FORM CEP COUNTY FACILITIES ANNUAL PAYMENT

and the second second second second second second	Trial Court Facilities Act of 2002 (SB 173)2 (SB 1732)		
STEPS FOR COMPLETION OF FORM CFP						VI CFP):	
Step 1: Complete FORM CFP							
Section 1: Enter General Information							
Section 2: Enter Inflation Index Factor in L	ine 2						
Complete Appendix A, "Periods of Operati	on of Building/Faci	ifities"					
Complete Schedules A, B, C, D							
Section 3: Enter amounts from Schedules							
Section 4: Calculate Adjustments for Share		if applicat	ole)				
Section 5: Calculate County Facilities Pay							
Print Auditor name, affix signature and dat		he bottom	entitled *(COUNTY AUDITOR	RCERTIF	ICATION.	
Step 2: Complete Appendix B, "Explanation of Unused Step 3: Complete submission requirements including"		and Math	adalaay S	tatement			
Section 1 – General Information (see Instr		_	oudingy c	tatement			
A. Name of County	uctions page 2		R Name	of County Contact P	erson:		
El Dorado County			1	Wiltshire	010077.		
C. Address of County			1		(E20) 63	1 5560	
330 Fair Lane					(530) 621-5569 jim.wiltshire@co.el-		
Placerville, CA 95667	1				do.ca.us		
D. Name of Court Facility	E. Site ID / Building	g ID	F. Share	d Use Proration of Co			
Building C	115	•	1	s sq footage	14,678		21.33%
G. Address of Court Facility				ng sq footage		68,800	
2850 Fairlane Ct. Placerville, CA 95667				sed Date of Transfer	(DTR)	00,000	
		2)	ri. riope	ood Date of Transier	(277)		
Section 2 – Inflation Index Factor (see Ins				0.10	-		Caluma F
	Column A		ımn B	Column C	Column D		Column E
1. Inflation Index for January 1 of 1996, 1997,	Jan. 1, 1996	Jan. 1, 1997		Jan. 1, 1998	Jan. 1, 1999		Jan. 1, 2000
1998, 1999 and 2000 has been provided by Department of Finance (DOF):	100.0000	101	2000	102,8000	103.4000		107.2000
Inflation Index for DTR (See Instructions page	100.0000	101	.2000 102.8000		103.4000		107.2000
3):		114.6000					
Divide Inflation Index for Proposed DTR in Line	1						ĺ
2 by each Inflation Index in Line 1, Columns A							
through E = Inflation Index Factor >		1	1	i i			}
	114.6000	113	2411_	111.4786	110.8317		106.9030
Section 3 - Enter Amounts from Schedu	es A, B, C, D	(see In	struction	is page 8)			
4. Enter O & M Expenses from Line 22 of Schedule	3 A.					\$	30,761
5. Enter Utility Costs from Line 26 Schedule B-1 ar	nd Line 15 Schedu	le B-2				\$	24,837
Enter Insurance Costs from Line 17 of Schedule C.					\$	13,633	
7. Enter Initial Annual Lease Payment from Line 24 of Schedule D, if applicable. If not applicable, enter N/A.						Ψ	N/A
							N/A
8. Will Future Lease Payment increase? _ No _ Yes \ If "Yes," complete Worksheet 2.							
Enter Parking & Garage Costs from Line 27 of Schedule A.						\$	
Section 4 – Adjustment for Shared Use Pr	oration (see Ir	nstructio	ns page	8)			
Enter Shared Use Proration from Section 1.F of	Form CFP (note: a	amounts p	resented (Court's Share only)			100.00%
11. Add Lines 4 through 7 of Section 3 above.						\$	69,231
12. Multiply Line 10 by Line 11.						\$	69,231
Section 5 - Calculate County Facilities Pa	yment (see I	nstructi	ons page	e 9)			
13. Add Line 9 and Line 12 and enter the sum in the	space provided be	elow as th	e County	Facilities Payment.			
COU	NTY FACILI	TIES P	AYME	NT ▶ \$			69,231
COUNTY AUDITOR					foregoing is	true and cor	
CERTIFICATION ▶							
Print Name of County Auditor	Si	ignature of 0	County Audito	or	Date		

COUNTY FACILITIES ANNUAL PAYMENT FORM CFP Trial Court Facilities Act of 2002 (SB 1732) (Note: Follow detailed Instructions accompanying FORM CFP): STEPS FOR COMPLETION OF FORM CFP Step 1: Complete FORM CFP Section 1: Enter General Information Section 2: Enter Inflation Index Factor in Line 2 Complete Appendix A, "Periods of Operation of Building/Facilities" Complete Schedules A. B. C. D. Section 3: Enter amounts from Schedules A, B, C, D Section 4: Calculate Adjustments for Shared Use Proration (if applicable) Section 5: Calculate County Facilities Payment Print Auditor name, affix signature and date in the space at the bottom entitled "COUNTY AUDITOR CERTIFICATION" Step 2: Complete Appendix B, "Explanation of Unused Lines" Step 3: Complete submission requirements including Transmittal Letter and Methodology Statement Section 1 - General Information (see Instructions page 2) B. Name of County Contact Person: **El Dorado County** (530) 621-5569 C. Address of County Telephone Number: 330 Fair Lane Email Address: iim.wiltshire@co.el-Placerville, CA 95667 dorado.ca.us Shared Use Proration of Court Facility E. Site ID / Building ID Cameron Park Municipal Court 321 Court's sq footage 100.00% Building sq footage H. Proposed Date of Transfer (DTR) 5,618 G Address of Court Facility Apr-05 3321 Cameron Park Dr. Cameron Park, CA 95682 Section 2 - Inflation Index Factor (see Instructions page 3) Column A Column B Column C Column D Column E 1. Inflation Index for January 1 of 1996, 1997, Jan. 1, 1997 Jan. 1, 1998 Jan. 1, 1999 1998, 1999 and 2000 has been provided by 100.0000 101.2000 102.8000 103.4000 107.2000 Department of Finance (DOF): 2. Inflation Index for DTR (See Instructions page 114.6000 3): 3. Divide Inflation Index for Proposed DTR in Line 2 by each Inflation Index in Line 1, Columns A through E = Inflation Index Factor > 114.6000 106.9030 111.4786 110.8317 113.2411 Section 3 - Enter Amounts from Schedules A, B, C, D (see Instructions page 8) 4. Enter O & M Expenses from Line 22 of Schedule A. 10,037 5. Enter Utility Costs from Line 26 Schedule B-1 and Line 15 Schedule B-2 \$ 14,538 6. Enter Insurance Costs from Line 17 of Schedule C. \$ 7,365 7. Enter Initial Annual Lease Payment from Line 24 of Schedule D, if applicable. If not applicable, enter N/A. N/A 8. Will Future Lease Payment increase? No ☐ Yes If "Yes," complete Worksheet 2. 9. Enter Parking & Garage Costs from Line 27 of Schedule A. \$ Section 4 - Adjustment for Shared Use Proration (see Instructions page 8) 10. Enter Shared Use Proration from Section 1.F of Form CFP 100.00% 11. Add Lines 4 through 7 of Section 3 above. \$ 31.940 31,940 12. Multiply Line 10 by Line 11. \$ Section 5 - Calculate County Facilities Payment (see Instructions page 9) 13. Add Line 9 and Line 12 and enter the sum in the space provided below as the County Facilities Payment.

COUNTY FACILITIES PAYMENT ▶ \$

This is to certify that I have reviewed FORM CFP and to the best of my knowledge and belief I declare that the foregoing is true and correct.

Signature of County Auditor

31,940

COUNTY AUDITOR

Print Name of County Auditor

	CC	OUN	Y FA	CILITIES	ANNI	JAL P	AYMENT
FORM CFP	•	J J		ial Court Facili			
STEPS FOR COMPLETION OF FORM CFP		(Note:		tailed Instructions a			
Step 1: Complete FORM CFP						, ,	
Section 1: Enter General Information							
Section 2: Enter Inflation Index Factor in L	ine 2						
Complete Appendix A, *Periods of Operati	on of Building/Faci	lities"					
Complete Schedules A, B, C, D							
Section 3: Enter amounts from Schedules		4 applicat	.1_\				
Section 4: Calculate Adjustments for Share Section 5: Calculate County Facilities Payl		f applicau	ie)				
Print Auditor name, affix signature and dat		he bottom	entitled "(COUNTY AUDITOR	R CERTIF	ICATION"	
Step 2: Complete Appendix B, "Explanation of Unused			or.			107	
Step 3: Complete submission requirements including	Transmittal Letter a		odology S	Statement			
Section 1 – General Information (see Instr A. Name of County	uctions page 2)	In Name	of County Contact Po	loreon.		
A. Name or County El Dorado County			Į	or Courny Contact Po Wiltshire	erson.		
C. Address of County			1	none Number:	(530) 62	1-5569	
330 Fair Lane				Address:		shire@co	.el-
Placerville, CA 95667			l		dorado	.ca.us	
D. Name of Court Facility	E. Site ID / Building	g ID	1	d Use Proration of Co	•		
El Dorado Center Traffic Court	610			s sq footage		4,266	23.01%
G. Address of Court Facility				ng sq footage		18,543	
3368 Lake Tahoe Blvd., South Lake Tahoe, CA 9	6150		H. Propo	sed Date of Transfer	(DTR)		
Section 2 - Inflation Index Factor (see Ins		T					
	Column A		ımn B	Column C	Column D		Column E
Inflation Index for January 1 of 1996, 1997, 1000, 1000 and 2000 has been provided by	Jan. 1, 1996	Jan. 1	1, 1997	Jan. 1, 1998	Jan. 1, 1999		Jan. 1, 2000
1998, 1999 and 2000 has been provided by Department of Finance (DOF):	100.0000	101	2000 102.8000		103.4000		107.2000
Inflation Index for DTR (See Instructions page)	100.0000				100.1000		107.2000
3):				114.6000			
Divide Inflation Index for Proposed DTR in Line			_				
2 by each Inflation Index in Line 1, Columns A							
through E = Inflation Index Factor ▶	444 6000		~		440.004-		400 0000
	114.6000		2411	111.4786	110.	.8317	106.9030
Section 3 - Enter Amounts from Schedu		(see In	struction	ns page 8)		T #	7.004
4. Enter O & M Expenses from Line 22 of Schedule		15.00				\$	7,621
5. Enter Utility Costs from Line 26 Schedule B-1 and Line 15 Schedule B-2							9,257
Enter Insurance Costs from Line 17 of Schedule C. The Initial Annual Lease Payment from Line 24 of Schedule D, if applicable. If not applicable, enter N/A.							2,852
		T applicat					N/A
Will Future Lease Payment increase? Enter Parking & Garage Costs from Line 27 of a second control of the control of t	No Schedule A	Yes	II. A AS	s," complete Worksh	1001 2.	\$	
Section 4 – Adjustment for Shared Use Pr		netruetic	ne nage	201		Ψ	
			<u>_</u>				100.00%
Enter Shared Use Proration from Section 1.F of Form CFP (all amounts are Court's share only) Add Lines 4 through 7 of Section 3 above.							19,730
11. Add Lines 4 through / of Section 3 above. 12. Multiply Line 10 by Line 11.						\$	19,730
Section 5 - Calculate County Facilities Pa	nument (see	netructio	one nadi	o 0)		Ψ	10,700
13. Add Line 9 and Line 12 and enter the sum in the			<u>-</u> _				
	INTY FACILI						19,730
This is to certify that I have reviewed Fo					foregoing is	true and come	
COUNTY AUDITOR CERTIFICATION ► Print Name of County Auditor			County Audits		Date		

Print Name of County Auditor

	C	OUN.	TY FA	CILITIES	ANNI	JAI P	AYMENT
* FORM CFP	•	00.1		ial Court Facil			
STEPS FOR COMPLETION OF FORM CFP		(Note:		tailed Instructions a			<u> </u>
Step 1: Complete FORM CFP		(* 1010)				,g . • · · · ·	· · · /·
Section 1: Enter General Information							
Section 2: Enter Inflation Index Factor in I	ine 2						
Complete Appendix A, "Periods of Operati	on of Building/Faci	ilities"					
Complete Schedules A, B, C, D							
Section 3: Enter amounts from Schedules							
Section 4: Calculate Adjustments for Shar		if applicat	le)				
Section 5: Calculate County Facilities Pay Print Auditor name, affix signature and dat		ho hottom	optitled *	COLINITY ALIDITOR	CERTIE	ICATION!	
Step 2: Complete Appendix B, "Explanation of Unused		ne bolton	епинеа	COUNTY AUDITOR	CERTIF	ICATION	
Step 3: Complete submission requirements including		and Meth	odology S	Statement			
Section 1 - General Information (see Insti		_	3,				
A. Name of County	dodono pago E		B. Name	of County Contact P	erson:		
El Dorado County	Jim Wiltshire						
C. Address of County				(530) 63	1 5560		
330 Fair Lane		Email Address:			(530) 621-5569 jim.wiltshire@co.el-		
Placerville, CA 95667		Ellian Addiod.			dorado.ca.us		
D. Name of Court Facility	E. Site ID / Building	g ID	ID F. Shared Use Proration of C				
Johnson Building	E1		Court's sq footage			23,954	100.00%
G. Address of Court Facility	Building sq footage				23,954		
1354 Johnson Boulevard, South Lake Tahoe, CA	oe, CA 96150 H. Proposed Date of Transfer (DTR)						
Section 2 - Inflation Index Factor (see Ins	tructions page	3)					
	Column A	т—	mn B	Column C	Colu	ımn D	Column E
Inflation Index for January 1 of 1996, 1997,	Jan. 1, 1996	_	. 1997	Jan. 1, 1998	_	1, 1999	Jan. 1, 2000
1998, 1999 and 2000 has been provided by							,
Department of Finance (DOF):	100.0000	101.2000		102.8000	103.4000		107.2000
 Inflation Index for DTR (See Instructions page 3): 	114.6000						
Divide Inflation Index for Proposed DTR in Line				<u> </u>			
2 by each Inflation Index in Line 1, Columns A	i						
through E = Inflation Index Factor ▶							
	114.6000	113.2411		111.4786	110.8317		106.9030
Section 3 - Enter Amounts from Schedu	les A, B, C, D	(see In	struction	ns page 8)			
Enter O & M Expenses from Line 22 of Schedule	e A.					\$	42,795
5. Enter Utility Costs from Line 26 Schedule B-1 and Line 15 Schedule B-2					\$	38.946	
Enter Insurance Costs from Line 17 of Schedule C.						\$	16,161
7. Enter Initial Annual Lease Payment from Line 24 of Schedule D, if applicable. If not applicable, enter N/A.						Ψ	N/A
							IN/A
Will Future Lease Payment increase?						d	
				- 0)		\$	<u>-</u>
Section 4 - Adjustment for Shared Use Pr		nstructio	ns page	= 6)			400 0001
10. Enter Shared Use Proration from Section 1.F of Form CFP							100.00%
11. Add Lines 4 through 7 of Section 3 above.						\$	97,902
12. Multiply Line 10 by Line 11.						\$	97,902
Section 5 - Calculate County Facilities Page 1	syment (see l	nstructio	ons pag	e 9)			
13. Add Line 9 and Line 12 and enter the sum in the	space provided be	elow as th	e County	Facilities Payment			
COU	NTY FACILI	TIES P	AYME	NT ▶ \$			97,902
COUNTY AUDITOR	ORM CFP and to the be	est of my kn	owledge and	belief I declare that the	foregoing is	true and corre	ect.

CERTIFICATION ►
Print Name of County Auditor

FORM CFP (Rev. date S1400)

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Page 1

COUNTY FACILITIES ANNUAL PAYMENT FORM CFP Trial Court Facilities Act of 2002 (SB 1732) STEPS FOR COMPLETION OF FORM CFP (Note: Follow detailed Instructions accompanying FORM CFP): Step 1: Complete FORM CFP Section 1: Enter General Information Section 2: Enter Inflation Index Factor in Line 2 Complete Appendix A, "Periods of Operation of Building/Facilities" Complete Schedules A, B, C, D Section 3: Enter amounts from Schedules A, B, C, D Section 4: Calculate Adjustments for Shared Use Proration (if applicable) Section 5: Calculate County Facilities Payment Print Auditor name, affix signature and date in the space at the bottom entitled "COUNTY AUDITOR CERTIFICATION" Step 2: Complete Appendix B, "Explanation of Unused Lines" Step 3: Complete submission requirements including Transmittal Letter and Methodology Statement Section 1 - General Information (see Instructions page 2) B. Name of County Contact Person: Name of County **El Dorado County** .lim Wiltshire C. Address of County Telephone Number: (530) 621-5569 330 Fair Lane Email Address: jim.wiltshire@co.el-Placerville, CA 95667 dorado.ca.us F. Shared Use Proration of Court Facility E. Site ID / Building ID D. Name of Court Facility 18 463 Main Street Courthouse 220 Court's sq footage 100.00% Building sq footage H. Proposed Date of Transfer (DTR) G. Address of Court Facility 18,463 495 Main Street, Placerville, CA 95667 Section 2 - Inflation Index Factor (see Instructions page 3) Column E Column A Column B Column C Column D 1. Inflation Index for January 1 of 1996, 1997, Jan 1 1996 Jan. 1. 2000 1998, 1999 and 2000 has been provided by 100.0000 101.2000 102.8000 103.4000 107 2000 Department of Finance (DOF): 2. Inflation Index for DTR (See Instructions page 114.6000 3): 3. Divide Inflation Index for Proposed DTR in Line 2 by each Inflation Index in Line 1, Columns A through E = Inflation Index Factor ▶ 114.6000 110.8317 106.9030 113.2411 111.4786 Section 3 - Enter Amounts from Schedules A, B, C, D (see Instructions page 8) 4. Enter O & M Expenses from Line 22 of Schedule A. 32.985 \$ 5. Enter Utility Costs from Line 26 Schedule B-1 and Line 15 Schedule B-2 39,463 \$ 6. Enter Insurance Costs from Line 17 of Schedule C. 15,073 \$ 7. Enter Initial Annual Lease Payment from Line 24 of Schedule D, if applicable. If not applicable, enter N/A N/A 8. Will Future Lease Payment increase? ☐ No If "Yes," complete Worksheet 2. 9. Enter Parking & Garage Costs from Line 27 of Schedule A. \$ Section 4 - Adjustment for Shared Use Proration (see Instructions page 8) 10. Enter Shared Use Proration from Section 1.F of Form CFP 100.00% 11. Add Lines 4 through 7 of Section 3 above. 87,521 12. Multiply Line 10 by Line 11. \$ 87,521 Section 5 - Calculate County Facilities Payment (see Instructions page 9) 13. Add Line 9 and Line 12 and enter the sum in the space provided below as the County Facilities Payment.

Page Page

COUNTY AUDITOR CERTIFICATION ►

Print Name of County Auditor

COUNTY FACILITIES PAYMENT ▶ \$

his is to certify that I have reviewed FORM CFP and to the best of my knowledge and belief I declare that the foregoing is true and correc

87,521