

STATEMENT OF CONFORMANCE

LTF

Claimant: City of Trinidad

Fiscal Year of Claim: 23/24

Certify all that apply.

LOCAL TRANSPORTATION FUND (LTF) - TRANSIT CLAIM

- LTF funds are **not** being used for operating
- LTF FUNDS are being used for operating
- A total of \$ _____ STA funds will also be claimed for operating during this fiscal year.

The claimant named above hereby certifies that this annual claim for local transportation funds in the amount of \$45,218 that is not being used for operating conforms with the requirements of Article 8, PUC Section 99400, of the Transportation Development Act and applicable rules and regulations.

CERTIFIED BY CLAIMANT:

By: Gabe Adams

Title: City Clerk

Signature: 

Date: 3/6/23

CLAIM REQUEST
Local Transportation Fund (LTF)

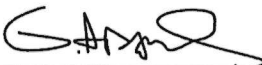
Claimant: City of Trinidad
Address: PO Box 390, Trinidad CA 95570
Contact Person: Gabe Adams
Title: City Clerk
Phone: 707-677-0223
E-mail: cityclerk@trinidad.ca.gov

The City of Trinidad hereby requests, in accordance with the Transportation Development Act (TDA), Chapter 1400, and applicable rules and regulations, that the TDA claim be approved in the amount of \$45,218 for fiscal year 23/24. These monies are to be drawn from the local transportation fund held at the County of Humboldt for the purposes and amounts shown in the attached "Annual Project and Financial Plan."

When approved, the claim will be submitted to the County Auditor of the County of Humboldt for payment. Approval of the claim and payment by the County Auditor to this applicant is subject to such monies being on hand and available for distribution, and to the provisions that such monies will be used only in accordance with the terms of the approved annual financial plan.

Authorized representative of claimant:

By: Gabe Adams Title: City Clerk
(print name)

Signature:  Submittal date: 3/6/2023

APPROVED:

By: _____ Date: _____
Beth Burks
Executive Director, Humboldt County Association of Governments

