

**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 Huron**

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: **\$109,713**

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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**City of Huron**

The anticipated Fiscal Year 2016-17 revenue allocation for **ADA Compliance** sub-program: **\$3,840**

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 <b>2016-2017 ADA Compliance</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: <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 <b>2016-2017 ADA Compliance</b> funds in conjunction with other Fiscal Year <b>2016-2017</b> 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 Street Maintenance 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 Huron**

The anticipated Fiscal Year 2016-17 revenue allocation for Flexible sub-program: **\$124,903**

Write in 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: