

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 jmartinez@fresnocog.org

City of Firebaugh

Date first completed or revised: _____ Completed by: (print) _____

Date last completed or revised: _____ Date approved by COC: (staff use only) _____

The anticipated Fiscal Year 2024-2025 revenue allocation for Street Maintenance sub-program: **\$183,559**

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 | <i>(check one, then give detailed, itemized description in section L)</i> | |
| B. Street Maintenance Rehabilitation Street Maintenance Reconstruction Street Maintenance Storm Damage Repair | <i>(check one, then give detailed, itemized description in section L)</i> | |
| C. Street Maintenance Rehabilitation Street Maintenance Reconstruction Street Maintenance Storm Damage Repair | <i>(check one, then give detailed, itemized description in section L)</i> | |
| 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 reserved: | | |
| F. Total of expenditures in lines D & E above: <i>Total on Line F must match the 2024-2025 revenue allocation in blue at the top right hand area of this page.</i> | | |
| G. Total of all cumulative Street Maintenance funds held in reserve accounts through June 30, 2024: | | |
| 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: <i>(check all that apply)</i> | 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: | | |
| Empty space for detailed descriptions | | |

MEASURE C CITIZEN OVERSIGHT COMMITTEE

Fiscal Year 2024-2025 LOCAL AGENCY BUDGET FORM

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City of Firebaugh

The anticipated Fiscal Year 2024-2025 revenue allocation for ADA Compliance sub-program: **\$6,425**

| Select the type of expenditure (give detailed, itemized descriptions at bottom) | Expenditure Amount Totals |
|--|---------------------------------------|
| A. ADA Curb Cuts and Ramps Signage/Striping Other program related & support facilities <i>(check one, then give detailed, itemized description in section L)</i> | |
| B. ADA Curb Cuts and Ramps Signage/Striping Other program related & support facilities <i>(check one, then give detailed, itemized description in section L)</i> | |
| C. ADA Curb Cuts and Ramps Signage/Striping Other program related & support facilities <i>(check one, then give detailed, itemized description in section L)</i> | |
| 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 reserved: | |
| F. Total of expenditures in lines D & E above: <i>Total on Line F must match the 2024-2025 revenue allocation in blue at the top right hand area of this page.</i> | |
| G. Total of all cumulative ADA Compliance funds held 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 |
| 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> | 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: | |
| Empty space for detailed descriptions | |

MEASURE C CITIZEN OVERSIGHT COMMITTEE
Fiscal Year 2024-2025 LOCAL AGENCY BUDGET FORM

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City of Firebaugh

The anticipated Fiscal Year 2024-2025 revenue allocation for Flexible sub-program: **\$214,281**

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 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: <i>Total on Line F must match the 2024-2025 revenue allocation in blue at the top right hand area of this page.</i> | |
| G. Total of all cumulative Flexible funds held in reserve accounts through June 30, 2024: | |
| 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: (<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, B or C. You may attach additional pages of description or documentation if needed: | |
| | |