# MEASURE C CITIZEN OVERSIGHT COMMITTEE Fiscal Year 2020-2021 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 <u>brendav@fresnocog.org</u>

# **City of Huron**

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

### The anticipated Fiscal Year 2020-2021 revenue allocation for Street Maintenance sub-program: \$109,581

	Select the type of expenditure (check one for each project)		Expenditur	<b>Expenditure Amount Totals</b>	
	Street Maintenance Rehabilitation				
A.	Street Maintenance Reconstruction	(check one, then give detailed,			
	Street Maintenance Storm Damage Repair	itemized description in section L)			
	Street Maintenance Rehabilitation	(check one, then give detailed,			
B.	Street Maintenance Reconstruction	itemized description in section L)			
	Street Maintenance Storm Damage Repair				
	Street Maintenance Rehabilitation	(check one, then give detailed,			
C.	Street Maintenance Reconstruction	<i>itemized description in section L)</i>			
	Street Maintenance Storm Damage Repair	nemized description in section 1)			
D. To	tal <b>2020-2021 Street Maintenance</b> Planned Ex	penditures (Items A, B & C):			
E. Fis	scal Year 2020-2021 Street Maintenance Fund	s to be kept in reserve: *			
* Pl	ease indicate why 2020-2021 funds are being re	served:			
F. To	otal of expenditures in lines D & E above: Total	on Line F must match the 2020-2021			
	evenue allocation in blue at the top right hand area of				
	tal of <u>all</u> cumulative <b>Street Maintenance</b> funds	s held in reserve accounts through			
<mark>Ju</mark>	ne 30, 2020:				
H. Will you be using <b>2020-2021</b> Street Maintenance funds in conjunction with other Fiscal Year 2020-2021 Local Agency Pass Through Funds?		Yes	No		
			Flexibl	e	
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>		ADA	C		
		Bikewa	IVS		
		(encent and man apply)	Trails	~j 0	
J. Are	you using Matching Funds that are NOT from	Measure C? If yes, indicate what			
type of funds:					
			Yes	No	
type					
	ill you use previous fiscal year reserve funds du	ring this fiscal year?	Yes	No	

## MEASURE C CITIZEN OVERSIGHT COMMITTEE

### Fiscal Year 2020-2021 LOCAL AGENCY BUDGET FORM

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# **City of Huron**

### The anticipated Fiscal Year 2020-2021 revenue allocation for ADA Compliance sub-program: \$3,835

		ed descriptions at bottom)	Expenditur	e Amount Tota
	ADA Curb Cuts and Ramps	(check one, then give detailed,		
A.	Signage/Striping	<i>itemized description in section L</i> )		
	Other program related & support facilities			
D	ADA Curb Cuts and Ramps	(check one, then give detailed,		
B.	Signage/Striping	<i>itemized description in section L</i> )		
	Other program related & support facilities	1 ,		
C	ADA Curb Cuts and Ramps	(check one, then give detailed, itemized description in section L)		
C.	Signage/Striping			
	Other program related & support facilities	- /		
D. Tota	al 2020-2021 ADA Compliance Planned Exp	enditures (Items A, B & C):		
E. Fisc	cal Year 2020-2021 ADA Compliance Funds	to be kept in reserve: *		
* Plea	ase indicate why 2020-2021 funds are being r	eserved:		
F. Tota	al of expenditures in lines D & E above: <i>Total</i>	on Line F must match the 2020-2021		
	nue allocation in blue at the top right hand area of			
G. <mark>Tota</mark>	al of <u>all</u> cumulative ADA Compliance funds h	reld in reserve accounts through		
	e 30, 2020:	<u> </u>		
H. Will you be using <b>2020-2021</b> ADA Compliance funds in conjunction with other Fiscal Year <u>2020-2021</u> Local Agency Pass Through Funds?		Yes	No	
			Flexibl	e
I. If you marked yes above, select what other type of Local Pass-Through funds will		ADA		
•	sed for the expenditures listed in A, B and C a	•	Bikewa	ays
			Trails	2
J. Are y	ou using Matching Funds that are NOT from	Measure C? If yes, indicate what		
type of funds:		V	N.	
51			Yes	No
K. Will	you use previous fiscal year reserve funds du	ring this fiscal year?	Yes	No
	e detailed, itemized descriptions of projects of			
				J
	itional pages of description or documentation			5

#### MEASURE C CITIZEN OVERSIGHT COMMITTEE

### Fiscal Year 2020-2021 LOCAL AGENCY BUDGET FORM

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# **City of Huron**

### The anticipated Fiscal Year 2020-2021 revenue allocation for Flexible sub-program: \$125,390

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 <b>2020-2021 Flexible Funding</b> Planned Expenditures (Items A, B & C):	
E. Fiscal Year <b>2020-2021 Flexible Funding</b> to be kept in reserve: *	
* Please indicate why 2020-2021 funds are being reserved:	<u> </u>
F. Total of expenditures in lines D & E above: <u>Total on Line F must match the 2020-2021</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, 2020:	
<ul> <li>H. Will you be using 2020-2021 Flexible Funding in conjunction with other Fiscal Year <u>2020-2021</u> Local Agency Pass Through Funds (<i>Street Maintenance, ADA, etc.</i>)</li> </ul>	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 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, additional pages of description or documentation if needed:	B or C. You may attach