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

This Form is used to report your planned budget for Measure C Pass-Through Funding. Please complete each page and e-mail entire form to Fresno COG staff member Brenda Veenendaal at brendav@fresnocog.org

Date first completed or revised:	Completed by: (print)
•	Date approved by COC: (staff use only):

The anticipated Fiscal Year 2016-17 revenue allocation for Street Maintenance sub-program: \$181,550

Select the type of expenditure (check one for each project) **Expenditure Amount Totals** Street Maintenance Rehabilitation (check one, then give detailed, A. Street Maintenance Reconstruction itemized description in section L) Street Maintenance Storm Damage Repair Street Maintenance Rehabilitation (check one, then give detailed, B. Street Maintenance Reconstruction itemized description in section L) Street Maintenance Storm Damage Repair Street Maintenance Rehabilitation (check one, then give detailed, Street Maintenance Reconstruction C. itemized description in section L) Street Maintenance Storm Damage Repair D. Total 2016-2017 Street Maintenance Planned Expenditures (Items A, B & C): E. Fiscal Year 2016-17 **Street Maintenance** Funds to be kept in reserve: * *Please indicate why 2016-2017 funds are being reserved: Total of expenditures in lines D & E above: Total on Line F must match the 2016-2017 revenue allocation in blue at the top right hand area of this page. G. Total of all cumulative Street Maintenance funds held in reserve accounts through June 30, 2016: H. Will you be using 2016-2017 Street Maintenance funds in conjunction with other Yes No Fiscal Year 2016-2017 Local Agency Pass Through Funds? Flexible I. If you marked yes avove, select what other type of Local Pass-Through funds will ADA be used for the expenditures listed in A, B and C above: (check all that apply) **Bikeways Trails** 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:

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 brenday@fresnocog.org

City of Parlier

The anticipated Fiscal Year 2016-17 revenue allocation for ADA Compliance sub-program: \$6,354

Select the type of expenditure (give detailed, itemized descriptions at bottom)		Expenditure Amount Totals
ADA Curb Cuts and Ramps A. Signage/Striping Other program related & support facilities	(check one, then give detailed, itemized description in section L)	
ADA Curb Cuts and Ramps B. Signage/Striping Other program related & support facilities	(check one, then give detailed, itemized description in section L)	
ADA Curb Cuts and Ramps C. Signage/Striping Other program related & support facilities	(check one, then give detailed, itemized description in section L)	
D. Total 2016-2017 ADA Compliance Planned Exp	enditures (Items A, B & C):	
E. Fiscal Year 2016-17 ADA Compliance 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</u> revenue allocation in blue at the top right hand area of this page.		
G. Total of <u>all</u> cumulative ADA Compliance funds he June 30, 2016 :	neld in reserve accounts through	
H. Will you be using 2016-2017 ADA Compliance funds in conjunction with other Fiscal Year 2016-2017 Local Agency Pass Through Funds?		Yes No
I. If you marked yes avove, select what other type of Local Pass-Through funds will be used for the expenditures listed in A, B and C above: (check all that apply)		Flexible ADA Bikeways Trails
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 du	ring 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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City of Parlier

The anticipated Fiscal Year 2016-17 revenue allocation for Flexible sub-program: \$217,479

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 Flexible Funding Planned Expenditures (Items A, B & C):	
E. Fiscal Year 2016-17 ADA Compliance 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</u> revenue allocation in blue at the top right hand area of this page.	
G. Total of <u>all</u> cumulative Flexible funds held in reserve accounts through June 30 , 2016 :	
H. Will you be using 2016-2017 Flexible Funding in conjunction with other Fiscal Year 2016-2017 Local Agency Pass Through Funds (<i>Street Maintenance</i> , <i>ADA</i> , <i>etc.</i>	Yes No
I. If you marked yes avove, select what other type of Local Pass-Through funds will be used for the expenditures listed in A, B and C above: (check all that apply)	Street Maintenance ADA Bikeways Trails
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: