

**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](mailto:jmartinez@fresnocog.org)

**City of Parlier**

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: **\$238,220**

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:		

**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](mailto:jmartinez@fresnocog.org)

**City of Parlier**

The anticipated Fiscal Year 2024-2025 revenue allocation for ADA Compliance sub-program: **\$8,338**

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	(check one, then give detailed, itemized description in section L)	
B.	ADA Curb Cuts and Ramps Signage/Striping Other program related & support facilities	(check one, then give detailed, itemized description in section L)	
C.	ADA Curb Cuts and Ramps Signage/Striping Other program related & support facilities	(check one, then give detailed, 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 reserved:			
F.	Total of expenditures in lines D & E above: <u>Total on Line F must match the 2024-2025 revenue allocation in blue at the top right hand area of this page.</u>		
G.	<b>Total of all cumulative ADA Compliance funds held in reserve accounts through June 30, 2024:</b>		
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: (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 [jmartinez@fresnocog.org](mailto:jmartinez@fresnocog.org)

**City of Parlier**

The anticipated Fiscal Year 2024-2025 revenue allocation for Flexible sub-program: **\$290,849**

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: <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 2024-2025 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:	