

STATE TRANSIT ASSISTANCE (STA) FUND CLAIM

TO: CALAVERAS COUNCIL OF GOVERNMENTS
P.O. BOX 280
SAN ANDREAS, CA 95249

FROM: CLAIMANT: _____

ADDRESS: _____

CONTACT PERSON: _____

Phone: _____ Email: _____

The _____ hereby requests, in accordance with the State of California Public Utilities Code, commencing with Section 99200 and the California Code of Regulation commencing with Section 6600, that this claim for State Transit Assistance be approved for Fiscal Year _____, in the amount of \$_____, to be drawn from the State Transit Assistance fund deposited with the Calaveras County Treasurer:

It is understood by this claimant that payment of the claim is subject to approval by CCOG, based on the availability of funds for distribution and the provision that claimed monies will be used only for those purposes for which the claim is approved and in accordance with the terms of the allocation instructions. When approved by CCOG, this claim will be transmitted to the County Auditor-Controller of the County of Calaveras for payment.

APPROVED:

CALAVERAS COUNCIL OF GOVERNMENTS
BOARD OF DIRECTORS

APPLICANT

BY: _____
(signature)

BY: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____