

AGREEMENT
FOR PROFESSIONAL SERVICES
BETWEEN
THE CITY OF SALINAS AND THE
TRANSPORTATION AGENCY FOR
MONTEREY COUNTY



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**AGREEMENT FOR PROFESSIONAL SERVICES BETWEEN
THE CITY OF SALINAS AND THE TRANSPORTATION AGENCY FOR MONTEREY
COUNTY**

This Agreement for Professional Services (the “Agreement” and/or “Contract”) is made and entered into this ____ day of _____, 2023, between the **City of Salinas**, a California Charter city and municipal corporation (hereinafter “City”), and the **Transportation Agency for Monterey County**, a joint powers authority (hereinafter “TAMC”).

RECITALS

WHEREAS, TAMC represents that he, she, or it is specially trained, experienced, and competent to perform the special services which will be required by this Agreement; and

WHEREAS, TAMC is willing to render such professional services, as hereinafter defined, on the following terms and conditions.

NOW, THEREFORE, City and TAMC agree as follows:

TERMS

1. **Scope of Service.** The project contemplated and the scope of TAMC’s services are described in **Exhibit B**, attached hereto and incorporated herein by reference.
2. **Term; Completion Schedule.** This Agreement shall commence on September 1, 2023, and shall terminate on December 31, 2027, unless extended in writing by either party upon (30) days written notice. This Agreement may be extended only upon mutual written consent of the parties, and may be terminated only pursuant to the terms of this Agreement.
3. **Compensation.** City hereby agrees to pay TAMC for services rendered the City pursuant to this Agreement on a time and materials basis according to the rates of compensation as set forth in **Exhibit B**. The total amount of compensation to be paid under this Agreement shall not exceed **one million, seven hundred nineteen thousand, eight hundred fifty-four and forty-two cents (\$1,719,854.42)**.
4. **Billing.** TAMC shall submit to City an itemized invoice, prepared in a form satisfactory to City, describing its services and costs for the period covered by the invoice. Except as specifically authorized by City, TAMC shall not bill City for duplicate services performed by more than one person. TAMC’s bills shall include the following information to which such services cost or pertain:

- (A) A brief description of services performed;
- (B) The date the services were performed;
- (C) The number of hours spent and by whom;

- (D) A brief description of any costs incurred; and
- (E) The TAMC's signature.

Any such invoices shall be in full accord with any and all applicable provisions of this Agreement.

City shall make payment on each such invoice within thirty (30) days of receipt; provided, however, that if TAMC submits an invoice which is incorrect, incomplete, or not in accord with the provisions of this Agreement, City shall not be obligated to process any payment to TAMC until thirty (30) days after a correct and complying invoice has been submitted by TAMC. The City shall process undisputed portion immediately.

5. Meet & Confer. TAMC agrees to meet and confer with City or its agents or employees with regard to services as set forth herein as may be required by the City to ensure timely and adequate performance of the Agreement.

6. Additional Copies. If City requires additional copies of reports, or any other material which TAMC is required to furnish as part of the services under this Agreement, TAMC shall provide such additional copies as are requested, and City shall compensate TAMC for the actual costs related to the production of such copies by TAMC.

7. Responsibility of TAMC. By executing this Agreement, TAMC agrees that the services to be provided and work to be performed under this Agreement shall be performed in a fully competent manner. By executing this Agreement, TAMC further agrees and represents to City that the TAMC possesses, or shall arrange to secure from others, all of the necessary professional capabilities, experience, resources, and facilities necessary to provide the City the services contemplated under this Agreement and that City relies upon the professional skills of TAMC to do and perform TAMC's work. TAMC further agrees and represents that TAMC shall follow the current, generally accepted practices in this area to the profession to make findings, render opinions, prepare factual presentations, and provide professional advice and recommendations regarding the projects for which the services are rendered under this Agreement.

8. Responsibility of City. To the extent appropriate to the projects to be completed by TAMC pursuant to this Agreement, City shall:

(A) Assist TAMC by placing at its disposal all available information pertinent to the projects, including but not limited to, previous reports and any other data relative to the projects. Nothing contained herein shall obligate City to incur any expense in connection with completion of studies or acquisition of information not otherwise in the possession of City.

(B) Examine all studies, reports, sketches, drawings, specifications, proposals, and other documents presented by TAMC, and render verbally or in writing as may be appropriate, decisions pertaining thereto within a reasonable time so as not to delay the services of TAMC.

(C) Steve Carrigan, City Manager, or his designee, shall act as City's representative with respect to the work to be performed under this Agreement. Such person shall have the complete authority to transmit instructions, receive information, interpret and define City's policies and decisions with respect to materials, equipment, elements, and systems pertinent to TAMC's services. City may unilaterally change its representative upon notice to the TAMC.

(D) Give prompt written notice to TAMC whenever City observes or otherwise becomes aware of any defect in a project.

9. **Acceptance of Work Not a Release.** Acceptance by the City of the work to be performed under this Agreement does not operate as a release of TAMC from professional responsibility for the work performed.

10. **Indemnification and Hold Harmless.**

TAMC shall defend, indemnify, and hold harmless the City and its officers, officials, employees, volunteers, and agents from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with TAMC's performance of work hereunder, including the performance of work of any of TAMC's subcontractors or agents, or TAMC's failure to comply with any of its obligations contained in the agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the City.

11. **Insurance.** TAMC shall procure and maintain for the duration of this Agreement insurance meeting the requirements specified in **Exhibit A** hereto.

12. **Access to Records.** TAMC shall maintain all preparatory books, records, documents, accounting ledgers, and similar materials including but not limited to calculation and survey notes relating to work performed for the City under this Agreement on file for at least three (3) years following the date of final payment to TAMC by City. Any duly authorized representative(s) of City shall have access to such records for the purpose of inspection, audit, and copying at reasonable times during TAMC's usual and customary business hours. TAMC shall provide proper facilities to City's representative(s) for such access and inspection.

13. **Non-Assignability.** It is recognized by the parties hereto that a substantial inducement to City for entering into this Agreement was, and is, the professional reputation and competence of TAMC. This Agreement is personal to TAMC and shall not be assigned by it without express written approval of the City.

14. **Changes to Scope of Work.** City may at any time, and upon a minimum of ten (10) days written notice, seek to modify the scope of services to be provided for any project to be completed under this Agreement. TAMC shall, upon receipt of said notice, determine the impact on both time and compensation of such change in scope and notify City in writing. Upon agreement between City and TAMC as to the extent of said impacts to time and compensation, an amendment to this Agreement shall be prepared describing such changes. Execution of the

amendment by City and TAMC shall constitute the TAMC's notice to proceed with the changed scope.

15. Ownership of Documents. Title to all final documents, including drawings, specifications, data, reports, summaries, correspondence, photographs, computer software (if purchased on the City's behalf), video and audio tapes, software output, and any other materials with respect to work performed under this Agreement shall vest with City at such time as City has compensated TAMC, as provided herein, for the services rendered by TAMC in connection with which they were prepared. City agrees to hold harmless and indemnify the TAMC against all damages, claims, lawsuits, and losses of any kind including defense costs arising out of any use of said documents, drawings, and/or specifications on any other project without written authorization of the TAMC.

16. Termination.

(A) City shall have the authority to terminate this Agreement, upon ten days written notice to TAMC, as follows:

(1) If in the City's reasonable opinion the conduct of the TAMC is such that the interest of the City may be impaired or prejudiced.

(B) Upon termination, TAMC shall be entitled to payment of such amount as fairly compensates TAMC for all work satisfactorily performed up to the date of termination based upon the TAMC's rates shown in **Exhibit B** and/or Section 3 of this Agreement, except that:

(1) In the event of termination by the City for TAMC's default, City shall deduct from the amount due TAMC the total amount of additional expenses incurred by City as a result of such default. Such deduction from amounts due TAMC are made to compensate City for its actual additional costs incurred in securing satisfactory performance of the terms of this Agreement, including but not limited to, costs of engaging another organization(s) for such purposes.

(C) In the event that this Agreement is terminated by City for a reasonable cause, TAMC shall:

(1) Upon receipt of written notice of such termination promptly cease all services on this project, unless otherwise directed by City; and

(2) Deliver to City all documents, data, reports, summaries, correspondence, photographs, computer software output, video and audio tapes, and any other materials provided to TAMC or prepared by or for TAMC or the City in connection with this Agreement. Such material is to be delivered to City in completed form; however, notwithstanding the provisions of Section 15 herein, City may condition payment for

services rendered to the date of termination upon TAMC's delivery to the City of such material.

(D) In the event that this Agreement is terminated by City for any reason, City is hereby expressly permitted to assume the projects and complete them by any means, including but not limited to, an agreement with another party.

(E) The rights and remedy of the City and TAMC provided under this Section are not exclusive and are in addition to any other rights and remedies provided by law or appearing in any other section of this Agreement.

17. **Compliance with Laws, Rules, and Regulations.** Services performed by TAMC pursuant to this Agreement shall be performed in accordance and full compliance with all applicable federal, state, and City laws and any rules or regulations promulgated thereunder.

18. **Exhibits Incorporated.** All exhibits referred to in this Agreement and attached to it are hereby incorporated in it by this reference. In the event there is a conflict between any of the terms of this Agreement and any of the terms of any exhibit to the Agreement, the terms of the Agreement shall control the respective duties and liabilities of the parties.

19. **Independent Contractor.** It is expressly understood and agreed by both parties that TAMC, while engaged in carrying out and complying with any of the terms and conditions of this Agreement, is an independent contractor and not an employee of the City. TAMC expressly warrants not to represent, at any time or in any manner, that TAMC is an employee or servant of the City.

20. **Integration and Entire Agreement.** This Agreement represents the entire understanding of City and TAMC as to those matters contained herein. No prior oral or written understanding shall be of any force or effect with respect to those matters contained herein. This Agreement may not be modified or altered except by amendment in writing signed by both parties.

21. **Jurisdiction and Venue.** This Agreement shall be governed by and construed in accordance with the laws of the State of California, County of Monterey, and City of Salinas. Jurisdiction of litigation arising from this Agreement shall be in the State of California, in the County of Monterey or in the appropriate federal court with jurisdiction over the matter.

22. **Severability.** If any part of this Agreement is found to be in conflict with applicable laws, such part shall be inoperative, null and void insofar as it is in conflict with said laws, but the remainder of the Agreement shall continue to be in full force and effect.

23. **Notices.**

(A) Written notices to the City hereunder shall, until further notice by City, be addressed to:

City Manager
City of Salinas
200 Lincoln Avenue
Salinas, California 93901

With a copy to:

City Attorney
City of Salinas
200 Lincoln Avenue
Salinas, California 93901

(B) Written notices to the TAMC shall, until further notice by the TAMC, be addressed to:

Todd A. Muck
Executive Director
55 B Plaza Circle
Salinas, California 93901
Todd@tamcmonterey.org
(831) 775-0903

(C) The execution of any such notices by the City Manager shall be effective as to TAMC as if it were by resolution or order of the City Council, and TAMC shall not question the authority of the City Manager to execute any such notice.

(D) All such notices shall either be delivered personally to the other party's designee named above, or shall be deposited in the United States Mail, properly addressed as aforesaid, postage fully prepaid, and shall be effective the day following such deposit in the mail.

24. Nondiscrimination. During the performance of this Agreement, TAMC shall not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, creed, sex, national origin, familial status, sexual orientation, age (over 40 years) or disability. TAMC shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, ancestry, creed, sex, national origin, familial status, sexual orientation, age (over 40 years) or disability.

25. Conflict of Interest. TAMC warrants and declares that it presently has no interest, and shall not acquire any interest, direct or indirect, financial or otherwise, in any manner or degree which will render the services required under the provisions of this Agreement a violation of any applicable local, state or federal law. TAMC further declares that, in the performance of this Agreement, no subcontractor or person having such an interest shall be employed. In the event that any conflict of interest should nevertheless hereinafter arise, TAMC shall promptly notify City of the existence of such conflict of interest so that City may determine whether to terminate

this Agreement. TAMC further warrants its compliance with the Political Reform Act (Government Code section 81000 et seq.) and Salinas City Code Chapter 2A that apply to TAMC as the result of TAMC's performance of the work or services pursuant to the terms of this Agreement.

26. **Headings.** The section headings appearing herein shall not be deemed to govern, limit, modify, or in any manner affect the scope, meaning or intent of the provisions of this Agreement.

27. **Attorneys' Fees.** In case suit shall be brought to interpret or to enforce this Agreement, or because of the breach of any other covenant or provision herein contained, the prevailing party in such action shall be entitled to recover their reasonable attorneys' fees in addition to such costs as may be allowed by the Court. City's attorneys' fees, if awarded, shall be calculated at the market rate.

28. **Non-Exclusive Agreement.** This Agreement is non-exclusive and both City and TAMC expressly reserves the right to contract with other entities for the same or similar services.

29. **Rights and Obligations Under Agreement.** By entering into this Agreement, the parties do not intend to create any obligations express or implied other than those set out herein; further, this Agreement shall not create any rights in any party not a signatory hereto.

30. **Licenses.** If a license of any kind, which term is intended to include evidence of registration, is required of TAMC, its representatives, agents or subcontractors by federal, state or local law, TAMC warrants that such license has been obtained, is valid and in good standing, and that any applicable bond posted in accordance with applicable laws and regulations.

31. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute a single agreement.

32. **Legal Representation.** Each party affirms that it has been represented, if it so chose, by legal counsel of its own choosing regarding the preparation and the negotiation of this Agreement and the matters and claims set forth herein, and that each of them has read this Agreement and is fully aware of its contents and its legal effect. Neither party is relying on any statement of the other party outside the terms set forth in this Agreement as an inducement to enter into this Agreement.

33. **Joint Representation.** The language of all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any party. No presumptions or rules of interpretation based upon the identity of the party preparing or drafting the Agreement, or any part thereof, shall be applicable or invoked.

34. **Warranty of Authority.** Each party represents and warrants that it has the right, power, and authority to enter into this Agreement. Each party further represents and warrants that it has given any and all notices, and obtained any and all consents, powers, and authorities, necessary to permit it, and the persons entering into this Agreement for it, to enter into this Agreement.

35. No Waiver of Rights. Waiver of a breach or default under this Agreement shall not constitute a continuing waiver or a waiver of a subsequent breach of the same or any other provision of this Agreement. The failure to provide notice of any breach of this Agreement or failure to comply with any of the terms of this Agreement shall not constitute a waiver thereof. Failure on the part of either party to enforce any provision of this Agreement shall not be construed as a waiver of the right to compel enforcement of such provision or any other provision. A waiver by the City of any one or more of the conditions of performance under this Agreement shall not be construed as waiver(s) of any other condition of performance under this Agreement.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the date first written above.

CITY OF SALINAS

Steve Carrigan
City Manager

APPROVED AS TO FORM:

-
- Christopher A. Callihan, City Attorney, or
 Rhonda Combs, Assistant City Attorney

TAMC

By: Todd Muck
Its: Executive Director

Exhibit A- Insurance Requirements

Insurance Requirements

TAMC shall procure and maintain for the duration of the Agreement insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the TAMC, his agents, representatives, employees, or subcontractors. With respect to General Liability and Professional Liability, coverage should be maintained for a minimum of five (5) years after Agreement completion.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

- (A) **Commercial General Liability** (“CGL”): Insurance Services Office Form (“ISO”) CG 00 01 covering CGL on an occurrence basis, including products and completed operations, property damage, bodily injury, and personal & advertising injury with limits no less than **\$1,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
- (B) **Automobile Liability**: ISO Form CA 0001 covering any auto, or if TAMC has no owned autos, hired and non-owned, with limits no less than **\$1,000,000** per accident for bodily injury and property damage.
- (C) **Workers’ Compensation** insurance as required by the State of California, with Statutory Limits, and Employer’s Liability Insurance with a limit of no less than **\$1,000,000** per accident for bodily injury or disease.
- (D) **Professional Liability** (also known as Errors and Omissions) insurance appropriate to the work being performed, with limits no less than **\$1,000,000** per occurrence or claim, **\$2,000,000** aggregate per policy period of one year.

If the TAMC maintains broader coverage and/or higher limits than the minimums shown above, the City of Salinas requires and shall be entitled to the broader coverage and/or higher limits maintained by the TAMC. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

OTHER INSURANCE PROVISIONS

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The City of Salinas, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the TAMC including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the TAMC’s insurance (at least as broad as ISO Form CG 20 10, CG 11 85, or **both** CG 20 10, CG 20 26, CG 20 33, or CG 20 38; **and** CG 20 37 forms if later revisions used).

Primary Coverage

For any claims related to this Agreement or the project described within this Agreement, the **TAMC's insurance coverage shall be primary coverage** at least as broad as ISO Form CG 20 01 04 13 as respects the City, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees, or volunteers shall be excess of the TAMC's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the City.

Waiver of Subrogation

TAMC hereby grants to City a waiver of any right to subrogation which any insurer of said TAMC may acquire against the City by virtue of the payment of any loss under such insurance. TAMC agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City has received a waiver of subrogation endorsement from the insurer.

The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City of Salinas for all work performed by the TAMC, its employees, agents, and subcontractors.

Self-Insured Retentions

Self-insured retentions must be declared by TAMC to and approved by the City. At the option of the City, TAMC shall provide coverage to reduce or eliminate such self-insured retentions as respects the City, its officers, officials, employees, and volunteers; or the TAMC shall provide evidence satisfactory to the City guaranteeing payment of losses and related investigations, claim administrations, and defense expenses. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or City.

Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the City.

Claims Made Policies

If any of the required policies provide coverage on a claims-made basis:

1. The Retroactive Date must be shown and must be before the date of this Agreement or the beginning of Agreement work.
2. Insurance must be maintained and evidence of insurance must be provided ***for at least five (5) years after completion of the Agreement of work.***
3. If coverage is canceled or non-renewed, and not ***replaced with another claims-made policy form with a Retroactive Date*** prior to the Agreement effective date, the TAMC must purchase "extended reporting" coverage for a minimum of ***five (5) years*** after completion of Agreement work.
4. A copy of the claims reporting requirements must be submitted to the City for review.

Verification of Coverage

TAMC shall furnish the City with original certificates and amendatory endorsements or copies of the applicable insurance language effecting coverage required by this Agreement. All certificates and endorsements are to be received and approved by the City before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the TAMC's obligation to provide them. The City reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

Subcontractors

TAMC shall require and verify that all sub-TAMCs and/or subcontractors maintain insurance meeting all the requirements stated herein, and TAMC shall ensure that Entity is an additional insured on insurance required from such sub-TAMCs and/or subcontractors.

Special Risks or Circumstances

City reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

Maintenance of Insurance

Maintenance of insurance by TAMC as specified shall in no way be interpreted as relieving TAMC of its indemnification obligations or any responsibility whatsoever and the TAMC may carry, at its own expense, such additional insurance as it deems necessary.

Scope of Service; Compensation

Exhibit 25-R ATP Non-Infrastructure Project Work Plan

Fill in the following items:

Date: (1)	
Implementing Agency Name: (2)	City of Salinas
Project Number: (3)	1
Project Location(s): (4a)	Natividad Elementary
" "	(4b) Harden Middle School
" "	(4c) North Salinas High School
" "	(4d) Various Senior Housing & businesses in North Salinas
Project Description: (5)	<p>Programming will include traffic safety education for 2nd – 5th grade at Natividad Elementary and students at Harden Middle School. Education will include in-class presentations and hands-on experience practicing safe walking and bicycling. North Salinas High School students will be recruited to help develop sidewalk art marking safe routes to schools and be asked to help create a safety and/or active transportation encouragement campaign for their peers. The Health Department will lead a community-wide safety campaign addressing issues raised by the community such as aggressive driver behavior and speeding.</p> <p>A community-wide family fun festival will be held to encourage active transportation with local vendors and safe routes to school partners. The project will also include piloting a balance bike workshop with Kindergarteners and a walking school bus at Natividad Elementary School which will include school and parent engagement and volunteer training</p>

Enter information in each Task Tab, as it applies (Task A, Task B, Task C, Task C, etc.)

For Department use only

You will not be able to fill in the following items. Items will auto-populate once you've entered all "Task" tabs that applies:

Task Summary:

Click the links below to navigate to "Task Details" tabs:

Task	Task Name	ATP Cost	Non-ATP Cost
Task "A"	PROJECT MANAGEMENT & COORDINATION	\$ 51,033.60	\$ -
Task "B"	Safe Routes to School (SRTS) Kick off Activities	\$ 12,800.00	\$ -
Task "C"	Safe Route to School: Outreach and Education at Schools	\$ 650,940.46	\$ -
Task "D"	Safe Routes to School: Outreach and Education in the Community	\$ 160,447.18	\$ -
Task "E"	Walking Presentation to Seniors	\$ 157,887.18	\$ -
Task "F"	HEALTH IN ALL POLICIES & CIVIC ENGAGEMENT	\$ 177,023.33	\$ -
Task "G"	Safety Campaign For Motorists	\$ 228,782.38	\$ -
Task "H"	TRAFFIC GARDEN & SIDEWALK ART	\$ 255,538.45	\$ -
Task "I"	REPORTING/INVOICING	\$ 25,401.84	\$ -
Task "J"		\$ -	\$ -
ATP Total:		\$ 1,719,854.42	\$ -
Non-ATP Total:			\$ -
GRAND TOTAL		\$	1,719,854.42

Item Justification and Sustainability

This section gives implementers an opportunity to justify specific items they need as part of their program.
Please refer to the ATP NI Guidance for specific items needing justification: <https://dot.ca.gov/programs/local-assistance/fed-and-state-programs/active-transportation-program/general-and-technical-information>.

Feel free to add anything else you feel needs justification. If you have none of these items, this section does not need to be filled out.

Items Needing a Justification	Check if included in project	Which Task(s) is the item in?	Quantity	Justification (explain the need for the item, how it will be used, why the quantity requested is needed, and how it will be sustained (for equipment) or given away (for incentives))
<u>Equipment:</u> iPod or basic Tablet	<input type="checkbox"/>			
<u>Equipment:</u> Bicycle Trailer or Storage Unit	<input type="checkbox"/>			
<u>Equipment:</u> Other (<i>write in</i>)	<input type="checkbox"/>			
<u>Equipment:</u> Other (<i>write in</i>)	<input type="checkbox"/>			
<u>Major Incentives:</u> Bicycle Helmets	<input type="checkbox"/>			
<u>Major Incentives:</u> Bicycle Locks	<input type="checkbox"/>			
<u>Major Incentives:</u> Bicycle Lights	<input type="checkbox"/>			
<u>Incentives:</u> Other (<i>write in</i>)	<input type="checkbox"/>			
<u>Incentives:</u> Other (<i>write in</i>)	<input type="checkbox"/>			
<u>Incentives:</u> Other (<i>write in</i>)	<input type="checkbox"/>			

TASK "A" DETAIL						
Task Name (5a):		PROJECT MANAGEMENT & COORDINATION				
Task Summary (5b):		Project kick-off meeting with partner agencies and subsequent monthly partner coordination meetings for four years. Competitive request for proposals process will be done to hire for consultant services.				
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):		
1.	Sep-23	Jun-27	Project kick-off meeting with partner agencies	Meeting notes		
2.	Sep-23	Jun-27	Monthly Coordination meetings	Log of meetings and notes		
3.	Sep-23	Jun-27	RFP for NI Consultant Services	Consultant contract		
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Staff Costs (7):						
Staff Time (Agency) (7a):		ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	Non-ATP Total \$
Party 1 -	Chronic Disease Prevention Coordinator (IP)	ATP	108	\$96.44	\$ 10,415.52	
Party 2 -	Chronic Disease Prevention Specialist II (IP)	ATP	32	\$84.67	\$ 2,709.44	
Party 3 -	Health Program Coordinator (IP)	ATP	32	\$105.84	\$ 3,386.88	
Party 4 -	Public Health Program Manager II (IP)	ATP	32	\$126.79	\$ 4,057.28	
Party 5 -	Management Analyst III (PEP)	ATP	32	\$106.04	\$ 3,393.28	
Party 6 -	Chronic Disease Prevention Specialist II (PEP)	ATP	32	\$81.85	\$ 2,619.20	
Party 7 -	Chronic Disease Prevention Coordinator (PEP)	ATP	56	\$89.02	\$ 4,985.12	
Party 8 -	Program Manager II (PEP)	ATP	32	\$127.09	\$ 4,066.88	
Party 9 -	Principal Transportation Planner	ATP	80	\$150.00	\$ 12,000.00	
Party 10 -	Transportation Planner	ATP	40	\$85.00	\$ 3,400.00	
Subtotal Agency Costs:					\$ 51,033.60	\$ -
Staff Time (Consultant) (7b):		ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	Non-ATP Total \$
Party 1 -						
Party 2 -						
Party 3 -						
Subtotal Consultant Costs:					\$ -	\$ -
Total Staff Costs (Agency & Consultant) (7c):					\$ 51,033.60	\$ -
Indirect Costs (8)						
Approved ICAP (8a)?	<input type="checkbox"/>	If Approved ICAP box is checked, provide Rate (8b):			ATP Indirect Costs (8c):	
Task Notes (9):						
Other Costs (10):						
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs tab:						
				ATP Total \$	Non-ATP Total \$	
To fill out an itemized cost for each "Other Cost", click below: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Itemized "Other Costs" Section</div>				Travel (10a):	\$ -	\$ -
				Equipment (10b):	\$ -	\$ -
				Supplies/Materials (10c):	\$ -	\$ -
				Incentives (10d):	\$ -	\$ -
				Other Direct Costs (10e):	\$ -	\$ -
				Other Direct Costs (10f):	\$ -	\$ -
Total Other Costs (10g):				\$ -	\$ -	
TASK GRAND TOTAL (11):					\$ 51,033.60	\$ -

Task "A" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to this task

Travel (10a)

	Type of Travel	ATP or Non-ATP (select one)	Quantity	Units	Cost \$	ATP Total \$	Non-ATP Total \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Total:						\$ -	\$ -
Total Travel Cost:						\$	-

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to this task

Equipment (10b)

	Type of Equipment	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Equipment Cost:					\$	-

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to this task

Supplies/Materials (10c)

	Type of Supplies/Materials	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Supplies/Materials Cost:					\$	-

Task "A" Other Costs:

Itemized Incentives Cost (10d)

Please provide an itemized "incentives" cost estimate for all incentives costs applicable to this task

Incentives (10d)

	Type of Incentives	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Incentives Cost:					\$	-

Itemized Other Direct Costs (10e)

Please provide an itemized "other direct" cost estimate for all other costs applicable to this task

Other Direct Costs (10e)

	Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Other Direct Cost:					\$	-

Itemized Other Direct Costs (10f)

Please provide an itemized "other direct" cost estimate for all other costs applicable to this task

Other Direct Costs (10f)

	Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Other Direct Cost:					\$	-

TASK "B" DETAIL							
Task Name (5a):		Safe Routes to School (SRTS) Kick off Activities					
Task Summary (5b):		Meet with school staff, parents and community to provide information on the importance of a collaborative public health approach in active transportation options to enhance student and community health. Determine lead SRTS champions through community engagement efforts. Champions may be identified at the elementary school site and/or other key community locations such as the church or library. Share information with the school, community, and parents about upcoming activities and opportunities for engagement. Complete all required agreements and contracts.					
	Start Date	End Date	Activities (6a):	Deliverables (6b):			
1.	Sep-23	Jun-27	Provide grant information and complete start up activities to support the school's and/or community's active participation.	List of contacts and set meetings.			
2.	Sep-23	Jun-27	Attend community meetings and/or school site council meetings, PTA, English Learner Advisory Committee (ELAC), cafecitos in person or virtually, to promote the project, promote interest and seek champions.	Agenda for meetings and presentation notes on project.			
3.	Sep-23	Jun-27	Select SRTS kick-off activities, locations and dates with input from the community, school principal, champions and/or school site council.	Record of kick-off activities and notes of meeting discussions.			
4.	Sep-23	Jun-27	Advertise SRTS kick-off activities to school, parents and community.	Copies of fliers and press releases from kick-off activities.			
5.	Sep-23	Jun-27	Contracts and agreements with community agencies and/or school district and any required vendors.	Copies of contracts/agreements.			
6.							
7.							
8.							
9.							
10.							
Staff Costs (7):							
Staff Time (Agency) (7a):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	Non-ATP Total \$
Party 1 -	Principal Transportation Planner		ATP	40	\$150.00	\$ 6,000.00	
Party 2 -	Transportation Planner		ATP	80	\$85.00	\$ 6,800.00	
Party 3 -							
Party 4 -							
Party 5 -							
Party 6 -							
Subtotal Agency Costs:						\$ 12,800.00	\$ -
Staff Time (Consultant) (7b):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	Non-ATP Total \$
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Cost:						\$ -	\$ -
Total Staff Costs (Agency & Consultant) (7c):						\$ 12,800.00	\$ -
Indirect Costs (8)							
Approved ICAP (8a)?	<input type="checkbox"/>	If Approved ICAP box is checked, provide Rate (8b):			ATP Indirect Costs (8c):		
Task Notes (9):							
Other Costs (10):							
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs tab:							
To fill out an itemized cost for each "Other Cost", click below: <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;">Itemized "Other Costs" Section</div>					Travel (10a):	\$ -	\$ -
					Equipment (10b):	\$ -	\$ -
					Supplies/Materials (10c):	\$ -	\$ -
					Incentives (10d):	\$ -	\$ -
					Other Direct Costs (10e):	\$ -	\$ -
					Other Direct Costs (10f):	\$ -	\$ -
Total Other Costs (9g):					\$ -	\$ -	
TASK GRAND TOTAL (10):					\$ 12,800.00	\$ -	

Task "B" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to this task

Travel (10a)

	Type of Travel	ATP or Non-ATP (select one)	Quantity	Units	Cost \$	ATP Total \$	Non-ATP Total \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Total:						\$ -	\$ -
Total Travel Cost:						\$	-

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment cost applicable to this task

Equipment (10b)

	Type of Equipment	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Equipment Cost:					\$	-

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials cost applicable to this task

Supplies/Materials (10c)

	Type of Supplies/Materials	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Supplies/Materials Cost:					\$	-

Task "B" Other Costs:						
Itemized Incentives Cost (10d)						
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to this task						
Incentives (10d)						
	Type of Incentives	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Incentives Cost:					\$	-

Itemized Other Direct Costs (10e)						
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task						
Other Direct Costs (10e)						
	Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Other Direct Cost:					\$	-

Itemized Other Direct Costs (10f)						
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task						
Other Direct Costs (10f)						
	Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Other Direct Cost:					\$	-

TASK "C" DETAIL						
Task Name (5a): Safe Route to School: Outreach and Education at Schools						
Task Summary (5b): Conduct presentations for children in 2nd-5th grades. Presentations to be completed once per year for four years. Location of presentations to be determined through community and/or school engagement. Develop and Implement Elementary School Walking School Bus at 1 school for 2 years. Coordinate and plan with school community, draft route maps, create program structure, implement program, recruit volunteers, promote participation, analyze results, and improve program. Coordinate and host 2 Family Fun Festivals (1 school for 2 years) - school-community-focused festivals providing access to information on transportation safety and vital community resources in a fun, interactive manner. Stakeholder participants could include County Public Health, local bike shops, health and active transportation advocates and others. Activities to include a bicycle safety rodeo, pedestrian safety course, bicycle maintenance, helmet checks and more.						
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):		
1.	Sep-23	Jun-27	Order required supplies.	Copies of invoices/receipts.		
2.	Sep-23	Jun-27	Pedestrian Safety Presentations for children 3rd-4th grade. Presentations once per year for four years. Pre and post surveys.	Schedule of presentations. Pre and post surveys. Approximately 7 presentations per year x 4 years = 28 presentations total.		
3.	Sep-23	Jun-27	Walking School Bus support and Family Fun Festival support. Project partners will table at Family Fun Festivals and provide staffing support for the walking school bus.	Outreach materials, photos		
4.	Sep-23	Jun-27	Conduct pedestrian safety presentations for all 2nd grade classrooms (Approx. 4 classes per school year x 4 years)	Approx. 16 presentations. Log of Presentation Events, Photos, Number of Students Served and Evaluation Activity Results.		
5.	Sep-23	Jun-27	Conduct pedestrian safety Walk-Around-the-Block for all 2nd grade classrooms (Approx. 4 classes per school year x 4 years)	Approx. 16 field trips. Log of Field Trip Events, Photos, Number of Students Served and Evaluation Activity Results.		
6.	Sep-23	Jun-27	Conduct bicycle safety presentations for all 5th grade classrooms (4 classes per school year x 4 years)	Approx. 16 classes. Log of Presentation Events, Photos, Number of Students Served and Evaluation Activity Results.		
7.	Sep-23	Jun-27	Conduct bicycle safety rodeos for all 5th grade classrooms (Approx. 4 classes per school year x 4 years)	Approx. 16 rodeos. Log of Rodeo Events, Photos, Number of Students Served and Evaluation Activity Results.		
8.	Sep-23	Jun-27	Conduct bicycle safety assembly presentations for all 6th or 7th grade classrooms (Approx. 8 assemblies per school year x 4 years)	Approx. 32 assemblies. Log of Assembly Events, Photos, Number of Students Served and Evaluation Activity Results.		
9.	Sep-23	Jun-27	Develop and Implement Elementary School Walking School Bus at 1 school for 2 years. Coordinate and plan with school community, draft route maps, create program structure, implement program, recruit volunteers, promote participation, analyze results, and improve program.	2 years of Walking School Bus at 1 Elementary School. Program will operate throughout the fall and spring semesters and will run at least 1 route per school once per week.		
10.	Sep-23	Jun-27	Coordinate and host 2 Family Fun Festivals (1 school for 2 years) - school-community-focused festivals providing access to information on transportation safety and vital community resources in a fun, interactive manner. Stakeholder participants could include County Public Health, local bike shops, health and active transportation advocates and others. Activities to include a bicycle safety rodeo, pedestrian safety course, bicycle maintenance, helmet checks and more.	2 Events. Log of participating organizations and activities, number of attendees, photos, copy of marketing collateral.		
10.						
Staff Costs (7):						
Staff Time (Agency) (7a):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$
Party 1 - Chronic Disease Prevention Coordinator (IP)			ATP	672	\$96.44	\$ 64,807.68
Party 2 - Chronic Disease Prevention Specialist II (IP)			ATP	672	\$84.67	\$ 56,898.24
Party 3 - Intern (IP)			ATP	672	\$29.40	\$ 19,756.80
Party 4 - Health Program Coordinator (IP)			ATP	104	\$105.84	\$ 11,007.36
Party 5 - Public Health Program Manager II (IP)			ATP	48	\$126.79	\$ 6,085.92
Party 6 - Associate Transportation Planner			ATP	30	\$95.00	\$ 2,850.00
Party 7 - Transportation Planner			ATP	30	\$85.00	\$ 2,550.00
Party 8 -			ATP			\$ -
Subtotal Agency Costs:						\$ 163,956.00
Staff Time (Consultant) (7b):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$
Party 1 - Consultant - Pedestrian Safety Trainings (16 classes)			ATP	1	\$33,160.48	\$ 33,160.48
Party 2 - Consultant - Bicycle Safety Trainings (16 classes)			ATP	1	\$38,060.16	\$ 38,060.16
Party 3 - Consultant - Middle School Assemblies (32 trainings)			ATP	1	\$69,120.64	\$ 69,120.64
Party 4 - Consultant - Walking School Bus (2 years at 1 school)			ATP	1	\$204,409.16	\$ 204,409.16
Party 5 - Consultant - Family Fun Festivals (2 festivals)			ATP	1	\$24,717.22	\$ 24,717.22
Subtotal Consultant Costs:						\$ 369,467.66
Total Staff Costs (Agency & Consultant) (7c):						\$ 533,423.66
Indirect Costs (8)						
Approved ICAP (8a)?	<input checked="" type="checkbox"/>	If Approved ICAP box is checked, provide Rate (8b):			64%	ATP Indirect Costs (8c):
Task Notes (9):						
Other Costs (10):						
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs tab:						
To fill out an itemized cost for each "Other Cost", click below:				Itemized "Other Costs" Section		
				ATP Total \$	Non-ATP Total \$	
Travel (10a):				\$ 232.00	\$ -	
Equipment (10b):				\$ -	\$ -	
Supplies/Materials (10c):				\$ 1,600.00	\$ -	
Incentives (10d):				\$ 700.00	\$ -	
Other Direct Costs (10e):				\$ 114,984.80	\$ -	
Other Direct Costs (10f):				\$ -	\$ -	
Total Other Costs (10g):				\$ 117,516.80	\$ -	
TASK GRAND TOTAL (11):				\$ 650,940.46	\$ -	

Task "C" Other Costs:						
Itemized Travel Cost (10a)						
Please provide an itemized "travel" cost estimate for all travel costs applicable to this task						
Travel (10a)						
Type of Travel	ATP or Non-ATP (select one)	Quantity	Units	Cost \$	ATP Total \$	Non-ATP Total \$
1. Reimbursable mileage to and from school sites and SRTS events (IP)	ATP	400	miles	\$0.58	\$ 232.00	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ 232.00	\$ -
Total Travel Cost:					\$ 232.00	

Itemized Equipment Cost (10b)						
Please provide an itemized "equipment" cost estimate for all equipment costs applicable to this task						
Equipment (10b)						
Type of Equipment	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ -	\$ -	
Total Equipment Cost:				\$ -		

Itemized Supplies/Materials Cost (10c)						
Please provide an itemized "supplies/materials" cost estimate for all supplies/materials costs applicable to this task						
Supplies/Materials (10c)						
Type of Supplies/Materials	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1. Duplicating Costs for outreach and presentations (IP)	ATP	400	1.00	\$ 400.00		
2. Educational Materials for outreach and presentations (IP)	ATP	400	2.00	\$ 800.00		
3. Printing for outreach and education (IP)	ATP	400	1.00	\$ 400.00		
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ 1,600.00	\$ -	
Total Supplies/Materials Cost:				\$ 1,600.00		

Task "C" Other Costs:					
Itemized Incentives Cost (10d)					
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to this task					
Incentives (10d)					
Type of Incentives	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1. Reflective arm bands for pedestrian presentations (IP)	ATP	200	3.50	\$ 700.00	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ 700.00	\$ -
Total Incentives Cost:				\$	700.00

Itemized Other Direct Costs (10e)					
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task					
Other Direct Costs (10e)					
Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1. IT/ERP/Telecom/ERP Reserve (costs for 4 years for 5 staff) (IP)	ATP	20	5,749.24	\$ 114,984.80	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ 114,984.80	\$ -
Total Other Direct Cost:				\$	114,984.80

Itemized Other Direct Costs (10f)					
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task					
Other Direct Costs (10f)					
Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ -	\$ -
Total Other Direct Cost:				\$	-

TASK "D" DETAIL							
Task Name (5a):		Safe Routes to School: Outreach and Education in the Community					
Task Summary (5b):		Encourage participation in safe routes to school activities, physical activity and to engage the community, work with parents and families in their own living environment. Hold presentations, events and share resources (in person and/or virtually) at designated low income housing sites such as CHISPA Housing. Four presentations per year for 4 years. Total of 16 presentations.					
	Start Date	End Date	Task Activities (6a):		Deliverables (6b):		
1.	Sep-23	Jun-27	Develop program activities, may be completed virtually as needed.		List program scope.		
2.	Sep-23	Jun-27	Identify locations for events or activities.		List of locations.		
3.	Sep-23	Jun-27	Informational presentations on safe routes to school, nutrition and physical activity for all ages. Four presentations per year for four years.		Schedule of presentations and copies of materials. 4 presentations x 4 years = 16 presentations total.		
4.	Sep-23	Jun-27	Develop and promote at least 1 walking or biking activity each year for four years, may be completed virtually as needed.		Schedule of presentations and copies of materials. 1 walking or biking activity each year for four years. Total of 4 walking or biking activities.		
5.							
6.							
7.							
8.							
9.							
10.							
Staff Costs (7):							
Staff Time (Agency) (7a):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	
Party 1 -	Chronic Disease Prevention Coordinator (IP)		ATP	696	\$96.44	\$ 67,122.24	
Party 2 -	Chronic Disease Prevention Specialist II (IP)		ATP	696	\$84.67	\$ 58,930.32	
Party 3 -	Intern (IP)		ATP	696	\$29.40	\$ 20,462.40	
Party 4 -	Health Program Coordinator (IP)		ATP	52	\$105.84	\$ 5,503.68	
Party 5 -	Public Health Program Manager II (IP)		ATP	26	\$126.79	\$ 3,296.54	
Party 6 -							
Subtotal Agency Costs:					\$	155,315.18	
Staff Time (Consultant) (7b):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Costs:					\$	-	
Total Staff Costs (Agency & Consultant) (7c):					\$	155,315.18	
Indirect Costs (8)							
Approved ICAP (8a)?	<input type="checkbox"/>	If Approved ICAP box is checked, provide Rate (8b):			ATP Indirect Costs (8c):		
Task Notes (9):							
Other Costs (10):							
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs tab:							
					ATP Total \$	Non-ATP Total \$	
To fill out an itemized cost for each "Other Cost", click below: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Itemized "Other Costs" Section</div>					Travel (10a):	\$ 232.00	\$ -
					Equipment (10b):	\$ 500.00	\$ -
					Supplies/Materials (10c):	\$ 3,000.00	\$ -
					Incentives (10d):	\$ 1,400.00	\$ -
					Other Direct Costs (10e):	\$ -	\$ -
					Other Direct Costs (10f):	\$ -	\$ -
Total Other Costs (10g):					\$ 5,132.00	\$ -	
TASK GRAND TOTAL (11):					\$	160,447.18	

Task "D" Other Costs:						
Itemized Travel Cost (10a)						
Please provide an itemized "travel" cost estimate for all travel costs applicable to this task						
Travel (10a)						
Type of Travel	ATP or Non-ATP (select one)	Quantity	Units	Cost \$	ATP Total \$	Non-ATP Total \$
1. Reimbursable mileage to and from housing sites and events (IP)	ATP	400	miles	\$0.58	\$ 232.00	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ 232.00	\$ -
Total Travel Cost:					\$	232.00

Itemized Equipment Cost (10b)						
Please provide an itemized "equipment" cost estimate for all equipment costs applicable to this task						
Equipment (10b)						
Type of Equipment	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1. Identification vests for staff completing trainings for the public (IP)	ATP	10	50.00	\$ 500.00		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ 500.00	\$ -
Total Equipment Cost:					\$	500.00

Itemized Supplies/Materials Cost (10c)						
Please provide an itemized "supplies/materials" cost estimate for all supplies/materials costs applicable to this task						
Supplies/Materials (10c)						
Type of Supplies/Materials	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1. Duplicating Costs for outreach and presentations (IP)	ATP	200	1	\$ 200.00		
2. Printing for outreach and education (IP)	ATP	200	1	\$ 200.00		
3. Healthy snacks and water for presentation participants (\$5 per person x 120 people) (IP)	ATP	120	5	\$ 600.00		
4. Office Supplies such as paper, pens, pencils, etc.(IP)	ATP	4	500	\$ 2,000.00		
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ 3,000.00	\$ -
Total Supplies/Materials Cost:					\$	3,000.00

Task "D" Other Costs:					
Itemized Incentives Cost (10d)					
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to this task					
Incentives (10d)					
Type of Incentives	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1. Reflective arm bands for walking participants (IP)	ATP	200	3.50	\$ 700.00	
2. Bicycle/pedestrian reflectors (IP)	ATP	200	3.50	\$ 700.00	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ 1,400.00	\$ -
Total Incentives Cost:				\$	1,400.00

Itemized Other Direct Costs (10e)					
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task					
Other Direct Costs (10e)					
Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ -	\$ -
Total Other Direct Cost:				\$	-

Itemized Other Direct Costs (10f)					
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task					
Other Direct Costs (10f)					
Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ -	\$ -
Total Other Direct Cost:				\$	-

TASK "E" DETAIL							
Task Name (5a):		Walking Presentation to Seniors					
Task Summary (5b):		Each year for four years conduct 4 pedestrian presentations for seniors in Salinas. These presentations are aimed at increasing physical activity and safety of seniors as they walk to other destinations and to support their engagement in active transportation. This includes educational presentations, demonstrations and discussions. Presentation material to include pedestrian safety, fall prevention when using wheelchairs and walkers (including preventative maintenance of this equipment) and nutrition. Some of these deliverables may be completed virtually if needed due to pandemic response efforts. Four presentations per year for 4 years. Total of 16 presentations.					
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):			
1.	Sep-23	Jun-27	Develop training presentations in English and Spanish.	Copy of presentations.			
2.	Sep-23	Jun-27	from the community.	Schedule of presentations.			
3.	Sep-23	Jun-27	Complete presentations to senior population.	Sign in sheets. Four presentations per year for 4 years.			
4.	Sep-23	Jun-27	Complete pre and post survey for seniors.	Summary of pre and post surveys.			
5.							
6.							
7.							
8.							
9.							
10.							
Staff Costs (7):							
Staff Time (Agency) (7a):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	
Party 1 -	Chronic Disease Prevention Coordinator (IP)		ATP	696	\$96.44	\$ 67,122.24	
Party 2 -	Chronic Disease Prevention Specialist II (IP)		ATP	696	\$84.67	\$ 58,930.32	
Party 3 -	Intern (IP)		ATP	696	\$29.40	\$ 20,462.40	
Party 4 -	Health Program Coordinator (IP)		ATP	52	\$105.84	\$ 5,503.68	
Party 5 -	Public Health Program Manager II (IP)		ATP	26	\$126.79	\$ 3,296.54	
Party 6 -							
Subtotal Agency Costs:					\$	155,315.18	
Staff Time (Consultant) (7b):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Costs:					\$	-	
Total Staff Costs (Agency & Consultant) (7c):					\$	155,315.18	
Indirect Costs (8)							
Approved ICAP (8a)?		<input type="checkbox"/>	If Approved ICAP box is checked, provide Rate (8b):			ATP Indirect Costs (8c):	
Task Notes (9):							
Other Costs (10):							
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs tab:							
					ATP Total \$	Non-ATP Total \$	
To fill out an itemized cost for each "Other Cost", click below: <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;">Itemized "Other Costs" Section</div>					Travel (10a):	\$ 232.00	\$ -
					Equipment (10b):	\$ -	\$ -
					Supplies/Materials (10c):	\$ 1,500.00	\$ -
					Incentives (10d):	\$ 840.00	\$ -
					Other Direct Costs (10e):	\$ -	\$ -
					Other Direct Costs (10f):	\$ -	\$ -
Total Other Costs (10g):					\$ 2,572.00	\$ -	
TASK GRAND TOTAL (11):					\$	157,887.18	

Task "E" Other Costs:						
Itemized Travel Cost (10a)						
Please provide an itemized "travel" cost estimate for all travel costs applicable to this task						
Travel (10a)						
Type of Travel	ATP or Non-ATP (select one)	Quantity	Units	Cost \$	ATP Total \$	Non-ATP Total \$
1. Reimbursable mileage to and from school sites and SRTS events (IP)	ATP	400	miles	\$0.58	\$ 232.00	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ 232.00	\$ -
Total Travel Cost:					\$ 232.00	

Itemized Equipment Cost (10b)						
Please provide an itemized "equipment" cost estimate for all equipment costs applicable to this task						
Equipment (10b)						
Type of Equipment	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ -	\$ -	
Total Supplies/Materials Cost:				\$ -		

Itemized Supplies/Materials Cost (10c)						
Please provide an itemized "supplies/materials" cost estimate for all supplies/materials costs applicable to this task						
Supplies/Materials (10c)						
Type of Supplies/Materials	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1. Duplicating Costs for outreach and presentations (IP)	ATP	400	1	\$ 400.00		
2. Educational Materials for outreach and presentations (IP)	ATP	200	2	\$ 400.00		
3. Printing for outreach and education (IP)	ATP	200	1	\$ 200.00		
4. Healthy snacks and water for presentation participants (\$5 per person x 100 people) (IP)	ATP	100	5	\$ 500.00		
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ 1,500.00	\$ -	
Total Supplies/Materials Cost:				\$ 1,500.00		

Task "E" Other Costs:					
Itemized Incentives Cost (10d)					
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to this task					
Incentives (10d)					
Type of Incentives	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1. Reflective arm bands for walking participants (IP)	ATP	120	3.50	\$ 420.00	
2. Bicycle/pedestrian reflectors (IP)	ATP	120	3.50	\$ 420.00	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ 840.00	\$ -
Total Incentives Cost:				\$	840.00

Itemized Other Direct Costs (10e)					
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task					
Other Direct Costs (10e)					
Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ -	\$ -
Total Other Direct Cost:				\$	-

Itemized Other Direct Costs (10f)					
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task					
Other Direct Costs (10f)					
Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ -	\$ -
Total Other Direct Cost:				\$	-

TASK "F" DETAIL									
Task Name (5a):		HEALTH IN ALL POLICIES & CIVIC ENGAGEMENT							
Task Summary (5b):		Develop community active transportation champions, including local youth leaders, in two communities through civic engagement and empowerment and Health in All Policies trainings. This will occur in alignment with Safe Routes to School activities and contribute to sustainability of efforts. Community champions will then be tasked with a community project. Form a Safe Routes to School Steering Committee to ensure program sustainability.							
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):					
1.	Apr-24	Apr-27	Facilitate 2 meetings with community partners and residents to plan enLACE introduction.	Agendas and meeting minutes.					
2.	Apr-24	Apr-27	Facilitate 2 Meetings with school and community organization representatives to develop partnership and list of potential participants for enLACE (a civic engagement academy that has strong active transportation components).	Meeting agendas.					
3.	Apr-24	Apr-27	Organize and execute a community event to introduce and generate community interest and awareness to Community Civic Engagement Academy (enLACE).	1 introduction event.					
4.	Apr-24	Apr-27	1 enLACE Academy, 8 meetings.	Sign in sheets, agendas, photos.					
5.	Apr-24	Apr-27	Hold 1 Health in All Policy training with key stakeholders to deepen engagement and understanding of how to support community advocates for active transportation needs in community.	Sign in sheets, agendas.					
6.	Apr-24	Apr-27	Continue work with enLACE alumni to develop a training workshop focused on civic engagement and active transportation.	Sign in sheets.					
7.	Apr-24	Apr-27	Organize a group of 5 - 10 enLACE volunteers to attend MCHD's Regional Community Health and Wellness Conference to present their local civic engagement and active transportation training workshop.	Sign in sheet, agenda, photos.					
8.			Safe Route to School Steering Committee (18 meetings)	Sign in sheet, agenda, meeting minutes.					
9.									
10.									
Staff Costs (7):									
Staff Time (Agency) (7a):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	Non-ATP Total \$		
Party 1 -	Management Analyst III		ATP	127	\$106.04	\$ 13,467.08			
Party 2 -	Chronic Disease Prevention Specialist II		ATP	385	\$81.85	\$ 31,512.25			
Party 3 -	Chronic Disease Prevention Coordinator		ATP	445	\$89.02	\$ 39,613.90			
Party 4 -	Program Manager II		ATP	20	\$127.09	\$ 2,541.80			
Party 5 -	Chronic Disease Prevention Coordinator (IP)		ATP	240	\$96.44	\$ 23,145.60			
Party 6 -	Associate Transportation Planner		ATP	144	\$95.00	\$ 13,680.00			
Party 6 -	Transportation Planner		ATP	54	\$85.00	\$ 4,590.00			
Subtotal Agency Costs:						\$ 128,550.63	\$ -		
Staff Time (Consultant) (7b):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	Non-ATP Total \$		
Party 1 -	Health Career Connect		ATP	275	\$18.00	\$ 4,950.00			
Party 2 -									
Party 3 -									
Subtotal Consultant Costs:						\$ 4,950.00	\$ -		
Total Staff Costs (Agency & Consultant) (7c):						\$ 133,500.63	\$ -		
Indirect Costs (8)									
Approved ICAP (8a)?	<input type="checkbox"/>	If Approved ICAP box is checked, provide Rate (8b):				ATP Indirect Costs (8c):			
Task Notes (9):									
Other Costs (10):									
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs tab:									
To fill out an itemized cost for each "Other Cost", click below: Itemized "Other Costs" Section						ATP Total \$		Non-ATP Total \$	
						Travel (10a):		\$ 580.00	\$ -
						Equipment (10b):		\$ -	\$ -
						Supplies/Materials (10c):		\$ 6,000.00	\$ -
						Incentives (10d):		\$ -	\$ -
						Other Direct Costs (10e):		\$ 36,942.70	\$ -
						Other Direct Costs (10f):		\$ -	\$ -
Total Other Costs (10g):						\$ 43,522.70	\$ -		
TASK GRAND TOTAL (11):						\$ 177,023.33	\$ -		

Task "F" Other Costs:						
Itemized Travel Cost (10a)						
Please provide an itemized "travel" cost estimate for all travel costs applicable to this task						
Travel (10a)						
Type of Travel	ATP or Non-ATP (select one)	Quantity	Units	Cost \$	ATP Total \$	Non-ATP Total \$
1. Reimbursable mileage to and from sites and activities (PEP)	ATP	1000	miles	\$0.58	\$ 580.00	
2.						
3.						
4.						
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8.						
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11.						
12.						
Total:					\$ 580.00	\$ -
Total Travel Cost:					\$	580.00

Itemized Equipment Cost (10b)						
Please provide an itemized "equipment" cost estimate for all equipment costs applicable to this task						
Equipment (10b)						
Type of Equipment	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ -	\$ -	
Total Equipment Cost:				\$	-	

Itemized Supplies/Materials Cost (10c)						
Please provide an itemized "supplies/materials" cost estimate for all supplies/materials costs applicable to this task						
Supplies/Materials (10c)						
Type of Supplies/Materials	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1. Educational materials for outreach and presentations (PEP)	ATP	800	4.00	\$ 3,200.00		
2. Water & healthy snacks for meeting & conference attendees (\$10/attendee/meeting) (PEP)	ATP	10	100.00	\$ 1,000.00		
3. Meeting expenses (PEP)	ATP	18	100.00	\$ 1,800.00		
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ 6,000.00	\$ -	
Total Supplies/Materials Cost:				\$	6,000.00	

Task "F" Other Costs:						
Itemized Incentives Cost (10d)						
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to this task						
Incentives (10d)						
	Type of Incentives	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Incentives Cost:					\$	-

Itemized Other Direct Costs (10e)						
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task						
Other Direct Costs (10e)						
	Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.	Meeting space usage fee (PEP)	ATP	14	80.00	\$ 1,120.00	
2.	Telecomm/IT/ERP/ERP Reserve (5 staff, 2 year) (PEP)	ATP	5	7,164.54	\$ 35,822.70	
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ 36,942.70	\$ -
Total Other Direct Cost:					\$	36,942.70

Itemized Other Direct Costs (10f)						
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task						
Other Direct Costs (10f)						
	Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
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9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Other Direct Cost:					\$	-

TASK "G" DETAIL						
Task Name (5a):		Safety Campaign For Motorists				
Task Summary (5b):		An educational safety campaign will be launched in collaboration with local businesses to reach and educate Salinas motorists, including truck drivers, on rules of the road to keep pedestrians, bicyclists, and motorists safe. The goal of the campaign is to reduce aggressive driver behavior in Salinas.				
		Start Date	End Date	Task Activities (6a):	Deliverables (6b):	
1.	Sep-23	Jun-27	Ideation and creative direction.	Review campaign objectives. Develop a theme and creative strategy to share with community members. Develop initial messaging to test with community members.		
2.	Sep-23	Jun-27	Community input.	Facilitate 3 meetings with community stakeholders to develop and test messaging theme and receive community input. Implement feedback in campaign creative.		
3.	Sep-23	Jun-27	Asset creation.	Copy writing refinement and translations so all assets and messaging is in both Spanish and English. Develop brand personality boards to include color theme, photographic assets, key words, and iconography.		
4.	Sep-23	Jun-27	Media placement, budget allocations across platforms.	Allocate budget for placement. Create a 12-month budget allocation calendar. Identify specific media outlets and platforms to be used and allocate financial recourses. Create budget stream and blanket purchase orders for each media platform.		
5.	Sep-23	Jun-27	Media plan development and scheduling.	Working with preferred media outlets that have strength in the areas targeted, develop schedules for placement of media assets that align with habits and lifestyles of the targeted audience. Develop placement schedule spreadsheet and share with all stakeholder, community groups, and elected officials.		
6.	Sep-23	Jun-27	Asset deployment.	Upload and or deliver assets to various media platforms.		
7.	Sep-23	Jun-27	Monitor campaign and review campaign data.	Review and analyze data from analytic tools to include social media stats, Nielsen or TapScan.		
8.	Sep-23	Jun-27	Initiate adjustment as needed.	Make schedule changes if necessary. Make messaging changes if necessary.		
9.	Sep-23	Jun-27	Evaluate.	Meet with internal and external stakeholders to evaluate campaign results.		
10.	Sep-23	Jun-27	Renew.	Renew media assets .		
Staff Costs (7):						
Staff Time (Agency) (7a):		ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	Non-ATP Total \$
Party 1 -	Management Analyst III (PEP)	ATP	12	\$106.04	\$ 1,272.48	
Party 2 -	Chronic Disease Prevention Specialist II (PEP)	ATP	72	\$81.85	\$ 5,893.20	
Party 3 -	Chronic Disease Prevention Coordinator (PEP)	ATP	72	\$89.02	\$ 6,409.44	
Party 4 -	Program Manager II (PEP)	ATP	6	\$127.09	\$ 762.54	
Party 5 -	Chronic Disease Prevention Coordinator (IP)	ATP	72	\$96.44	\$ 6,943.68	
Party 6 -	Health Program Coordinator (IP)	ATP	12	\$105.84	\$ 1,270.08	
Party 7 -	County Communications Director	ATP	164	\$165.00	\$ 27,060.00	
Party 8 -	Media Analyst	ATP	180	\$107.00	\$ 19,260.00	
Party 9 -						
Subtotal Agency Costs:					\$ 68,871.42	\$ -
Staff Time (Consultant) (7b):		ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	Non-ATP Total \$
Party 1 -	Media Consultant	ATP	140	\$100.00	\$ 14,000.00	
Party 2 -						
Party 3 -						
Subtotal Consultant Costs:					\$ 14,000.00	\$ -
Total Staff Costs (Agency & Consultant) (7c):					\$ 82,871.42	\$ -
Indirect Costs (8)						
Approved ICAP (8a)?		<input type="checkbox"/>	If Approved ICAP box is checked, provide Rate (8b):		ATP Indirect Costs (8c):	
Task Notes (9):						
Other Costs (10):						
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:						
				ATP Total \$	Non-ATP Total \$	
To fill out an itemized cost for each "Other Cost", click below: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Itemized "Other Costs" Section</div>				Travel (10a):	\$ 612.48	\$ -
				Equipment (10b):	\$ -	\$ -
				Supplies/Materials (10c):	\$ 1,300.00	\$ -
				Incentives (10d):	\$ -	\$ -
				Other Direct Costs (10e):	\$ 143,998.48	\$ -
				Other Direct Costs (10f):	\$ -	\$ -
Total Other Costs (10g):				\$ 145,910.96	\$ -	
TASK GRAND TOTAL (11):					\$ 228,782.38	\$ -

Task "G" Other Costs:						
Itemized Travel Cost (10a)						
Please provide an itemized "travel" cost estimate for all travel costs applicable to this task						
Travel (10a)						
Type of Travel	ATP or Non-ATP (select one)	Quantity	Units	Cost \$	ATP Total \$	Non-ATP Total \$
1. Reimbursable mileage to and from sites and events/presentations	ATP	1056	miles	\$0.58	\$ 612.48	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ 612.48	\$ -
Total Travel Cost:					\$	612.48

Itemized Equipment Cost (10b)						
Please provide an itemized "equipment" cost estimate for all equipment costs applicable to this task						
Equipment (10b)						
Type of Equipment	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Equipment Cost:					\$	-

Itemized Supplies/Materials Cost (10c)						
Please provide an itemized "supplies/materials" cost estimate for all supplies/materials costs applicable to this task						
Supplies/Materials (10c)						
Type of Supplies/Materials	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1. Duplicating Costs for outreach and education	ATP	200	1	\$ 200.00		
2. Educational Materials for outreach and education	ATP	200	2	\$ 400.00		
3. Printing for outreach and education	ATP	200	2	\$ 400.00		
4. Healthy snacks and water for focus group participants (\$5 per person x 60 people)	ATP	1	300	\$ 300.00		
5.						
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10.						
11.						
12.						
Total:					\$ 1,300.00	\$ -
Total Supplies/Materials Cost:					\$	1,300.00

Task "G" Other Costs:						
Itemized Incentives Cost (10d)						
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to this task						
Incentives (10d)						
Type of Incentives	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ -	\$ -	
Total Incentives Cost:				\$		-

Itemized Other Direct Costs (10e)						
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task						
Other Direct Costs (10e)						
Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1. Media Placement (\$10,000 x 12 months)	ATP	12	10,000.00	\$ 120,000.00		
2. Stock Photo and Video	ATP	1	2,500.00	\$ 2,500.00		
3. Video Production	ATP	1	10,000.00	\$ 10,000.00		
4. IT/ERP/Telecom/ERP Reserve (costs for 2 years for 2 staff)	ATP	2	5,749.24	\$ 11,498.48		
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ 143,998.48	\$	-
Total Other Direct Cost:				\$		143,998.48

Itemized Other Direct Costs (10f)						
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task						
Other Direct Costs (10f)						
Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ -	\$	-
Total Other Direct Cost:				\$		-

TASK "H" DETAIL									
Task Name (5a):		TRAFFIC GARDEN & SIDEWALK ART							
Task Summary (5b):		Work with local artists and youth art programs to design sidewalk murals and markings to highlight safe routes connecting schools. The project team will work with the selected artist(s) to refine the artwork and make it ready for the design to be translated to thermoplastic markings and murals. After the sidewalk art has been installed, a community celebration will be held to bring attention to the new colorful routes and provide recognition to the artist(s). Design and install a traffic garden Natividad Elementary School to provide a safe and accessible space to teach bicycle and pedestrian safety and skills to children and families.							
Start Date	End Date	Task Activities (6a):	Deliverables (6b):						
1. Sep-23	Jun-27	Call for Artists	Project description and guidelines, flyer, social media posts, website posts, press release						
2. Sep-23	Jun-27	Review Draft Art submissions	Written feedback on artwork						
3. Sep-23	Jun-27	Community Selection of Artwork	Posterboards showing artwork options; online survey						
4. Sep-23	Jun-27	Finalize Artwork	Final art/ digitized art files						
5. Sep-23	Jun-27	Install Artwork	seven(7) sidewalk murals and markings along safe routes to schools						
6. Sep-23	Jun-27	Community Celebration & Artist Recognition	Program, pictures, press release						
7. Sep-23	Jun-27	Site visit with school administrator and school district facilities manager	Total of 2 meetings, site maps w/notes and measurements						
8. Sep-23	Jun-27	Draft traffic garden designs (1 per school)	Copies of draft traffic gardens designs						
9. Sep-23	Jun-27	Review design with school administrator and stakeholders	Copies of revised traffic garden designs						
10. Sep-23	Jun-27	Finalize traffic garden designs	Copies of final traffic garden designs						
11. Sep-23	Jun-27	Develop rules and guidelines for using traffic gardens and equipment with school administrators, and project partners	Copies of rules and guidelines and video on how to use the traffic garden						
12. Sep-23	Jun-27	Stripe and paint traffic garden design on school blacktops	Copies of flyers, press releases, and social media announcements, photos of completed traffic garden						
13. Sep-23	Jun-27	Coordinate with school communications officer and the County Health Department's enLACE engagement group to announce grand opening of traffic gardens	Copies of meeting agendas						
Staff Costs (7):									
Staff Time (Agency) (7a):		ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	Non-ATP Total \$			
Party 1 -	Principal Transportation Planner(TAMC)	ATP	106	\$150.00	\$ 15,900.00				
Party 2 -	Transportation Planner(TAMC)	ATP	169	\$85.00	\$ 14,365.00				
Party 3 -	Community Outreach Coordinator(TAMC)	ATP	48	\$130.00	\$ 6,240.00				
Party 4 -	Principal Engineer(TAMC)	ATP	19	\$177.00	\$ 3,363.00				
Party 5 -		ATP			\$ -				
Party 6 -		ATP			\$ -				
Party 7 -		ATP			\$ -				
Subtotal Agency Costs:					\$ 39,868.00	\$ -			
Staff Time (Consultant) (7b):		ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	Non-ATP Total \$			
Party 1 -									
Party 2 -									
Party 3 -									
Subtotal Consultant Costs:					\$ -	\$ -			
Total Staff Costs (Agency & Consultant) (7c):					\$ 39,868.00	\$ -			
Indirect Costs (8)									
Approved ICAP (8a)?	<input checked="" type="checkbox"/>	If Approved ICAP box is checked, provide Rate (8b):		64%	ATP Indirect Costs (8c):				
Task Notes (9):									
Other Costs (10):									
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:									
To fill out an itemized cost for each "Other Cost", click below: Itemized "Other Costs" Section					ATP Total \$		Non-ATP Total \$		
					Travel (10a):	\$	-	\$	-
					Equipment (10b):	\$	18,750.00	\$	-
					Supplies/Materials (10c):	\$	110,520.45	\$	-
					Incentives (10d):	\$	-	\$	-
					Other Direct Costs (10e):	\$	86,400.00	\$	-
					Other Direct Costs (10f):	\$	-		
					Total Other Costs (10g):	\$	215,670.45	\$	-
					TASK GRAND TOTAL (11):	\$	255,538.45	\$	-

Task "H" Other Costs:						
Itemized Travel Cost (10a)						
Please provide an itemized "travel" cost estimate for all travel costs applicable to this task						
Travel (10a)						
Type of Travel	ATP or Non-ATP (select one)	Quantity	Units	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Travel Cost:					\$	-

Itemized Equipment Cost (10b)						
Please provide an itemized "equipment" cost estimate for all equipment costs applicable to this task						
Equipment (10b)						
Type of Equipment	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1. Bicycles (to be stored at Traffic Garden site)	ATP	50	350.00	\$ 17,500.00		
2. Helmets (to be stored at Traffic Garden site)	ATP	50	25.00	\$ 1,250.00		
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ 18,750.00	\$ -	
Total Equipment Cost:				\$	18,750.00	

Itemized Supplies/Materials Cost (10c)						
Please provide an itemized "supplies/materials" cost estimate for all supplies/materials costs applicable to this task						
Supplies/Materials (10c)						
Type of Supplies/Materials	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$	
1. Custom Thermoplastic materials for murals and markings	ATP	261	423.45	\$ 110,520.45		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:				\$ 110,520.45	\$ -	
Total Supplies/Materials Cost:				\$	110,520.45	

Task "H" Other Costs:					
Itemized Incentives Cost (10d)					
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to this task					
Incentives (10d)					
Type of Incentives	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ -	\$ -
Total Incentives Cost:				\$	-

Itemized Other Direct Costs (10e)					
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task					
Other Direct Costs (10e)					
Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1. Local Artist Contract(s)	ATP	1	34,740.00	\$ 34,740.00	
2. Thermoplastic Applicator Consultant	ATP	1	42,660.00	\$ 42,660.00	
3. Consultant - Striping	ATP	1	6,000.00	\$ 6,000.00	
4. Consultant - Signage	ATP	1	3,000.00	\$ 3,000.00	
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ 86,400.00	\$ -
Total Other Direct Cost:				\$	86,400.00

Itemized Other Direct Costs (10f)					
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task					
Other Direct Costs (10f)					
Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ -	\$ -
Total Other Direct Cost:				\$	-

TASK "I" DETAIL						
Task Name (5a):		REPORTING/INVOICING				
Task Summary (5b):		Provide quarterly reports and invoices to submit to Caltrans				
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):		
1.	Sep-23	Jun-27	Invoices	Invoices and back-up documentation		
2.	Sep-23	Jun-27	Reporting	Quarterly reports		
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Staff Costs (7):						
Staff Time (Agency) (7a):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$
Party 1 -	Health Program Coordinator (IP)		ATP	36	\$105.84	\$ 3,810.24
Party 2 -	Chronic Disease Prevention Coordinator (IP)		ATP	60	\$96.44	\$ 5,786.40
Party 3 -	Public Health Program Manager (IP)		ATP	12	\$126.79	\$ 1,521.48
Party 4 -	Management Analyst III (PEP)		ATP	36	\$106.04	\$ 3,817.44
Party 5 -	Program Manager II (PEP)		ATP	12	\$127.09	\$ 1,525.08
Party 6 -	Chronic Disease Prevention Coordinator (PEP)		ATP	60	\$89.02	\$ 5,341.20
Party 7 -	Principal Transportation Planner		ATP	24	\$150.00	\$ 3,600.00
Subtotal Agency Costs:					\$	25,401.84
\$ -						
Staff Time (Consultant) (7b):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$
Party 1 -						
Party 2 -						
Party 3 -						
Subtotal Consultant Costs:					\$	-
\$ -						
Total Staff Costs (Agency & Consultant) (7c):					\$	25,401.84
\$ -						
Indirect Costs (8)						
Approved ICAP (8a)?		<input checked="" type="checkbox"/>	If Approved ICAP box is checked, provide Rate (8b):		64%	ATP Indirect Costs (8c):
Task Notes (9):						
Other Costs (10):						
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:						
					ATP Total \$	Non-ATP Total \$
To fill out an itemized cost for each "Other Cost", click below: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Itemized "Other Costs" Section</div>					Travel (10a):	\$ - \$ -
					Equipment (10b):	\$ - \$ -
					Supplies/Materials (10c):	\$ - \$ -
					Incentives (10d):	\$ - \$ -
					Other Direct Costs (10e):	\$ - \$ -
					Other Direct Costs (10f):	\$ - \$ -
Total Other Costs (10g):					\$ - \$ -	
TASK GRAND TOTAL (11):					\$	25,401.84
\$ -						

Task "I" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to this task

Travel (10a)

	Type of Travel	ATP or Non-ATP (select one)	Quantity	Units	Cost \$	ATP Total \$	Non-ATP Total \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Total:						\$ -	\$ -
Total Travel Cost:						\$	-

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment costs applicable to this task

Equipment (10b)

	Type of Equipment	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Equipment Cost:					\$	-

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/incentives costs applicable to this task

Supplies/Materials (10c)

	Type of Supplies/Materials	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Supplies/Materials Cost:					\$	-

Task "I" Other Costs:

Itemized Incentives Cost (10d)

Please provide an itemized "incentives" cost estimate for all incentives costs applicable to this task

Incentives (10d)

	Type of Incentives	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Incentives Cost:					\$	-

Itemized Other Direct Costs (10e)

Please provide an itemized "other direct" cost estimate for all other costs applicable to this task

Other Direct Costs (10e)

	Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Other Direct Cost:					\$	-

Itemized Other Direct Costs (10f)

Please provide an itemized "other direct" cost estimate for all other costs applicable to this task

Other Direct Costs (10f)

	Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Other Direct Cost:					\$	-

TASK "J" DETAIL							
Task Name (5a):							
Task Summary (5b):							
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Staff Costs (7):							
Staff Time (Agency) (7a):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	
Party 1 -							
Party 2 -							
Party 3 -							
Party 4 -							
Party 5 -							
Party 6 -							
Subtotal Agency Costs:					\$	-	
Staff Time (Consultant) (7b):			ATP or Non-ATP (select one)	Staff Hours	Rate Per Hour	ATP Total \$	
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Costs :					\$	-	
Total Staff Costs (Agency & Consultant) (7c):					\$	-	
Indirect Costs (8)							
Approved ICAP (8a)?	<input type="checkbox"/>	If Approved ICAP box is checked, provide Rate (8b):			ATP Indirect Costs (8c):		
Task Notes (9):							
Other Costs (10):							
You will not be able to fill in the following items. The totals for each "Other Costs" category listed below will automatically calculate from information entered in the itemized other costs section:							
					ATP Total \$	Non-ATP Total \$	
To fill out an itemized cost for each "Other Cost", click below: <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px 0;">Itemized "Other Costs" Section</div>					Travel (10a):	\$ -	\$ -
					Equipment (10b):	\$ -	\$ -
					Supplies/Materials (10c):	\$ -	\$ -
					Incentives (10d):	\$ -	\$ -
					Other Direct Costs (10e):	\$ -	\$ -
					Other Direct Costs (10f):	\$ -	\$ -
Total Other Costs (10g):					\$ -	\$ -	
TASK GRAND TOTAL (11):					\$ -	\$ -	

Task "J" Other Costs:

Itemized Travel Cost (10a)

Please provide an itemized "travel" cost estimate for all travel costs applicable to this task

Travel (10a)

	Type of Travel	ATP or Non-ATP (select one)	Quantity	Units	Cost \$	ATP Total \$	Non-ATP Total \$
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Total:						\$ -	\$ -
Total Travel Cost:						\$	-

Itemized Equipment Cost (10b)

Please provide an itemized "equipment" cost estimate for all equipment costs applicable to this task

Equipment (10b)

	Type of Equipment	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Equipment Cost:					\$	-

Itemized Supplies/Materials Cost (10c)

Please provide an itemized "supplies/materials" cost estimate for all supplies/materials costs applicable to this task

Supplies/Materials (10c)

	Type of Supplies/Materials	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Supplies/Materials Cost:					\$	-

Task "J" Other Costs:						
Itemized Incentives Cost (10d)						
Please provide an itemized "incentives" cost estimate for all incentives costs applicable to each task						
Incentives (10d)						
	Type of Incentives	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Incentive Cost:					\$	-

Itemized Other Direct Costs (10e)						
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task						
Other Direct Costs (10e)						
	Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Other Direct Cost:					\$	-

Itemized Other Direct Costs (10f)						
Please provide an itemized "other direct" cost estimate for all other costs applicable to this task						
Other Direct Costs (10f)						
	Type of Other Direct Costs	ATP or Non-ATP (select one)	Quantity	Cost \$	ATP Total \$	Non-ATP Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
Total Other Direct Cost:					\$	-