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

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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** 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:

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City of Sanger

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

Select the type of expenditure (give detailed, itemize	ed 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</u> revenue allocation in blue at the top right hand area of		
G. Total of <u>all</u> cumulative ADA Compliance funds h	neld in reserve accounts through	
H. Will you be using 2016-2017 ADA Compliance for Fiscal Year 2016-2017 Local Agency Pass Through		Yes No
I. If you marked yes avove, select what other type of be used for the expenditures listed in A, B and C a		Flexible ADA Bikeways Trails
J. Are you using Matching Funds that are NOT from type of funds:	Measure C? If yes, indicate what	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 Sanger

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: <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, ADA, 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:

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City of Sanger

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

Select 1	the type of expenditure (give detailed, itemize	a acscriptions at bottom)	Expenditure Amount Tota
	Rehab existing pedestrian trail		
A.	Construct new pedestrian trail	(check one, then give detailed,	
	Signage/Striping	itemized description in section L)	
	Master plan preparation & updates	memi ze w weser spinon in section 2)	
	Other program related & support facilities		
	Rehab existing pedestrian trail		
B.	Construct new pedestrian trail	(check one, then give detailed, itemized description in section L)	
	Signage/Striping		
	Master plan preparation & updates	ttemized description in section E)	
	Other program related & support facilities		
_	Rehab existing pedestrian trail		
C.	Construct new pedestrian trail	(check one, then give detailed,	
	Signage/Striping	itemized description in section L)	
	Master plan preparation & updates		
	Other program related & support facilities		
D. To	otal 2016-2017 Pedestrian Trail Urban Planned	d Expenditures (Items A, B & C):	
	scal Year 2016-17 Pedestrian Trail Urban Fur		
	ease indicate why 2016-2017 funds are being re		
F. To	ease indicate why 2016-2017 funds are being re	served: on Line F must match the 2016-2017	
F. To	ease indicate why 2016-2017 funds are being re	served: on Line F must match the 2016-2017	
F. To re	ease indicate why 2016-2017 funds are being re	served: on Line F must match the 2016-2017 this page.	
F. To rectify	ease indicate why 2016-2017 funds are being restal of expenditures in lines D & E above: <u>Total of venue allocation in blue at the top right hand area of the top right hand are being remainded in the top right hand area.</u>	served: on Line F must match the 2016-2017 This page. unds held in reserve accounts junction with other Fiscal	Yes No
F. To re G. To th	ease indicate why 2016-2017 funds are being resortal of expenditures in lines D & E above: <u>Total of venue allocation in blue at the top right hand area of the top of the second of all cumulative Pedestrian Trail Rural furough June 30, 2016:</u> Il you be using 2016-2017 Trail Funding in conj	served: on Line F must match the 2016-2017 This page. unds held in reserve accounts junction with other Fiscal	Yes No Street Maintenance
F. To re G. To the	ease indicate why 2016-2017 funds are being resortal of expenditures in lines D & E above: <u>Total of venue allocation in blue at the top right hand area of the proof of all cumulative Pedestrian Trail Rural furough June 30, 2016:</u> Il you be using 2016-2017 Trail Funding in conjugar 2016-2017 Local Agency Pass Through Fund	served: on Line F must match the 2016-2017 This page. unds held in reserve accounts junction with other Fiscal ds (Street Maintenance, ADA, etc.)	
F. To reconstruction of the reconstruction o	ease indicate why 2016-2017 funds are being resortal of expenditures in lines D & E above: <u>Total of venue allocation in blue at the top right hand area of the top of the second of all cumulative Pedestrian Trail Rural furough June 30, 2016:</u> Il you be using 2016-2017 Trail Funding in conj	served: on Line F must match the 2016-2017 This page. unds held in reserve accounts junction with other Fiscal ds (Street Maintenance, ADA, etc.) f Local Pass-Through funds will	Street Maintenance
F. To reconstruction of the reconstruction o	ease indicate why 2016-2017 funds are being resortal of expenditures in lines D & E above: <u>Total expense allocation in blue at the top right hand area of the top of the second of all cumulative Pedestrian Trail Rural furough June 30, 2016:</u> Ill you be using 2016-2017 Trail Funding in conjugar 2016-2017 Local Agency Pass Through Fundament you marked yes avove, select what other type of	served: on Line F must match the 2016-2017 This page. unds held in reserve accounts junction with other Fiscal ds (Street Maintenance, ADA, etc.) f Local Pass-Through funds will	Street Maintenance Flexible ADA
F. To re G. To the	ease indicate why 2016-2017 funds are being resortal of expenditures in lines D & E above: <u>Total of venue allocation in blue at the top right hand area of the top right hand area of the total of all cumulative Pedestrian Trail Rural furough June 30, 2016: Il you be using 2016-2017 Trail Funding in conjugar 2016-2017 Local Agency Pass Through Fundament of the expenditures listed in A, B and C and C</u>	served: on Line F must match the 2016-2017 This page. unds held in reserve accounts junction with other Fiscal ds (Street Maintenance, ADA, etc.) f Local Pass-Through funds will bove: (check all that apply)	Street Maintenance Flexible
F. To re G. To the	ease indicate why 2016-2017 funds are being resortal of expenditures in lines D & E above: <u>Total of venue allocation in blue at the top right hand area of the proof of all cumulative Pedestrian Trail Rural furough June 30, 2016:</u> Il you be using 2016-2017 Trail Funding in conjugar 2016-2017 Local Agency Pass Through Fundation where the expenditures listed in A, B and C are you using Matching Funds that are NOT from	served: on Line F must match the 2016-2017 This page. unds held in reserve accounts junction with other Fiscal ds (Street Maintenance, ADA, etc.) f Local Pass-Through funds will bove: (check all that apply)	Street Maintenance Flexible ADA Bikeways
F. To ree G. To the H. Wi Ye I. If be	ease indicate why 2016-2017 funds are being resortal of expenditures in lines D & E above: <u>Total of venue allocation in blue at the top right hand area of the top right hand area of the total of all cumulative Pedestrian Trail Rural furough June 30, 2016: Il you be using 2016-2017 Trail Funding in conjugar 2016-2017 Local Agency Pass Through Fundament of the expenditures listed in A, B and C and C</u>	served: on Line F must match the 2016-2017 This page. unds held in reserve accounts junction with other Fiscal ds (Street Maintenance, ADA, etc.) f Local Pass-Through funds will bove: (check all that apply)	Street Maintenance Flexible ADA

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 Sanger

The anticipated Fiscal Year 2016-17 revenue allocation for Bicycle sub-program: \$14,620

Sele	ect the type of expenditure (give detailed, itemize	ed descriptions at bottom)	Expenditur	e Amount Totals
A.	Class II Bicycle Facilities Signage/Striping Master plan preparation & updates Other program related & support facilities	(check one, then give detailed, itemized description in section L)		
B.	Class II Bicycle Facilities Signage/Striping Master plan preparation & updates Other program related & support facilities	(check one, then give detailed, itemized description in section L)		
C.	Class II Bicycle Facilities Signage/Striping Master plan preparation & updates Other program related & support facilities	(check one, then give detailed, itemized description in section L)		
D.	Total 2016-2017 Bicycle Planned Expenditures (I	tems A, B & C):		
E.	Fiscal Year 2016-17 Bicycle Funds To Be Kept In	n Reserve: *		
	* Please indicate why 2016-2017 funds are being	reserved:		
F.	Total of expenditures in lines D & E above: <u>Total of revenue allocation in blue at the top right hand area of the top right hand area.</u>			
G.	Total of <u>all</u> cumulative Bicycle funds held in reser 2016 :	rve accounts through June 30,		
Н.	. 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: (check all that apply)		Street I Flexibl ADA Trails	Maintenance e
J.	Are you using Matching Funds that are NOT from type of funds:	n Measure C? If yes, indicate what	Yes	No
K.	Will you use previous fiscal year reserve funds du	uring 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: