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 approved by COC: (staff use only):

The anticipated Fiscal Year 2017-18 revenue allocation for Street Maintenance sub-program: \$281,670

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:

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City of Sanger

The anticipated Fiscal Year 2017-18 revenue allocation for ADA Compliance sub-program: \$9,858

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 2017-2018 ADA Compliance Planned Exp	enditures (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 re	eserved:	•
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 by June 30, 2017 :	neld in reserve accounts through	
H. Will you be using 2017-2018 ADA Compliance for Fiscal Year 2017-2018 Local Agency Pass Through		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)		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 2017-18 revenue allocation for Flexible sub-program: \$271,812

Write it the type of expenditure (give detailed, itemized descriptions at bottom)		Expenditure Amount Totals
A.	Type of expenditure:	
В.	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> <u>revenue allocation in blue at the top right hand area of this page.</u>	
G.	Total of <u>all</u> cumulative Flexible funds held in reserve accounts through June 30 , 2017 :	
Н.	Will you be using 2017-2018 Flexible Funding in conjunction with other Fiscal Year 2017-2018 Local Agency Pass Through Funds (<i>Street Maintenance</i> , <i>ADA</i> , <i>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 2017-18 revenue allocation for Pedestrian Rural Trails sub-program: \$57,541

Select t	he type of expenditure (give detailed, itemize	a descriptions at bottom	Lapenditui	e Amount Total
	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)		
	Other program related & support facilities			
D	Rehab existing pedestrian trail			
B.	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			
C	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	tal 2017-2018 Pedestrian Trail Urban Plannec	d Expenditures (Items A, B & C):		
E. Fis	scal Year 2017-18 Pedestrian Trail Urban Fun	nds To Be Kept In Reserve: *		
	ease indicate why 2017-2018 funds are being re-			
Ple F. To	ease indicate why 2017-2018 funds are being resolved that of expenditures in lines D & E above: <i>Total of Particular and Parti</i>	served: on Line F must match the 2017-2018		
Ple F. To	ease indicate why 2017-2018 funds are being re-	served: on Line F must match the 2017-2018		
F. To	ease indicate why 2017-2018 funds are being resolved that of expenditures in lines D & E above: <i>Total of Particular and Parti</i>	served: on Line F must match the 2017-2018 this page.		
F. To rev G. To thr	ease indicate why 2017-2018 funds are being resolved that of expenditures in lines D & E above: Total of the properties of the second allocation in blue at the top right hand area of the total of all cumulative Pedestrian Trail Urban for the second allocation in the seco	served: on Line F must match the 2017-2018 this page. unds held in reserve accounts conjunction with other Fiscal	Yes	No
F. To rev G. To thr	ease indicate why 2017-2018 funds are being resoluted of expenditures in lines D & E above: <u>Total of the enue allocation in blue at the top right hand area of the enue allocation in blue at</u>	served: on Line F must match the 2017-2018 this page. unds held in reserve accounts conjunction with other Fiscal		No Maintenance
F. To rev G. To thr H. Wi	ease indicate why 2017-2018 funds are being resoluted of expenditures in lines D & E above: <u>Total of the enue allocation in blue at the top right hand area of the enue allocation in blue at</u>	on Line F must match the 2017-2018 this page. unds held in reserve accounts conjunction with other Fiscal ds (Street Maintenance, ADA, etc.)		Maintenance
F. To rev G. To thr H. Wi	ease indicate why 2017-2018 funds are being resoluted of expenditures in lines D & E above: <u>Total of the enue allocation in blue at the top right hand area of the enue allocation in blue at</u>	served: on Line F must match the 2017-2018 this page. unds held in reserve accounts conjunction with other Fiscal ds (Street Maintenance, ADA, etc.) f Local Pass-Through funds will	Street N	Maintenance
F. To rev G. To thr H. Wi	ease indicate why 2017-2018 funds are being resoluted of expenditures in lines D & E above: <u>Total of the enue allocation in blue at the top right hand area of the enue allocation in blue at</u>	served: on Line F must match the 2017-2018 this page. unds held in reserve accounts conjunction with other Fiscal ds (Street Maintenance, ADA, etc.) f Local Pass-Through funds will	Street M Flexible ADA	Maintenance e
F. To rev G. To thr H. Wi Ye I. If y	ease indicate why 2017-2018 funds are being resolved of expenditures in lines D & E above: <u>Total of the enue allocation in blue at the top right hand area of the enue allocation in blue at </u>	served: on Line F must match the 2017-2018 this page. unds held in reserve accounts conjunction with other Fiscal ds (Street Maintenance, ADA, etc.) f Local Pass-Through funds will bove: (check all that apply)	Street M Flexible	Maintenance
F. To rev G. To thr H. Wi Ye I. If y be	ease indicate why 2017-2018 funds are being resoluted of expenditures in lines D & E above: <u>Total of the enue allocation in blue at the top right hand area of the enue allocation in blue at</u>	served: on Line F must match the 2017-2018 this page. unds held in reserve accounts conjunction with other Fiscal ds (Street Maintenance, ADA, etc.) f Local Pass-Through funds will bove: (check all that apply)	Street M Flexible ADA Bikewa	Maintenance e ys
F. To rev G. To thr H. Wi Ye I. If y be	ease indicate why 2017-2018 funds are being resolved of expenditures in lines D & E above: <u>Total of the enue allocation in blue at the top right hand area of the enue allocation in blue at </u>	served: on Line F must match the 2017-2018 this page. unds held in reserve accounts conjunction with other Fiscal ds (Street Maintenance, ADA, etc.) f Local Pass-Through funds will bove: (check all that apply)	Street M Flexible ADA	Maintenance

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 2017-18 revenue allocation for Bicycle sub-program: \$14,694

Select the type of expenditure (give detailed, itemized descriptions at bottom)	Expenditure Amount Totals
Class II Bicycle Facilities A. Signage/Striping (check one, then give detailed, itemized description in section L Other program related & support facilities	E)
Class II Bicycle Facilities B. Signage/Striping (check one, then give detailed, master plan preparation & updates (temized description in section L) Other program related & support facilities	
Class II Bicycle Facilities C. Signage/Striping (check one, then give detailed, master plan preparation & updates Other program related & support facilities	.)
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 2017-201</u> revenue allocation in blue at the top right hand area of this page.	8
G. Total of <u>all</u> 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: (check al that apply)	Street Maintenance Il Flexible ADA Trails
J. Are you using Matching Funds that are NOT from Measure C? If yes, indicate who 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: