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

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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 2017-18 revenue allocation for Street Maintenance sub-program: \$181,097

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, Street Maintenance Reconstruction B. 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 **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: Total of expenditures in lines D & E above: Total on Line F must match the 2017-2018 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, 2017: H. Will you be using 2017-2018 Street Maintenance funds in conjunction with other Yes No Fiscal Year 2017-2018 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:

MEASURE C CITIZEN OVERSIGHT COMMITTEE Fiscal Year 2017-2018 LOCAL AGENCY BUDGET FORM

This Form is used to report your planned budget for all **Fiscal Year 2017-18** Measure C Pass-Through Funding. Please complete all Forms and e-mail to Fresno COG at brenday@fresnocog.org

City of Parlier

The anticipated Fiscal Year 2017-18 revenue allocation for ADA Compliance sub-program: \$6,338

| Select the type of expenditure (give detailed, itemiz | 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 2017-2018 ADA Compliance Planned Ex | penditures (Items A, B & C): | |
| E. Fiscal Year 2017-18 ADA Compliance Funds t | o be kept in reserve: * | |
| *Please indicate why 2017-2018 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 | | |
| G. Total of <u>all</u> cumulative ADA Compliance funds June 30, 2017 : | held in reserve accounts through | |
| H. Will you be using 2017-2018 ADA Compliance Fiscal Year 2017-2018 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 | Flexible ADA Bikeways Trails | |
| J. Are you using Matching Funds that are NOT from type of funds: | Yes No | |
| K. Will you use previous fiscal year reserve funds d | 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:

MEASURE C CITIZEN OVERSIGHT COMMITTEE Fiscal Year 2017-2018 LOCAL AGENCY BUDGET FORM

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City of Parlier

The anticipated Fiscal Year 2017-18 revenue allocation for Flexible sub-program: \$216,842

| 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: <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, 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 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: