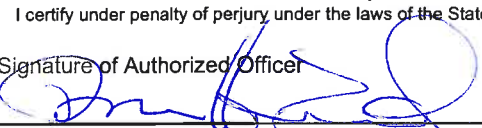
Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups	Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups
Environmental Services Division	63	2	126				
Transit Division	10	2	20				
New receptacles	205	1	205				

TOTAL:

351

(05) Total _____ Subtotal _____ Page: _____ of _____

Total: 351

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM FOR PAYMENT			For State Controller Use Only	Program 314
(01) Claimant Identification Number 9819836			(19) Program Number 00314	
(02) Claimant Name City of Santa Clarita			(20) Date Filed	
County of Location Los Angeles			(21) LRS Input	
Street Address or P.O. Box 23920 Valencia Blvd			Reimbursement Claim Data	
Suite #295			(22) FORM-1, (04) A.1.(g)	
City Santa Clarita			(23) FORM-1, (04) A.2.(g)	
State CA			(24) FORM-1, (04) A.3.(g)	
Zip Code 91358			(25) FORM-1, (04) A.4.(g)	
Type of Claim			(26) FORM-1, (04) A.5.(g)	
(03)	(09) Reimbursement	<input checked="" type="checkbox"/>	(27) FORM-1, (06)	759
(04)	(10) Combined	<input type="checkbox"/>	(28) FORM-1, (07)	5,116
(05)	(11) Amended	<input type="checkbox"/>	(29) FORM-1, (08)	10
Fiscal Year of Cost			(30) FORM-1, (11)	
(06)	2008-2009			
Total Claimed Amount			(31) FORM-1, (12)	
(07)	\$5,116			
Less: 10% Late penalty (refer to attached instructions)			(32)	
LESS: Prior Claim Payment Received			(33)	
Net Claimed Amount			(34)	
(08)	\$5,116			
Due from State			(35)	
(08)	\$5,116			
Due to State			(36)	
(37) CERTIFICATION OF CLAIM				
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 9-26-11	
Darren Hernandez, Deputy City Manager			Telephone Number (661) 259-2489	
Type or Print Name and Title of Authorized Signatory			E-Mail Address dhernandez@santa-clarita.com	
(38) Name of Agency Contact Person for Claim Susan Cromsigt			Telephone Number (661) 255-4927	
Name of Consulting Firm / Claim Preparer MGT of America, Inc., Guy Burdick			E-Mail Address scromsigt@santa-clarita.com	
			Telephone Number (916) 443-9236 x 4522	
			E-Mail Address gburdick@mgtamer.com	

Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY	FORM 1						
(01) Claimant: City of Santa Clarita		(02) Fiscal Year: 2008-2009						
(3) 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	
A. One-Time Activity								
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. Ongoing Activity: Maintain Trash Receptacles and Pads								
(06) Annual number of trash collections	<i>Total # of receptacles: 229 Total # of pick up events: 2 & 1</i>					759		
(07) Total Ongoing Costs	<i>Line (06) x RRM rate RRM Rate: 6.74</i>					\$5,116		
Indirect Costs								
(08) Indirect Cost Rate for A. One-Time Activities	Salary and Wages						10.00%	
(09) Total Indirect Costs for A. One-Time Activities								
(10) Total Direct and Indirect Costs								\$5,116
(11) Less: Offsetting Savings								
(12) Less: Other Reimbursements								
(13) Total Claimed Amount								\$5,116

Program
314

**MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES
ACTIVITY COST DETAIL**

Attachment

(01) Claimant:

City of Santa Clarita

(02) Fiscal Year

2008-2009

Activity Summary:

The City of Santa Clarita has two divisions within the City that places and maintains trash receptacles at its various transit stops.

Environmental Services Division

2003-04 to 2007-08 - 63 receptacles serviced 2 times weekly

2008-09 - 14 receptacles serviced 2 times weekly

Transit Division

2002-03 to 2006-07 - 10 receptacles serviced 2 times weekly

2007-08 to 2008-09 - 205 receptacles serviced once weekly and 10 serviced 2 times weekly

Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups	Trash Receptacle Location	# of receptacles	# of pickups per week	Total pickups
Environmental Services Division	14	2	28				
Transit Division	10	2	20				
New receptacles	205	1	205				
TOTAL:			253				

CITY OF SANTA CLARITA

Audit Report

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES PROGRAM

Los Angeles Regional Water Quality Control Board,
Order No. 01-182, Permit CAS004001, Part 4F5c3

July 1, 2002, through June 30, 2009



BETTY T. YEE
California State Controller

August 2018



BETTY T. YEE
California State Controller

August 28, 2018

The Honorable Laurene Weste, Mayor
City of Santa Clarita
23920 Valencia Boulevard
Santa Clarita, CA 91355

Dear Mayor Weste:

The State Controller's Office (SCO) audited the costs claimed by the City of Santa Clarita for the legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program for the period of July 1, 2002, through June 30, 2009.

The city claimed \$362,982 for the mandated program. Our audit found that the entire amount is unallowable because the city misstated the annual number of trash collections and did not offset restricted funds that were used to pay for the mandated activities. The State made no payments to the city. Following issuance of this audit report, the SCO's Local Government Programs and Services Division will notify the city of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

This final audit report contains an adjustment to costs claimed by the city. If you disagree with the audit findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (Commission). Pursuant to the Commission's regulations outlined in Title 2, *California Code of Regulations*, Section 1185.1, subdivision (c), 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/IRCFForm.pdf.

If you have any questions, please contact Lisa Kurokawa, Chief, Compliance Audits Bureau, by telephone at (916) 327-3138.

Sincerely,

Original signed by

JEFFREY V. BROWNFIELD, CPA
Chief, Division of Audits

JVB/lis

cc: Carmen Magaña, Director of Administrative Services
City of Santa Clarita
Brittany Houston, Interim Finance Manager
City of Santa Clarita
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Steven Pavlov, Finance Budget Analyst
Local Government Unit
California Department of Finance
Anita Dagan, Manager
Local Government Programs and Services Division
State Controller's Office

Contents

Audit Report

Summary	1
Background	1
Objective, Scope, and Methodology	1
Conclusion	2
Follow-up on Prior Audit Findings	3
Views of Responsible Officials	3
Restricted Use	3
Schedule—Summary of Program Costs	4
Findings and Recommendations	7
Attachment—City’s Response to Draft Audit Report	

Audit Report

Summary

The State Controller's Office (SCO) audited the costs claimed by the City of Santa Clarita for the legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program for the period of July 1, 2002, through June 30, 2009.

The city claimed \$362,982 for the mandated program. Our audit found that the entire amount is unallowable because the city misstated the annual number of trash collections and did not offset restricted funds that were used to pay for the mandated activities. The State made no payments to the city.

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 (GC) 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 (TMDL) 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. Therefore, the reimbursement period for this mandated program ended on December 27, 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 GC section 17558, the SCO issues claiming instructions to assist local agencies in claiming mandated program reimbursable costs.

Objective, Scope, and Methodology

The objective of our audit was to determine whether costs claimed represent increased costs resulting from the legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program. Specifically, we conducted this audit to determine whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

The audit period was from July 1, 2002, through June 30, 2009.

To achieve our audit objective, we:

- Reviewed the annual mandated cost claims filed by the city for the audit period and identified the material cost components of each claim as the unit cost rate and the annual number of trash collections. Determined whether there were any errors or any unusual or unexpected variances from year to year. Reviewed the activities claimed to determine whether they adhered to the SCO's claiming instructions and the program's parameters and guidelines;
- Completed an internal control questionnaire by interviewing key city staff, and discussed the claim preparation process with city staff to determine what information was obtained, who obtained it, and how it was used;
- Researched the city's location within the Los Angeles River Watershed to gain an understanding of the trash TMDL effective date to determine the city's eligibility;
- Traced the unit cost rate claimed for each fiscal year in the audit period to the SCO's claiming instructions to ensure proper application of the rate;
- Requested source documentation to support the calculation of the annual number of trash collections claimed for each fiscal year in the audit period. Re-calculated the annual number of trash collections for each fiscal year in the audit period based on documentation provided (see Finding 1); and
- Traced the mandated costs claimed to the Comprehensive Annual Financial Report for all fiscal years in the audit period to determine whether the costs claimed were funded by revenues raised outside of the city's appropriation limit (see Finding 2).

GC sections 12410, 17558.5, and 17561 provide the legal authority to conduct this audit. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

We limited our review of the city's internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures. Our audit scope did not assess the efficiency or effectiveness of program operations. We did not audit the city's financial statements.

Conclusion

Our audit found that the city misstated the annual number of trash collections and did not offset the restricted funds that were used to pay for the mandated activities. These areas of noncompliance with the requirements are quantified in the accompanying Schedule (Summary of Program Costs) and described in the Findings and Recommendations section of this report.

For the audit period, the City of Santa Clarita claimed \$362,982 for costs of the legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program. Our audit found that the entire amount is unallowable. The State made no payments to the city.

Following issuance of this audit report, the SCO's Local Government Programs and Services Division will notify the city of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

**Follow-up on
Prior Audit
Findings**

We have not previously conducted an audit of the city's legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program.

**Views of
Responsible
Officials**

We issued a draft audit report on July 6, 2018. Carmen Magaña, Director of Administrative Services, responded the same day (Attachment), accepting Finding 1 and disagreeing with Finding 2. This final audit report includes the city's response.

Restricted Use

This report is solely for the information and use of the City of Santa Clarita, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.

Original signed by

JEFFREY V. BROWNFIELD, CPA
Chief, Division of Audits

August 28, 2018

Schedule—
Summary of Program Costs
July 1, 2002, through June 30, 2009

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2002, through June 30, 2003</u>				
Ongoing activities:				
Unit cost rate	\$ 6.74	\$ 6.74	\$ 6.74	
Annual number of trash collections ²	× 860	× 2,860	× 2,000	
Total ongoing costs	5,796	19,276	13,480	Finding 1
Less offsetting revenues and reimbursements	-	(19,276)	(19,276)	Finding 2
Total program costs	<u>\$ 5,796</u>	-	<u>\$ (5,796)</u>	
Less amount paid by the State ³		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2003, through June 30, 2004</u>				
Ongoing activities:				
Unit cost rate	\$ 6.74	\$ 6.74	\$ 6.74	
Annual number of trash collections ²	× 7,592	× 3,380	× (4,212)	
Total ongoing costs	51,170	22,781	(28,389)	Finding 1
Less offsetting revenues and reimbursements	-	(22,781)	(22,781)	Finding 2
Total program costs	<u>\$ 51,170</u>	-	<u>\$ (51,170)</u>	
Less amount paid by the State ³		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2004, through June 30, 2005</u>				
Ongoing activities:				
Unit cost rate	\$ 6.74	\$ 6.74	\$ 6.74	
Annual number of trash collections ²	× 7,592	× 3,380	× (4,212)	
Total ongoing costs	51,170	22,781	(28,389)	Finding 1
Less offsetting revenues and reimbursements	-	(22,781)	(22,781)	Finding 2
Total program costs	<u>\$ 51,170</u>	-	<u>\$ (51,170)</u>	
Less amount paid by the State ³		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		

Schedule (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2005, through June 30, 2006</u>				
Ongoing activities:				
Unit cost rate	\$ 6.74	\$ 6.74	\$ 6.74	
Annual number of trash collections ²	× 7,592	× 3,380	× (4,212)	
Total ongoing costs	51,170	22,781	(28,389)	Finding 1
Less offsetting revenues and reimbursements	-	(22,781)	(22,781)	Finding 2
Total program costs	<u>\$ 51,170</u>	-	<u>\$ (51,170)</u>	
Less amount paid by the State ³		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2006, through June 30, 2007</u>				
Ongoing activities:				
Unit cost rate	\$ 6.74	\$ 6.74	\$ 6.74	
Annual number of trash collections ²	× 7,592	× 3,380	× (4,212)	
Total ongoing costs	51,170	22,781	(28,389)	Finding 1
Less offsetting revenues and reimbursements	-	(22,781)	(22,781)	Finding 2
Total program costs	<u>\$ 51,170</u>	-	<u>\$ (51,170)</u>	
Less amount paid by the State ³		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>July 1, 2007, through June 30, 2008</u>				
One-time activities:				
Materials and supplies	\$ 24,372	\$ 24,372	\$ -	
Total one-time costs	24,372	24,372	-	
Ongoing activities:				
Unit cost rate	6.74	6.74	6.74	
Annual number of trash collections ²	× 18,252	× 3,380	× (14,872)	
Total ongoing costs	123,018	22,781	(100,237)	Finding 1
Total one-time and ongoing costs	147,390	47,153	(100,237)	
Less offsetting revenues and reimbursements	-	(47,153)	(47,153)	Finding 2
Total program costs	<u>\$ 147,390</u>	-	<u>\$ (147,390)</u>	
Less amount paid by the State ³		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		

Schedule (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2008, through June 30, 2009</u>				
Ongoing activities:				
Unit cost rate	\$ 6.74	\$ 6.74	\$ 6.74	
Annual number of trash collections ²	× 759	× 2,988	× 2,229	
Total ongoing costs	5,116	20,139	15,023	Finding 1
Less offsetting revenues and reimbursements	-	(20,139)	(20,139)	Finding 2
Total program costs	<u>\$ 5,116</u>	-	<u>\$ (5,116)</u>	
Less amount paid by the State ³		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		
<u>Summary: July 1, 2002, through June 30, 2009</u>				
One-time activities	\$ 24,372	\$ 24,372	\$ -	
Ongoing activities	338,610	153,320	(185,290)	Finding 1
Total one-time and ongoing costs	362,982	177,692	(185,290)	
Less offsetting revenues and reimbursements	-	(177,692)	(177,692)	Finding 2
Total program costs	<u>\$ 362,982</u>	-	<u>\$ (362,982)</u>	
Less amount paid by the State ³		-		
Allowable costs claimed in excess of amount paid		<u>\$ -</u>		

¹ See the Findings and Recommendations section.

² The annual number of trash collections is the number of city-wide transit-stop trash receptacles multiplied by the number of annual trash collections for each receptacle.

³ Payment amount current as of February 20, 2018.

Findings and Recommendations

**FINDING 1—
Overstated ongoing
maintenance costs**

The city claimed \$338,610 for ongoing maintenance of transit-stop trash receptacles for the audit period. We found that \$153,320 is allowable and \$185,290 is unallowable. The costs are unallowable because the city misstated the annual number of trash collections during the audit period.

The city claimed reimbursement for ongoing maintenance costs using the Commission-adopted reasonable reimbursement methodology (RRM). Under the RRM, the unit cost rate (which was \$6.74 during the period of July 1, 2002, through June 30, 2009) is multiplied by the annual number of trash collections (which is the number of city-wide transit-stop trash receptacles multiplied by the number of annual trash collections for each receptacle).

The following table summarizes the total misstated annual number of trash collections fiscal year:

Fiscal Year	Amount Claimed			Amount Allowable			Audit Adjustment
	Annual No. of Trash Collections	Unit Cost Rate	Amount Claimed	Annual No. of Trash Collections	Unit Cost Rate	Amount Allowable	
2002-03	860	\$ 6.74	\$ 5,796	2,860	\$ 6.74	\$ 19,276	\$ 13,480
2003-04	7,592	6.74	51,170	3,380	6.74	22,781	(28,389)
2004-05	7,592	6.74	51,170	3,380	6.74	22,781	(28,389)
2005-06	7,592	6.74	51,170	3,380	6.74	22,781	(28,389)
2006-07	7,592	6.74	51,170	3,380	6.74	22,781	(28,389)
2007-08	18,252	6.74	123,018	3,380	6.74	22,781	(100,237)
2008-09	759	6.74	5,116	2,988	6.74	20,139	15,023
Total			<u>\$ 338,610</u>			<u>\$ 153,320</u>	<u>\$ (185,290)</u>

The error occurred because the city misinterpreted the parameters and guidelines requirement that it retain documentation to support its calculation of the annual number of trash collections. Section VII. (Records Retention) of the parameters and guidelines states, in part:

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.

During audit fieldwork, we reviewed the city’s agreements with Blue Barrel Disposal; Sureteck Industrial and Commercial Services, Inc.; and Brigadier Corporation, then re-calculated the annual number of transit-stop trash collections for each fiscal year in the audit period.

Fiscal Year (FY) 2002-03 through FY 2005-06

The city entered into a maintenance agreement with Blue Barrel Disposal from February 20, 1991, through June 30, 2006, to service 61 trash receptacles at city bus stops. Weekly trash collections varied from once a week to twice a week in higher-traffic areas. We determined that 2,860 annual collections are allowable for fiscal year (FY) 2002-03 and 3,380 annual collections are allowable for FY 2003-04 through FY 2005-06, as follows:

No. of Trash Receptacles	No. of Weekly Collections	No. of Reimbursement Weeks in the Year	Total
FY 2002-03:			
57	1	44 ¹	2,508
4	2	44 ¹	352
<u>61</u>			<u>2,860</u>
FY 2003-04 through FY 2005-06:			
57	1	52	2,964
4	2	52	416
<u>61</u>			<u>3,380</u>

¹ For FY 2002-03, the reimbursement period is 44 weeks (from August 28, 2002, through June 30, 2003).

FY 2006-07 and FY 2007-08

The city entered into a maintenance agreement with Sureteck Industrial and Commercial Services, Inc. from July 1, 2006, through June 30, 2008, to service 63 trash receptacles. Weekly trash collections varied from once a week to twice a week in higher-traffic areas. We found that 3,380 annual collections are allowable for FY 2006-07 and FY 2007-08, as follows:

No. of Trash Receptacles	No. of Weekly Collections	No. of Reimbursement Weeks in the Year	Total
61	1	52	3,172
2	2	52	208
<u>63</u>			<u>3,380</u>

FY 2008-09

The city entered into a maintenance agreement with Brigadier Corporation from July 1, 2008, through June 30, 2009, to service 328 bus stops. We found that 229 of the 328 bus stops had a trash receptacle. Weekly trash collections varied from once a week to twice a week in higher-traffic areas.

We found that 2,988 annual collections are allowable for FY 2008-09, as follows:

No. of Trash Receptacles	No. of Weekly Collections	No. of Reimbursable Weeks in the Year ¹	Total
209	1	12	2,508
20	2	12	480
<u>229</u>			<u>2,988</u>

¹ For FY 2008-09, the reimbursement period is 12 weeks (from July 1, 2008, through September 22, 2008).

Recommendation

No recommendation is applicable for this finding, as the period of reimbursement expired on December 27, 2012, with the adoption of a new NPDES permit. However, when claiming reimbursement for other mandated programs, we recommend that the city:

- Follow the mandated program’s claiming instructions and parameters and guidelines when filing its reimbursement claims; and
- Ensure that claimed costs are based on actual costs, include only eligible costs, and are supported by contemporaneous source documentation.

City’s Response

The City filed claims on September 28, 2011, when expenditures for the period from FY 2002-03 through FY 2008-09 became eligible for reimbursement under the program. In May 2017, the Office of the State Controller informed the City that it had initiated an audit, and during this time the City was required to supply documentation going back as far as 15 years, making it difficult to find all related support due to documentation retention policies, a new financial system and employee turnover. While the postponed nature of the audit created an unfortunate burden upon the City to retrace years’ worth of activity, we accept this finding.

**FINDING 2—
Unreported offsetting
revenues**

The city did not offset any revenues or reimbursements on its claim forms for the audit period. We found that the city should have offset \$177,692 in restricted funds, including Proposition A and Proposition C Local Return funds, that were used to pay for mandated activities.

One-time activities

We found that the city should have offset \$24,372 in Proposition A and Proposition C Local Return funds that was used to purchase and install transit-stop trash receptacles in FY 2007-08.

The Proposition A and Proposition C programs are funded by two one-half cent sales tax measures approved by Los Angeles County voters. Proposition A was approved in November 1980 and Proposition C was approved in November 1990. Twenty-five percent of the Proposition A funds and 20% of the Proposition C funds are designated for the Local Return program and are to be used for developing and/or improving public transit and related transportation infrastructure.

Section II. (Project Eligibility) of the Proposition A and Proposition C Local Return Guidelines identifies 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 or electrical work directly associated with the above items

As the city used Proposition A and Proposition C funds authorized to be used on mandated activities, it did not have to rely on discretionary funds to pay for mandated activities.

Ongoing Activities

We found that the city should have offset \$153,320 in revenues from the Transit System Fund (Fund No. 801) that was used to pay for the ongoing maintenance of transit-stop trash receptacles for each fiscal year in the audit period.

The Transit System Fund is an Enterprise Fund Type, and is used to account for activities for which a fee is charged to external users for goods or services. Examples of revenues in the Transit System Fund include:

- Metrolink and EZ pass revenues;
- Fixed Route passenger fares;
- Dial-A-Ride passenger fares;
- Proposition A and Proposition C Local Return Program funds;
- Measure R funds; and
- State Transportation Development Act funds.

We confirmed that there were no General Fund transfers into the Transit System Fund during the audit period. As the city used revenues authorized by the city to pay for mandated activities, it did not have to rely on the use of discretionary funds to pay for the mandated activities.

Criteria

Section VIII. (Offsetting Revenues and Reimbursements) of the parameters and guidelines states:

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 NPDES permit. However, when claiming reimbursement for other mandated programs, we recommend that the city:

- Follow the mandated program's claiming instructions and parameters and guidelines when filing its reimbursement claims; and
- Offset all revenues raised outside its appropriations limit that are used to fund mandated activities.

City's Response

The City believes there is no clear basis to deny claims which were paid from Proposition A & C funds. The Parameters and Guidelines, Section VIII Offsetting Revenues and Reimbursements, states the following:

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 for [sic] 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.

Proposition A & C funds are derived from a local tax. The Los Angeles Metropolitan Transportation Authority Proposition A and C Local Return Program Guidelines specifically state that 25 percent of the Proposition A & C tax is designated for the Local Return (LR) Program. This is a local sales tax and does not constitute an offsetting revenue as defined in the Parameters and Guidelines, Section VIII Offsetting Revenues and Reimbursements.

Additionally, the Statement of Decision for the Municipal Storm Water and Urban Runoff Discharges Program, pages 51 and 52, quotes the following:

The constitutionality of Government Code section 17556, subdivision (d), was upheld by the California Supreme Court in County of Fresno v. State of California, in which the court held that the term "costs" in article XIII B, section 6, excludes expenses recoverable from sources other than taxes. The court stated:

Section 6 was included in article XIII B in recognition that article XIII A of the Constitution severely restricted the taxing powers of local governments. (See County of Los Angeles,

supra, 43 Cal.3d at p. 61.) The provision was intended to preclude the state from shifting financial responsibility for carrying out governmental functions onto local entities that were ill equipped to handle the task (*Ibid.*; see *Lucia Mar Unified School Dist. V. Honig* (1988) 44 Cal.3d 830, 836, fn. 6 [244 Cal.Rptr. 677, 750 P.2d 318].) Specifically, it was designed to protect tax revenues of local governments from state mandates that would require expenditures of such revenues. Thus, although its language broadly declares that the “state shall provide a subvention of funds to reimburse ... local government for the costs [of a state-mandated new] program or higher level of service,” read in its textual and historical context section 6 of article XIII B requires subvention only when the costs in question can be recovered solely from tax revenues.

Because, as stated above, Proposition A & C funds are tax revenues, the City believes that these costs are eligible for reimbursement, consistent to Government Code section 17514, exempt from the provisions under the Parameters and Guidelines, Section VIII Offsetting Revenues and Reimbursements.

SCO Comment

Our finding and recommendation remain unchanged.

Both the Commission’s parameters and guidelines and the SCO’s claiming instructions require the identification and reporting of offsetting revenues and reimbursements. We concluded that the Proposition A and Proposition C Local Return Funds that were used to pay for the maintenance of the transit-stop trash receptacles are restricted funds that should be reported and offset against claimed costs.

The city states that Proposition A and Proposition C Local Return funds are a “local sales tax that does not constitute an offsetting revenue.” We disagree. Proposition A and Proposition C Local Return funds are a special supplementary sales tax approved by Los Angeles County voters in 1980 and 1990, respectively. The Proposition A and Proposition C sales tax revenue is restricted solely to the development and/or improvement of public transit services, while unrestricted general sales taxes can be spent for any general governmental purpose.

Furthermore, the city has not provided us with any documentation showing that the Proposition A and Proposition C Local Return funds were included in the city’s appropriation limit.

**Attachment—
City's Response to
Draft Audit Report**



City of
SANTA CLARITA

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www.santa-clarita.com

July 6, 2018

Mr. Jeffrey V. Brownfield, CPA
Chief, Division of Audits
California State Controller
P.O. Box 942850
Sacramento, California 94250

Dear Mr. Brownfield,

Subject: Municipal Storm Water and Urban Runoff Discharges Program Audit Report

This letter is in response to your draft audit report for the claims filed by the City of Santa Clarita for the Mandated Municipal Storm Water and Urban Runoff Discharges Program. Two audit findings were noted in your report:

1. *Overstated ongoing maintenance costs:*

The city claimed \$338,610 for ongoing maintenance of transit stops trash receptacles for the audit period. We found that \$153,320 is allowable and \$185,290 is unallowable. The costs are unallowable because the city misstated the annual number of trash collections during the audit period.

Management Response: The City filed claims on September 28, 2011, when expenditures for the period from FY 2002-03 through FY 2008-09 became eligible for reimbursement under the program. In May 2017, the Office of the State Controller informed the City that it had initiated an audit, and during this time the City was required to supply documentation going back as far as 15 years, making it difficult to find all related support due to document retention policies, a new financial system and employee turnover. While the postponed nature of the audit creates an unfortunate burden upon the City to retrace years' worth of activity, we accept this finding.



Mr. Jeffrey Brownfield
July 6, 2018
Page 2

2. *Unreported offsetting revenues and reimbursements:*

The city did not offset any revenues or reimbursements on its claim forms for the audit period. We found that the city should have offset \$177,692 for the audit period in revenues used from Proposition A & C Local Return Fund, and Transit Enterprise Fund. Specifically, the city used \$24,372 to pay for one-time costs and \$153,320 to pay for the ongoing maintenance of trash receptacles at city bus stops.

Management Response: The City believes there is no clear basis to deny claims which were paid from Proposition A & C funds. The Parameters and Guidelines, Section VIII Offsetting Revenues and Reimbursements, states the following:

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 for 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.

Proposition A & C funds are derived from a local tax. The Los Angeles Metropolitan Transportation Authority Proposition A and C Local Return Program Guidelines specifically state that 25 percent of the Proposition A & C tax is designated for the Local Return (LR) Program. This is a local sales tax and does not constitute an offsetting revenue as defined in the Parameters and Guidelines, Section VIII Offsetting Revenues and Reimbursements.

Additionally, the Statement of Decision for the Municipal Storm Water and Urban Runoff Discharges Program, pages 51 and 52, quotes the following:

The constitutionality of Government Code section 17556, subdivision (d), was upheld by the California Supreme Court in County of Fresno v. State of California, in which the court held that the term "costs" in article XIII B, section 6, excludes expenses recoverable from sources other than taxes. The court stated:

Section 6 was included in article XIII B in recognition that article XIII A of the Constitution severely restricted the taxing powers of local governments. (See County of Los Angeles, supra, 43 Cal.3d at p. 61.) The provision was intended to preclude the state from shifting financial responsibility for carrying out governmental functions onto local entities that were ill equipped to handle the task. (Ibid.; see Lucia Mar Unified School Dist. v. Honig (1988) 44 Cal.3d 830, 836, fn. 6 [244 Cal.Rptr. 677, 750 P.2d 318].) Specifically, it was designed to protect the tax revenues of local governments from state mandates that would require expenditure of such revenues. Thus, although its language broadly declares that the "state shall provide a subvention of funds to reimburse ... local government for the costs [of a state-mandated new] program or higher level of service," read in its textual and historical context section 6 of article XIII B requires subvention only when the costs in question can be recovered solely from

Mr. Jeffrey Brownfield
July 6, 2018
Page 3

tax revenues.

Because, as stated above, Proposition A & C funds are tax revenues, the City believes that these costs are eligible for reimbursement, consistent to Government Code section 17514, exempt from the provisions under the Parameters and Guidelines, Section VIII Offsetting Revenues and Reimbursements.

Should you have any questions related to our response, please contact Brittany Houston, Interim Finance Manager, bhouston@santa-clarita.com

Respectfully,



Carmen Magaña
Director of Administrative Services

CM:BH:ejp

SAFINSB90 Mandated Costs SB90 Audit Management Response 7.6.18

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<http://www.sco.ca.gov>

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 February 19, 2021, I served the:

- **Notice of Complete Notice of Intent to Join a Consolidated Incorrect Reduction Claim, Consolidation of Claims, Schedule for Comments, and Tentative Hearing Date (City of Claremont) issued February 19, 2021**
- **Notice of Complete Notice of Intent to Join a Consolidated Incorrect Reduction Claim, Consolidation of Claims, Schedule for Comments, and Tentative Hearing Date (City of Santa Clarita) issued February 19, 2021**
- **Notice of Complete Notice of Intent to Join a Consolidated Incorrect Reduction Claim, Consolidation of Claims, Schedule for Comments, and Tentative Hearing Date (City of Signal Hill) issued February 19, 2021**
- **Notice of Intent to Join a Consolidated Incorrect Reduction Claim filed by the City of Claremont on February 10, 2021**
- **Notice of Intent to Join a Consolidated Incorrect Reduction Claim filed by the City of Santa Clarita on February 9, 2021**
- **Notice of Intent to Join a Consolidated Incorrect Reduction Claim filed by the City of Signal Hill on February 9, 2021**

Municipal Storm Water and Urban Runoff Discharges, 19-0304-I-04, 20-0304-I-06, 20-0304-I-08, 20-0304-I-09, 20-0304-I-10, and 20-0304-I-11

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, 2009-2010, 2010-2011, 2011-2012

City of Claremont, Claimant

Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006

City of Downey, Claimant

Fiscal Years: 2008-2009, 2009-2010, 2010-2011, 2011-2012

City of Glendora, Claimant

Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009

City of Santa Clarita, Claimant

Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013

City of Signal Hill, Claimant

Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013

County of Los Angeles, 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 February 19, 2021 at Sacramento, California.



Jill L. Magee
Commission on State Mandates
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COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 2/19/21

Claim Number: 20-0304-I-08 Consolidated with 19-0304-I-04, 20-0304-I-06, 20-0304-I-09, 20-0304-I-10, 20-0304-I-11

Matter: Municipal Storm Water and Urban Runoff Discharges

Claimants: City of Claremont
City of Downey
City of Glendora
City of Santa Clarita
City of Signal Hill
County of Los Angeles

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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