MEASURE C CITIZEN OVERSIGHT COMMITTEE Fiscal Year 2023-2024 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 Jake Martinez at jmartinez@fresnocog.org

City of Coalinga

Date first completed or revised:	Completed by: (print)			
Date last completed or revised:	Date approved by COC: (staff use on	ly)		
The anticipated Fiscal Year 2023-2024 revenue	e allocation for Street Maintena	<mark>ince</mark> sub-progr	am: <u>\$288,984</u>	
Select the type of expenditure (check one for each	Expenditure A	mount Totals		
Street Maintenance Rehabilitation				
A. Street Maintenance Reconstruction Street Maintenance Storm Damage Repair	(check one, then give detailed, itemized description in section L)			
Street Maintenance Rehabilitation B. Street Maintenance Reconstruction Street Maintenance Storm Damage Repair	(check one, then give detailed, itemized description in section L)			
C. Street Maintenance Rehabilitation C. Street Maintenance Reconstruction Street Maintenance Storm Damage Repair	(check one, then give detailed, itemized description in section L)			
D. Total 2023-2024 Street Maintenance Planned E	xpenditures (Items A, B & C):			
E. Fiscal Year 2023-2024 Street Maintenance Funds to be kept in reserve: *				
* Please indicate why 2023-2024 funds are being r	reserved:			
F. Total of expenditures in lines D & E above: <u>Total</u> revenue allocation in blue at the top right hand area				
G. Total of <u>all</u> cumulative Street Maintenance fund June 30, 2023:	ls held in reserve accounts through			
H. Will you be using 2023-2024 Street Maintenance funds in conjunction with other Fiscal Year 2023-2024 Local Agency Pass Through Funds?			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) J. Are you using Matching Funds that are NOT from Measure C? If yes, indicate what 			s	
type of funds:	i Measure C? II yes, indicate what	Yes	No	
K. Will you use previous fiscal year reserve funds during this fiscal year?			No	
L. Give detailed, itemized descriptions of projects additional pages of description or documentatio		B or C. You ma	y attach	

MEASURE C CITIZEN OVERSIGHT COMMITTEE

Fiscal Year 2023-2024 LOCAL AGENCY BUDGET FORM

This Form is used to report your planned budget for all **Fiscal Year 2023-2024** Measure C Pass-Through Funding. Please complete all Forms and e-mail to Fresno COG at <u>jmartinez@fresnocog.org</u>

City of Coalinga

The anticipated Fiscal Year 2023-2024 revenue allocation for ADA Compliance sub-program: \$10,114

Selec	t the type of expenditure (give detailed, itemize	ed descriptions at bottom)	Expenditur	e Amount Totals
	ADA Curb Cuts and Ramps	(check one, then give detailed,		
A.	Signage/Striping Other program related & support facilities	itemized description in section L)		
	Other program related & support facilities ADA Curb Cuts and Ramps			
B.	Signage/Striping	(check one, then give detailed,		
Ь.	Other program related & support facilities	$itemized\ description\ in\ section\ L)$		
	ADA Curb Cuts and Ramps			
C.	Signage/Striping	(check one, then give detailed,		
	Other program related & support facilities	itemized description in section L)		
D. ′	Total 2023-2024 ADA Compliance Planned Exp	enditures (Items A, B & C):		
Е.	Fiscal Year 2023-2024 ADA Compliance Funds	to be kept in reserve: *		
*	Please indicate why 2023-2024 funds are being r	eserved:		
F. '	Γotal of expenditures in lines D & E above: <i>Total</i>	on Line F must match the 2023-2024		
	revenue allocation in blue at the top right hand area o			
G '	Total of all cumulative ADA Compliance funds l	neld in reserve accounts through		
	June 30, 2023:	iora in reserve accounts unough		
H. Will you be using 2023-2024 ADA Compliance funds in conjunction with other		Yes	No	
ł	Fiscal Year 2023-2024 Local Agency Pass Through	gh Funds?		
I. If you marked yes above, select what other type of Local Pass-Through funds will		Flexible	e	
		ADA		
b	e used for the expenditures listed in A, B and C a	bove: (check all that apply)	Bikewa	ıys
	i Maria Barana Noma	70.10	Trails	
J. Are you using Matching Funds that are NOT from Measure C? If yes, indicate what				
ty	pe of funds:		Yes	No
K V	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				
	additional pages of description or documentation		B of C. Tou h	nay attach
	additional pages of description of documentation	ii ii iiceded.		

MEASURE C CITIZEN OVERSIGHT COMMITTEE

Fiscal Year 2023-2024 LOCAL AGENCY BUDGET FORM

This Form is used to report your planned budget for all **Fiscal Year 2023-2024** Measure C Pass-Through Funding. Please complete all Forms and e-mail to Fresno COG at <u>jmartinez@fresnocog.org</u>

City of Coalinga

The anticipated Fiscal Year 2023-2024 revenue allocation for Flexible sub-program: \$353,999

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 2023-2024 Flexible Funding Planned Expenditures (Items A, B & C):					
E. Fiscal Year 2023-2024 Flexible Funding to be kept in reserve: *					
* Please indicate why 2023-2024 funds are being reserved:					
F. Total of expenditures in lines D & E above: <u>Total on Line F must match the 2023-2024</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, 2023 :					
H. Will you be using 2023-2024 Flexible Funding in conjunction with other Fiscal Year 2023-2024 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:					