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 brendav@fresnocog.org

| City | , of | Fow | ler |
|------|------|-----|-----|
| CIU | , OI | IOW | |

| 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: \$111,671

| Select | Select the type of expenditure (check one for each project) | | Expenditure Amount Totals |
|---|--|--|---------------------------------------|
| A. | Street Maintenance Rehabilitation Street Maintenance Reconstruction Street Maintenance Storm Damage Repair | (check one, then give detailed, itemized description in section L) | |
| В. | 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 2020-2021 Street Maintenance Planned Ex | penditures (Items A, B & C): | |
| E. Fi | scal Year 2020-2021 Street Maintenance Fund | s to be kept in reserve: * | |
| *P | Please indicate why 2020-2021 funds are being re | eserved: | |
| | 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 <u>all</u> cumulative Street Maintenance funds (une 30, 2020 : | held in reserve accounts through | |
| H. Will you be using 2020-2021 Street Maintenance funds 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: (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. 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 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 brenday@fresnocog.org

City of Fowler

The anticipated Fiscal Year 2020-2021 revenue allocation for ADA Compliance sub-program: \$3,908

| Select the type of expenditure (give detailed, itemize | d 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 2020-2021 ADA Compliance Planned Expe | enditures (Items A, B & C): | |
| E. Fiscal Year 2020-2021 ADA Compliance Funds | to be kept in reserve: * | |
| *Please indicate why 2020-2021 funds are being re- | served: | • |
| F. Total of expenditures in lines D & E above: <u>Total of revenue allocation in blue at the top right hand area of the top right hand area.</u> | | |
| G. Total of <u>all</u> cumulative ADA Compliance funds he June 30, 2020 : | eld in reserve accounts through | |
| H. Will you be using 2020-2021 ADA Compliance funds 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: (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 dur | · · | 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 2020-2021 LOCAL AGENCY BUDGET FORM

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City of Fowler

The anticipated Fiscal Year 2020-2021 revenue allocation for Flexible sub-program: \$125,703

| 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 Flexible Funding Planned Expenditures (Items A, B & C): | |
| E. Fiscal Year 2020-2021 Flexible Funding to be kept in reserve: * | |
| Please indicate why 2020-2021 funds are being reserved: | |
| 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 : | |
| H. Will you be using 2020-2021 Flexible Funding in conjunction with other Fiscal Year 2020-2021 Local Agency Pass Through Funds (<i>Street Maintenance, ADA, etc.</i>) | 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) | 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: