

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

City of Sanger

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: **\$280,547**

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

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

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The anticipated Fiscal Year 2016-17 revenue allocation for ADA Compliance sub-program: **\$9,819**

Select the type of expenditure (give detailed, itemized descriptions at bottom)	Expenditure Amount Totals
A. ADA Curb Cuts and Ramps Signage/Striping Other program related & support facilities <i>(check one, then give detailed, itemized description in section L)</i>	
B. ADA Curb Cuts and Ramps Signage/Striping Other program related & support facilities <i>(check one, then give detailed, itemized description in section L)</i>	
C. ADA Curb Cuts and Ramps Signage/Striping Other program related & support facilities <i>(check one, then give detailed, itemized description in section L)</i>	
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. Total of all cumulative ADA Compliance funds held in reserve accounts through June 30, 2016:	
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 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:

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The anticipated Fiscal Year 2016-17 revenue allocation for Flexible sub-program: **\$270,728**

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: <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 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:

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The anticipated Fiscal Year 2016-17 revenue allocation for Pedestrian Rural Trails sub-program: **\$57,376**

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

A.	Rehab existing pedestrian trail Construct new pedestrian trail Signage/Striping Master plan preparation & updates Other program related & support facilities	
	<i>(check one, then give detailed, itemized description in section L)</i>	
B.	Rehab existing pedestrian trail Construct new pedestrian trail Signage/Striping Master plan preparation & updates Other program related & support facilities	
	<i>(check one, then give detailed, itemized description in section L)</i>	
C.	Rehab existing pedestrian trail Construct new pedestrian trail Signage/Striping Master plan preparation & updates Other program related & support facilities	
	<i>(check one, then give detailed, itemized description in section L)</i>	
D.	Total 2016-2017 Pedestrian Trail Urban Planned Expenditures (Items A, B & C):	
E.	Fiscal Year 2016-17 Pedestrian Trail Urban 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 Trail Rural funds held in reserve accounts through June 30, 2016:	
H.	Will you be using 2016-2017 Trail Funding in conjunction with other Fiscal Year 2016-2017 Local Agency Pass Through Funds (Street Maintenance, ADA, 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: (check all that apply)	Street Maintenance Flexible ADA 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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The anticipated Fiscal Year 2016-17 revenue allocation for Bicycle sub-program: **\$14,620**

Select the type of expenditure (give detailed, itemized descriptions at bottom)	Expenditure Amount Totals
A. Class II Bicycle Facilities Signage/Striping <i>(check one, then give detailed, itemized description in section L)</i> Master plan preparation & updates Other program related & support facilities	
B. Class II Bicycle Facilities Signage/Striping <i>(check one, then give detailed, itemized description in section L)</i> Master plan preparation & updates Other program related & support facilities	
C. Class II Bicycle Facilities Signage/Striping <i>(check one, then give detailed, itemized description in section L)</i> Master plan preparation & updates Other program related & support facilities	
D. Total 2016-2017 Bicycle Planned Expenditures (Items A, B & C):	
E. Fiscal Year 2016-17 Bicycle 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 Bicycle funds held in reserve accounts through June 30, 2016:	
H. Will you be using 2016-2017 Bicycle funds in conjunction with other Fiscal Year 2016-2017 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 Flexible ADA 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:	