

MEASURE C CITIZEN OVERSIGHT COMMITTEE
Fiscal Year 2016-2017 LOCAL AGENCY BUDGET FORM

This Form is used to report your planned budget for all Fiscal Year 2016-17 Measure C Pass-Through Funding. Please complete all Forms and e-mail to Fresno COG at brendav@fresnocog.org

Fresno Council of Governments

The anticipated Fiscal Year 2016-17 revenue allocation for Car/Vanpool sub-program: \$418,850

Write it the type of expenditure (give detailed, itemized descriptions at bottom)

Expenditure Amount Totals

A. Type of expenditure:	
B. Type of expenditure:	
C. Type of expenditure:	
D. Total 2016-2017 Car/Vanpool Funding Planned Expenditures (Items A, B & C):	
E. Fiscal Year 2016-17 Car/Vanpool Funds to be kept in reserve: *	
Please indicate why 2016-2017 funds are being reserved:	
F. Total of expenditures in lines D & E above: <u>Total on Line F must match the 2016-2017 revenue allocation in blue at the top right hand area of this page.</u>	
G. Total of all cumulative Car/Vanpool funds held in reserve accounts through June 30, 2016:	
H. Will you be using 2016-2017 Car/Vanpool Funding in conjunction with other Fiscal Year 2016-2017 Local Agency Pass Through Funds (<i>Street Maintenance, ADA, etc.</i>)	Yes No
I. If you marked yes above, select what other type of Local Pass-Through funds will be used for the expenditures listed in A, B and C above:	
J. Are you using Matching Funds that are NOT from Measure C? If yes, indicate what type of funds:	Yes No
K. Will you use previous fiscal year reserve funds during this fiscal year?	Yes No

L. Give detailed, itemized descriptions of projects or items listed above in section A, B or C. You may attach additional pages of description or documentation if needed:

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The anticipated Fiscal Year 2016-17 revenue allocation for Ag Worker Vanpools: **\$418,850**

Write in the type of expenditure (give detailed, itemized descriptions at bottom)	Expenditure Amount Totals
A. Type of expenditure:	
B. Type of expenditure:	
C. Type of expenditure:	
D. Total 2016-2017 Ag Worker Vanpools Planned Expenditures (Items A, B & C):	
E. Fiscal Year 2016-17 Ag Worker Vanpools to be kept in reserve: *	
* Please indicate why 2016-2017 funds are being reserved:	
F. Total of expenditures in lines D & E above: <i>Total on Line F must match the 2016-2016 revenue allocation in blue at the top right hand area of this page.</i>	
G. Total of all cumulative Ag Worker funds held in reserve accounts through June 30, 2016:	
H. Will you be using 2016-2017 Ag Worker funding in conjunction with other Fiscal Year 2016-2017 Local Agency Pass Through Funds?	Yes No
I. If you marked yes above, select what other type of Local Pass-Through funds will be used for the expenditures listed in A, B and C above:	
J. Are you using Matching Funds that are NOT from Measure C? If yes, indicate what type of funds:	Yes No
K. Will you use previous fiscal year reserve funds during this fiscal year?	Yes No

L. Give detailed, itemized descriptions of projects or items listed above in section A, B or C. You may attach additional pages of description or documentation if needed:

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The anticipated Fiscal Year 2016-17 revenue allocation for Senior Taxi Scrip: **\$570,503**

Write it the type of expenditure (give detailed, itemized descriptions at bottom) Expenditure Amount Totals

A. Type of expenditure:	
B. Type of expenditure:	
C. Type of expenditure:	
D. Total 2016-17 Senior Taxi Scrip Funds Planned Expenditures (Items A, B & C):	
E. Fiscal Year 2016-17 Senior Taxi Scrip Funds to be kept in reserve:	
* Please indicate why 2016-2017 funds are being reserved:	
F. Total of expenditures in lines D & E above: <i>Total on Line F must match the 2016-2017 revenue allocation in blue at the top right hand area of this page.</i>	
G. Total of all cumulative Senior Taxi Scrip funds held in reserve accounts through June 30, 2016:	
H. Will you be using 2016-2017 Taxi Scrip funding in conjunction with other Fiscal Year 2016-2017 Local Agency Pass Through Funds?	Yes No
I. If you marked yes above, select what other type of Local Pass-Through funds will be used for the expenditures listed in A, B and C above:	
J. Are you using Matching Funds that are NOT from Measure C? If yes, indicate what type of funds:	Yes No
K. Will you use previous fiscal year reserve funds during this fiscal year?	Yes No

L. Give detailed, itemized descriptions of projects or items listed above in section A, B or C. You may attach additional pages of description or documentation if needed: