### 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 <u>brendav@fresnocog.org</u>

## **City of Selma**

| Date first completed or revised: | _Completed by: (print)                  |
|----------------------------------|-----------------------------------------|
| Date last completed or revised:  | Date approved by COC: (staff use only): |

#### The anticipated Fiscal Year 2016-17 revenue allocation for <u>Street Maintenance</u> sub-program: 281,234

| Select the type of expenditure (check one for each project)                                                                                                                  |                                                                       | <b>Expenditure Amount Totals</b>      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| A. Street Maintenance Rehabilitation<br>Street Maintenance Reconstruction<br>Street Maintenance Storm Damage Repair                                                          | (check one, then give detailed,<br>itemized description in section L) |                                       |
| <ul><li>B. Street Maintenance Rehabilitation</li><li>B. Street Maintenance Reconstruction</li><li>Street Maintenance Storm Damage Repair</li></ul>                           | (check one, then give detailed,<br>itemized description in section L) |                                       |
| C. Street Maintenance Rehabilitation<br>Street Maintenance Reconstruction<br>Street Maintenance Storm Damage Repair                                                          | (check one, then give detailed,<br>itemized description in section L) |                                       |
| D. Total <b>2016-2017 Street Maintenance</b> Planned Ex                                                                                                                      | xpenditures (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                                                                                                                               | g reserved:                                                           |                                       |
| F. Total of expenditures in lines D & E above: <u>Total</u><br><u>revenue allocation in blue at the top right hand area</u>                                                  |                                                                       |                                       |
| G. Total of <u>all</u> cumulative <b>Street Maintenance</b> fund<br>June 30, 2016:                                                                                           | s held in reserve accounts through                                    |                                       |
| H. Will you be using 2016-2017 Street Maintenance funds in conjunction with other<br>Fiscal Year <u>2016-2017</u> 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: ( <i>check all that apply</i> ) |                                                                       | Flexible<br>ADA<br>Bikeways<br>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:

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

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## **City of Selma**

#### The anticipated Fiscal Year 2016-17 revenue allocation for <u>ADA Compliance</u> sub-program: <u>\$9,843</u>

| ADA Curb Cuts and Ramps                                                                                                                                                      |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| A. Signage/Striping<br>Other program related & support facilities ( <i>check one, then give detailed, itemized description in section L</i> )                                |                                       |
| ADA Curb Cuts and Ramps(check one, then give detailed,<br>itemized description in section L)B.Signage/Striping<br>Other program related & support facilities                 |                                       |
| C. ADA Curb Cuts and Ramps<br>C. Signage/Striping<br>Other program related & support facilities (check one, then give detailed,<br>itemized description in section L)        |                                       |
| D. Total 2016-2017 ADA Compliance 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><br><u>revenue allocation in blue at the top right hand area of this page.</u> |                                       |
| G. Total of <u>all</u> cumulative <b>ADA Compliance</b> funds held in reserve accounts through <b>June 30, 2016</b> :                                                        |                                       |
| H. Will you be using 2016-2017 ADA Compliance funds in conjunction with other<br>Fiscal Year <u>2016-2017</u> 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: ( <i>check all that apply</i> ) | Flexible<br>ADA<br>Bikeways<br>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:

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# **City of Selma**

#### The anticipated Fiscal Year 2016-17 revenue allocation for <u>Flexible</u> sub-program: <u>\$340,830</u>

| 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 <b>2016-2017 Flexible Funding</b> Planned Expenditures (Items A, B & C):                                                                                                        |                           |
| E. Fiscal Year 2016-17 <b>ADA Compliance</b> 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 2016-20</u><br>revenue allocation in blue at the top right hand area of this page.                      | <u>017</u>                |
| <ul> <li>G. Total of <u>all</u> cumulative Flexible funds held in reserve accounts through June 30, 2016:</li> </ul>                                                                     | ,                         |
| <ul> <li>H. Will you be using 2016-2017 Flexible Funding in conjunction with other Fiscal<br/>Year 2016-2017 Local Agency Pass Through Funds (<i>Street Maintenance, ADA</i>,</li> </ul> | etc.) Yes No              |
| I. If you marked yes avove, select what other type of Local Pass-Through funds wi<br>be used for the expenditures listed in A, B and C above: (check all that apply)                     | Bikeways<br>Trails        |
| J. Are you using Matching Funds that are NOT from Measure C? If yes, indicate w 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: