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

| an | d e-mail entire form to Fresno COG staff member | Jake Martinez at <u>jmartinez@fresn</u> | ocog.org | |
|---|--|--|---------------------------------------|--|
| Ci | ty of Kerman | | | |
| 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 revenu | | | |
| | Select the type of expenditure (check one for eac Street Maintenance Rehabilitation | n project) | Expenditure Amount Totals | |
| A. | Street Maintenance Reconstruction Street Maintenance Storm Damage Repair | (check one, then give detailed, itemized description in section L) | | |
| В. | 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. | Total 2024-2025 Street Maintenance Planned Ex | penditures (Items A, B & C): | | |
| E. | Fiscal Year 2024-2025 Street Maintenance Fund | ls 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 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 Street Maintenance funds June 30, 2024: | s held in reserve accounts through | | |
| Н. | Will you be using 2024-2025 Street Maintenance to Fiscal Year 2024-2025 Local Agency Pass Through | 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 | |
| | Are you using Matching Funds that are NOT from type of funds: | Yes No | | |
| K. | Will you use previous fiscal year reserve funds dur | Yes No | | |
| L. | Give detailed, itemized descriptions of projects of additional pages of description or documentation | | or C. You may attach | |
| | | | | |

MEASURE C CITIZEN OVERSIGHT COMMITTEE

Fiscal Year 2<mark>024-2025 L</mark>OCAL 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 jmartinez@fresnocog.org

City of Kerman

The anticipated Fiscal Year 2024-2025 revenue allocation for ADA Compliance sub-program: \$9,951

| * | naiture (give aetailea, itemiz | ed descriptions at bottom) | Expenditure A | mount 1 otais |
|--|--|-------------------------------------|-----------------|---------------|
| | its and Ramps | (check one, then give detailed, | | |
| A. Signage/Strip | | itemized description in section L) | | |
| | n related & support facilities | tiemized description in section B) | | |
| | its and Ramps | (check one, then give detailed, | | |
| B. Signage/Strip | | itemized description in section L) | | |
| | n related & support facilities | tiemized description in section by | | |
| | its and Ramps | (check one, then give detailed, | | |
| C. Signage/Strip | | itemized description in section L) | | |
| Other program | n related & support facilities | tiemized description in section B) | | |
| D. Total 2024-2025 A | DA Compliance Planned Exp | penditures (Items A, B & C): | | |
| E. Fiscal Year 2024-2 | 2025 ADA Compliance Funds | s to be kept in reserve: * | | |
| * Please indicate wh | y 2024-2025 funds are being r | reserved: | | |
| F. Total of expenditu | res in lines D & E above: <i>Total</i> | on Line F must match the 2024-2025 | | |
| | blue at the top right hand area o | | | |
| G. Total of <u>all</u> cumula June 30, 2024: | tive ADA Compliance funds | held in reserve accounts through | | |
| H. Will you be using 2024-2025 ADA Compliance funds in conjunction with other Fiscal Year 2024-2025Local Agency Pass Through Funds? | | | Yes N | lo |
| | | | Flexible | |
| I. If you marked yes | above, select what other type of | of Local Pass-Through funds will | ADA | |
| be used for the expe | enditures listed in A, B and C a | above: (check all that apply) | Bikeways | |
| (encent and trip or marriage in 12, 2 and 2 according (encent and main approx)) | | | | |
| J. Are you using Matc | hing Funds that are NOT from | Measure C? If yes, indicate what | | |
| type of funds: | | | | т |
| 31 | | | Yes N | lo |
| K. Will you use previo | ous fiscal year reserve funds du | uring this fiscal year? | Yes N | Jo |
| • | - | or items listed above in section A, | | |
| | f description or documentation | | B of C. Tou may | attacii |
| additional pages o | description of documentation | ii ii 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 jmartinez@fresnocog.org

City of Kerman

The anticipated Fiscal Year 2024-2025 revenue allocation for Flexible sub-program: \$348,103

| 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> <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, 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, B or C. You may attach additional pages of description or documentation if needed: | | | | | |
| | | | | | |