

MEASURE C CITIZEN OVERSIGHT COMMITTEE

Fiscal Year **2026-2027** LOCAL AGENCY BUDGET FORM

This Form is used to report your planned budget for all Fiscal Year **2026-2027** Measure C Pass-Through Funding. Please complete all Forms and e-mail to Fresno COG at jmartinez@fresnocog.org

City of Fresno

The anticipated Fiscal Year **2026-2027** revenue allocation for **Fresno Area Express (FAX)**: **\$15,484,387**

Write it the type of expenditure (give detailed, itemized descriptions at bottom)

Expenditure Amount Totals

A. Type of expenditure: Operating Service	\$ 9,726,387
B. Type of expenditure: Personnel Costs	\$ 1,305,000
C. Type of expenditure: Grant Match	\$ 4,453,000
D. Total 2026-2027 FAX Planned Expenditures (Items A, B & C):	\$ 15,484,387
E. Fiscal Year 2026-2027 FAX Funds to be kept in reserve: *	\$ 0
* Please indicate why 2026-2027 funds are being reserved:	
F. Total of expenditures in lines D & E above: <u>Total on Line F must match the 2026-2027 revenue allocation in blue at the top right hand area of this page.</u>	\$ 15,484,387
G. Total of all cumulative FAX funds held in reserve accounts through June 30, 2026:	\$ 13,518,432
H. Will you be using 2026-2027 FAX Transit Funding in conjunction with other Fiscal Year 2026-2027 Local Agency Pass Through Funds (<i>Streets, ADA, etc.</i>)	☐ Yes ☒ No
I. If yes, select what other type of Local Pass-Through funds will be used: (<i>check all that apply</i>)	☐ Street Maintenance ☐ Flexible ☐ ADA
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:	
See attached COF FAX Transportation Supplemental Schedule.	

**CITY OF FRESNO
FAX REGIONAL PUBLIC TRANSIT SUB-PROGRAM
MEASURE C OVERSIGHT COMMITTEE PLANNED EXPENDITURES SUPPLEMENTAL REPORTING FORM**

FY27 Budgeted Expenditures for FAX Regional Public Transit Sub-Program

Type of Expenditure	Planned Expenditure Amount FY27
<u>Operating Service:</u>	
Basic Daytime Service Support	3,501,499
Night Service Support	1,361,694
Weekend Service Support	1,848,014
15-Minute Frequencies	1,945,277
Special Services	1,069,903
Total Operating Service	9,726,387
<u>Personnel Costs:</u>	
FAX Police Officers	1,305,000
Total Personnel Costs	1,305,000
<u>Grant Match</u>	
Federal Grant -CMAQ	0
Federal Grant - 5307 Prev Maint Match	4,453,000
Total Grant Match	4,453,000
Total FAX Planned Expenditures	15,484,387
FAX Funds Kept in Reserve	0
FAX Planned Expenditures and Reserve Funds for FY2026/27	15,484,387

**MEASURE C EXTENSION
LOCAL TRANSPORTATION PASS THROUGH REVENUES
CERTIFICATION AND CLAIM FOR FY2026-2027**

TO: Fresno County Transportation Authority

FROM: City of Fresno
Local Agency Name

Address: 2600 Fresno Street, Fresno, CA 93721-3601 **Contact:** Linda Taylor

Telephone: (559) 621-1456 **FAX:** _____ **Email Address:** Linda.Taylor@fresno.gov

1. Applicable Funding Program: (Check One)

<i>Regional Public Transit Program</i>	<i>Local Transportation Program</i>	<i>Alternative Transportation Program</i>
☒ Fresno Area Express	☐ Street Maintenance	☐ Rail Consolidation Subprogram
☐ Clovis Transit	☐ ADA Compliance	☐ Environmental Enhancement Program
☐ FCRTA	☐ Flexible Funding	☐ School Bus Replacement
☐ PTIS/Transit Consolidation	☐ Pedestrian/Trails Urban	☐ Transit Oriented Infrastructure for Infill
☐ ADA/Seniors/Paratransit	☐ Pedestrian/Trails Rural	☐ Administrative/Planning Program
☐ Farmworker Van Pools	☐ Bicycle Facilities	☐ Fresno COG
☐ Car/Van Pools	<i>Regional Transportation Program</i>	
☐ New Technology Reserve	☐ Fresno Airports	

2. The City of Fresno ("claimant") is an eligible claimant of funds for local transportation purposes pursuant to
Local Agency Name
California Public Utilities Code Section 142257.

3. The Fresno County Transportation Authority has adopted a Resolution of Apportionment for Fiscal Year 2026-2027 setting 13.70% of \$113,024,720 (or **\$15,484,387) for the Subprogram or Category of funds checked above and available to the claimant. On behalf of claimant, I hereby request release of the funds to claimant in accordance with:**

(a) ~~Monthly~~ payments consistent with adopted percentage, based on actual receipts

(b) Compliance with Steps A and B of the Strategic Implementation Plan (SIP) – Local Agency Pass-Through Funding programs and Other Revenue Program Funding