

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 Huron

The anticipated Fiscal Year 2024-2025 revenue allocation for ADA Compliance sub-program: **\$4,714**

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: <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: | | | |
| | | | |

MEASURE C CITIZEN OVERSIGHT COMMITTEE

Fiscal Year 2024-2025 LOCAL AGENCY BUDGET FORM

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City of Huron

The anticipated Fiscal Year 2024-2025 revenue allocation for Flexible sub-program: **\$157,008**

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 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: (<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: | |
| | |