

**MEASURE C CITIZEN OVERSIGHT COMMITTEE**  
**Fiscal Year 2020-2021 LOCAL AGENCY BUDGET FORM**

This Form is used to report your planned budget for all Fiscal Year 2020-2021 Measure C Pass-Through Funding. Please complete all Forms and e-mail to Fresno COG at [brendav@fresnocog.org](mailto:brendav@fresnocog.org)

**Fresno Council of Governments**

The anticipated Fiscal Year 2020-2021 revenue allocation for Car/Vanpool sub-program: **\$417,268**

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 2020-2021 Car/Vanpool Funding Planned Expenditures (Items A, B & C):	
E. Fiscal Year 2020-2021 Car/Vanpool Funds to be kept in reserve: *	
Please indicate why 2020-2021 funds are being reserved:	
F. Total of expenditures in lines D & E above: <i>Total on Line F must match the 2020-2021 revenue allocation in blue at the top right hand area of this page.</i>	
G. Total of all cumulative Car/Vanpool funds held in reserve accounts through June 30, 2020:	\$1,083,759
H. Will you be using 2020-2021 Car/Vanpool Funding in conjunction with other Fiscal Year 2020-2021 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:	
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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**Fresno Council of Governments**

**The anticipated Fiscal Year 2020-2021 revenue allocation for Ag Worker Vanpools: \$417,268**

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 2020-2021 Ag Worker Vanpools Planned Expenditures (Items A, B & C):	
E. Fiscal Year 2020-2021 Ag Worker Vanpools to be kept in reserve: *	
* Please indicate why 2020-2021 funds are being reserved:	
F. Total of expenditures in lines D & E above: <i>Total on Line F must match the 2020-2021 revenue allocation in blue at the top right hand area of this page.</i>	
G. Total of all cumulative Ag Worker funds held in reserve accounts through June 30, 2020:	
H. Will you be using 2019-2020 Ag Worker funding in conjunction with other Fiscal Year 2020-2021 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:	
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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**Fresno Council of Governments**

**The anticipated Fiscal Year 2020-2021 revenue allocation for Senior Scrip: \$568,348**

**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 2020-2021 Senior Taxi Scrip Funds Planned Expenditures (Items A, B & C):	
E. Fiscal Year 2020-2021 Senior Taxi Scrip Funds to be kept in reserve:	
* Please indicate why 2020-2021 funds are being reserved:	
F. Total of expenditures in lines D & E above: <i>Total on Line F must match the 2020-2021 revenue allocation in blue at the top right hand area of this page.</i>	
G. Total of all cumulative Senior Taxi Scrip funds held in reserve accounts through June 30, 2020:	
H. Will you be using 2020-2021 Taxi Scrip funding in conjunction with other Fiscal Year 2020-2021 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:	
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: