

**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](mailto:brendav@fresnocog.org)

**City of Fresno**

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 **Street Maintenance** sub-program: **\$4,803,364**

Select the type of expenditure (check one for each project)

Expenditure Amount Totals

|  |                                       |
|--|---------------------------------------|
| A. Street Maintenance Rehabilitation<br>Street Maintenance Reconstruction<br>Street Maintenance Storm Damage Repair<br><i>(check one, then give detailed, itemized description in section L)</i> |                                       |
| B. Street Maintenance Rehabilitation<br>Street Maintenance Reconstruction<br>Street Maintenance Storm Damage Repair<br><i>(check one, then give detailed, itemized description in section L)</i> |                                       |
| C. Street Maintenance Rehabilitation<br>Street Maintenance Reconstruction<br>Street Maintenance Storm Damage Repair<br><i>(check one, then give detailed, itemized description in section L)</i> |                                       |
| 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:  |                                       |
| 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 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 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: <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 Fresno**

The anticipated Fiscal Year 2016-17 revenue allocation for ADA Compliance sub-program: **\$168,118**

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

|   |   |  |                           |
|---|---|--|---------------------------|
| A.  | ADA Curb Cuts and Ramps<br>Signage/Striping<br>Other program related & support facilities   | (check one, then give detailed, itemized description in section L) |                           |
| B.  | ADA Curb Cuts and Ramps<br>Signage/Striping<br>Other program related & support facilities   | (check one, then give detailed, itemized description in section L) |                           |
| C.  | ADA Curb Cuts and Ramps<br>Signage/Striping<br>Other program related & support facilities   | (check one, then give detailed, 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: <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.  | <b>Total of all cumulative ADA Compliance funds held in reserve accounts through June 30, 2016:</b>   |  |                           |
| 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 above, 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   | 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 Fresno**

The anticipated Fiscal Year 2016-17 revenue allocation for Flexible sub-program: **\$4,635,246**

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 Flexible 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 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, 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: ( <i>check all that apply</i> ) | Street Maintenance<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 Fresno**

The anticipated Fiscal Year 2016-17 revenue allocation for Pedestrian Urban Trails sub-program: **\$1,200,247**

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

|   |  |   |
|---|--|---|
| A.  | Rehab existing pedestrian trail<br>Construct new pedestrian trail<br>Signage/Striping<br>Master plan preparation & updates<br>Other program related & support facilities |   |
|   | <i>(check one, then give detailed, itemized description in section L)</i>  |   |
| B.  | Rehab existing pedestrian trail<br>Construct new pedestrian trail<br>Signage/Striping<br>Master plan preparation & updates<br>Other program related & support facilities |   |
|   | <i>(check one, then give detailed, itemized description in section L)</i>  |   |
| C.  | Rehab existing pedestrian trail<br>Construct new pedestrian trail<br>Signage/Striping<br>Master plan preparation & updates<br>Other program related & support facilities |   |
|   | <i>(check one, then give detailed, itemized description in section L)</i>  |   |
| D.  | Total 2016-2017 Pedestrian Urban Trail Planned Expenditures (Items A, B & C):  |   |
| E.  | Fiscal Year 2016-17 Pedestrian Urban Trail 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 Pedestrian Urban Trail funds held in reserve accounts through June 30, 2016:   |   |
| H.  | Will you be using 2016-2017 Pedestrian Urban Trail funds in conjunction with other Fiscal Year 2016-2017 Local Agency Pass Through Funds (ADA, Flexible, etc.)           | 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: <i>(check all that apply)</i>  | Street Maintenance<br>Flexible<br>ADA<br>Bikeways |
| 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 Fresno**

The anticipated Fiscal Year 2016-17 revenue allocation for **Bicycle** sub-program: **\$301,434**

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

|   |   |   |  |
|---|---|---|--|
| A.  | Class II Bicycle Facilities<br>Signage/Striping<br>Master plan preparation & updates<br>Other program related & support facilities                                      | <i>(check one, then give detailed, itemized description in section L)</i> |  |
| B.  | Class II Bicycle Facilities<br>Signage/Striping<br>Master plan preparation & updates<br>Other program related & support facilities                                      | <i>(check one, then give detailed, itemized description in section L)</i> |  |
| C.  | Class II Bicycle Facilities<br>Signage/Striping<br>Master plan preparation & updates<br>Other program related & support facilities                                      | <i>(check one, then give detailed, itemized description in section L)</i> |  |
| D.  | Total <b>2016-2017 Bicycle</b> Planned Expenditures (Items A, B & C):   |   |  |
| E.  | Fiscal Year 2016-17 <b>Bicycle</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: <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 <b>Bicycle</b> funds held in reserve accounts through <b>June 30, 2016:</b>   |   |  |
| H.  | Will you be using <b>2016-2017 Bicycle</b> funds in conjunction with other Fiscal Year <b>2016-2017</b> Local Agency Pass Through Funds ( <i>Flexible, ADA, etc.</i> )  | Yes    No   |  |
| I.  | If yes, select what other type of Local Pass-Through funds will be used: ( <i>check all that apply</i> )  | Street Maintenance<br>Flexible<br>ADA<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 Fresno**

The anticipated Fiscal Year 2016-17 revenue allocation for FAX Regional Public Transit: **\$9,893,528**

**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 FAX Transit Planned Expenditures (Items A, B & C):   |                                       |
| E. Fiscal Year 2016-17 FAX Transit 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 FAX Transit funds held in reserve accounts through June 30, 2016:  |                                       |
| H. Will you be using 2016-2017 FAX Transit funding in conjunction with other Fiscal Year 2016-2017 Local Agency Pass Through Funds ( <i>Street Maintenance, ADA, etc.</i> ) | Yes      No                           |
| I. If yes, select what other type of Local Pass-Through funds will be used: ( <i>check all that apply</i> )   | Street Maintenance<br>Flexible<br>ADA |
| 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 Fresno**

The anticipated Fiscal Year 2016-17 revenue allocation for Airports Regional Transportation: **\$722,155**

**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>2016-17 Airports Regional Transportation Funds</b> Planned Expenditures (Items A, B & C):  |                                       |
| E. Fiscal Year <b>2016-17 Airports Regional Transportation Funds</b> 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. <b>Total of all cumulative Airports Regional Transportation funds held in reserve accounts through June 30, 2016:</b>   |                                       |
| H. Will you be using <b>2016-2017</b> Airports funding in conjunction with other Fiscal Year <b>2016-2017</b> Local Agency Pass Through Funds ( <i>Street Maintenance, ADA, etc.</i> ) | Yes      No                           |
| I. If yes, select what other type of Local Pass-Through funds will be used: ( <i>check all that apply</i> )  | Street Maintenance<br>Flexible<br>ADA |
| 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:             |                                       |
|  |                                       |