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 Signal Hill

Name of Local Agency or School District

Hannah Shin-Heydorn

Joint-Claimant Contact

City Manager

Title

2175 Cherry Avenue

Street Address

Signal Hill, CA 90755

City, State, Zip

562-989-7305

Telephone Number

562-989-7393

Fax Number

Hshinheydorn@cityofsignalhill.org

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.

Fiscal Year	Amount of Reduction
2002-03	\$3,188.00
2003-04	\$3,855.00
2004-05	\$11,215.00
2005-06	\$11,215.00
2006-07	\$11,215.00
2007-08	\$11,215.00
TOTAL: \$101,656.00)

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.



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.

Hannah Shin-Heydorn, City Manager

Name & Title of Authorized Local Agency/School District Official

Signature Smother

February 2, 2021

Date

Section 3, Amount of Incorrect Reduction, cont.

Fiscal Year	Amount of Reduction
2008-09	\$11,215.00
2009-10	N/A
2010-11	\$10,455.00
2011-12	\$18,590.00
2012-13	\$9,503.00

SECTION 4 FINAL STATE AUDIT REPORT FOR CITY OF SIGNAL HILL

CITY OF SIGNAL HILL

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, 2013



BETTY T. YEE
California State Controller

June 2018



June 25, 2018

Tina L. Hansen, Mayor City of Signal Hill 2175 Cherry Avenue Signal Hill, CA 90755

Dear Mayor Hansen:

The State Controller's Office (SCO) audited the costs claimed by the City of Signal Hill for the legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program for the period of July 1, 2002, through June 30, 2013.

The city claimed \$233,135 for the mandated program. Our audit found that \$33,403 is allowable and \$199,732 is unallowable because the city overstated the annual number of transit-stop trash collections and did not offset the Proposition A Local Return funds used to pay for the mandated activities. The State made no payments to the city. Following the issuance of this report, the SCO's Local Government Programs and Services Division will notify the city of the adjustments via a system-generated letter for each fiscal year in the audit period.

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/rg

cc: Scott Williams, Finance Director

Finance Department

City of Signal Hill

Angelina Garcia, Accounting Manager

Finance Department

City of Signal Hill

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

California 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	8

Audit Report

Summary

The State Controller's Office (SCO) audited the costs claimed by the City of Signal Hill for the legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program for the period of July 1, 2002, through June 30, 2013.

The city claimed \$233,135 for the mandated program. Our audit found that \$33,403 is allowable and \$199,732 is unallowable because the city overstated the annual number of transit-stop trash collections and did not offset the Proposition A Local Return funds 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. As such, the Municipal Storm Water and Urban Runoff Discharges program is no longer a mandate.

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, 2013.

To achieve our audit objective, we:

- Reviewed the annual mandated cost claims filed by the city for the
 audit period and verified that the material cost components of each
 claim are the annual number of trash collections and unit cost rates,
 and determined whether there were any errors or unusual or
 unexpected variances from year to year. We also reviewed the claimed
 activities 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 and gained 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
- Requested expenditure reports for all fiscal years in the audit period to determine whether costs claimed were funded by another source. Traced the ongoing maintenance costs claimed to source documents for FY 2007-08 through FY 2012-13, as these were the only years for which the city was able to provide documentation (see Finding 2).

The legal authority to conduct this audit is provided by GC sections 12410, 17558.5, and 17561. 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 instances of noncompliance with the requirements outlined in the Objective, Scope, and Methodology section. These instances 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 Signal Hill claimed \$233,135 for costs of the legislatively mandated Municipal Storm Water and Urban Runoff Discharges Program. Our audit found that \$33,403 is allowable and \$199,732 is unallowable. The State made no payments to the city.

Following the issuance of this report, the SCO's Local Government Programs and Services Division will notify the city of the adjustments 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 discussed our audit results with the city's representatives during an exit conference conducted on March 13, 2018. Scott Williams, Finance Director, and Angelina Garcia, Accounting Manager, accepted the audit results. Mr. Williams declined a draft audit report and agreed that we could issue the audit report as final.

Restricted Use

This report is solely for the information and use of City of Signal Hill, 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

June 25, 2018

Schedule— Summary of Program Costs July 1, 2002, through June 30, 2013

Cost Elements		Actual Costs Claimed		Allowable per Audit		Audit	Reference 1	
July 1, 2002, through June 30, 2003								
Ongoing activities: August 28, 2002, through June 30, 2003: Unit cost rate Annual number of trash collections ²	\$	6.74 3,172	\$	6.74 1,376	\$	6.74 (1,796)		
Total ongoing costs Less offsetting revenues and reimbursements		21,379	<u> </u>	9,274 (3,188)		(12,105) (3,188)	Finding 1 Finding 2	
Total program costs	\$	21,379		6,086	\$	(15,293)		
Less amount paid by the State ³								
Allowable costs claimed in excess of amount paid			\$	6,086				
July 1, 2003, through June 30, 2004								
Ongoing activities: Unit cost rate Annual number of trash collections ²	\$	6.74 3,172	\$	6.74 1,664	\$	6.74 (1,508)		
Total ongoing costs Less offsetting revenues and reimbursements		21,379		11,215 (3,855)		(10,164) (3,855)	Finding 1 Finding 2	
Total program costs	\$	21,379		7,360	\$	(14,019)		
Less amount paid by the State ³		_		_				
Allowable costs claimed in excess of amount paid				7,360				
July 1, 2004, through June 30, 2005								
Ongoing activities: Unit cost rate Annual number of trash collections ²	\$	6.74 3,172	\$	6.74 1,769	\$	6.74 (1,403)		
Total ongoing costs Less offsetting revenues and reimbursements		21,379		11,923 (11,215)		(9,456) (11,215)	Finding 1 Finding 2	
Total program costs	\$	21,379		708	\$	(20,671)		
Less amount paid by the State ³								
Allowable costs claimed in excess of amount paid			\$	708				

Schedule (continued)

Cost Elements	tual Costs		Allowable per Audit	A	Audit	Reference ¹
July 1, 2005, through June 30, 2006						
Ongoing activities: Unit cost rate Annual number of trash collections ²	\$ 6.74 3,172	\$	6.74 1,664	\$	6.74	
Total ongoing costs Less offsetting revenues and reimbursements	 21,379		11,215 (11,215)	_	(10,164) (11,215)	Finding 1 Finding 2
Total program costs Less amount paid by the State ³ Allowable costs claimed in excess of amount paid	\$ 21,379		-	\$	(21,379)	
July 1, 2006, through June 30, 2007 Ongoing activities:		<u> </u>				
Unit cost rate Annual number of trash collections ²	\$ 6.74 3,172	\$	6.74 1,664	\$	6.74 (1,508)	
Total ongoing costs Less offsetting revenues and reimbursements	 21,379		11,215 (11,215)	_	(10,164) (11,215)	Finding 1 Finding 2
Total program costs Less amount paid by the State ³	 21,379			\$	(21,379)	
Allowable costs claimed in excess of amount paid						
July 1, 2007, through June 30, 2008						
Ongoing activities: Unit cost rate Annual number of trash collections ²	\$ 6.74 3,172	\$	6.74 1,664	\$	6.74 (1,508)	
Total ongoing costs Less offsetting revenues and reimbursements	21,379		11,215 (11,215)		(10,164) (11,215)	Finding 1 Finding 2
Total program costs Less amount paid by the State ³	 21,379				(21,379)	
Allowable costs claimed in excess of amount paid		\$	-			
July 1, 2008, through June 30, 2009 Ongoing activities:						
Unit cost rate Annual number of trash collections ²	\$ 6.74 3,172	\$	6.74 1,664	\$	6.74 (1,508)	
Total ongoing costs Less offsetting revenues and reimbursements	21,379		11,215 (11,215)		(10,164) (11,215)	Finding 1 Finding 2
Total program costs	\$ 21,379		-	\$	(21,379)	
Less amount paid by the State ³						
Allowable costs claimed in excess of amount paid		_\$	-			

Schedule (continued)

Cost Elements	Actual Costs Claimed		Allowable per Audit		Audit Adjustment		Reference 1
July 1, 2009, through June 30, 2010							
Ongoing activities: Unit cost rate Annual number of trash collections ²	\$	6.78 3,172	\$	6.78 1,772	\$	6.78 (1,400)	
Total ongoing costs Less offsetting revenues and reimbursements		21,506		12,014		(9,492)	Finding 1
Total program costs Less amount paid by the State ³ Allowable costs claimed in excess of amount paid	\$	21,506	\$	12,014		(9,492)	
July 1, 2010, through June 30, 2011 Ongoing activities: Unit cost rate	\$	6.80	\$	6.80	\$	6.80	
Annual number of trash collections ² Total ongoing costs		3,380	—	2,600 17,680	Ψ	(780)	Finding 1
Less offsetting revenues and reimbursements Total program costs Less amount paid by the State ³	\$	22,984		7,235	\$	(10,445) (15,749)	Finding 2
Allowable costs claimed in excess of amount paid			\$	7,235			
July 1, 2011, through June 30, 2012							
Ongoing activities: Unit cost rate Annual number of trash collections ²	\$	7.15 3,380	\$	7.15 2,600	\$	7.15 (780)	
Total ongoing costs Less offsetting revenues and reimbursements		24,167		18,590 (18,590)		(5,577) (18,590)	Finding 1 Finding 2
Total program costs Less amount paid by the State ³	\$	24,167			\$	(24,167)	
Allowable costs claimed in excess of amount paid				-			
July 1, 2012, through June 30, 2013							
Ongoing activities: July 1, 2012, through December 27, 2012: Unit cost rate Annual number of trash collections ²	\$	7.31 2,028	\$	7.31 1,300	\$	7.31 (728)	
Total ongoing costs Less offsetting revenues and reimbursements		14,825		9,503 (9,503)		(5,322) (9,503)	Finding 1 Finding 2
Total program costs Less amount paid by the State ³	\$	14,825		-	\$	(14,825)	
Allowable costs claimed in excess of amount paid							

Schedule (continued)

Cost Elements	 ctual Costs Claimed	_	Allowable per Audit	 Audit Adjustment	Reference 1
Summary: July 1, 2002, through June 30, 2013					
Ongoing costs Less offsetting revenues and reimbursements	\$ 233,135	\$	135,059 (101,656)	\$ (98,076) (101,656)	Finding 1 Finding 2
Total program costs	\$ 233,135		33,403	\$ (199,732)	
Less amount paid by the State ³			-		
Allowable costs claimed in excess of amount paid			33,403		

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 times each receptacle was picked up during one year.

³ Payment amount current as of May 18, 2018.

Findings and Recommendations

FINDING 1— Overstated ongoing maintenance costs The city claimed \$233,135 for ongoing maintenance of the transit-stop trash receptacles for the audit period. We found that \$135,059 is allowable and \$98,076 is unallowable. The costs are unallowable because the city overstated the annual number of trash collections for each fiscal year in 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 (\$6.74 during the period of July 1, 2002, through June 30, 2009, and adjusted annually thereafter by the implicit price deflator) is multiplied by the number of citywide transit-stop trash receptacles and by the number of annual trash collections.

The following table summarizes the audit adjustment calculation by fiscal year:

				Unit	
Fiscal	Annual N	lo. of Trash C	Cost	Audit	
<u>Year</u>	Claimed	Allowable	Difference	Rate	Adjustment
2002-03	3,172	1,376	(1,796)	\$ 6.74	\$ (12,105)
2003-04	3,172	1,664	(1,508)	6.74	(10,164)
2004-05	3,172	1,769	(1,403)	6.74	(9,456)
2005-06	3,172	1,664	(1,508)	6.74	(10,164)
2006-07	3,172	1,664	(1,508)	6.74	(10,164)
2007-08	3,172	1,664	(1,508)	6.74	(10,164)
2008-09	3,172	1,664	(1,508)	6.74	(10,164)
2009-10	3,172	1,772	(1,400)	6.78	(9,492)
2010-11	3,380	2,600	(780)	6.80	(5,304)
2011-12	3,380	2,600	(780)	7.15	(5,577)
2012-13	2,028	1,300	(728)	7.31	(5,322)
Total	34,164	19,737	(14,427)		\$ (98,076)

¹ The annual number of trash collections is the number of city-wide transit stop trash receptacles multiplied by the number of times each receptacle was picked up during one year.

The city misinterpreted the program's 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 state:

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 Eller Media Company, Conservation Corps of Long Beach (CCLB), and Shelter Clean Services, Inc. (Shelter Clean) and re-calculated the total number of transit-stop trash collections to be 19,737, as follows:

	Eller			Total No.
Fiscal	Media		Shelter	of Trash
Year	Company	CCLB	Clean	Collections
2002-03	903	473	-	1,376
2003-04	1,092	572	-	1,664
2004-05	105	1,664	-	1,769
2005-06	1.4	1,664	-	1,664
2006-07	-	1,664	-	1,664
2007-08	-	1,664	-	1,664
2008-09	100	1,664	-	1,664
2009-10	-	1,664	108	1,772
2010-11	-	1,664	936	2,600
2011-12	-	1,664	936	2,600
2012-13	-	832	468	1,300
Total	2,100	15,189	2,448	19,737

Eller Media Company

On August 4, 1999, the city entered into a five-year agreement with Eller Media Company for ongoing maintenance of 21 bus shelters. The agreement applies to our audit period from August 28, 2002, through August 4, 2004. As such, we determined that 2,100 transit-stop trash collections, totaling \$14,154, are allowable, as follows:

	No. of				
	Transit-stop	No. of	Total No.	Unit	
Fiscal	Trash	Annual	of Trash	Cost	Amount
Year	Receptacles	Collections	Collections	Rate	Allowable
2002-03	21	43 1	903	\$6.74	\$ 6,086
2003-04	21	52	1,092	6.74	7,360
2004-05	21	5 2	105	6.74	708
Total			2,100		\$ 14,154

¹ The reimbursement period for FY 2002-03 is 43 weeks from August 28, 2002, through June 20, 2003.

² The agreement with Eller Media Company ended on August 4, 2004. Therefore, reimbursement for FY 2004-05 is for only five weeks, from July 1, 2004, through August 4, 2004.

Conservation Corps of Long Beach

The city had several agreements with CCLB for cleaning and maintenance of bus stops during the audit period. We reviewed the Project Approval Forms and determined that 15,189 transit-stop trash collections, totaling \$103,695, are allowable, as follows:

Fiscal Year	Transit-stop Trash Receptacles	No. of Annual Collections	Total No. of Trash Collections	Unit Cost Rate	Amount Allowable	
2002-03	11	43 1	473	\$ 6.74	\$ 3,188	
2003-04	11	52	572	6.74	3,855	
2004-05	32	52	1,664	6.74	11,215	
2005-06	32	52	1,664	6.74	11,215	
2006-07	32	52	1,664	6.74	11,215	
2007-08	32	52	1,664	6.74	11,215	
2008-09	32	52	1,664	6.74	11,215	
2009-10	32	52	1,664	6.78	11,282	
2010-11	32	52	1,664	6.80	11,315	
2011-12	32	52	1,664	7.15	11,898	
2012-13	32	26 ²	832	7.31	6,082	
Total			15,189		\$ 103,695	

¹ The reimbursement period for FY 2002-03 is 43 weeks, from August 28, 2002, through June 20, 2003.

On March 13, 2002, the city entered into an agreement with CCLB for the cleaning and maintenance of 41 bus stops, once a week. To support the ongoing maintenance costs incurred, the city provided the Project Approval Form, which included a bus stop location list showing that only 11 of the 41 bus stops had trash receptacles.

FY 2004-05 through FY 2007-08

On July 1, 2004, the city entered into an agreement with CCLB for the cleaning and maintenance of 61 bus stops, once a week. To support the ongoing maintenance costs incurred, the city provided the Project Approval Form, which did not include a bus stop location list like the Project Approval Form mentioned previously. In addition, the city did not provide documentation to indicate that it purchased and installed trash receptacles at the bus stops that previously did not have them.

Therefore, in the absence of a bus stop location list indicating the number of bus stops with trash receptacles, we determined that CCLB maintained 32 transit-stop trash receptacles, as follows:

- 11 receptacles previously maintained by CCLB in FY 2002-03 and FY 2003-04; and
- 21 receptacles previously maintained by Eller Media Company (agreement ended August 4, 2004).

² The reimbursement period for FY 2012-13 is 26 weeks, from July 1, 2012, through December 27, 2012, due to the adoption of a new NPDES permit.

FY 2008-09 through 2012-13

The city is located within the Los Angeles River Watershed and is subject to the trash TMDL requirements, which became effective on September 23, 2008. Section II. (Eligible Claimants) of the parameters and guidelines states that transit-stop trash receptacles located within the trash TMDL are not eligible for reimbursement, as follows:

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

... Signal Hill ...

During audit fieldwork, the city provided a map of the Long Beach Transit bus stop locations; however, we were unable to identify which transit-stop trash receptacles are located in the Los Angeles River Watershed. In an email to its consultant, dated September 26, 2013, the city states that 47.54% of the city's 61 bus stops are located in the Los Angeles River Watershed; therefore, 52.46% of the transit trash receptacles (or 32 transit receptacles) are not located in the Los Angeles River Watershed and are, therefore, eligible.

We identified 32 bus stops with trash receptacles that were previously maintained by CCLB. Absent documentation to support otherwise, we concluded that the bus stops with trash receptacles maintained by CCLB are located outside of the Los Angeles River Watershed and are, therefore, allowable.

Shelter Clean Services, Inc.

On May 18, 2010, the city entered into an agreement with Shelter Clean to maintain 18 bus shelters with trash receptacles. These 18 bus shelters were already maintained by CCLB, but required additional maintenance due to increased pedestrian traffic and public transit usage. We determined that 2,448 transit-stop trash collections, totaling \$17,210, are allowable, as follows:

	No. of						
	Transit-stop	No. c	of	Total No.	Unit		
Fiscal	Trash	Annu	al	of Trash	Cost	A	mount
Year	Receptacles	Collect	ions	Collections	Rate	Allowable	
2009-10	18	6	1	108	\$ 6.78	\$	732
2010-11	18	52		936	6.80		6,365
2011-12	18	52		936	7.15		6,692
2012-13	18	26	2	468	7.31		3,421
Total				2,448		\$	17,210

¹ The agreement with Shelter Clean began on May 18, 2010. Therefore, the reimbursement period for FY 2009-10 is for only six weeks, from May 18, 2010, through June 30, 2010.

 $^{^2}$ The reimbursement period for FY 2012-13 is 26 weeks from July 1, 2012, through December 27, 2012, due to the adoption of a new NPDES permit.

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. When claiming reimbursement for other mandated programs, we recommend that the city ensure that claimed costs include only actual costs that are supported by source documentation.

FINDING 2— Unreported offsetting revenues

The city did not report any offsetting revenues on its claims forms for the audit period. We found that the city should have offset \$101,656 in Proposition A Local Return funds that were used to pay for the ongoing maintenance of the transit-stop trash receptacles.

The following table summarizes the unreported Proposition A Local Return offset amount by fiscal year:

		CCL	B			Shelter (Clean		
	No. of				No. of				Unreported
	Transit-stop	No. of	Unit		Transit-stop	No. of	Unit		Proposition A
Fiscal	Trash	Annual	Cost	Amount	Trash	Annual	Cost	Amount	Local Return
Year	Receptacles	Collections	Rate	Offset	Receptacles	Collections	Rate	Offset	Offset
2002-03	11	43	\$6.74	\$ (3,188)	-	-	\$ -	\$ -	\$ (3,188)
2003-04	11	52	6.74	(3,855)	-	-	-	-	(3,855)
2004-05	32	52	6.74	(11,215)	-		-	-	(11,215)
2005-06	32	52	6.74	(11,215)	-	1.2	-	7.0 2 .0	(11,215)
2006-07	32	52	6.74	(11,215)	-		-	-	(11,215)
2007-08	32	52	6.74	(11,215)	-	-	-	-	(11,215)
2008-09	32	52	6.74	(11,215)	-	-	-	-	(11,215)
2009-10	5.45	_ 1	-	-) - 1-	1-1-1	-	-	
2010-11	32	48 ²	6.80	(10,445)	-	1 -	-	-	(10,445)
2011-12	32	52	7.15	(11,898)	18	52	7.15	(6,692)	(18,590)
2012-13	32	26	7.31	(6,082)	18	26	7.31	(3,421)	(9,503)
Total				\$ (91,543)				\$ (10,113)	\$ (101,656)

¹ For FY 2009-10, the ongoing maintenance costs incurred by CCLB were paid for with general funds.

Proposition A is a half-cent sales tax measure approved by Los Angeles County voters in 1980 to finance transit programs. Twenty-five percent of the sales tax revenue is dedicated to the Local Return Program to be used by cities 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

² For FY 2010-11, the ongoing maintenance costs incurred by CCLB in July 2010 were paid for with general funds.

- 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 funds authorized to be used on the mandated activities, it did not have to rely on the use of discretionary funds to pay for the mandated activities. Moreover, when a local agency has raised revenues outside its appropriations limit to cover the cost of mandated activities, funds thus expended are not reimbursable.

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

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

Conservation Corps of Long Beach

The city used Proposition A Local Return funds, totaling \$91,543, to pay CCLB during the ongoing maintenance costs for the audit period.

FY 2002-03 through FY 2008-09

For FY 2002-03 through FY 2006-07, the city did not provide documentation to support the funding sources used to pay for CCLB's ongoing maintenance of the transit stop trash receptacles. However, we reviewed a memo from the Community Services Supervisor, dated October 19, 2007, requesting that FY 2007-08 contract with CCLB "continue to be funded with the use of MTA Prop A Transportation Funds" [emphasis added]. Absent documentation to support that the city used general funds to pay CCLB for ongoing maintenance costs for FY 2002-03 through FY 2006-07, we reasonably assumed that the same funding source (Proposition A) was used for the earlier years. Therefore, we offset the entire amount found to be allowable in Finding 1, totaling \$63,118, for FY 2002-03 through FY 2008-09.

FY 2009-10

For FY 2009-10, the city provided CCLB's monthly invoices for cleaning and maintenance of bus stops. The monthly invoices were stamped "Approved for Payment" with a note that Fund 001—which is the General Fund—was used to pay for the services provided. As such, we did not apply an offset.

FY 2010-11 through FY 2012-13

For FY 2010-11 through FY 2012-13, the city provided CCLB's monthly invoices for cleaning and maintenance services of bus stops. The monthly invoices were marked "Approved for Payment" with a note that Fund 006—which is the Proposition A fund—was used to pay for the services provided for every month except July 2010. Therefore, we offset the entire amount found to be allowable in Finding 1 for FY 2010-11 through FY 2012-13, except for the first four weeks of FY 2010-11 (e.g. July 2010), totaling \$28,425.

Shelter Clean Services, Inc.

The city used Proposition A Local Return funds, totaling \$10,113, to pay Shelter Clean Services for ongoing maintenance costs for FY 2011-12 and FY 2012-13.

For FY 2011-12, we reviewed a letter from the Director of Public Works to the Mayor and City Council, dated July 19, 2011, stating that "Public Works will utilize Prop A funds to cover this contract." Therefore, we offset the amount found to be allowable from Finding 1, totaling \$6,692.

For FY 2012-13, we reviewed the Shelter Clean invoices, which were stamped "Approved for Payment" with a note that Fund 006—which is the Proposition A Fund—was used to pay for the services provided. Therefore, we offset the amount found to be allowable in Finding 1, totaling \$3,421.

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. When claiming reimbursement for other mandated programs, we recommend that the city ensure that it offsets all revenues and reimbursements raised outside its appropriation limit that are used to fund mandated activities.

State Controller's Office Division of Audits Post Office Box 942850 Sacramento, CA 94250-5874

http://www.sco.ca.gov

SECTION 5 REIMBURSEMENT CLAIMS

Signature of Authorized Officer

	Date Signed	09.20.11
Maida Aliantara	Telephone Number	(562) 989-7319
MAIDA ALCANTARA, FINANCE DIRECTOR Type or Print Name and Title of Authorized Signatory	E-Mail Address	malcantara@cityofsignalhill.org
(38) Name of Agency Contact person for Claim	Telephone Number	(562) 989-7319
MAIDA ALCANTARA	E-Mail Address	malcantara@cityofsignalhill.org
Name of Consulting Firm / Claim Preparer	Telephone Number	(949) 440-0845
MAXIMUS INC. / JEFF CHEN	E-Mail Address	jeffreybchen@maximus.com

[Line (10) - {line (11) + line (12)}]

\$21,379

(12) Less: Other Reimbursements

(13) Total Claimed Amount

State Con	ittoller's Office						LUCAI IVI	anuateu Ci	ost manual
Program	MUNICh A	_ STORM V	VATER ANI	URBAN R	UNOFF DI	SCHARGES	S		Form
314			CTIVITY C	OST DETAI	IL .				2
(01) Clair	mant			(02) Fisca	l Year				
	CITY OF SIGNAL HILL								2002-2003
(03) Rein	nbursable Activities: Check only or	ie box per f	orm to ident	ify the activi	ity being cla	almed.			
A.	One-time Activities								
X 1.	Identification of locations that are trash receptacle	required to	have a						
<u> </u>	Selection/evaluation and preparal and drawings	tion of spec	ifications	4.	Purchase of and pads	or co n struct	ion and inst	allation of r	eceptacles
3.	Preparation of contracts/specifica process/advertisement/review and		oids	<u> </u>	Moving/res		old location	and installa	ation at
(04) Desc	cription of Expenses						ccounts		
	(a)	(b) Hourly	(c) Hours	(d)	(e)	(f) Materials	(g)	(h)	(i)
	e Names, Job Classifications, Functions ormed and Description of Expenses	Rate or Unit Cost	Worked or Quantity	Salaries	Benefits	and Supplies	Contract Services	Fixed Assets	Travel
within the	cations of all transit stops jurisdiction required to have ceptacle pursuant to the costs							1.8	
(05) Total	I [] Subtotal [] Page:								

State Cont	roller's Office						Local M	andated C	ost Manua		
Program	MUNICI: A	MUNICIFAL STORM WATER AND URBAN RUNOFF DISCHARGES									
314			ACTIVITY C	OST DETA	IL.				2		
(01) Claim	nant			(02) Fisca	ıl Year						
	CITY OF SIGNAL HILL								2002-2003		
(03) Reim	bursable Activities: Check only or	ne box per f	orm to ident	tify the activ	ity bei n g cla	aimed.					
Α.	One-time Activities										
_	Identification of locations that are	required to	have a								
1.	trash receptacle	roquirou to	navo a								
X 2.	Selection/evaluation and prepara and drawings	tion of spec	ifications	4.	Purchase and pads	or construct	ion and insl	tallation of	receptacles		
3.	Preparation of contracts/specifica process/advertisement/review and			<u> </u>	Moving/res		old location	and install	ation at		
(04) Desci	ription of Expenses					Object A	ccounts				
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(1)		
	Names, Job Classifications, Functions med and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel		
evaluate pi											
(05) Total	[] Subtotal [] Page:	of	, x						:		

State Con	troller's Office						Local M	andated Co	ost Manual
Program	MUNICE A	L STORM V	VATER AN	D URBAN R	UNOFF D	SCHARGES	3		Form
314		į.	ACTIVITY C	OST DETA	IL.				2
(01) Clain	nant			(02) Fisca	ıl Year				
	CITY OF SIGNAL HILL								2002-2003
(03) Reim	bursable Activities: Check only or	ne box per f	orm to iden	tify the activ	ity being cla	aimed.			
Α.	One-time Activities								
<u> </u>	Identification of locations that are trash receptacle	required to	have a						
<u> </u>	Selection/evaluation and prepara and drawings	tion of spec	ifications	4.	Purchase of and pads	or construct	ion and inst	tallation of r	eceptacles
X 3.	Preparation of contracts/specifica process/advertisement/review and		oids	<u> </u>	Moving/res		old location	and installa	ation at
(04) Desc	ription of Expenses					Object A	ccounts		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Names, Job Classifications, Functions rmed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel
specificati	on review process, advertise review and award bids costs				â				
(05) Total	[] Subtotal [] Page:	_of							

State Cont	troller's Office						Local M	andated Co	ost <u>Manual</u>
Program	MUNICIFA	L STORM V	VATER AN	D URBAN R	UNOFF DI	SCHARGE:	S		Form
314	·	Į.	CTIVITY C	OST DETA	IL				2
ACTIVITY COST DETAIL (01) Claimant CITY OF SIGNAL HILL. (02) Fiscal Year CITY OF SIGNAL HILL. (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities 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/advertisement/review and award of bids (04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) Materials Contract Fixed									
	CITY OF SIGNAL HILL								2002-2003
(03) Reim	bursable Activities: Check only or	ne box per f	orm to iden	tify the activ	ity being cla	aimed.			
A.	One-time Activities								
<u> </u>		required to	have a						
2.		tion of spec	ifications	X 4.		or construct	ion and inst	allation of r	eceptacles
3.				<u> </u>			old location	and installa	ation at
(04) Desc							ccounts		
-				(d)	(e)		(g)	(h)	(1)
		Rate or	Worked or	Salaries	Benefits	and	1		Travel
No eligible	costs			ĺ					
no engible	COSIS				-				1
						(14)			
				er s					
						'			1
						101			
				 					
			-			'			
						ļ			
			ĺ		4-0				
	+				Į Ž				
i					i				
<u> </u>									
(05) Total	[] Subtotal [] Page:	_of							

19 10 10 10 10 10 10 10 10 10 10 10 10 10	troller's Office							andated C	ost Manua	
Program	MUNICÍFAI	L STORM V	VATER AN	D URBAN F	RUNOFF DE	SCHARGE	S		Form	
314		A	ACTIVITY C	OST DETA	JL,				2	
(01) Clain	nant			(02) Fisca	al Year					
,	CITY OF SIGNAL HILL								2002-200	
(03) Reim	nbursable Activities: Check only or	ne box per f	orm to iden	l tifv the activ	rity being cla	aimed.			2002 200	
	•			,	,g					
A.	One-time Activities									
<u> </u>	Identification of locations that are trash receptacle	required to	have a							
<u> </u>	Selection/evaluation and prepara and drawings	tion of spec	ifications	Purchase or construction and installation of real and pads						
☐ 3.	Preparation of contracts/specifica process/advertisement/review and			X 5. Moving/restoration at old location/and installa						
(04) Desc	cription of Expenses					Object A	ccounts	: 0		
1.3	(a)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		
	e Names, Job Classifications, Functions ormed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel	
reflect cha including restoration							8 110			
	[] Subtotal [] Page:	of	·							

09.20.11 Date Signed maida Chantaia (562) 989-7319 Telephone Number MAIDA ALCANTARA, FINANCE DIRECTOR E-Mail Address malcantara@cityofsignalhill.org Type or Print Name and Title of Authorized Signatory (38) Name of Agency Contact person for Claim (562) 989-7319 Telephone Number **MAIDA ALCANTARA** malcantara@cityofsignalhill.org E-Mail Address Name of Consulting Firm / Claim Preparer (949) 440-0845 Telephone Number MAXIMUS INC. / JEFF CHEN jeffreybchen@maximus.com E-Mail Address

[Line (10) - {line (11) + line (12)}]

\$21,379

Cost Reduction

(11) Less: Offsetting Savings

(13) Total Claimed Amount

(12) Less: Other Reimbursements

State Cont	troller's Office	1				_	Local M	andated Co	ost Manual
Program	MUNICIPA	L STORM V	VATER AN	D URBAN R	UNOFF DI	SCHARGE:	3		Form
314			ACTIVITY C	OST DETA	IL				2
(01) Claim	nant			(02) Fisca	l Year				
	CITY OF SIGNAL HILL								2003-2004
(03) Reim	bursable Activities: Check only or	ne box per f	orm to iden	tify the activ	ity being cla	aimed.			
A.	One-time Activities								
X 1.	Identification of locations that are trash receptacle	required to	have a						
2.	Selection/evaluation and prepara and drawings	tion of spec	ifications	<u> </u>	Purchase and pads	or construct	ion and inst	tallation of r	eceptacles
<u> </u>	Preparation of contracts/specifica process/advertisement/review and		oids	5.	Moving/res	itoration at o	old location	and installa	ation at
(04) Desc	ription of Expenses					Object A	ccounts	•	
	(a)	(b)	(c)	(d)	(e)	(f) Materials	(g)	(h)	(i)
	Names, Job Classifications, Functions rmed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	and Supplies	Contract Services	Fixed Assets	Travel
within the	cations of all transit stops jurisdiction required to have ceptacle pursuant to the costs								
								34	
				-74 m					
(05) Total	[] Subtotal [] Page:	_of							

State Conf	roller's Office						Local M	andated Co	st Manual
Program	MUNICIPA	L STORM V	VATER AN	D URBAN R	NOFF DI	SCHARGE!	3		Form
314		A	ACTIVITY C	OST DETA	IL				2
(01) Claim	nant			(02) Fisca	ıl Year				
	CITY OF SIGNAL HILL						4.1		2003-2004
(03) Reim	bursable Activities: Check only or	ne box per f	orm to iden	tify the activ	ity being cla	imed.			
A,	One-time Activities								
<u> </u>	Identification of locations that are trash receptacle	required to	have a						
X 2.	Selection/evaluation and preparate and drawings	tion of spec	ifications	4.	Purchase of and pads	or construct	ion and inst	aliation of r	eceptacles
3.									tion at
(04) Desc	ription of Expenses					_			
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Names, Job Classifications, Functions rmed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel
evaluate p									
(05) Total	[] Subtotal [] Page:	of							

	MUNICIPA	L STORM V	VATER AN	D URBAN F	RUNOFF, DI	SCHARGE		andated C	Form
314		P	CTIVITY C	OST DETA	IL				2
(01) Claimant				(02) Fisca	al Year				123 Mar 17 at a 17 a 14
•	Y OF SIGNAL HILL			<u> </u>					2003-200
(03) Reimburs	able Activities: Check only or	ne box per f	orm to iden	tify the activ	ity being cla	aimed.			
A. One	e-time Activities								
	ntification of locations that are h receptacle	required to	have a						
	ection/evaluation and prepara drawings	tion of spec	ifications	Purchase or construction and installation of a and pads					
X 3. Pre	paration of contracts/specificacess/advertisement/review an	ation review d award of t	oids	<u> </u>	Moving/res		old location	/and installa	ation at
(04) Description	n of Expenses			*1			Accounts	14.1	
	(a) es, Job Classifications, Functions and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salarles	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel
No eligible cost	w and award bids								

Program	MUNICIPÀ	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES									
314		.#	CTIVITY C	OST DETAI	L				2		
(01) Claim	ant			(02) Fisca	l Year						
	CITY OF SIGNAL HILL								2003-2004		
(03) Reiml	bursable Activities: Check only on	ie box per f	orm to ident	ify the activi	ty being cla	nimed.					
A.	One-time Activities										
	Identification of locations that are trash receptacle	required to	have a								
	Selection/evaluation and preparate and drawings	tion of spec	ifications	X 4.	Purchase of and pads	or construct	ion and inst	allation of r	eceptacles		
	Preparation of contracts/specifica process/advertisement/review and		oids	<u> </u>	Moving/res	storation at o	old location/	and instalia	ation at		
(04) Descr	ription of Expenses					Object A					
	(a) Names, Job Classifications, Functions med and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel		
	or construct receptacles and nstall receptacles and pads costs						,				
(05) Total	Subtotal [] Page:	of									

Toller's Office						LUCAI IVI	anuateu C	JSt Mariual
MUNICIPAL	. STORM V	VATER ANI	URBAN R	UNOFF DI	SCHARGES	5		Form
	P	CTIVITY C	OST DETA	L				2
nant			(02) Fisca	l Year			0.0	
CITY OF SIGNAL HILL								2003-2004
bursable Activities: Check only on	e box per f	orm to ident	ify the activi	ity being cla	aimed.			
One-time Activities								
Identification of locations that are trash receptacle	required to	have a						
Selection/evaluation and preparat and drawings	ion of spec	ifications	<u> </u>	Purchase of and pads	or construct	ion and inst	tallation of r	eceptacles
		oids	X 5.			old location	/and installa	ation at
ription of Expenses			-			<u>·</u>		
(a) Names, Job Classifications, Functions rmed and Description of Expenses	Hourly Rate or	Hours Worked or	(d) Salaries	(e) Benefits	Materials and	(g) Contract Services	(h) Fixed Assets	(i) Travel
receptacles and pads to nges in transit stops, costs of removal and not property at former location and installation ation costs								
Subtotal Page:	of							
	Authorities and preparate and drawings Preparation of contracts/specifical process/advertisement/review and replacement if receptacles and pads to nges in transit stops, costs of removal and installation ation.	MUNICIPAL STORM V Anant CITY OF SIGNAL HILL bursable Activities: Check only one box per form of the contract of locations that are required to trash receptacle Selection/evaluation and preparation of speciand drawings Preparation of contracts/specification review process/advertisement/review and award of the contract of the cont	MUNICIPAL STORM WATER ANI ACTIVITY C nant CITY OF SIGNAL HILL bursable Activities: Check only one box per form to ident One-time Activities Identification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications and drawings Preparation of contracts/specification review process/advertisement/review and award of bids ription of Expenses (a) (b) (c) Houri Rate or Unit Cost Unit Cost uding replacement if receptacles and pads to nges in transit stops, costs of removal and lof property at former location and installation ation costs	MUNICIPAL STORM WATER AND URBAN R ACTIVITY COST DETAI ant (02) Fisce CITY OF SIGNAL HILL. bursable Activities: Check only one box per form to identify the activ One-time Activities Identification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications and drawings Preparation of contracts/specification review process/advertisement/review and award of bids ription of Expenses (a) (b) (c) Hours Rate or Unit Cost Unit Cost Unit Cost Unit Cost Identification Salaries 1.5.	MUNICIPAL STORM WATER AND URBAN RUNOFF DE ACTIVITY COST DETAIL ant CITY OF SIGNAL HILL. bursable Activities: Check only one box per form to identify the activity being classification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications and drawings Preparation of contracts/specification review process/advertisement/review and award of bids Preparation of Expenses (a) (b) (c) (d) (e) Names, Job Classifications, Functions med and Description of Expenses unding replacement if receptacles and pads to nages in transit stops, costs of removal and cof property at former location and installation ation costs	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES ACTIVITY COST DETAIL tent CITY OF SIGNAL HILL bursable Activities: Check only one box per form to identify the activity being claimed. One-time Activities Identification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications and drawings Preparation of contracts/specification review process/advertisement/review and award of bids Typicon of Expenses (a) (b) (c) (d) (e) (f) Moving/restoration at enew location Flate or Unit Cost Worked or Quantity Worked or Salaries Benefits Benefits Moving supplies Moving frequency Materials and Supplies Moving frequency Moving frequency Moving frequency And pads Object A Worked or Quantity Worked or Quantity Moving frequency Moving frequenc	ACTIVITY COST DETAIL tant (02) Fiscal Year CITY OF SIGNAL HILL bursable Activities: Check only one box per form to identify the activity being claimed. One-time Activities Identification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications and drawings Preparation of contracts/specification review process/advertisement/review and award of bids inplicin of Expenses (a) (b) (b) (c) (d) (e) (d) (f) (d) (f) (d) (in) (d) (in) (ACTIVITY COST DETAIL ant (02) Fiscal Year (07) Fiscal Year CITY OF SIGNAL HILL. Dursable Activities: Check only one box per form to identify the activity being claimed. One-time Activities (Identification of locations that are required to have a trash receptacio Selection/evaluation and preparation of specifications and drawings Preparation of contracts/specification review process/advertisement/review and award of bids (I) (I) (I) (I) (II) (III) (

Telephone Number

E-Mail Address

(949) 440-0845

jeffreybchen@maximus.com

Name of Consulting Firm / Claim Preparer

MAXIMUS INC. / JEFF CHEN

PROGRAM

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES

FORM

	14		AIM SUMI					
(01)	Claimant CITY OF SIGNAL HILL			(02)				Fiscal Year 2004-200
(03)	Department		Public Wo	rks			<u> </u>	2004-200
	t Costs				higgt Aggg	ınto		
Direc	COSTS	(a)	(b)	(c)	bject Accou	ints (e)	(f)	(g)
(04)	Reimbursable Activities	S al aries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel	Total
A.	One-Time Activities							
1.	Identification of locations that are required to have a trash receptacle							
2.	Selection/evaluations/and preparation of specifications and drawings	9						
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		2					
(05)	Total One-Time Costs							
Reaso	onable Reimbursement Methodology (RRM)						
В.	Ongoing Activity: Maintain Trash Rec	ceptacles a	and Pads	,				
(06)	Annual number of trash collections (Refe	er to claiming i	nstructions)					3,17
(07)	Total Ongoing Costs			[Line (06) >	c RRM rate]			\$21,37
ndire	ct Costs		-					
(80)	Indirect Cost Rate			(From ICF	RP or 10%]			
(09)	Total Indirect Costs	[Line (0	5)(a) x 10%] o	r [Refer to Clai	ming Instructio	ns for ICRP ov	ver 10%]	
(10)	Total Direct and Indirect Costs		[L	ne (05)(g) + lin	ne (07) + line (0	9)]		\$21,37
Cost	Reduction							
(11)	Less: Offsetting Savings							
(12)	Less: Other Reimbursements							
(13)	Total Claimed Amount		[Ĺ	ine (10) - {line	(11) + line (12))}]		\$21,379

State Controller's Office **Local Mandated Cost Manual** Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES **Form** 314 **ACTIVITY COST DETAIL** (01) Claimant (02) Fiscal Year CITY OF SIGNAL HILL 2004-2005 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a X trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles 2. and pads and drawings Preparation of contracts/specification review Moving/restoration at old location/and installation at process/advertisement/review and award of bids new location (04) Description of Expenses **Object Accounts** (f) (h) (b) (c) (d) (e) (g) (i) Materials Hourly Hours Employee Names, Job Classifications, Functions Contract Fixed Rate or Worked or Salaries Benefits and Travel Services Performed and Description of Expenses Assets **Unit Cost** Quantity Supplies Identify locations of all transit stops within the jurisdiction required to have a trash receptacle pursuant to the permit No eligible costs __] Subtotal [__] Page:___of_ (05) Total [_

State Controller's Office **Local Mandated Cost Manual** MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Form Program **ACTIVITY COST DETAIL** (01) Claimant (02) Fiscal Year 2004-2005 CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. **One-time Activities** A. Identification of locations that are required to have a 1. trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles X 2. and pads and drawings Moving/restoration at old location/and installation at Preparation of contracts/specification review 3. new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (b) (c) (d) (e) (f) (g) (h) (l) Materials Hours Hourly Employee Names, Job Classifications, Functions Contract Fixed Salaries Rate or Worked or Benefits and Travel Services Performed and Description of Expenses Assets **Unit Cost** Quantity Supplies Select receptacle and pad type, evaluate proper placement of receptacles and prepare specifications and drawings No eligible costs __] Subtotal [___] Page:___of_ (05) Total 📙

State Cont	troller's Office					(Local Ma	andated Co	Part of the second
Program	MUNICIPA	L STORM V	VATER ANI	URBAN R	RUNOFF DI	SCHARGES	3		Form
314			CTIVITY C	OST DETAI	IL.				2
01) Claim	nant			(02) Fisca	al Year				
	CITY OF SIGNAL HILL				42.				2004-20
03) Reim	bursable Activities: Check only or	ne box per f	orm to ident	ify the activ	ity being cla	aimed.			
A.	One-time Activities								
1.	Identification of locations that are trash receptacle	required to	have a						
<u> </u>	Selection/evaluation and prepara and drawings	tion of spec	ifications	4.	Purchase and pads	or construct	ion and inst	allation of r	eceptac
X 3.	Preparation of contracts/specifications/specificati		oids	<u> </u>	Moving/res	storation at o	old location	and installa	ation at
04) Desc	cription of Expenses					Object A	ccounts		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(1)
	Names, Job Classifications, Functions med and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Trave
lo eligible	costs		,						

State Controller's Office **Local Mandated Cost Manual** MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Program Form **ACTIVITY COST DETAIL** (01) Claimant (02) Fiscal Year CITY OF SIGNAL HILL 2004-2005 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a 1. trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications 2. and drawings Preparation of contracts/specification review Moving/restoration at old location/and installation at 3. process/advertisement/review and award of bids new location (04) Description of Expenses **Object Accounts** (b) (c) (d) (e) (f) (g) (h) (i) Materials Hourly Hours Employee Names, Job Classifications, Functions Contract Fixed Rate or Worked or Salaries Benefits and Travel Services Performed and Description of Expenses Assets Supplies **Unit Cost** Quantity Purchase or construct receptacles and pads and install receptacles and pads No eligible costs] Subtotal [___] Page:_ (05) Total [_

State Controller's Office **Local Mandated Cost Manual** Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES **Form ACTIVITY COST DETAIL** (01) Claimant (02) Fiscal Year **CITY OF SIGNAL HILL** 2004-2005 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles 2. and drawings and pads Preparation of contracts/specification review Moving/restoration at old location/and installation at X 5. process/advertisement/review and award of blds new location **Object Accounts** (04) Description of Expenses (b) (c) (d) (e) (f) (g) (h) (î) Materials Hourly Hours Employee Names, Job Classifications, Functions Contract Fixed Salaries Benefits Rate or Worked or and Travel Performed and Description of Expenses Services Assets **Unit Cost** Quantity Supplies Move (including replacement if required) receptacles and pads to reflect changes in transit stops, including costs of removal and restoration of property at former receptacle location and installation at new location No eligible costs (05) Total [__] Subtotal [___] Page:___of_

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 savings 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	Auth	orize	d	Officer

minda alualma	Date Signed Telephone Number	(562) 989-7319
MAIDA ALCANTARA, FINANCE DIRECTOR Type or Print Name and Title of Authorized Signatory	E-Mail Address	malcantara@cityofsignalhill.org
(38) Name of Agency Contact person for Claim	Telephone Number	(562) 989-7319
MAIDA ALCANTARA	E-Mail Address	malcantara@cityofsignalhill.org
Name of Consulting Firm / Claim Preparer	Telephone Number	(949) 440-0845
MAXIMUS INC. / JEFF CHEN	E-Mail Address	jeffreybchen@maximus.com

State Controller's Office **Local Mandated Cost Manual PROGRAM FORM** MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES **CLAIM SUMMARY** (01) Claimant (02)Fiscal Year CITY OF SIGNAL HILL 2005-2006 (03)Department Public Works **Object Accounts Direct Costs** (a) (b) (c) (d) (e) (f) (g) Materials (04) Reimbursable Activities Contract Fixed Salaries Benefits and Travel Total Services Assets Supplies A. **One-Time Activities** Identification of locations that are required 1. to have a trash receptacle Selection/evaluations/and preparation of 2. specifications and drawings Preparation of contracts/specification review process/advertise/review and award bids Purchase or construction and installation of receptacles and pads Moving/restoration at old location/and installation at new location (05) Total One-Time Costs Reasonable Reimbursement Methodology (RRM) **Ongoing Activity: Maintain Trash Receptacles and Pads** (06) Annual number of trash collections (Refer to claiming instructions) 3,172 [Line (06) x RRM rate] (07) Total Ongoing Costs \$21,379 Indirect Costs [From ICRP or 10%] (08) Indirect Cost Rate (09) Total Indirect Costs [Line (05)(a) x 10%] or [Refer to Claiming Instructions for ICRP over 10%] (10) Total Direct and Indirect Costs [Line (05)(g) + line (07) + line (09)] \$21,379 **Cost Reduction** (11) Less: Offsetting Savings

[Line (10) - {line (11) + line (12)}]

\$21,379

(12) Less: Other Reimbursements

(13) Total Claimed Amount

State Controller's Office **Local Mandated Cost Manual** Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES **Form** 314 2 **ACTIVITY COST DETAIL** (02) Fiscal Year (01) Claimant CITY OF SIGNAL HILL 2005-2006 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a X trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles 4. and pads 2. and drawings Preparation of contracts/specification review Moving/restoration at old location/and installation at new location process/advertisement/review and award of bids Description of Expenses **Object Accounts** (04) (g) (a) (b) (c) (d) (e) (f) (h) (l) Hourly Materials Hours Employee Names, Job Classifications, Functions Contract Fixed Rate or Worked or Salaries Benefits and Travel Performed and Description of Expenses Services Assets Unit Cost Supplies Quantity Identify locations of all transit stops within the jurisdiction required to have a trash receptacle pursuant to the permit No eligible costs (**0**5) Total _] Subtotal [___] Page: _of_

Local Mandated Cost Manual State Controller's Office MUNICICAL STORM WATER AND URBAN RUNOFF DISCHARGES Form Program 314 2 **ACTIVITY COST DETAIL** (01) Claimant (02) Fiscal Year 2005-2006 CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications X 2. and pads and drawings Moving/restoration at old location/and installation at Preparation of contracts/specification review new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (e) (f) (g) (h) (i) (c) (d) (b) Materials Hours Hourly Employee Names, Job Classifications, Functions Contract Fixed Salaries Worked or Benefits and Travel Rate or Performed and Description of Expenses Services Assets **Unit Cost** Quantity Supplies Select receptacle and pad type, evaluate proper placement of receptacles and prepare specifications and drawings No eligible costs _] Subtotal [__] Page:__ _of_

(05) Total [_

Local Mandated Cost Manual State Controller's Office Program MUNICITAL STORM WATER AND URBAN RUNOFF DISCHARGES **Form** 314 2 **ACTIVITY COST DETAIL.** (02) Fiscal Year (01) Claimant 2005-2006 CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. **One-time Activities** A. Identification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles 2. and drawings and pads Preparation of contracts/specification review Moving/restoration at old location/and installation at X process/advertisement/review and award of bids new location **Object Accounts** (04) Description of Expenses (b) (c) (d) (e) (f) (g) (h) (i) Materials Hourly Hours Contract Fixed Employee Names, Job Classifications, Functions Worked or Salaries Benefits Travel Rate or and Performed and Description of Expenses Services Assets Quantity Supplies **Unit Cost** Prepare contracts, conduct specification review process, advertise bids, and review and award bids No eligible costs (05) Total [__] Subtotal [__] Page:_

314 ACTIVITY COST DETAIL 2 (01) Claimant (02) Fiscal Year	State Controller's Office							Local M	andated Co	ost Manual
(01) Claimant CITY OF SIGNAL HILL CO05-200 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities 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/advertisement/review and award of bids 3. Preparation of Expenses 5. Moving/restoration at old location/and installation at new location 4. A purchase or construction and installation of receptack and pads 5. Moving/restoration at old location/and installation at new location 6. Materials 6.	Program	MUNICIPAL	L STORM W	VATER AN	URBAN R	UNOFF D	SCHARGES	6		Form
CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities 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/advertisement/review and award of bids (04) Description of Expenses (05) City (d) (e) (f) (g) (h) (i) Employee Names, Job Classifications, Functions Rate or Worked or Salaries Benefits and Services Assets Travel Assets Travel	314		A	CTIVITY C	Y COST DETAIL					
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities 1. Identification of locations that are required to have a trash receptacle 2. Selection/evaluation and preparation of specifications and drawings X 4. Purchase or construction and installation of receptacle and pads 3. Preparation of contracts/specification review process/advertisement/review and award of bids 3. Preparation of contracts/specification review process/advertisement/review and award of bids 5. Moving/restoration at old location/and installation at new location 6. Object Accounts	(01) Claimant				(02) Fisca	i Year				
A. One-time Activities 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/advertisement/review and award of bids 3. Preparation of contracts/specification review process/advertisement/review and award of bids 3. Description of Expenses Moving/restoration at old location/and installation at new location	CITY OF SIGN	AL HILL								2005-2006
1. Identification of locations that are required to have a trash receptacle 2. Selection/evaluation and preparation of specifications and drawings X 4. Purchase or construction and installation of receptacle and pads X 4. Purchase or construction and installation of receptacle and pads X 4. Purchase or construction and installation at pads X 5. Moving/restoration at old location/and installation at new location 5. Preparation of Expenses 5. Preparation of Expenses 5. Preparation of Expenses 5. Preparation of Expenses 6. Preparation of Expenses 6. Preparation of Expenses 7. Preparation	(03) Reimbursable Activiti	es: Check only on	ne box per fo	orm to iden	tify the activi	ity being cla	imed.			
1. Identification of locations that are required to have a trash receptacle 2. Selection/evaluation and preparation of specifications and drawings X 4. Purchase or construction and installation of receptacle and pads X 4. Purchase or construction and installation of receptacle and pads X 4. Purchase or construction and installation at pads X 5. Moving/restoration at old location/and installation at new location 5. Preparation of Expenses 5. Preparation of Expenses 5. Preparation of Expenses 5. Preparation of Expenses 6. Preparation of Expenses 6. Preparation of Expenses 7. Preparation	A. One-time Activ	vities								
2. and drawings 3. Preparation of contracts/specification review process/advertisement/review and award of bids (04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) (i) Employee Names, Job Classifications, Functions Performed and Description of Expenses Rate or Worked or Salaries Benefits and Services Assets Travel	Identification of	locations that are	required to	have a						
3. process/advertisement/review and award of bids		ation and preparat	tion of speci	ifications	X 4.		or construct	ion and ins	tallation of r	eceptacles
(a) (b) (c) (d) (e) (f) (g) (h) (i) Employee Names, Job Classifications, Functions Performed and Description of Expenses Rate or Worked or Salaries Benefits and Services Assets Travel				oids	<u> </u>			old location	/and installa	ation at
Employee Names, Job Classifications, Functions Rate or Worked or Salaries Benefits and Services Assets Travel	(04) Description of Expens	ses								
Employee Names, Job Classifications, Functions Rate or Worked or Salaries Benefits and Services Assets Travel	(a)		1	l	(d)	(e)	Į.	(g)	(h)	(i)
			Rate or	Worked or	Salaries	Benefits	and			Travel
Purchase or construct receptacles and pads and install receptacles and pads No eligible costs	pads and install receptac									
(05) Total [] Subtotal [] Page:of	(05) Total I 1 Subtota	al [] Page:	of		-					

State Doll	roller's Office						LUCAI W	anualeu C	ost Manuai
Program	MUNICIFAI	_ STORM V	VATER ANI	URBAN F	RUNOFF Di	SCHARGES	6		Form
314			CTIVITY C	OST DETA	IL .				2
(01) Claim	nant			(02) Fisca	al Year				
	CITY OF SIGNAL HILL								2005-2006
(03) Reim	bursable Activities: Check only or	e box per f	orm to ident	ify the activ	ity being cla	aimed.			•
A.	One-time Activities								
1.	Identification of locations that are trash receptacle	required to	have a						
2.	Selection/evaluation and preparal and drawings	tion of spec	ifications	4.	Purchase of and pads	or construct	ion and ins	tallation of	receptacles
<u> </u>	Preparation of contracts/specifica process/advertisement/review and		oids	X 5.	Moving/res	storation at o	old location	and install	ation at
(04) Desc	ription of Expenses						ccounts		
4	(a)	(b) Hourly	(c) Hours	(d)	(e)	(f) Materials	(g)	(h)	(i)
	Names, Job Classifications, Functions rmed and Description of Expenses	Rate or Unit Cost	Worked or Quantity	Salaries	Benefits	and Supplies	Contract Services	Fixed Assets	Travel
required) reflect cha including of restoration									
(OE) Total	[] Subtotal [] Page:	of							

Telephone Number

Telephone Number

E-Mail Address

E-Mail Address

(562) 989-7319

(949) 440-0845

malcantara@cityofsignalhill.org

jeffreybchen@maximus.com

(38) Name of Agency Contact person for Claim

Name of Consulting Firm / Claim Preparer

MAXIMUS INC. / JEFF CHEN

MAIDA ALCANTARA

PROGRAM FORM MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES **CLAIM SUMMARY** (01) Claimant (02)Fiscal Year 2006-2007 CITY OF SIGNAL HILL (03)Department **Public Works Direct Costs Object Accounts** (a) (b) (c) (d) (e) (f) (g) Materials (04) Reimbursable Activities Contract Fixed Salaries Benefits and Travel Total Services Assets Supplies A. **One-Time Activities** Identification of locations that are required 1. to have a trash receptacle Selection/evaluations/and preparation of 2. specifications and drawings Preparation of contracts/specification 3. review process/advertise/review and award bids Purchase or construction and installation of 4. receptacles and pads Moving/restoration at old location/and 5. installation at new location (05) Total One-Time Costs Reasonable Reimbursement Methodology (RRM) Ongoing Activity: Maintain Trash Receptacles and Pads (06) Annual number of trash collections (Refer to claiming instructions) 3,172 (07) Total Ongoing Costs [Line (06) x RRM rate] \$21,379 Indirect Costs [From ICRP or 10%] (08) Indirect Cost Rate [Line (05)(a) x 10%] or [Refer to Claiming Instructions for ICRP over 10%] (09) Total Indirect Costs (10) Total Direct and Indirect Costs [Line (05)(g) + line (07) + line (09)] \$21,379 Cost Reduction (11) Less: Offsetting Savings (12) Less: Other Reimbursements [Line (10) - {line (11) + line (12)}] \$21,379 (13) Total Claimed Amount

Program 314	MUNICIFAI			O URBAN R		SCHARGE!	6		Form 2
(04)									
(01) Claim				(02) Fisca	ai Year				
	CITY OF SIGNAL HILL								2006-200
03) Reim	bursable Activities: Check only or	ne box per to	orm to iden	tity the activ	ity being cla	aimed.			
A.	One-time Activities								
X 1.	Identification of locations that are trash receptacle	required to	have a						
<u> </u>	Selection/evaluation and preparate and drawings	tion of spec	ifications	4.	Purchase of and pads	or construct	ion and inst	allation of r	eceptacle
<u> </u>	Preparation of contracts/specifica process/advertisement/review and		oids	<u> </u>	Moving/res	storation at o	old location	and installa	ition at
04) Desc	ription of Expenses					Object A	ccounts		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Names, Job Classifications, Functions med and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel
	jurisdiction required to have ceptacle pursuant to the costs								
	-								

State Controller's Office **Local Mandated Cost Manual Program** MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES **Form** 314 2 **ACTIVITY COST DETAIL** (01) Claimant (02) Fiscal Year CITY OF SIGNAL HILL 2006-2007 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. **One-time Activities** Identification of locations that are required to have a trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications X and pads and drawings Preparation of contracts/specification review Moving/restoration at old location/and installation at process/advertisement/review and award of bids new location **Object Accounts** (04) Description of Expenses (e) (c) (d) (f) (g) (h) (i) (b) Materials Hourly Hours Employee Names, Job Classifications, Functions Contract Fixed Salaries Benefits Rate or Worked or and Travel Performed and Description of Expenses Services Assets **Unit Cost** Quantity Supplies Select receptacle and pad type, evaluate proper placement of receptacles and prepare specifications and drawings No eligible costs (05) Total [__] Subtotal [__] Pa**ge**:_

State Controller's Office **Local Mandated Cost Manual** Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Form 314 **ACTIVITY COST DETAIL** (01) Claimant (02) Fiscal Year CITY OF SIGNAL HILL 2006-2007 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles 2. and pads and drawings Preparation of contracts/specification review Moving/restoration at old location/and installation at X process/advertisement/review and award of bids new location (04) Description of Expenses **Object Accounts** (f) (h) (b) (c) (d) (e) (g) (i) Materials Hours Hourly Employee Names, Job Classifications, Functions Contract Fixed Salaries Rate or Worked or Benefits and Travel Performed and Description of Expenses Services Assets **Unit Cost** Quantity Supplies Prepare contracts, conduct specification review process, advertise bids, and review and award bids No eligible costs __] Subtotal [___] Page:_ (05) Total [_

State Controller's Office						Local M	andated C	ost Manual
Program MUNICIPAL	L STORM V	VATER AN	D URBAN R	RUNOFF DI	SCHARGES	 S		Form
314		ACTIVITY O	OST DETA	IL				2
(01) Claimant			(02) Fisca	al Year				
CITY OF SIGNAL HILL								2006-2007
(03) Reimbursable Activities: Check only or	ne box per f	orm to iden	tify the activ	ity being cla	aimed.			
A. One-time Activities								
Identification of locations that are trash receptacle	required to	have a						
Selection/evaluation and preparate and drawings	tion of spec	ifications	X 4.	Purchase and pads	or construct	ion and inst	tallation of r	eceptacles
Preparation of contracts/specifical process/advertisement/review and			<u> </u>	Moving/res	storation at o	old location	/and installa	ation at
(04) Description of Expenses						Accounts		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Employee Names, Job Classifications, Functions Performed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel
Purchase or construct receptacles and pads and install receptacles and pads No eligible costs								

State Cont	Toller 3 Office						Ecoul III	diracted O	Jot manual
Program	MUNICIPAL	L STORM V	VATER ANI	URBAN R	UNOFF DI	SCHARGES	6		Form
314		A	CTIVITY C	OST DETAI	iL			,	2
(01) Claim	nant			(02) Fisca	l Year				
	CITY OF SIGNAL HILL								2006-2007
(03) Reim	bursable Activities: Check only or	ne box per f	orm to ident	ify the activ	ity being cla	imed.			
A.	One-time Activities								
1.	Identification of locations that are trash receptacle	required to	have a						į
<u> </u>	Selection/evaluation and prepara and drawings	tion of spec	ifications	4.	Purchase of and pads	or construct	ion and ins	tallation of r	receptacles
3.	Preparation of contracts/specifical process/advertisement/review and		oids	X 5.	Moving/res	storation at o	old location	/and install	ation at
(04) Desc	ription of Expenses						ccounts		
	(a) Names, Job Classifications, Functions rmed and Description of Expenses	(b) . Hourly Rate or	(c) Hours Worked or	(d) Salaries	(e) Benefits	(f) Materials and	(g) Contract Services	(h) Fixed Assets	(i) Travel
1 01101		Unit Cost	Quantity			Supplies			
required) reflect cha including of restoration								3 =	
rvo chgibic									
		->							
]			1	ļ.		
						•			
		ļ							
				1					
									1
(OE) T-t-1	[] Cubtotol [] Dega:	of.						 	
(05) Total	[] Subtotal [] Page:	_of		1	1	1	1	1	1

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact person for Claim

Telephone Number

(562) 989-7319

MAIDA ALCANTARA

E-Mail Address

malcantara@cityofsignalhill.org

Name of Consulting Firm / Claim Preparer

Telephone Number

(949) 440-0845

MAXIMUS INC. / JEFF CHEN

E-Mail Address

jeffreybchen@maximus.com

E-Mail Address

malcantara@cityofsignalhill.org

MAIDA ALCANTARA, FINANCE DIRECTOR

State Controller's Office **Local Mandated Cost Manual PROGRAM FORM** MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES 314 **CLAIM SUMMARY** (01) Claimant (02)Fiscal Year CITY OF SIGNAL HILL 2007-2008 **Public Works** (03)Department **Object Accounts Direct Costs** (b) (d) (a) (c) (e) (f) (g) Materials (04) Reimbursable Activities Contract Fixed Salaries Benefits Travel and Total Services Assets Supplies A. **One-Time Activities** Identification of locations that are required 1. to have a trash receptacle Selection/evaluations/and preparation of 2. specifications and drawings Preparation of contracts/specification review process/advertise/review and award 3. bids Purchase or construction and installation of 4. receptacles and pads Moving/restoration at old location/and 5. 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 (Refer to claiming instructions) 3,172 (07) Total Ongoing Costs [Line (06) x RRM rate] \$21,379 Indirect Costs (08) Indirect Cost Rate [From ICRP or 10%] [Line (05)(a) x 10%] or [Refer to Claiming Instructions for ICRP over 10%] (09) Total Indirect Costs [Line (05)(g) + line (07) + line (09)] \$21,379 (10) Total Direct and Indirect Costs Cost Reduction

[Line (10) - {line (11) + line (12)}]

\$21,379

(11) Less: Offsetting Savings

(13) Total Claimed Amount

(12) Less: Other Reimbursements

Program	MUNICIPAL	. STORM V	ATER AND	URBAN R	UNOFF DI	SUHARGES	3		Form
314		Д	CTIVITY C	OST DETA	L				2
(01) Claim	ant			(02) Fisca	l Year				
	CITY OF SIGNAL HILL								2007-2008
(03) Reimb	bursable Activities: Check only on	e box per fo	orm to ident	ify the activ	ity being cla	imed.			
A.	One-time Activities								
	Identification of locations that are trash receptacle	required to	have a						
	Selection/evaluation and preparate and drawings	ion of spec	ifications	4.	Purchase of and pads	or construct	lon and inst	allation of r	eceptacles
3.	Preparation of contracts/specifica process/advertisement/review and	tion review I award of t	oids	5.	Moving/res	storation at o	old location/	and installa	ation at
(04) Descr	iption of Expenses					Object A	ccounts		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Names, Job Classifications, Functions med and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel
within the j	eations of all transit stops jurisdiction required to have ceptacle pursuant to the costs								
4									
(05) Tatal	f 1 Subtatal I 1 Dagar		L						

314 ACTIVITY COST DETAIL (01) Claimant (02) Fiscal Year	Form 2 07-2008
(01) Claimant CITY OF SIGNAL HILL. (02) Fiscal Year 200 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.	
CITY OF SIGNAL HILL. (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.	07-2008
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.	07-2008
A. One-time Activities	
Identification of locations that are required to have a trash receptacle	
X 2. Selection/evaluation and preparation of specifications and drawings A Purchase or construction and installation of received and pads	eptacles
3. Preparation of contracts/specification review process/advertisement/review and award of bids 5. Moving/restoration at old location/and installation new location	n at
(04) Description of Expenses Object Accounts	
(a) (b) (c) (d) (e) (f) (g) (h)	(i)
Employee Names, Job Classifications, Functions Performed and Description of Expenses Hourly Rate or Unit Cost Quantity Hours Salaries Benefits Materials and Supplies Contract Services Assets	Travel
Select receptacle and pad type, evaluate proper placement of receptacles and prepare specifications and drawings No eligible costs (05) Total [_] Subtotal [_] Page:of	

State Controller's Office **Local Mandated Cost Manual** Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Form 314 **ACTIVITY COST DETAIL** (02) Fiscal Year (01) Claimant **CITY OF SIGNAL HILL** 2007-2008 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. **One-time Activities** A. Identification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles 2. and pads and drawings Moving/restoration at old location/and installation at Preparation of contracts/specification review X new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (e) (h) (i) (a) (b) (c) (d) (g) Hourly Hours Materials Employee Names, Job Classifications, Functions Contract Fixed Worked or Salaries Benefits Rate or and Travel Performed and Description of Expanses Services Assets **Unit Cost** Quantity Supplies Prepare contracts, conduct specification review process, advertise bids, and review and award bids No eligible costs

(05) Total [_

] Subtotal [__] Page:__of_

State Controller's Office **Local Mandated Cost Manual** Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Form 314 **ACTIVITY COST DETAIL** (02) Fiscal Year (01) Claimant CITY OF SIGNAL HILL 2007-2008 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles X 4. 2. and pads and drawings Moving/restoration at old location/and installation at Preparation of contracts/specification review new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (f) (h) (b) (c) (d) (e) (g) (i) Hourly Hours Materials Employee Names, Job Classifications, Functions Contract Fixed Salaries Rate or Worked or Benefits and Travel Performed and Description of Expenses Services Assets **Unit Cost** Quantity Supplies Purchase or construct receptacles and pads and install receptacles and pads No eligible costs

(05) Total [__] Subtotal [.__] Page:__

State Controller's Office						20001111	arradicou o	JSL Wanuai	
Program MUNICIFA									
	ACTIVITY COST DETAIL							2	
(01) Claimant			(02) Fisca	al Year					
CITY OF SIGNAL HILL								2007-2008	
(03) Reimbursable Activities: Check only or	ne box per f	orm to ident	ify the activ	ity being cla	aimed.				
A. One-time Activities									
Identification of locations that are trash receptacle	required to	have a							
Selection/evaluation and prepara and drawings	ition of spec	ifications	4.	Purchase of and pads	or construct	ion and inst	allation of r	receptacles	
Preparation of contracts/specification review process/advertisement/review and award of bids				X 5. Moving/restoration at old location/and installation a new location					
(04) Description of Expenses						ccounts			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Employee Names, Job Classifications, Functions Performed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel	
Move (including replacement if required) receptacles and pads to reflect changes in transit stops, including costs of removal and restoration of property at former receptacle location and installation at new location No eligible costs									
(05) Total [] Subtotal [] Page:_	_of	I							

Telephone Number

Telephone Number

E-Mail Address

E-Mail Address

(562) 989-7319

(949) 440-0845

malcantara@cityofsignalhill.org

jeffreybchen@maximus.com

MAIDA ALCANTARA

Name of Consulting Firm / Claim Preparer

MAXIMUS INC. / JEFF CHEN

State Controller's Office **Local Mandated Cost Manual PROGRAM FORM** MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES 314 **CLAIM SUMMARY** Claimant (02)Fiscal Year (01) **CITY OF SIGNAL HILL** 2008-2009 Public Works (03)Department **Direct Costs Object Accounts** (d) (a) (b) (c) (e) (f) (g) Materials (04) Reimbursable Activities Contract Fixed Benefits Salaries and Travel **Total** Services Assets Supplies **One-Time Activities** A. Identification of locations that are required 1. to have a trash receptacle Selection/evaluations/and preparation of 2. specifications and drawings Preparation of contracts/specification review process/advertise/review and award 3. bids Purchase or construction and installation of 4. receptacles and pads Moving/restoration at old location/and 5. installation at new location (05) Total One-Time Costs Reasonable Reimbursement Methodology (RRM) Ongoing Activity: Maintain Trash Receptacles and Pads (06) Annual number of trash collections (Refer to claiming instructions) 3,172 (07) Total Ongoing Costs [Line (06) x RRM rate] \$21,379 **Indirect Costs** (08) Indirect Cost Rate [From ICRP or 10%] [Line (05)(a) x 10%] or [Refer to Claiming Instructions for ICRP over 10%] (09) Total Indirect Costs (10) Total Direct and Indirect Costs [Line (05)(g) + line (07) + line (09)] \$21,379 Cost Reduction (11) Less: Offsetting Savings (12) Less: Other Reimbursements [Line (10) - {line (11) + line (12)}] \$21,379 (13) Total Claimed Amount

State Controller's Office **Local Mandated Cost Manual** Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Form 314 **ACTIVITY COST DETAIL** (01) Claimant (02) Fiscal Year CITY OF SIGNAL HILL 2008-2009 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities Identification of locations that are required to have a $|\mathbf{x}|$ 1. trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications 2. and pads and drawings Moving/restoration at old location/and installation at Preparation of contracts/specification review new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (g) (i) (c) (d) (e) (f) (h) (a) (b) Hourly Hours Materials Employee Names, Job Classifications, Functions Contract Fixed Rate or Worked or Salaries Benefits and Travel Performed and Description of Expenses Services Assets **Unit Cost** Quantity Supplies Identify locations of all transit stops within the jurisdiction required to have a trash receptacle pursuant to the permit No eligible costs] Subtotal [__] Page: (05) Total [_of_

Local Mandated Cost Manual State Controller's Office MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Form Program **ACTIVITY COST DETAIL** (02) Fiscal Year (01) Claimant 2008-2009 CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications X 2. and pads and drawings Preparation of contracts/specification review Moving/restoration at old location/and installation at 3. process/advertisement/review and award of bids new location **Object Accounts** Description of Expenses (i) (b) (c) (d) (e) (f) (g) (h) Hourly Hours Materials Contract Fixed Employee Names, Job Classifications, Functions Salaries Benefits and Travel Rate or Worked or Services Performed and Description of Expenses Assets Supplies **Unit Cost** Quantity Select receptacle and pad type, evaluate proper placement of receptacles and prepare specifications and drawings No eligible costs

(05) Total [

] Subtotal [

_] Page:___

State Controller's Office **Local Mandated Cost Manual** Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Form **ACTIVITY COST DETAIL** (02) Fiscal Year (01) Claimant CITY OF SIGNAL HILL 2008-2009 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. One-time Activities A. Identification of locations that are required to have a trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles 2. and pads and drawings Moving/restoration at old location/and installation at Preparation of contracts/specification review X new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (b) (c) (d) (e) (f) (g) (h) (i) Materials Hourly Hours Employee Names, Job Classifications, Functions Contract Fixed Salaries Benefits Rate or Worked or and Travel Services Assets Performed and Description of Expenses **Unit Cost** Quantity Supplies Prepare contracts, conduct specification review process, advertise bids, and review and award bids No eligible costs (05) Total ____ Subtotal ____ Page:___of_

State Controller's Office **Local Mandated Cost Manual** Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Form 2 **ACTIVITY COST DETAIL** (01) Claimant (02) Fiscal Year 2008-2009 CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications X 4. 2. and pads and drawings Moving/restoration at old location/and installation at Preparation of contracts/specification review new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (c) (d) (e) (f) (g) (h) (i) (b) Materials Hours Hourly Contract Fixed Employee Names, Job Classifications, Functions Salaries Travel Worked or Benefits and Rate or Performed and Description of Expenses Services Assets Supplies **Unit Cost** Quantity Purchase or construct receptacles and pads and install receptacles and pads No eligible costs

(05) Total [__] Subtotal [_

] Page:

State Cont	roller's Office						Local Ma	andated C	ost Manual	
Program	MUNICIPAL	ND URBAN RUNOFF DISCHARGES					Form			
314	ACTIVITY COST DETAIL								2	
(01) Claim	nant			(02) Fisca	l Year					
	CITY OF SIGNAL HILL									
(03) Reim	bursable Activities: Check only or	ne box per f	orm to iden	ify the activ	ity being cla	imed.				
Α.	One-time Activities									
1.	Identification of locations that are trash receptacle	required to	have a							
<u> </u>	Selection/evaluation and prepara and drawings	Purchase or construction and installation of rand pads					receptacles			
<u> </u>	Preparation of contracts/specifica process/advertisement/review and	X 5. Moving/restoration at old location/and installation								
(04) Desc	ription of Expenses					Object A	ccounts			
	(a) Names, Job Classifications, Functions rmed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel	
required) reflect cha including of restoration										

F-Mail Address

E-Mail Address

Telephone Number

malcantara@cityofsignalhill.org

jeffreybchen@maximus.com

(949) 440-0845

MAIDA ALCANTARA

Name of Consulting Firm / Claim Preparer

MAXIMUS INC. / JEFF CHEN

PRO	GRAM MUNICIPAL STO		ER AND UF		OFF DISCH		Ididated	FORM 1
(01)	Claimant			(02)				Fiscal Year
	CITY OF SIGNAL HILL							2009-2010
(03)	Department		Public Wo	rks	- 11			
Direct	Costs			O	bject Accoι	ınts		
(04)	Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
A.	One-Time Activities							
1.	Identification of locations that are required to have a trash receptacle							
2.	Selection/evaluations/and preparation of specifications and drawings						1	
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							
Reaso	onable Reimbursement Methodology (RRM)						
В.	Ongoing Activity: Maintain Trash Rec	ceptacles a	ınd Pads					
(06)	Annual number of trash collections (Refe	er to claiming i	nstructions)	<u> </u>				3,172
(07)	Total Ongoing Costs			[Line (06) >	RRM rate]			\$21,506
Indire	ct Costs							
(80)	Indirect Cost Rate			[From ICF	RP or 10%]			
(09)	Total Indirect Costs	[Line (05	5)(a) x 10%] or	Refer to Clai	ming Instruction	ns for ICRP ov	ver 10%]	
(10)	Total Direct and Indirect Costs		[Li	ne (05)(g) + lin	ne (07) + line (0	9)]		\$21,506
Cost I	Reduction							
(11)	Less: Offsetting Savings					1	******	
(12)	Less: Other Reimbursements							
(13)	Total Claimed Amount		[L	ine (10) - {line	(11) + line (12))}]		\$21,506

State Controller's Office **Local Mandated Cost Manual** Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES **Form** 314 **ACTIVITY COST DETAIL** (02) Fiscal Year (01) Claimant CITY OF SIGNAL HILL 2009-2010 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. **One-time Activities** A. Identification of locations that are required to have a X 1. trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles 2. and drawings Preparation of contracts/specification review Moving/restoration at old location/and installation at process/advertisement/review and award of bids new location **Object Accounts** (04) Description of Expenses (b) (c) (d) (e) (f) (g) (h) (i) Hourly Hours Materials Employee Names, Job Classifications, Functions Contract Fixed Salaries Benefits Rate or Worked or and Travel Performed and Description of Expenses Services Assets Supplies **Unit Cost** Quantity Identify locations of all transit stops within the jurisdiction required to have a trash receptacle pursuant to the permit No eligible costs (05) Total [] Subtotal [__] Page:___of_

Local Mandated Cost Manual State Controller's Office MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Form Program **ACTIVITY COST DETAIL** (02) Fiscal Year (01) Claimant 2009-2010 CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a 1. trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications X 2. and pads and drawings Moving/restoration at old location/and installation at Preparation of contracts/specification review 3. new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (c) (d) (e) (f) (g) (h) (i) (a) (b) Materials Hourly Hours Employee Names, Job Classifications, Functions Contract Fixed Salaries Rate or Worked or Benefits and Travel Performed and Description of Expenses Services Assets **Unit Cost** Quantity Supplies Select receptacle and pad type, evaluate proper placement of receptacles and prepare specifications and drawings No eligible costs (05) Total [___] Subtotal [___] Page:___of_

State Cont	roller's Office						Local Ma	andated C	ost Manual
Program	MUNICIPA	L STORM V	VATER AN	D URBAN R	UNOFF DI	SUHARGE	3		Form
314		A	CTIVITY C	COST DETAIL					2
(01) Claim	nant			(02) Fisca	ıl Year				
	CITY OF SIGNAL HILL								2009-2010
(03) Reim	bursable Activities: Check only or	ne box per f	orm to iden	tify the activ	ity being cla	aimed.			
A.	One-time Activities								
	Identification of locations that are	required to	have a						
1.	trash receptacle	required to	nave a						
2.	Selection/evaluation and prepara and drawings	tion of spec	ifications	4.	Purchase and pads	or construct	ion and inst	allation of	receptacles
X 3.	Preparation of contracts/specifica process/advertisement/review and	ition review d award of l	oids	<u> </u>	Moving/res	storation at o	old location	and install	ation at
(04) Desc	ription of Expenses					Object A	ccounts		
·	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(1)
	Names, Job Classifications, Functions rmed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel
<u>specificati</u>	entracts, conduct on review process, advertise review and award bids costs								
(OE) Total	I 1 Subtatal [1 Page:								

State Con	roller's Office					_	LUCA! WI	andated Co	ost ivianuai
Program 314	MUNICIPAL					SCHARGES	5		Form 2
314		Δ	CTIVITY C	OST DETAI	L				4
(01) Clain				(02) Fisca	ıl Year				
	CITY OF SIGNAL HILL								2009-2010
(03) Reim	bursable Activities: Check only on	ie box per fo	orm to ident	tify the activ	ity being cla	umed.			
A.	One-time Activities								•
1.	Identification of locations that are trash receptacle	required to	have a						
<u> </u>	Selection/evaluation and preparate and drawings	tion of spec	ifications	X 4.	Purchase of and pads	or construct	ion and inst	allation of r	eceptacles
<u> </u>	Preparation of contracts/specifica process/advertisement/review and	tion review d award of t	oids	<u> </u>	Moving/res		old location	and installa	ation at
(04) Desc	ription of Expenses						Accounts		
	(a)	(b) Hourly	(c) Hours	(d)	(e)	(f) Materials	(g)	(h)	(i)
	Names, Job Classifications, Functions rmed and Description of Expenses	Rate or Unit Cost	Worked or Quantity	Salaries	Benefits	and Supplies	Contract Services	Fixed Assets	Travel
	or construct receptacles and install receptacles and pads costs								
(05) Total	[] Subtotal [] Page:	of							

State Controller's Office Local Mandated Cost Manual Program MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES Form 314 **ACTIVITY COST DETAIL** (01) Claimant (02) Fiscal Year **CITY OF SIGNAL HILL** 2009-2010 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a 1. trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications 2. and drawings Preparation of contracts/specification review Moving/restoration at old location/and installation at X 5. process/advertisement/review and award of bids new location **Object Accounts** (04) Description of Expenses (b) (c) (d) (e) (f) (g) (h) (l) Hourly Hours Materials Employee Names, Job Classifications, Functions Contract Fixed Worked or Salaries Benefits Rate or Travel Performed and Description of Expenses Services Assets Unit Cost Supplies Quantity Move (including replacement if required) receptacles and pads to reflect changes in transit stops, including costs of removal and restoration of property at former receptacle location and installation at new location No eligible costs (05) Total [_ _] Subtotal [__] Page:__of__

State Controller's Office	Local Mandated	d Cost Manual
	Forte Controller Use Only	PROGRAM
MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES	(19) Program Number 00314	

MUNICIPAL STORM WATER AN CLAIM FO	ND URBAN RUN OR PAYMENT	NOFF DISCHARGES		(19) Program Number 00314 (20) Date Filed (21) LRS Input 2/15/12		314
(01) Claimant Identification Number 9819872				Reimbursement C	Claim E	Data
(02) Claimant Name CITY OF SIGNAL HILL				(22) FORM 1, (04) A.1.(g)		0
County of Location LOS ANGELES	ÜF	RIGINAL		(23) FORM 1, (04) A.2.(g)		0
Street Address or P.O. Box 2175 CHERRY AVE		Suite		(24) FORM 1, (04) A.3.(g)		0
City SIGNAL HILL	State CA	Zip Code 90 806		(25) FORM 1, (04) A.4.(g)		0
	1	Type of Claim		(26) FORM 1, (04) A.5.(g)		0
	(03)	(09) Reimbursement	X	(27) FORM 1, (06)		3,380
	(04)	(10) Combined		(28) FORM 1, (07)		22,984
	(05)	(11) Amended		(29) FORM 1, (08)		10
Fiscal Year of Cost	(06)	(12) 2010-2011		(30) FORM 1, (11)		0
Total Claimed Amount	(07)	(13) \$22,984		(31) FORM 1, (12)		0
Less: (refer to attached instructions)	(14)		(32)			
Less: Prior Claim Payment Received	(15)		(33)			
Net Claimed Amount		(16) \$22,984		(34)	-	
Due from State	(08)	(17) \$22,984	Jī2	(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 the 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

MAIDA ALCANTARA, FINANCE DIRECTOR Type or Print Name and Title of Authorized Signatory	Date Signed Telephone Number E-Mail Address	(562) 989-7319 malcantara@cityofsignalhill.org
(38) Name of Agency Contact person for Claim	Talashara Number	(552) 090 7240
MAIDA ALCANTARA	Telephone Number E-Mail Address	(562) 989-7319 malcantara@cityofsignalhill.org
	C-Mail Address	malcantara@cityorsignamii.org
Name of Consulting Firm / Claim Preparer	Telephone Number	(949) 440-0845
MAXIMUS INC. / JEFF CHEN	E-Mail Address	jeffreybchen@maximus.com

State Controller's Office Local Mandated Cost Manual PROGRAM FORM MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES **CLAIM SUMMARY** (01) Claimant (02)Fiscal Year CITY OF SIGNAL HILL 2010-2011 (03)**Public Works** Department **Object Accounts Direct Costs** (a) (b) (c) (d) (e) (f) (g) Materials (04) Reimbursable Activities Contract Fixed Salaries Benefits and Travel Total Services Assets Supplies One-Time Activities A. Identification of locations that are required 1. to have a ttrash receptacle Selection/evalutions/and preparation of 2. specifications and drawlngs Preparation of contracts/specification review process/advertise/review and award 3. bids Purchase or construction and installation of 4. receptacles and pads Moving/restoration at old location/and 5. Installation at new location (05) Total One-Time Costs Reasonable Reimbursement Methodology (RRM) B. Ongoing Activity: Maintain Trash Receptacles and Pads 3,380 (06) Annual number of trash collections (Refer to claiming instructions) (07) Total Ongoing Costs [Line (06) x RRM rate] \$22,984 Indirect Costs (08) Indirect Cost Rate [From ICRP or 10%] 10.00% [Line (05)(a) x 10%] or [Refer to Claiming Instructions for ICRP over 10%] (09) Total Indirect Costs (10) Total Direct and Indirect Costs [Line (05)(g) + line (07) + line (09)] \$22,984 Cost Reduction

[Line (10) - {line (11) + line (12)}]

\$22,984

(11) Less: Offsetting Savings

(13) Total Claimed Amount

(12) Less: Other Reimbursements

State Controller's Office **Local Mandated Cost Manual** Program Form MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES 314 **ACTIVITY COST DETAIL** 2 (01) Claimant (02) Fiscal Year CITY OF SIGNAL HILL 2010-2011 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. **One-time Activities** Identification of locations that are required to have a X trash receptacle Selection/evaluation and preparation of specifications Purchase or construction and installation of receptacles and drawings and pads Preparation of contracts/specification review Moving/restoration at old location/and installation at process/advertisement/review and award of bids new location (04) Description of Expenses **Object Accounts** (b) (c) (d) (e) (f) (g) (h) (1) Hourly Hours Materials Employee Names, Job Classifications, Functions Contract Fixed Rate or Worked or Salaries Benefits Travel Performed and Description of Expenses Services Assets Supplies **Unit Cost** Quantity No eligible costs (05) Total [__] Subtotal [__] Page:__

State Controller's Office **Local Mandated Cost Manual** Program **Form** MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES 314 **ACTIVITY COST DETAIL** 2 (01) Claimant (02) Fiscal Year CITY OF SIGNAL HILL 2010-2011 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. **One-time Activities** Identification of locations that are required to have a trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications X 2. and drawings and pads Preparation of contracts/specification review Moving/restoration at old location/and installation at new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (b) (c) (d) (e) (f) (g) (h) (i) Materials Hourly Hours Employee Names, Job Classifications, Functions Contract Fixed Salaries Rate or Worked or **Benefits** and Travel Performed and Description of Expenses Services Assets **Unit Cost** Quantity Supplies No eligible costs (O5) Total [__] Subtotal [__] Page:_ _of_

Local Mandated Cost Manual State Controller's Office Program **Form** MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES 314 **ACTIVITY COST DETAIL** 2 (01) Claimant (02) Fiscal Year CITY OF SIGNAL HILL 2010-2011 (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. **One-time Activities** A. Identification of locations that are required to have a trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications 2. and pads and drawings Moving/restoration at old location/and installation at Preparation of contracts/specification review X new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (e) (f) (g) (h) (i) (a) (b) (c) (d) Materials Hourly Hours Employee Names, Job Classifications, Functions Contract Fixed Salaries Rate or Worked or Benefits and Travel Performed and Description of Expenses Services Assets **Unit Cost** Quantity Supplies No eligible costs

(05) Total [

| Subtotal [___] Page:_

ACTIVITY COST DETAIL (01) Claimant CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities I dentification 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/advertisement/review and award of bids (04) Description of Expenses (05) Fiscal Year 2010-	State Gont	troller's Office						Local Ma	andated Co	ist manual
CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities I dentification 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/advertisement/review and award of bids (04) Description of Expenses (05) (c) (d) (e) (f) (g) (h) (g) Employee Names, Job Classifications, Functions Performed and Description of Expenses (06) Interest Paradia and Supplies (07) (90) (h) (17) (18) (18) (18) (18) (18) (18) (18) (18		MUNICIPAL					SCHARGES	3		Form 2
CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities 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/advertisement/review and award of bids (04) Description of Expenses (05) (c) (d) (e) (f) (g) (h) (e) (g) (h) (f) (g) (g) (h) (g) (g) (h) (g) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(01) Claim	nant	-		(02) Fisca	l Year				
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities 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/advertisement/review and award of bids (04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) (e) (f) (g) (h)	,									2010-2011
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/advertisement/review and award of bids 3. Preparation of contracts/specification review process/advertisement/review and award of bids 3. Description of Expenses 3. Description of Expenses 4. Purchase or construction and installation and pads 5. Moving/restoration at old location/and installation and new location Cobject Accounts Contract Fixed Assets Trace Contract Fixed Assets Trace Contract Services Contract Service	(03) Reim		e box per fo	orm to ident	ify the activi	ty being cla	imed.			
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/advertisement/review and award of bids 3. Preparation of contracts/specification review process/advertisement/review and award of bids 3. Description of Expenses 3. Description of Expenses 4. Purchase or construction and installation and pads 5. Moving/restoration at old location/and installation and new location Cobject Accounts Contract Fixed Assets Trace Contract Fixed Assets Trace Contract Services Contract Service	Δ	Ona time Activities								
Selection/evaluation and preparation of specifications and drawings Z. Selection/evaluation and preparation of specifications and drawings X. 4. Purchase or construction and installation of recepts and pads Selection/evaluation and preparation of specifications and pads X. 4. Purchase or construction and installation of recepts and pads Selection/evaluation and pads Selection/evaluation and installation of recepts and pads Selection/evaluation and pads Selection/evaluation/evalu			required to	have a						
2. and drawings A	1.		required to	nave a						
3. process/advertisement/review and award of bids Object Accounts (04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) (Employee Names, Job Classifications, Functions Performed and Description of Expenses (a) Hourly Rate or Unit Cost Quantity Norked or Unit Cost Quantity Object Accounts Contract Services Assets Trace Trac	2.		lion of speci	ifications			or construct	ion and inst	allation of r	eceptacles
(a) (b) (c) (d) (e) (f) (g) (h) (e) Employee Names, Job Classifications, Functions Performed and Description of Expenses Unit Cost Contract Fixed Services Services Services Assets	<u> </u>			oids	5. Moving/restoration at old location/and installation at new location					
Employee Names, Job Classifications, Functions Performed and Description of Expenses Hourly Rate or Unit Cost Norked or Quantity Salaries Benefits Materials and Supplies Contract Services Assets Tra	(04) Desc	ription of Expenses								
Performed and Description of Expenses Rate or Unit Cost Worked or Quantity Benefits Benefits Benefits Benefits Supplies Contract Fixed Services Assets Tra		(a)			(d)	(θ)		(g)	(h)	(i)
No eligible costs			Rate or	Worked or	Salaries	Benefits	and	ı		Travel
(05) Total [] Subtotal [] Page:of										

State Controller's Office Local Mandated Cost Manual Program **Form** MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES 314 **ACTIVITY COST DETAIL** 2 (01) Claimant (02) Fiscal Year 2010-2011 CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. **One-time Activities** Identification of locations that are required to have a trash receptacle Purchase or construction and installation of receptacles Selection/evaluation and preparation of specifications 2. and pads and drawings Moving/restoration at old location/and installation at Preparation of contracts/specification review X 5. new location process/advertisement/review and award of bids **Object Accounts** (04) Description of Expenses (f) (g) (h) (a) (b) (c) (d) (e) (i) Materials Hourly Hours Employee Names, Job Classifications, Functions Contract Fixed Rate or Worked or Salaries Benefits and Travel Performed and Description of Expenses Services Assets Supplies **Unit Cost** Quantity No eligible costs

(05) Total [

_] Subtotal [___] Page:_

State Controller's Office Local Mandated Cost Manual								
MUNICIPAL STORM WATER AI CLAIM FO	ND URBAN RUN DR PAYMENT	NOFF DISCHARGES	(19) Program Number 00314 (20) Date Filed (21) LRS Input EB 1 5 2013	244				
(01) Claimant Identification Number 9819872			Reimbursement (Claim Data				
(02) Claimant Name CITY OF SIGNAL HILL	ODICI	NIAI	(22) FORM 1, (04) A.1.(g)	0				
County of Location LOS ANGELES	Omon		(23) FORM 1, (04) A.2.(g)	0				
Street Address or P.O. Box 2175 CHERRY AVE		Suite	(24) FORM 1, (04) A.3.(g)	0				
City SIGNAL HILL	State CA	Zip Code 90806	(25) FORM 1, (04) A.4.(g)	0				
		Type of Claim	(26) FORM 1, (04) A.5.(g)	0				
	(03)	(09) Reimbursement	(27) FORM 1, (06)	3,380				
	(04)	(10) Combined	(28) FORM 1, (07)	24,167				
	(05)	(11) Amended	(29) FORM 1, (08)	0				
Fiscal Year of Cost	(06)	(12) 2011-2012	(30) FORM 1, (11)	0				
Total Claimed Amount	(07)	(13) \$24,167	(31) FORM 1, (12)	0				
Less: (refer to attached instructions)		(14)	(32)					
Less: Prior Claim Payment Received		(15)	(33)					
Net Claimed Amount		(16) \$24,167	(34)					
Due from State	(08)	(17) \$24,167	(35)					
Due to State		(18)	(36)					
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 the 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	2/4/13					
Jeni J Mars	1	Telephone Number	(562) 989-7319					
Terri Marsh, Finance Director Type or Print Name and Title of Authorized Signat	DIV	E-Mail Address	TMarsh@cityofsignalhi	ll.org				
(38) Name of Agency Contact person for Claim	•	Telephone Number	(562) 989-7318					
Joy Getz		E-Mail Address	jgetz@cityofsignalhill.o	rg				
Name of Consulting Firm / Claim Preparer		Telephone Number	(949) 440-0845					
MAXIMUS Consulting Services, Ir	c. / Jeff Chen	E-Mail Address	jeffreybchen@maximus	s.com				

PROGRAM **FORM** MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES **CLAIM SUMMARY** (01) Claimant (02)Fiscal Year 2011-2012 CITY OF SIGNAL HILL (03)Department **Object Accounts** Direct Costs (b) (d) (e) (f) (a) (c) (g) Materials (04) Reimbursable Activities Contract Fixed Salaries Benefits and Trave! Total Services Assets Supplies **One-Time Activities** A. Identification of locations that are required 1. to have a trash receptacle Selection/evaluations/and preparation of 2. specifications and drawings Preparation of contracts/specification review process/advertise/review and award 3. Purchase or construction and installation of 4. receptacles and pads Moving/restoration at old location/and 5. installation at new location (05) Total One-Time Costs Reasonable Reimbursement Methodology (RRM) Ongoing Activity: Maintain Trash Receptacles and Pads (06) Annual number of trash collections (Refer to claiming instructions) 3,380 (07) Total Ongoing Costs [Line (06) x RRM rate] \$24,167 Indirect Costs [From ICRP or 10%] (08) Indirect Cost Rate (09) Total Indirect Costs [Line (05)(a) x 10%] or [Refer to Claim Summary Instructions] (10) Total Direct and Indirect Costs [Line (05)(g) + line (07) + line (09)] \$24,167 Cost Reduction (11) Less: Offsetting Revenues (12) Less: Other Reimbursements (13) Total Claimed Amount [Line (10) - {line (11) + line (12)}] \$24,167

Local Mandated Cost Manual

State Controller's Office

State Cont	roller's Office					/	Local IVI	andated Co	ost Manual
Program 314	MUNICIPAL			OURBAN R		SCHARGES	3		Form 2
(01) Claim				(02)					Fiscal Year
(03) Reim	CITY OF SIGNAL HILL bursable Activities: Check only on	e boy ner f	orm to ident	ify the activ	ity heing cla	imed			2011-2012
		ie box per n	om to lacin	iny the doll*	ity being oil	iiiiica.			
A.	One-time Activities	required to	have a		Durchano	or construct	ion and inci	allation of r	a contantan
	Identification of locations that are trash receptacle	required to	nave a	4.	and pads	or construct	ion and insi	allauon on	eceptacies
2.	Selection/evaluation and preparat and drawings	ion of spec	ifications	5.	Moving/res	toration at o	old location	and installa	ation at
<u> </u>	Preparation of contracts/specification review process/advertisement/review and award of bids								
(04) Descr	ription of Expenses					Object A			
	(a)	(b) Hourly	(c) Hours	(d)	(e)	(f) Materials	(g)	(h)	(i)
	Names, Job Classifications, Functions med and Description of Expenses	Rate or Unit Cost	Worked or Quantity	Salaries	Benefits	and Supplies	Contract Services	Fixed Assets	Travel
No Eligible	Costs								
									:
								:	

				6					
				÷					
								Ĭ	
'05\ Total	[1 Subtotal [1 Page:	of							

State Cont	roller's Office						Local Ma	andated Co	ost ivianuai
Program 314	MUNICIPAL		VATER AND			SCHARGES	3		Form 2
(01) Claim	nant	- 		(02)			<u> </u>		Fiscal Year
	CITY OF SIGNAL HILL								2011-2012
(03) Reim	bursable Activities: Check only on	e box per f	orm to ident	ify the activi	ity being cla	aimed.			
A.	One-time Activities								
1.	Identification of locations that are trash receptacle	required to	h a ve a	4.	Purchase of and pads	or construct	ion and inst	allation of r	eceptacles
X 2.	Selection/evaluation and preparate and drawings	ion of spec	ifications	5.	Moving/res	storation at o	old location	and installa	ation at
3.	Preparation of contracts/specification review process/advertisement/review and award of blds								
(04) Descr	ription of Expenses	a G				Object A			
	(a)	(b) Hourly	(c) Hours	(d)	(⊖)	(f) Materials	(g)	(h)	(i)
	Names, Job Classifications, Functions rmed and Description of Expenses	Rate or Unit Cost	Worked or Quantity	Salaries	Benefits	and Supplies	Contract Services	Fixed Assets	Travel
No Eligible	Costs					!			
							-		
					:				
				i					
05) Total	[] Subtotal [] Page:	of				1			

ACTIVITY COST DETAIL (01) Claimant (02) Fisc. CITY OF SIGNAL HILL. (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities 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/advertisement/review and award of bids (04) Description of Expenses (05) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Manua						
CITY OF SIGNAL HILL (03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities 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/advertisement/review and award of bids (04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) (and the preformed and Description of Expenses (Unit Cost Vorked or Unit Cost Vorked or Quantity (Unit Cost Vorked or Quantity) (05) Reimbursable Activities: Check only one box per form to identify the activity being claimed. 4. Purchase or construction and installation of recept and pads 5. Moving/restoration at old location/and installation new location (d) (e) (f) (g) (h) (h) (g) (h) (g) (h) (g) (h) (g) (h) (g) (g) (h) (g) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Form 2						
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed. A. One-time Activities 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/advertisement/review and award of bids (04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) Employee Names, Job Classifications, Functions Performed and Description of Expenses (b) Hourly Rate or Unit Cost Worked or Quantity Noving/restoration at old location/and installation new location (b) (c) (d) (e) (f) (g) (h) Materials and Supplies Contract Fixed Assets	cal Year						
A. One-time Activities 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/advertisement/review and award of bids (04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) Hourly Rate or Unit Cost Worked or Quantity Fixed Services Salaries Benefits Benefits Benefits Table 1 Purchase or construction and installation and precent and pads A. Purchase or construction and installation of receptance and pads (d) (e) (f) (g) (h) Materials and Supplies Fixed Services Assets	11-2012						
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/advertisement/review and award of bids (04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) Employee Names, Job Classifications, Functions Performed and Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) (overtical part of contract September 1 and pads (overtical part of contract september 2 and pads (overtical pads overtical pads of contract september 2 and pads (overtical pads overtical pads overtica							
Trash receptacle 2. Selection/evaluation and preparation of specifications and drawings 3. Preparation of contracts/specification review process/advertisement/review and award of bids (04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) Hoursy Rate or Unit Cost Vorked or Quantity Vorked or Quantity Assets							
2. and drawings Preparation of contracts/specification review process/advertisement/review and award of bids (04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) Hourly Rate or Unit Cost Performed and Description of Expenses Unit Cost Performed and Description of Expenses To hew location Object Accounts Salaries Benefits Benefits Benefits Supplies To hew location	eptacles						
(04) Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) Employee Names, Job Classifications, Functions Performed and Description of Expenses (a) (b) (c) (d) (e) (f) (g) (h) Materials and Supplies (Contract Services Assets (Assets) (Init Cost Unit Cos	n at						
(a) (b) (c) (d) (e) (f) (g) (h) Employee Names, Job Classifications, Functions Performed and Description of Expenses Unit Cost Quantity (b) (c) (d) (e) (f) (g) (h) Hours Worked or Quantity Benefits and Supplies Services Assets							
Employee Names, Job Classifications, Functions Performed and Description of Expenses Hourly Rate or Unit Cost Vorked or Quantity Salaries Benefits Materials and Supplies Contract Services Fixed Assets							
Employee Names, Job Classifications, Functions Performed and Description of Expenses Rate or Unit Cost Unit Cost Rate or Quantity Benefits and Supplies Contract Services Assets T	(i)						
No Eligible Costs	Travel						
(05) Total [] Subtotal [] Page:of							

State Cont	roller's Office		Local Mandated Co.						
Program 314	MUNICIPAL			AND URBAN RUNOFF DISCHARGES TY COST DETAIL					
(01) Claim	nant			(02)					Fiscal Year
	CITY OF SIGNAL HILL								2011-2012
(03) Reimi	bursable Activities: Check only on	e box per f	orm to ident	ify the activ	ity being cla	imed.			
A.	One-time Activities								
	Identification of locations that are trash receptacle	required to	have a	Y 4. Purchase or construction and installation of rece					eceptacles
	Selection/evaluation and preparate and drawings	ion of spec	ifications	5. Moving/restoration at old location/and installation a new location					
3.	Preparation of contracts/specifica process/advertisement/review and	tion review I award of t	oids						
(04) Desci	ription of Expenses						ccounts		
	(a)	(b)	(c)	(d)	(e)	(f) Materials	(g)	(h)	(i)
	Names, Job Classifications, Functions med and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	and Supplies	Contract Services	Fixed Assets	Travel
No Eligible	Costs								
(OE) Table	[] Subtotal [] Page	of.	· · · · · · · · · · · · · · · · · · ·						

State Conf	roller's Office					1	Local Ma	andated Co	ost Manual
Program 314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES ACTIVITY COST DETAIL							Form 2	
(01) Clain	nant			(02)					Fiscal Year
1	CITY OF SIGNAL HILL			2					
(03) Reim	bursable Activities: Check only or	e box per f	orm to ident	ify the activ	ity being cla	imed.			
- A.	One-time Activities								
<u> </u>	Identification of locations that are trash receptacle	required to	have a	4.	Purchase of and pads	or construct	ion and inst	allation of r	eceptacles
2.	Selection/evaluation and preparal and drawings	ifications	X 5.	Moving/res	toration at o	old location	/and installa	ation at	
☐ 3.	Preparation of contracts/specification review process/advertisement/review and award of bids								
(04) Desc	ription of Expenses					Object A			T
	(a) Names, Job Classifications, Functions rmed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(l) Travel
No Eligible	Costs								
(05) Total	Subtotal Page:	_of							

ORIGINAL

Local Mandated Cost Manual

MUNICIPAL STORM WATER CLAIM		(19) Program Number 00314 (20) Date Filed FEB 1 3 (21) LRS input	2014 314					
(01) Claimant Identification Number 9819872				Reimbursement (Claim Data			
(02) Claimant Name CITY OF SIGNAL HILL				(22) FORM 1, (04) A.1.(g)	0			
County of Location LOS ANGELES				(23) FORM 1, (04) A.2.(g)	0			
Street Address or P.O. Box 2175 CHERRY AVE		Suite		(24) FORM 1, (04) A.3.(g)	0			
City SIGNAL HILL	State CA	Zip Code 90806		(25) FORM 1, (04) A.4.(g)	0			
		Type of Claim		(26) FORM 1, (04) A.5.(g)	0			
	(03)	(09) Reimbursement	X	(27) FORM 1, (06)	2,028			
	(04)	(10) Combined		(28) FORM 1, (07)	14,825			
	(05)	(11) Amended		(29) FORM 1, (08)	10			
Fiscal Year of Cost	(06)	(12) 2012-2013		(30) FORM 1, (11)	0			
Total Claimed Amount	(07)	(13) \$14,825		(31) FORM 1, (12)	0			
Less: (refer to attached instructions)		(14)		(32)				
Less: Prior Claim Payment Received	d	(15)		(33)				
Net Claimed Amount		(16) \$14,825		(34)				
Due from State	(08)	(17) \$14,825	٦.	(35)				
Due to State		(18)	Un	(36)				
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 the 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		2/7/14				
Jeris & March		Telephone Number		(562) 989-7319				
Terri Marsh, Finance Director Type or Print Name and Title of Authorized Sig	natory	E-Mail Address		TMarsh@cityofsignalhil	l.org			
(38) Name of Agency Contact person for Claim		Telephone Number		(562) 989-7318				
Joy Getz		E-Mail Address		jgetz@cityofsignalhill.o	rg			
Name of Consulting Firm / Claim Preparer		Telephone Number		(949) 440-0845				
MAXIMUS Consulting, Michelle	Mendoza	E-Mail Address	,	michellemendoza@max	imus.com			

PROGRAM
314

MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES CLAIM SUMMARY

FORM 1

3	314 CLAIM SUMMARY								
(01)	Claimant			(02)				Fiscal Year	
	CITY OF SIGNAL HILL							2012-2013	
(03)	Department								
Direct	Costs			0	bject Acco	unts			
(04)	Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total	
A.	One-Time Activities								
1.	Identification of locations that are required to have a trash receptacle								
2.	Selection/evaluations/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								
Reaso	onable Reimbursement Methodology ((RRM)							
В.	Ongoing Activity: Maintain Trash Rec	ceptacles	and Pads						
(06)	Annual number of trash collections (Refe	er to claiming	instructions)	-				2,028	
(07)	Total Ongoing Costs	<u></u> -		[Line (06)	x RRM rate]			\$14,825	
Indire	ct Costs							<u></u>	
(80)	Indirect Cost Rate			[From ICf	RP or 10%]			10.00%	
(09)	Total Indirect Costs	[L	.ine (05)(a) x 1	10%] or [Refer	to Claim Sumr	nary Instructio	ns]		
(10)	Total Direct and Indirect Costs		[L	ine (05)(g) + lir	ne (07) + line (09)]		\$14,825	
Cost	Reduction								
(11)	Less: Offsetting Revenues								
(12)	Less: Other Reimbursements	· · · · · · · · · · · · · · · · · · ·							
(13)	Total Claimed Amount		[1	_ine (10) - {line	e (11) + line (12	2)}]		\$14,825	

Prog	am
31	4

314	MUNICIPAL STORM WATER AND URBAN RUNOFF DISCHARGES ACTIVITY COST DETAIL							
(01) Claimant			(02)		_			Fiscal Year
CITY OF SIGNAL HILL								2012-2013
(03) Reimbursable Activities: Check only or	ne box per fo	orm to ident	ify the activi	ty being cla	imed.			
A. One-time Activities								
X 1. Identification of locations that are trash receptacle	required to	have a	4.	Purchase of and pads	or construct	ion and inst	allation of r	eceptacles
2. Selection/evaluation and preparation of specifications and drawings 5. Moving/restoration at old I						old location	and installa	ation at
Preparation of contracts/specifical process/advertisement/review and process/advertisement/rev		oids						
(04) Description of Expenses					Object A			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Employee Names, Job Classifications, Functions Performed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel
(05) Total [] Subtotal [] Page:	of							

שומונ	COII
Prog	gram
3	14
(01)	Clair

314	ACTIVITY COST DETAIL							2	
(01) Claima	ant	-		(02)					Fiscal Year
(CITY OF SIGNAL HILL								2012-2013
(03) Reimb	ursable Activities: Check only on	e box per fo	orm to ident	ify the activi	ty being cla	imed.			
Α. (One-time Activities								
	dentification of locations that are	required to	have a	_	Purchase of	or constructi	on and inst	allation of r	ecentacles
	rash receptacle	required to	nave a		and pads	n constructi	on and mo	anation of t	cocpiacies
Selection/evaluation and preparation of specifications and drawings					Moving/res new location		old location/	and installa	ition at
3.	Preparation of contracts/specifica process/advertisement/review and	d award of b	oids						
(04) Descri	ption of Expenses					Object A	ccounts		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Employee N Perform	Names, Job Classifications, Functions ned and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel
(O5) Total	[] Subtotal [] Page:	of							

Prog		MUNICIPAL			ND URBAN RUNOFF DISCHARGES COST DETAIL					
(01)	Claim	ant	(02) Fi							Fiscal Year
		CITY OF SIGNAL HILL								2012-2013
(03)	Reiml	bursable Activities: Check only on	e box per fo	orm to ident	dentify the activity being claimed.					
Α		One-time Activities								
		Identification of locations that are trash receptacle	required to	have a	4.	Purchase of and pads	r constructi	on and inst	allation of r	eceptacles
	2.	Selection/evaluation and preparat and drawings	ion of speci	fications	5. Moving/restoration at old location/and install new location					ition at
X	3.	Preparation of contracts/specificate process/advertisement/review and		oids						
(04)	Desci	ription of Expenses					Object A	ccounts		
		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Em		Names, Job Classifications, Functions med and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel

(05) Total [__] Subtotal [__] Page:__of_

State	Cont	roller's Office				-		Local Ma	andated Co	ost Manual
	gram 14	MUNICIPAL			OURBAN R OST DETAI		SCHARGES	3		Form 2
(01)	Clain	nant			(02)					Fiscal Year
		CITY OF SIGNAL HILL								2012-2013
(03)	Reim	bursable Activities: Check only or	e box per fo	orm to ident	ify the activi	ty being cla	imed.			
	Α.	One-time Activities								
	1.	Identification of locations that are trash receptacle	required to	have a	X 4.	Purchase of and pads	or construct	ion and inst	allation of r	receptacles
	2.	Selection/evaluation and preparat and drawings	tion of speci	fications	<u> </u>	Moving/res new location		old location	and installa	ation at
	3.	Preparation of contracts/specifica process/advertisement/review and		oids						
(04)	Desc	ription of Expenses					Object A	ccounts		
		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
E		Names, Job Classifications, Functions rmed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel
			ļ							

(05) Total [__] Subtotal [__] Page:__of_

State Con	troller's Office						Local Ma	andated Co	st Manua
Program 314	MUNICIPAL			O URBAN R OST DETAI		SCHARGES	3		Form 2
(01) Clain	nant			(02)					Fiscal Yea
	CITY OF SIGNAL HILL								2012-2013
(03) Reim	bursable Activities: Check only or	ne box per fo	orm to ident	ify the activi	ty being cla	imed.			
A.	One-time Activities								
1.	Identification of locations that are trash receptacle	required to	have a	4.	Purchase of and pads	or construct	ion and inst	allation of r	eceptacles
2.	Selection/evaluation and preparate and drawings	tion of spec	ifications	X 5.	ation at				
<u> </u>	Preparation of contracts/specifica process/advertisement/review and		oids						
(04) Desc	cription of Expenses					Object A	ccounts		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	e Names, Job Classifications, Functions ormed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel
			-						
i i									
							:		
				:		:			

__] Subtotal [__] Page:___of_

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.

lill L. Magee

Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814 (916) 323-3562

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 2/19/21

20-0304-I-08 Consolidated with 19-0304-I-04, 20-0304-I-06, 20-0304-I-09, 20-

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.)

Adaoha Agu, County of San Diego Auditor & Controller Department

Projects, Revenue and Grants Accounting, 5530 Overland Avenue, Ste. 410, MS:O-53, San Diego, CA 92123

Phone: (858) 694-2129

Adaoha.Agu@sdcounty.ca.gov

Socorro Aquino, State Controller's Office

Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-7522 SAquino@sco.ca.gov

Arlene Barrera, Auditor-Controller, County of Los Angeles

Claimant Contact

Auditor-Controller's Office, 500 West Temple Street, Room 525, Los Angeles, CA 90012

Phone: (213) 974-8301 abarrera@auditor.lacounty.gov

D D GILADI 1000 G. 10

Ray Beeman, Chief Fiscal Officer, *City of Gardena* 1700 West 162nd Street, Gardena, CA 90247

Phone: (310) 217-9516 rbeeman@cityofgardena.org

Robbeyn Bird, Finance Director, *City of West Covina* 1444 West Garvey Ave South, West Covina, CA 91790

Phone: (626) 939-8438 RBird@westcovina.org

Allan Burdick,

7525 Myrtle Vista Avenue, Sacramento, CA 95831

Phone: (916) 203-3608 allanburdick@gmail.com

Guy Burdick, Consultant, MGT Consulting

2251 Harvard Street, Suite 134, Sacramento, CA 95815

Phone: (916) 833-7775 gburdick@mgtconsulting.com

Evelyn Calderon-Yee, Bureau Chief, State Controller's Office

Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740,

Sacramento, CA 95816 Phone: (916) 324-5919 ECalderonYee@sco.ca.gov

Manuel Carrillo, Director of Finance and Administrative Services, City of Bell Gardens

7100 Garfield Ave, Bell Gardens, CA 90201

Phone: (562) 806-7700 MCarrillo@bellgardens.org

George Chavez, City Manager, City of Beverly Hills

455 North Rexford Drive, Beverly Hills, CA 90210

Phone: (310) 285-1014 gchavez@beverlyhills.org

Annette Chinn, Cost Recovery Systems, Inc.

705-2 East Bidwell Street, #294, Folsom, CA 95630

Phone: (916) 939-7901 achinners@aol.com

Edgar Cisneros, City Administrator, City of Commerce

2535 Commerce Way, Commerce, CA 90040

Phone: (323) 722-4805 ecisneros@ci.commerce.ca.us

Geoffrey Cobbett, Treasurer, City of Covina

Finance Department, 125 E. College Street, Covina, CA 91723

Phone: (626) 384-5506 gcobbett@covinaca.gov

Kris Cook, Assistant Program Budget Manager, Department of Finance

915 L Street, 10th Floor, Sacramento, CA 95814

Phone: (916) 445-3274 Kris.Cook@dof.ca.gov

Viki Copeland, City of Hermosa Beach

1315 Valley Drive, Hermosa Beach, CA 90254

Phone: N/A

vcopeland@hermosabch.org

Ray Cruz, City Manager, City of Santa Fe Springs

11710 East Telegraph Road, Santa Fe Springs, CA 90670

Phone: (562) 868-0511 rcruz@santafesprings.org

Gigi Decavalles-Hughes, Director of Finance, City of Santa Monica

Finance, 1717 4th Street, Suite 250, Santa Monica, CA 90401

Phone: (310) 458-8281 gigi.decavalles@smgov.net

Steven Dobrenen, Finance Director, City of Cudahy

5220 Santa Ana Street, Cudahy, CA 90201

Phone: (831) 386-5925

sdobrenen@cityofcudahyca.gov

Evangeline Domingo, Financial Analyst, City of Santa Clarita

23920 Valencia Blvd, Santa Clarita, CA 91355

Phone: (661) 286-4145 edomingo@santa-clarita.com **Bob Elliot.** City of Glendale

141 North Glendale Ave, Ste. 346, Glendale, CA 91206-4998

Phone: N/A

belliot@ci.glendale.ca.us

Vic Erganian, Deputy Finance Director, City of Pasadena

Finance Department, 100 N. Garfield Ave, Room S348, Pasadena, CA 91109-7215

Phone: (626) 744-4355 verganian@cityofpasadena.net

Paul Espinoza, City of Alhambra

111 South First Street, Alhambra, CA 91801

Phone: N/A

pespinoza@cityofalhambra.org

Ken Farfsing, City Manager, City of Carson

701 E. Carson Street, Carson, CA 90745

Phone: (310) 952-1700 kfarfsing@carson.ca.us

Donna Ferebee, Department of Finance

915 L Street, Suite 1280, Sacramento, CA 95814

Phone: (916) 445-3274 donna.ferebee@dof.ca.gov

Artie Fields, City Manager, City of Inglewood

1 Manchester Boulevard, Inglewood, CA 90301

Phone: (310) 412-5301

AFields@Cityofinglewood.org

Art Gallucci, City Manager, City of Cerritos

18125 Bloomfield Ave, Cerritos, CA 90703

Phone: (562) 916-1310 agallucci@cerritos.us

Anil Gandhy, Finance Director, City of Downey

Claimant Contact

11111 Brookshire Avenue, Downey, CA 90241

Phone: (562) 904-7265 agandhy@downeyca.org

Martha Garcia, Director of Management Services, City of Monterey Park

320 West Newmark Ave, Monterey Park, CA 91754

Phone: (626) 307-1349

magarcia@montereypark.ca.gov

Susan Geanacou, Department of Finance

915 L Street, Suite 1280, Sacramento, CA 95814

Phone: (916) 445-3274 susan.geanacou@dof.ca.gov

Howard Gest, Burhenn & Gest, LLP

Claimant Representative

624 South Grand Avenue, Suite 2200, Los Angeles, CA 90402

Phone: (213) 629-8787 hgest@burhenngest.com

Dillon Gibbons, Legislative Representative, California Special Districts Association

1112 I Street Bridge, Suite 200, Sacramento, CA 95814

Phone: (916) 442-7887 dillong@csda.net

Jose Gomez, Director of Finance and Administrative Services, City of Lakewood

5050 Clark Avenue, Lakewood, CA 90712

Phone: (562) 866-9771 jgomez@lakewoodcity.org

Troy Grunklee, Director of Administrative Services, City of La Puente

15900 East Main Street, La Puente, CA 91744

Phone: (626) 855-1500 tgrunklee@lapuente.org

Heather Halsey, Executive Director, Commission on State Mandates

980 9th Street, Suite 300, Sacramento, CA 95814

Phone: (916) 323-3562 heather.halsey@csm.ca.gov

Chris Hill, Principal Program Budget Analyst, Department of Finance

Local Government Unit, 915 L Street, Sacramento, CA 95814

Phone: (916) 445-3274 Chris.Hill@dof.ca.gov

Tiffany Hoang, Associate Accounting Analyst, State Controller's Office

Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740,

Sacramento, CA 95816 Phone: (916) 323-1127 THoang@sco.ca.gov

Linda Hollinsworth, Finance Director/Treasurer, City of Hawaiian Gardens

21815 Pioneer Blvd, Hawaiian Gardens, CA 90716

Phone: (562) 420-2641 lindah@hgcity.org

Brittany Houston, Finance Manager, City of Santa Clarita

23920 Valencia Blvd, Santa Clarita, CA 91355

Phone: (661) 255-4996 bhouston@santa-clarita.com

Diego Ibanez, Director of Finance, City of San Fernando

117 Macneil Street, San Fernando, CA 91340

Phone: (818) 898-1212 dibanez@sfcity.org

Bernardo Iniguez, Public Works Manager, City of Bellflower

Department of Public Works, 16600 Civic Center Drive, Bellflower, CA 90706

Phone: (562) 804-1424 biniguez@bellflower.org

Chris Jeffers, Interim City Manager, City of South Gate

8650 California Ave, South Gate, CA 90280

Phone: (323) 563-9503 cjeffers@sogate.org

Angelo Joseph, Supervisor, State Controller's Office

Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740,

Sacramento, CA 95816 Phone: (916) 323-0706 AJoseph@sco.ca.gov

Will Kaholokula, Finance Director, City of San Gabriel

425 South Mission Drive, San Gabriel, CA 91776

Phone: (626) 308-2812 wkaholokula@sgch.org

Keith Kang, Finance Director, City of Palmdale

38300 Sierra Highway, Suite D, Palmdale, CA 93550

Phone: (661) 267-5429 kkang@cityofpalmdale.org

Lisa Kurokawa, Bureau Chief for Audits, State Controller's Office

Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 327-3138 lkurokawa@sco.ca.gov

Karina Lam, City of Paramount

16400 Colorado Avenue, Paramount, CA 90723

Phone: N/A

klam@paramountcity.com

Kim-Anh Le, Deputy Controller, County of San Mateo

555 County Center, 4th Floor, Redwood City, CA 94063

Phone: (650) 599-1104 kle@smcgov.org

Erika Li, Chief Deputy Director, Department of Finance

915 L Street, 10th Floor, Sacramento, CA 95814

Phone: (916) 445-3274 erika.li@dof.ca.gov

Everett Luc, Accounting Administrator I, Specialist, State Controller's Office

3301 C Street, Suite 740, Sacramento, CA 95816

Phone: (916) 323-0766 ELuc@sco.ca.gov

Carmen Magana, Director of Administrative Services, City of Santa Clarita

Claimant Contact

23920 Valencia Blvd, Santa Clarita, CA 91355

Phone: (661) 255-4997 cmagana@santa-clarita.com

Jill Magee, Program Analyst, Commission on State Mandates

980 9th Street, Suite 300, Sacramento, CA 95814

Phone: (916) 323-3562 Jill.Magee@csm.ca.gov

James Makshanoff, City Manager, City of Pomona

505 South Garey Ave, Pomona, CA 91766

Phone: (909) 620-2051

james_makshanoff@ci.pomona.ca.us

Elizabeth McGinnis, Commission on State Mandates

980 9th Street, Suite 300, Sacramento, CA 95814

Phone: (916) 323-3562

Elizabeth.McGinnis@csm.ca.gov

Jane McPherson, Financial Services Director, City of Oceanside

300 North Coast Highway, Oceanside, CA 92054

Phone: (760) 435-3055 JmcPherson@oceansideca.org

Bruce Moe, City Manager, City of Manhattan Beach

1400 Highland Ave., Manhattan Beach, CA 90266

Phone: (310) 802-5302 bmoe@citymb.info

Lourdes Morales, Senior Fiscal and Policy Analyst, Legislative Analyst's Office

925 L Street, Suite 1000, Sacramento, CA 95814

Phone: (916) 319-8320

Lourdes.Morales@LAO.CA.GOV

Debra Morton, Manager, Local Reimbursements Section, State Controller's Office

Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740,

Sacramento, CA 95816 Phone: (916) 324-0256 DMorton@sco.ca.gov

Geoffrey Neill, Senior Legislative Analyst, Revenue & Taxation, California State Association of

Counties (CSAC)

1100 K Street, Suite 101, Sacramento, CA 95814

Phone: (916) 327-7500 gneill@counties.org

Michelle Nguyen, Department of Finance

Education Unit, 915 L Street, Sacramento, CA 95814

Phone: (916) 445-0328 Michelle.Nguyen@dof.ca.gov

Andy Nichols, Nichols Consulting

1857 44th Street, Sacramento, CA 95819

Phone: (916) 455-3939 andy@nichols-consulting.com

Jose Ometeotl, Finance Director, City of Lynwood

11330 Bullis Road, Lynwood, CA 90262

Phone: (310) 603-0220 jometeotl@lynwood.ca.us

June Overholt, Finance Director - City Treasurer, City of Glendora

Claimant Contact

116 E. Foothill Boulevard, Glendora, CA 91741-3380

Phone: (626) 914-8241 jOverholt@ci.glendora.ca.us

Patricia Pacot, Accountant Auditor I, County of Colusa

Office of Auditor-Controller, 546 Jay Street, Suite #202, Colusa, CA 95932

Phone: (530) 458-0424 ppacot@countyofcolusa.org

Arthur Palkowitz, Artiano Shinoff

2488 Historic Decatur Road, Suite 200, San Diego, CA 92106

Phone: (619) 232-3122 apalkowitz@as7law.com

Heather Parrish-Salinas, Office Coordinator, County of Solano

Registrar of Voters, 675 Texas Street, Suite 2600, Fairfield, CA 94533

Phone: (707) 784-3359

HYParrishSalinas@SolanoCounty.com

Marla Pendleton, Director of Finance, City of Lawndale

14717 Burin Avenue, Lawndale, CA 90260

Phone: (310) 973-3200 mpendleton@lawndalecity.org

Keith Petersen, SixTen & Associates

P.O. Box 340430, Sacramento, CA 95834-0430

Phone: (916) 419-7093 kbpsixten@aol.com

Johnnie Pina, Legislative Policy Analyst, League of Cities

1400 K Street, Suite 400, Sacramento, CA 95814

Phone: (916) 658-8214 jpina@cacities.org

Adam Pirrie, Finance Director, City of Claremont

Claimant Contact

207 Harvard Ave, Claremont, CA 91711

Phone: (909) 399-5456 apirrie@ci.claremont.ca.us

Jai Prasad, County of San Bernardino

Office of Auditor-Controller, 222 West Hospitality Lane, 4th Floor, San Bernardino, CA 92415-0018

Phone: (909) 386-8854 jai.prasad@atc.sbcounty.gov

Hue Quach, Administrative Services Director/Finance Director, City of Arcadia

240 West Huntington Drive, Arcadia, CA 91066-6021

Phone: (626) 574-5425 hquach@arcadiaca.gov

Mary Ann Ruprecht, Finance Administrator, City of Santa Clarita

23920 Valencia Blvd, Santa Clarita, CA 91355

Phone: (661) 255-4926 mruprecht@santa-clarita.com

Carla Shelton, Commission on State Mandates 980 9th Street, Suite 300, Sacramento, CA 95814

Phone: (916) 323-3562 carla.shelton@csm.ca.gov

Camille Shelton, Chief Legal Counsel, Commission on State Mandates

980 9th Street, Suite 300, Sacramento, CA 95814

Phone: (916) 323-3562 camille.shelton@csm.ca.gov

Hannah Shin-Heydorn, City Manager, City of Signal Hill

Claimant Contact

2175 Cherry Ave, Signal Hill, CA 90755

Phone: (562) 989-7302

hshinheydorn@cityofsignalhill.org

Natalie Sidarous, Chief, State Controller's Office

Local Government Programs and Services Division, 3301 C Street, Suite 740, Sacramento, CA

95816

Phone: 916-445-8717 NSidarous@sco.ca.gov

Michelle Skaggs Lawrence, City Manager, City of Oceanside

300 North Coast Highway, Oceanside, CA 92054

Phone: (760) 435-3055 citymanager@oceansideca.org

Christina Snider, Senior Deputy County Counsel, County of San Diego

1600 Pacific Highway, Room 355, San Diego, CA 92101

Phone: (619) 531-6229

Christina.Snider@sdcounty.ca.gov

Jeffrey L. Stewart, City Manager, City of Bellflower

16600 Civic Center Drive, Bellflower, CA 90706

Phone: (562) 804-1424 jstewart@bellflower.org

Ken Striplin, City Manager, City of Santa Clarita

23920 Valencia Blvd, Santa Clarita, CA 91355

Phone: (661) 259-2489 hmerenda@santa-clarita.com

Jana Stuard, Finance Director, City of Norwalk

12700 Norwalk Blvd, Norwalk, CA 90650

Phone: (562) 929-5748 jstuard@norwalkca.gov

Tracy Sullivan, Legislative Analyst, California State Association of Counties (CSAC)

1100 K Street, Suite 101, Suite 101, Sacramento, CA 95814

Phone: (916) 327-7500 tsullivan@counties.org

Rose Tam, Finance Director, City of Baldwin Park

14403 East Pacific Avenue, Baldwin Park, CA 91706

Phone: (626) 960-4011 rtam@baldwinpark.com

Brittany Thompson, Budget Analyst, *Department of Finance* Local Government Unit, 915 L Street, Sacramento, CA 95814

Phone: (916) 445-3274 Brittany.Thompson@dof.ca.gov

Albert Trinh, Finance Manager, *City of South Pasadena* 1414 Mission Street, South Pasadena, CA 91030

Phone: (626) 403-7250

FinanceDepartment@southpasadenaca.gov

Eric Tsao, City of Torrance

Finance Department, 3031 Torrance Blvd., Torrance, CA 90503

Phone: (310) 618-5850 etsao@TorranceCA.gov

Ana Mae Yutan, Analyst, Finance Specialist, City of Los Angeles

150 N. Los Angeles Street, Los Angeles, CA 90012

Phone: (213) 978-7682 AnaMae.Yutan@lacity.org