

**MEASURE C CITIZEN OVERSIGHT COMMITTEE**  
**Fiscal Year 2017-2018 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 Reedley**

Date first completed or revised: \_\_\_\_\_ Completed by: (print) \_\_\_\_\_  
 Date last completed or revised: \_\_\_\_\_ Date approved by COC: (staff use only): \_\_\_\_\_

The anticipated Fiscal Year 2017-18 revenue allocation for **Street Maintenance** sub-program: **\$278,971**

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  | <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  | <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  | <i>(check one, then give detailed, itemized description in section L)</i> |                                       |
| D.   | Total 2017-2018 Street Maintenance Planned Expenditures (Items A, B & C):   |   |                                       |
| E.   | Fiscal Year 2017-18 Street Maintenance Funds to be kept in reserve: *   |   |                                       |
| *Please indicate why 2017-2018 funds are being reserved: |   |   |                                       |
| F.   | Total of expenditures in lines D & E above: <i>Total on Line F must match the 2017-2018 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, 2017:  |   |                                       |
| H.   | Will you be using 2017-2018 Street Maintenance funds in conjunction with other Fiscal Year 2017-2018 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 Reedley**

The anticipated Fiscal Year 2017-18 revenue allocation for **ADA Compliance** sub-program: **\$9,764**

| 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<br><i>(check one, then give detailed, itemized description in section L)</i>  |                                       |
| B. ADA Curb Cuts and Ramps<br>Signage/Striping<br>Other program related & support facilities<br><i>(check one, then give detailed, itemized description in section L)</i>  |                                       |
| C. ADA Curb Cuts and Ramps<br>Signage/Striping<br>Other program related & support facilities<br><i>(check one, then give detailed, itemized description in section L)</i>  |                                       |
| D. Total 2017-2018 ADA Compliance Planned Expenditures (Items A, B & C):   |                                       |
| E. Fiscal Year 2017-18 ADA Compliance Funds to be kept in reserve: *   |                                       |
| *Please indicate why 2017-2018 funds are being reserved:   |                                       |
| F. Total of expenditures in lines D & E above: <i>Total on Line F must match the 2017-2018 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, 2017:  |                                       |
| H. Will you be using 2017-2018 ADA Compliance funds in conjunction with other Fiscal Year 2017-2018 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 Reedley**

The anticipated Fiscal Year 2017-18 revenue allocation for Flexible sub-program: \$269,207

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 2017-2018 Flexible Funding Planned Expenditures (Items A, B & C):   |   |
| E. Fiscal Year 2017-18 Flexible Funding to be kept in reserve: *   |   |
| Please indicate why 2017-2018 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, 2017:  |   |
| H. Will you be using 2017-2018 Flexible Funding in conjunction with other Fiscal Year 2017-2018 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 Reedley**

The anticipated Fiscal Year 2017-18 revenue allocation for Pedestrian Rural Trails sub-program: **\$56,975**

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 2017-2018 Pedestrian Trail Rural Planned Expenditures (Items A, B & C):  |   |
| E. | Fiscal Year 2017-18 Pedestrian Trail Rural Funds To Be Kept In Reserve: *  |   |
|    | Please indicate why 2017-2018 funds are being reserved:  |   |
| F. | Total of expenditures in lines D & E above: <u>Total on Line F must match the 2017-2018 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, 2017:   |   |
| H. | Will you be using 2017-2018 Flexible Funding in conjunction with other Fiscal Year 2017-2018 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>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 Reedley**

The anticipated Fiscal Year 2017-18 revenue allocation for Bicycle sub-program: **\$14,522**

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 2017-2018 Bicycle Planned Expenditures (Items A, B & C):  |   |          |
| E.  | Fiscal Year 2017-18 Bicycle Funds To Be Kept In Reserve: *  |   |          |
| * Please indicate why 2017-2018 funds are being reserved: |   |   |          |
| F.  | Total of expenditures in lines D & E above: <u>Total on Line F must match the 2017-2018 revenue allocation in blue at the top right hand area of this page.</u> |   |          |
| G.  | Total of all cumulative Bicycle funds held in reserve accounts through June 30, 2017:   |   |          |
| H.  | Will you be using 2017-2018 Bicycle funds in conjunction with other Fiscal Year 2017-2018 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: