MEASURE C CITIZEN OVERSIGHT COMMITTEE

Fiscal Year 2024-2025 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 <u>jmartinez@fresnocog.org</u>				
City of Coalinga				
Date first completed or revised:	Completed by: (print)			
Date last completed or revised:	Date approved by COC: (staff use only	y)		
The anticipated Fiscal Year 2024-2025 revenue allocation for Street Maintenance sub-program: \$282,062				
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)			
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 2024-2025 Street Maintenance Planned Expenditures (Items A, B & C):				
E. Fiscal Year 2024-2025 Street Maintenance Funds to be kept in reserve: *				
* Please indicate why 2024-2025 funds are being re	eserved:			
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 Street Maintenance fund. June 30, 2024:	s held in reserve accounts through			
H. Will you be using 2024-2025 Street Maintenance funds in conjunction with other Fiscal Year 2024-2025 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 2024-2025 LOCAL AGENCY BUDGET FORM

This Form is used to report your planned budget for all **Fiscal Year 2024-2025** 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 2024-2025 revenue allocation for ADA Compliance sub-program: \$9,872

Sele	ect the type of expenditure (give detailed, itemize	ed descriptions at bottom)	Expenditure Amount Totals		
	ADA Curb Cuts and Ramps	(check one, then give detailed,			
A.	Signage/Striping	itemized description in section L)			
	Other program related & support facilities	tiemized description in section L)			
	ADA Curb Cuts and Ramps	(check one, then give detailed,			
B.	Signage/Striping	itemized description in section L)			
	Other program related & support facilities	itemizea description in section L)			
	ADA Curb Cuts and Ramps	(1) 1			
C.	Signage/Striping 1	(check one, then give detailed,			
	Other program related & support facilities	itemized description in section L)			
D. Total 2024-2025 ADA Compliance Planned Expenditures (Items A, B & C):					
E.	Fiscal Year 2024-2025 ADA Compliance Funds	to be kept in reserve: *			
	* Please indicate why 2024-2025 funds are being ro	acarvad.			
	Trease indicate wify 2024-2023 funds are being to	eserved.			
F.	F. Total of expenditures in lines D & E above: <u>Total on Line F must match the 2024-2025</u>				
	revenue allocation in blue at the top right hand area of				
	T (1 C II) ADAC II C 1 I	111			
G.	Total of <u>all</u> cumulative ADA Compliance funds h	neld in reserve accounts through			
	June 30, 2024:				
H. Will you be using 2024-2025 ADA Compliance funds in conjunction with other Fiscal Year 2024-2025 Local Agency Pass Through Funds?		Yes No			
			Flexible		
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)		ADA			
		Bikeways			
		Trails			
T	Are you using Matching Funds that are NOT from	Measure C2 If west indicate what	114115		
J. Are you using Matching Funds that are NOT from Measure C? If yes, indicate what type of funds:					
		Yes No			
	Will you use previous fiscal year reserve funds du	e ,	Yes No		
L.	Give detailed, itemized descriptions of projects of		3 or C. You may attach		
	additional pages of description or documentation	n if needed:			
i .					

MEASURE C CITIZEN OVERSIGHT COMMITTEE

Fiscal Year 2024-2025 LOCAL AGENCY BUDGET FORM
This Form is used to report your planned budget for all Fiscal Year 2024-2025 Measure C Pass-Through Funding. Please complete all Forms and e-mail to Fresno COG at <u>imartinez@fresnocog.org</u>

City of Coalinga

The anticipated Fiscal Year 2024-2025 revenue allocation for Flexible sub-program: \$345,271

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 2024-2025 Flexible Funding Planned Expenditures (Items A, B & C):	
E. Fiscal Year 2024-2025 Flexible Funding to be kept in reserve: *	
* Please indicate why 2024-2025 funds are being reserved:	
F. Total of expenditures in lines D & E above: <u>Total on Line F must match the 2024-2025</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, 2024 :	
H. Will you be using 2024-2025 Flexible Funding in conjunction with other Fiscal Year 2024-2025 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, additional pages of description or documentation if needed:	B or C. You may attach