

**NORTH COUNTY TRANSIT**  
**SAN DIEGO RAILROAD**

September 30, 2025

Dawn Vettese  
Chief Financial Officer  
San Diego Association of Governments  
401 B. Street, Suite 800  
San Diego, CA 92101-4231  
Sent Via Electronic Mail: [dawn.vettese@sandag.org](mailto:dawn.vettese@sandag.org)  
(Electronically Transmitted – No hard copy will follow)

Re: FY2025 State Transit Assistance (STA) and State of Good Repair (SGR) Claim Amendments

Dear Dawn Vettese:

On June 28, 2024, the San Diego Association of Governments (SANDAG) Board of Directors, through Resolution No. 2024-29, approved the allocation of FY2025 State Transit Assistance (STA) funds in the amount of \$14,208,695 to support North County Transit District's (NCTD) capital projects (\$1,728,018) and operating activities (\$12,480,677). On October 17, 2024, due to revised lower estimates from the State Controller's Office, SANDAG's Board of Directors, through Resolution No. 2025-05, approved the revised allocation of FY2025 STA funds in the amount of \$13,960,445 to support NCTD's capital projects (\$1,728,018) and operating activities (\$12,232,427).

On September 13, 2024, SANDAG's Board of Directors, through Resolution No. 2025-03, approved the allocation of FY2025 State of Good Repair (SGR) funds in the amount of \$2,088,577 to support NCTD's preventative maintenance activities.

On September 17, 2025, the State Controller's Office published the final FY2025 STA and SGR allocations, which have resulted in further reductions. NCTD is filing an amended FY2025 STA claim in the amount of \$12,088,781, which allocates \$10,360,763 to support operating activities and \$1,728,018 to support capital projects; and an amended FY2025 SGR claim in the amount of \$2,059,258 to support preventative maintenance activities. Attached are the FY2025 STA and SGR Claim Amendment Forms.

If you have any questions or need additional information, please contact Eun Park-Lynch, Chief Financial Officer, at (760) 967-2858.

One Community - Advancing Opportunities

RE: FY2025 STA and SGR Claim Amendments

Date: September 30, 2025

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Sincerely,



Shawn Donaghy  
Chief Executive Officer

Attachment(s) – FY2025 STA Claim Amendment Form  
FY2025 SGR Claim Amendment Form

cc: Vanessa Leon, Financial Analyst II, SANDAG  
Adrian Paniagua, Senior Financial Programming and Project Control Analyst, SANDAG  
Wanbin Jiang, Associate Accountant, SANDAG  
Eun Park-Lynch, Chief Financial Officer, NCTD  
Pete Kovacevic, Accounting Manager for Projects and Grants, NCTD  
Lauren Williams, Grants Administrator, NCTD

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**STA-SGR CLAIM FORM**  
**FY 2025**

A. CLAIMANT: North County Transit District


B. AMOUNT OF CLAIM BY PURPOSE:

	<u>Population Formula</u> <u>(99313)</u>	<u>Revenue Formula</u> <u>(99314)</u>	<u>Total</u>
<b>STA-SGR (Original) Claim - August 2024</b>			
Preventative Maintenance	\$1,677,704	\$410,873	\$2,088,577
Capital Cost			\$0
<b>Total:</b>	<b><u>\$1,677,704</u></b>	<b><u>\$410,873</u></b>	<b><u>\$2,088,577</u></b>
<b>STA-SGR (Revised) Claim - September 2025</b>			
Preventative Maintenance	\$1,652,947	\$406,311	\$2,059,258
Capital Cost			\$0
<b>Total:</b>	<b><u>\$1,652,947</u></b>	<b><u>\$406,311</u></b>	<b><u>\$2,059,258</u></b>

C. CONDITIONS OF APPROVAL:

It is understood by this Claimant that payment of the claim is subject to approval by SANDAG and to such monies on hand and available for distribution, and to the provision that such monies and the interest earned on such monies subsequent to allocation will be used only for the purposes for which the claim is approved and in accordance with the terms of the allocation instructions.

D. AUTHORIZED REPRESENTATIVE/CONTACT

  
 \_\_\_\_\_  
 (Signature)  
 Shawn M. Donaghy  
 \_\_\_\_\_  
 (Print of type name)  
 Chief Executive Officer  
 \_\_\_\_\_  
 (Title)

E. PAYMENT RECIPIENT

North County Transit District  
 \_\_\_\_\_  
 (Claimant)  
810 Mission Ave.  
 \_\_\_\_\_  
 (Mailing Address)  
Oceanside, 92054  
 \_\_\_\_\_  
 (City and zip code)  
Eun Park-Lynch  
 \_\_\_\_\_  
 (Name)  
Chief Financial Officer  
 \_\_\_\_\_  
 (Title)  
9-26-25  
 \_\_\_\_\_  
 (Date Signed)

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SANDAG USE ONLY:

1. Claim number \_\_\_\_\_
2. Date Approved \_\_\_\_\_
3. Resolution No. \_\_\_\_\_
4. Amount Allocated \_\_\_\_\_