## MEASURE C CITIZEN OVERSIGHT COMMITTEE Fiscal Year 2018-2019 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 brenday@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 2018-19 revenue allocation for **Street Maintenance** sub-program: \$187,382

Select	the type of expenditure (check one for each p	oroject)	<b>Expenditure Amount Total</b>
A.	Street Maintenance Rehabilitation Street Maintenance Reconstruction Street Maintenance Storm Damage Repair	(check one, then give detailed, itemized description in section L)	
B.	Street Maintenance Rehabilitation Street Maintenance Reconstruction Street Maintenance Storm Damage Repair	(check one, then give detailed, itemized description in section L)	
C.	Street Maintenance Rehabilitation Street Maintenance Reconstruction Street Maintenance Storm Damage Repair	(check one, then give detailed, itemized description in section L)	
D. To	otal 2018-19 Street Maintenance Planned Expe	nditures (Items A, B & C):	
E. Fi	scal Year 2018-19 Street Maintenance Funds to	o be kept in reserve: *	
*P	lease indicate why 2018-19 funds are being rese	erved:	
	otal of expenditures in lines D & E above: <u>Total of</u> evenue allocation in blue at the top right hand area of		
	otal of all cumulative Street Maintenance funds une 30, 2018:	held in reserve accounts through	
H. Will you be using <b>2018-19</b> Street Maintenance funds in conjunction with other Fiscal Year <b>2018-19</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: (check all that apply)		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. Wi	ill you use previous fiscal year reserve funds dur	ing this fiscal year?	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 2018-2019 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 <a href="mailto:brenday@fresnocog.org">brenday@fresnocog.org</a>

### **City of Parlier**

The anticipated Fiscal Year 2018-19 revenue allocation for ADA Compliance sub-program: \$6,558

Select the type of expenditure (give detailed, itemized descriptions at bottom)		<b>Expenditure Amount Totals</b>
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 2018-19 ADA Compliance Planned Exper	nditures (Items A, B & C):	
E. Fiscal Year 2018-19 <b>ADA Compliance</b> Funds to	be kept in reserve: *	
*Please indicate why 2018-19 funds are being reso	erved:	
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 <b>ADA Compliance</b> funds June 30, 2018:	held in reserve accounts through	
H. Will you be using <b>2018-19</b> ADA Compliance funds in conjunction with other Fiscal Year <b>2018-19</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: (check all that apply)		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 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:

# MEASURE C CITIZEN OVERSIGHT COMMITTEE Fiscal Year 2018-2019 LOCAL AGENCY BUDGET FORM

This Form is used to report your planned budget for all **Fiscal Year 2018-19** Measure C Pass-Through Funding. Please complete all Forms and e-mail to Fresno COG at brendav@fresnocog.org

#### **City of Parlier**

The anticipated Fiscal Year 2018-19 revenue allocation for Flexible sub-program: \$225,481

Write it the type of expenditure (give detailed, itemized descriptions at bottom)		<b>Expenditure Amount Totals</b>
A.	Type of expenditure:	
В.	Type of expenditure:	
C.	Type of expenditure:	
D.	Total <b>2018-19 Flexible Funding</b> Planned Expenditures (Items A, B & C):	
E.	Fiscal Year 2018-19 <b>Flexible Funding</b> to be kept in reserve: *	
	Please indicate why 2018-19 funds are being reserved:	
F.	Total of expenditures in lines D & E above: <u>Total on Line F must match the 2018-19</u> revenue allocation in blue at the top right hand area of this page.	
G.	Total of <u>all</u> cumulative <b>Flexible</b> funds held in reserve accounts through <b>June 30</b> , <b>2018</b> :	
Н.	Will you be using <b>2018-19</b> Flexible Funding in conjunction with other Fiscal Year <b>2018-19</b> Local Agency Pass Through Funds ( <i>Street Maintenance, ADA, etc.</i> )	Yes No
	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: