

## Exhibit 22-R ATP Non-Infrastructure Project Work Plan

Fill in the following items:

Date: (1)	13-Sep-20
Implementing Agency Name: (2)	City of Seaside
Project Number: (3)	
Project Location(s): (4a)	City of Seaside - Broadway Avenue Corridor
" " (4b)	City of Seaside - MLK Jr. School of the Arts
" " (4c)	City of Seaside - Highland Elementary School
" " (4d)	City of Seaside - affordable housing (Del Monte Manor and Villa Del Monte)
Project Description: (5)	Improve health and safety of the Seaside community by utilizing the disruption of construction to facilitate a shift from driving alone to more active modes of transportation. Engage, educate and encourage people of all ages to incorporate safe walking and bicycling as part of daily life and provide programming that offers opportunities for incremental travel behavior change steps to result in long-lasting healthy habits. Particular focus on engaging elementary school students, low-income families and low-income seniors along the corridor. All communications and materials will be bilingual.

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	ATP Cost	Task Name	ATP Cost	InKind Cost
<b>Task "A"</b>	\$ 26,580.60	PROJECT MANAGEMENT & COORDINATION	\$ 26,580.60	\$ -
<b>Task "B"</b>	\$ 113,773.98	SRTS KICK-OFF ACTIVITIES	\$ 113,773.98	\$ -
<b>Task "C"</b>	\$ 203,282.52	SRTS ENGAGEMENT & EDUCATION AT SCHOOLS	\$ 203,282.52	\$ -
<b>Task "D"</b>	\$ 48,872.00	TRAFFIC GARDENS	\$ 48,872.00	\$ -
<b>Task "E"</b>	\$ 296,317.74	SRTS ENGAGEMENT & EDUCATION IN THE COMMUNITY	\$ 296,317.74	\$ -
<b>Task "F"</b>	\$ 43,348.70	WALKING PRESENTATIONS TO SENIORS	\$ 43,348.70	\$ -
<b>Task "G"</b>	\$ 143,332.50	HEALTH IN ALL POLICIES CIVIC ENGAGEMENT	\$ 143,332.50	\$ -
<b>Task "H"</b>	\$ 136,718.50	COMMUNITY OPEN STREET EVENT	\$ 136,718.50	\$ -
<b>Task "I"</b>	\$ 2,792.70	REPORTING/INVOICING	\$ 2,792.70	\$ -
<b>Task "J"</b>	\$ -		\$ -	\$ -
<b>ATP Total:</b>			<b>\$ 1,015,019.24</b>	
<b>InKind Total:</b>				<b>\$ -</b>
<b>GRAND TOTAL</b>			<b>\$</b>	<b>1,015,019.24</b>

**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. Competitive request for proposals process will be done to hire for consultant services.

	Start Date	End Date	Task Activities (6a):	Deliverables (6b):
1.	Apr-24	Apr-27	Project kick-off meeting with partner agencies	Meeting notes
2.	Apr-24	Apr-27	Monthly Coordination meetings	Log of meetings and notes
3.	Apr-24	Apr-27	RFP for NI Consultant Services	Consultant contract
4.	Apr-24	Apr-27		
5.	Apr-24	Apr-27		
6.	Apr-24	Apr-27		
7.	Apr-24	Apr-27		
8.				
9.				
10.				

**Staff Costs (7):**

Staff Time (Agency) (7a):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -	Senior Transportation Planner (TAMC)	ATP	108	\$117.75	\$ 12,717.00	
Party 2 -	Program Manager II (MCHD PEP)	ATP	72	\$95.00	\$ 6,840.00	
Party 3 -	Public Health Program Manager II	ATP	72	\$97.55	\$ 7,023.60	
Party 4 -						
Party 5 -						
Party 6 -						

Subtotal Agency Costs: \$ 26,580.60 \$ -

Staff Time (Consultant) (7b):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -						
Party 2 -						
Party 3 -						

Subtotal Consultant Costs: \$ - \$ -

**Total Staff Costs (Agency & Consultant) (7c): \$ 26,580.60 \$ -**

**Indirect Costs (8)**

Approved ICAP (8a)?  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 \$	InKind Total \$
To fill out an itemized cost for each "Other Cost", click below:  <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>Itemized "Other Costs" Section</b></div>	Travel (10a): \$ -	\$ -
	Equipment (10b): \$ -	\$ -
	Supplies/Materials (10c): \$ -	\$ -
	Incentives (10d): \$ -	\$ -
	Other Direct Costs (10e): \$ -	\$ -
	" " (10f): \$ -	\$ -
<b>Total Other Costs (10g):</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TASK GRAND TOTAL (11):</b>	<b>\$ 26,580.60</b>	<b>\$ -</b>

**Task "A" Other Costs:**

**Itemized Travel Cost (10a)**

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

Travel (10a)

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

**Itemized Equipment Cost (10b)**

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

Equipment (10b)

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

**Itemized Supplies/Materials Cost (10c)**

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

Supplies/Materials (10c)

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

**Task "A" 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 Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
<b>Total:</b>				\$ -	\$ -
<b>Total Other Direct Cost:</b>				\$	-

**Itemized Other Direct Costs (10e)**

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

Other Direct Costs (10e)

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

**Itemized Other Direct Costs (10f)**

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

Other Direct Costs (10f)

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

TASK "B" DETAIL							
Task Name (5a):		SRTS KICK-OFF ACTIVITIES					
Task Summary (5b):		Lay the foundation for sustainable safe routes to school programming. Meet with school, parents and community to provide information on the importance of a collaborative public health approach in active transportation options to enhance community/student health. Determine lead SRTS contacts/champions at the Elementary School sites and share information with school community and parents about upcoming SRTS activities and opportunities for engagement. Develop and grow an e-newsletter and sign-up to build a network of community stakeholders supporting safe routes to school programming. Complete all required agreements and contracts. Conduct before construction data collection.					
	Start Date	End Date	Activities (6a):	Deliverables (6b):			
1.	Apr-24	Apr-27	Provide grant information and complete start up activities to support the schools.	List of contacts and set meetings.			
2.	Apr-24	Apr-27	Attend school site council meetings, PTA, or English Learner Advisory Committee (ELAC), in person or virtually, to promote the project, promote interest and seek champions.	Agenda for meetings.			
3.	Apr-24	Apr-27	Select SRTS kick-off activities and dates for the schools with input from school principals, champions and/or school site council. Activities which are virtual or promote social distancing may be completed as required.	Record of kick-off activities and notes of meeting discussions.			
4.	Apr-24	Apr-27	Advertise SRTS kick-off activities to parents and school community.	Copies of fliers and press releases from kick-off activities.			
5.	Apr-24	Apr-27	Conduct SRTS kick-off activities at the schools or virtually to promote social distance learning as required.	Photos/records of the activities.			
6.	Apr-24	Apr-27	Identify at least one staff person at the school site to act as the SRTS contact/liason.	Names of staff who will be SRTS contact support staff.			
7.	Apr-24	Apr-27	Conduct SRTS training on the SRTS program to school liaison/s (a minimum of one training). Delivery of this training presentation may be done virtually.	Schedule of training and copy of SRTS training materials.			
8.	Apr-24	Apr-27	Contracts and memorandums/agreements with school district and any required vendors, partners.	Copies of contracts/agreements.			
9.	Apr-24	Apr-27	Develop & grow an e-newsletter for the Project and safe walking and bicycling in Seaside	Sign-up sheets and online form, e-newsletter templates			
10.							
Staff Costs (7):							
Staff Time (Agency) (7a):			ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	In KindTotal \$
Party 1 -	Chronic Disease Prevention Coordinator		ATP	140	\$71.04	\$ 9,945.60	
Party 2 -	Chronic Disease Prevention Specialist II		ATP	140	\$67.70	\$ 9,478.00	
Party 3 -	Intern		ATP	120	\$27.42	\$ 3,290.40	
Party 4 -	Health Program Coordinator		ATP	26	\$78.83	\$ 2,049.58	
Party 5 -	Public Health Program Manager II		ATP	16	\$97.55	\$ 1,560.80	
Party 6 -	Senior Transportation Planner (TAMC)		ATP	50	\$117.75	\$ 5,887.50	
Party 7 -	Transportation Planner (TAMC)		ATP	70	\$87.65	\$ 6,135.50	
Subtotal Agency Costs:						\$ 38,347.38	\$ -
Staff Time (Consultant) (7b):			ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	In KindTotal \$
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Cost:						\$ -	\$ -
Total Staff Costs (Agency & Consultant) (7c):						\$ 38,347.38	\$ -
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:  <div style="border: 1px solid black; padding: 5px; display: inline-block;">Itemized "Other Costs" Section</div>						ATP Total \$	InKind Total \$
					Travel (10a):	\$ 862.50	\$ -
					Equipment (10b):	\$ 72,964.10	\$ -
					Supplies/Materials (10c):	\$ 1,600.00	\$ -
					Incentives (10d):	\$ -	\$ -
					Other Direct Costs (10e):	\$ -	\$ -
					** (10f):	\$ -	\$ -
Total Other Costs (9g):					\$ 75,426.60	\$ -	
TASK GRAND TOTAL (10):						\$ 113,773.98	\$ -

**Task "B" Other Costs:**

**Itemized Travel Cost (10a)**

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

Travel (10a)

Type of Travel	ATP or InKind (select one)	Quantity	Units	Cost \$	ATP Total \$	InKind Total \$
1. Mileage to and from sites and activities	ATP	1500	miles	\$0.58	\$ 862.50	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ 862.50	\$ -
<b>Total Travel Cost:</b>					\$	<b>862.50</b>

**Itemized Equipment Cost (10b)**

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

Equipment (10b)

Type of Equipment	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1. ERP Reserve (costs for 2 years for 5 staff)	ATP	10	982.68	\$ 9,826.80	
2. Telecomm (costs for 2 years for 5 staff)	ATP	10	613.06	\$ 6,130.60	
3. Information Technology/ERP (costs for 2 years for 5 staff)	ATP	10	5,700.67	\$ 57,006.70	
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
<b>Total:</b>				\$ 72,964.10	\$ -
<b>Total Supplies/Materials Cost:</b>				\$	<b>72,964.10</b>

**Itemized Supplies/Materials Cost (10c)**

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

Supplies/Materials (10c)

Type of Supplies/Materials	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1. Duplicating for safe routes to school and kick off events	ATP	800	1.00	\$ 800.00	
2. Printing for safe routes to school and kick off events	ATP	800	1.00	\$ 800.00	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
<b>Total:</b>				\$ 1,600.00	\$ -
<b>Total Supplies/Materials Cost:</b>				\$	<b>1,600.00</b>

**Task "B" 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 Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ -	\$ -
<b>Total Other Direct Cost:</b>					\$	-

**Itemized Other Direct Costs (10e)**

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

**Other Direct Costs (10e)**

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

**Itemized Other Direct Costs (10f)**

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

**Other Direct Costs (10f)**

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

TASK "C" DETAIL						
Task Name (5a): <b>SRTS ENGAGEMENT &amp; EDUCATION AT SCHOOLS</b>						
Task Summary (5b): Create an environment conducive to behavior change by offering families opportunities through several programs that encourage safe walking/biking/scootering part or all of the way to school; Park & Walk, Walking School Bus, Crossing Guard Trainings. Crossing Guard trainings will include both an in-class presentation as well as an on-street training for recruited crossing guards. Conduct educational presentations to 2nd - 5th grades so that students learn how to safely use the project corridor. Recruit and train adults to teach traffic safety to youth to sustain the program into the future with support from local sales tax Measure X.						
Start Date	End Date	Task Activities (6a):	Deliverables (6b):			
1. Apr-24	Apr-27	Develop program activities, may be completed virtually as needed.	List of program scope.			
2. Apr-24	Apr-27	Identify locations/delivery method for each activity.	List of locations.			
3. Apr-24	Apr-27	Recruit groups/parents/champions.	List of contacts.			
4. Apr-24	Apr-27	Plot safe routes with school community input.	Maps of routes.			
5. Apr-24	Apr-27	Informational presentations/training for parents at schools on walking school bus program activities.	Schedule of presentations.			
6. Apr-24	Apr-27	Information packets, may be completed virtually as needed.	Copy of information packets.			
7. Apr-24	Apr-27	Order required equipment.	Copies of invoices/receipts.			
8. Apr-24	Apr-27	Promote walking school bus or other similar program activities for elementary schools, promotional material may be completed virtually as needed.	Press releases, social media, school assemblies, school website/newsletters.			
9. Apr-24	Apr-27	Complete walking school busses or other similar virtual event at schools (activities may be in person or virtual).	Minimum of 1 in person or virtual event per school (copy of schedule).			
10. Apr-24	Apr-27	Pedestrian Safety Presentations for 3rd and 4th grades in person or virtual (all 3rd and 4th grades for two schools for one year, approximately 10 presentations total)	Schedule of virtual or in person presentations.			
11. Apr-24	Apr-27	Conduct comprehensive pedestrian safety education, including classroom instruction as well as on-foot Walk-Around-the-Block, provided to all 2nd grade classes at the two designated schools (serving approximately 19 classes)	Presentations, Copies of Presentations, Photos, Number of Students Served & Evaluation Activity Results			
12. Apr-24	Apr-27	Conduct comprehensive bicycle safety education, including classroom instruction as well as on-bike rodeo, provided to all fifth grade classes at the two designated schools (serving approximately 16 classes)	Presentations, Copies of Presentations, Photos, Number of Students Served & Evaluation Activity Results			
13. Apr-24	Apr-27	Provide educational safety trainings to volunteer crossing guards at the two designated elementary schools.	Presentations, Copies of Presentations, take-home materials to reinforce learning objectives and Photos			
14. Apr-24	Apr-27	Bike and Walk to School Events (May & October) (2 events/yr x 2 schools)	complete events, outreach/promotional collateral, photos			
15. Apr-24	Apr-27	Pilot Park & Walk Programs at 2 elementary schools	Presentations (4yr for 3 years), copies of presentations, program materials, program video, outreach/promotional collateral			
16. Apr-24	Apr-27	Pilot School Carpools at 2 elementary schools	Presentations (4yr for 3 years), copies of presentations, program materials, program video, outreach/promotional collateral			
17. Apr-24	Apr-27	Provide educational materials online (monterey county safe routes to school website)	Screenshot of Interface			
18. Apr-24	Apr-27					
Staff Costs (7):						
Staff Time (Agency) (7a):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -	Chronic Disease Prevention Coordinator (Health Dept)	ATP	140	\$71.04	\$ 9,945.60	
Party 2 -	Chronic Disease Prevention Specialist III (Health Dept)	ATP	140	\$67.70	\$ 9,478.00	
Party 3 -	Inform (Health Dept)	ATP	120	\$27.42	\$ 3,290.40	
Party 4 -	Health Program Coordinator (Health Dept)	ATP	26	\$78.83	\$ 2,049.58	
Party 5 -	Public Health Program Manager II (Health Dept)	ATP	16	\$97.55	\$ 1,560.80	
Party 6 -	Senior Transportation Planner (TAMC)	ATP	130	\$117.75	\$ 15,307.50	
Party 7 -	Transportation Planner (TAMC)	ATP	250	\$87.65	\$ 21,912.50	
Subtotal Agency Costs:					\$ 63,544.38	\$ -
Staff Time (Consultant) (7b):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -						
Party 2 -						
Party 3 -						
Subtotal Consultant Costs:					\$ -	\$ -
<b>Total Staff Costs (Agency &amp; Consultant) (7c):</b>					<b>\$ 63,544.38</b>	<b>\$ -</b>
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:				ATP Total \$	InKind Total \$	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Itemized "Other Costs" Section</div>				Travel (10a):	\$ 1,740.00	\$ -
				Equipment (10b):	\$ 3,500.00	\$ -
				Supplies/Materials (10c):	\$ 7,700.00	\$ -
				Incentives (10d):	\$ -	\$ -
				Other Direct Costs (10e):	\$ 126,798.14	\$ -
				** (10f):	\$ -	\$ -
Total Other Costs (10g):				\$ 130,738.14	\$ -	
<b>TASK GRAND TOTAL (11):</b>				<b>\$ 203,282.52</b>	<b>\$ -</b>	

TASK "C" DETAIL						
<b>Task Name (5a):</b> SRTS ENGAGEMENT & EDUCATION AT SCHOOLS						
<b>Task Summary (5b):</b> Create an environment conducive to behavior change by offering families opportunities through several programs that encourage safe walking/biking/scootering part or all of the way to school; Park & Walk, Walking School Bus, Crossing Guard Trainings. Crossing Guard trainings will include both an in-class presentation as well as an on-street training for recruited crossing guards. Conduct educational presentations to 2nd - 5th grades so that students learn how to safely use the project corridor. Recruit and train adults to teach traffic safety to youth to sustain the program into the future with support from local sales tax Measure X.						
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):		
1.	Apr-24	Apr-27	Develop program activities, may be completed virtually as needed.	List of program scope.		
2.	Apr-24	Apr-27	Identify locations/delivery method for each activity.	List of locations.		
3.	Apr-24	Apr-27	Recruit groups/parents/champions.	List of contacts.		
4.	Apr-24	Apr-27	Plot safe routes with school community input.	Maps of routes.		
5.	Apr-24	Apr-27	Informational presentations/training for parents at schools on walking school bus program activities.	Schedule of presentations.		
6.	Apr-24	Apr-27	Information packets, may be completed virtually as needed.	Copy of information packets.		
7.	Apr-24	Apr-27	Order required equipment.	Copies of invoices/receipts.		
8.	Apr-24	Apr-27	Promote walking school bus or other similar program activities for elementary schools, promotional material may be completed virtually as needed.	Press releases, social media, school assemblies, school website/newsletters.		
9.	Apr-24	Apr-27	Complete walking school busses or other similar virtual event at schools (activities may be in person or virtual).	Minimum of 1 in person or virtual event per school (copy of schedule).		
10.	Apr-24	Apr-27	Pedestrian Safety Presentations for 3rd and 4th grades in person or virtual (all 3rd and 4th grades for two schools for one year; approximately 10 presentations total)	Schedule of virtual or in person presentations.		
11.	Apr-24	Apr-27	Conduct comprehensive pedestrian safety education, including classroom instruction as well as on-foot Walk-Around-the-Block, provided to all 2nd grade classes at the two designated schools (serving approximately 19 classes)	Presentations, Copies of Presentations, Photos, Number of Students Served & Evaluation Activity Results		
12.	Apr-24	Apr-27	Conduct comprehensive bicycle safety education, including classroom instruction as well as on-bike rodeo, provided to all fifth grade classes at the two designated schools (serving approximately 16 classes)	Presentations, Copies of Presentations, Photos, Number of Students Served & Evaluation Activity Results		
13.	Apr-24	Apr-27	Provide educational safety trainings to volunteer crossing guards at the two designated elementary schools.	Presentations, Copies of Presentations, take-home materials to reinforce learning objectives and Photos		
14.	Apr-24	Apr-27	Bike and Walk to School Events (May & October) (2 events/yr x 2 schools)	complete events, outreach/promotional collateral, photos		
15.	Apr-24	Apr-27	Pilot Park & Walk Programs at 2 elementary schools	Presentations (4/yr for 3 years), copies of presentations, program materials, program video, outreach/promotional collateral		
16.	Apr-24	Apr-27	Pilot School Carpools at 2 elementary schools	Presentations (4/yr for 3 years), copies of presentations, program materials, program video, outreach/promotional collateral		
17.	Apr-24	Apr-27	Provide educational materials online (monterey county safe routes to school website)	Screenshot of Interface		
18.	Apr-24	Apr-27				
Staff Costs (7):						
Staff Time (Agency) (7a):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -	Chronic Disease Prevention Coordinator (Health Dept)	ATP	140	\$71.04	\$ 9,945.60	
Party 2 -	Chronic Disease Prevention Specialist II(Health Dept)	ATP	140	\$67.70	\$ 9,478.00	
Party 3 -	Inform (Health Dept)	ATP	120	\$27.42	\$ 3,290.40	
Party 4 -	Health Program Coordinator (Health Dept)	ATP	26	\$78.83	\$ 2,049.58	
Party 5 -	Public Health Program Manager II (Health Dept)	ATP	16	\$97.55	\$ 1,560.80	
Party 6 -	Senior Transportation Planner (TAMC)	ATP	130	\$117.75	\$ 15,307.50	
Party 7 -	Transportation Planner (TAMC)	ATP	250	\$87.65	\$ 21,912.50	
Subtotal Agency Costs:					\$ 63,544.38	\$ -
Staff Time (Consultant) (7b):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -						
Party 2 -						
Party 3 -						
Subtotal Consultant Costs:					\$ -	\$ -
<b>Total Staff Costs (Agency &amp; Consultant) (7c):</b>					<b>\$ 63,544.38</b>	<b>\$ -</b>
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:  <b>Itemized "Other Costs" Section</b>				ATP Total \$		InKind Total \$
				Travel (10a):	\$ 1,740.00	\$ -
				Equipment (10b):	\$ 3,500.00	\$ -
				Supplies/Materials (10c):	\$ 7,700.00	\$ -
				Incentives (10d):	\$ -	\$ -
				Other Direct Costs (10e):	\$ 126,798.14	\$ -
				** (10f):	\$ -	\$ -
<b>Total Other Costs (10g):</b>				<b>\$ 139,738.14</b>	<b>\$ -</b>	
<b>TASK GRAND TOTAL (11):</b>				<b>\$ 203,282.52</b>	<b>\$ -</b>	

**Task "C" Other Costs:**

**Itemized Travel Cost (10a)**

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

Travel (10a)

Type of Travel	ATP or InKind (select one)	Quantity	Units	Cost \$	ATP Total \$	InKind Total \$
1. Reimbursable mileage to and from school sites and SRTS events (MCHD)	ATP	1500	miles	\$0.58	\$ 870.00	
2. Reimbursable mileage to and from school sites and SRTS events (TAMC)	ATP	1500	miles	\$0.58	\$ 870.00	
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ 1,740.00	\$ -
<b>Total Travel Cost:</b>					\$	<b>1,740.00</b>

**Itemized Equipment Cost (10b)**

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

Equipment (10b)

Type of Equipment	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1. Vests for walking school bus volunteers	ATP	20	15.00	\$ 300.00	
2. Stop signs for walking school bus volunteers	ATP	20	20.00	\$ 400.00	
3. Reflective arm bands for walking school bus participants	ATP	800	3.50	\$ 2,800.00	
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
<b>Total:</b>				\$ 3,500.00	\$ -
<b>Total Supplies/Materials Cost:</b>				\$	<b>3,500.00</b>

**Itemized Supplies/Materials Cost (10c)**

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

Supplies/Materials (10c)

Type of Supplies/Materials	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1. Duplicating Costs for outreach and presentations	ATP	800	1.00	\$ 800.00	
2. Educational Materials for outreach and presentations	ATP	800	2.00	\$ 1,600.00	
3. Printing for outreach and education	ATP	800	1.00	\$ 800.00	
4. Food and water for volunteer lunch time meetings (\$10 per person)	ATP	50	10.00	\$ 500.00	
5. Healthy snacks and water for walking school bus participants (\$5 per student x 800 students)	ATP	800	5.00	\$ 4,000.00	
6.					
7.					
8.					
9.					
10.					
11.					
12.					
<b>Total:</b>				\$ 7,700.00	\$ -
<b>Total Supplies/Materials Cost:</b>				\$	<b>7,700.00</b>

**Task "C" 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 Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ -	\$ -
<b>Total Other Direct Cost:</b>					\$	-

**Itemized Other Direct Costs (10e)**

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

Other Direct Costs (10e)

	Type of Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.	Consultant - Walk Smart	ATP	15	1,935.82	\$ 29,037.30	
2.	Consultant - Bike Smart	ATP	12	2,078.00	\$ 24,936.00	
3.	Consultant - Crossing Guard Trainings	ATP	6	3,335.73	\$ 20,014.38	
4.	Consultant - Program Promotion & Videos	ATP	1	20,000.00	\$ 20,000.00	
5.	Consultant - Walking School Bus support	ATP	6	5,468.41	\$ 32,810.46	
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ 126,798.14	\$ -
<b>Total Other Direct Cost:</b>					\$	126,798.14

**Itemized Other Direct Costs (10f)**

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

Other Direct Costs (10f)

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

TASK "D" DETAIL							
Task Name (5a):		TRAFFIC GARDENS					
Task Summary (5b):		Design and implement traffic gardens at 2 elementary schools. Traffic gardens will be painted on the blacktops of the 2 designated elementary schools, and designed in coordination with the school principal and school district facilities manager. Traffic gardens look like miniature road networks and are safe places to teach traffic safety to children and families. They will include features such as roundabouts so that students and their families can learn to navigate them before they are constructed in the project corridor.					
	Start Date	End Date	Task Activities (6a):		Deliverables (6b):		
1.	Apr-24	Apr-27	Site visit with school administrator and school district facilities manager		Total of 2 meetings, site maps w/notes and measurements		
2.	Apr-24	Apr-27	Draft traffic garden designs (1 per school)		Copies of draft traffic gardens designs		
3.	Apr-24	Apr-27	Review design with school administrator and stakeholders		Copies of revised traffic garden designs		
4.	Apr-24	Apr-27	Finalize traffic garden designs		Copies of final traffic garden designs		
5.	Apr-24	Apr-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		
6.	Apr-24	Apr-27	Stripe and paint traffic garden design on school blacktops		Copies of flyers, press releases, and social media announcements, photos of completed traffic garden		
7.	Apr-24	Apr-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		
8.	Apr-24	Apr-27	Support Family Health & Wellness Fair to celebrate opening of traffic gardens		Flyers, promotional campaign and photos of event		
9.	Apr-24	Apr-27					
10.	Apr-24	Apr-27					
Staff Costs (7):							
Staff Time (Agency) (7a):			ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -	Senior Transportation Planner		ATP	40	\$117.75	\$ 4,710.00	
Party 2 -	Transportation Planner		ATP	80	\$87.65	\$ 7,012.00	
Party 3 -							
Party 4 -							
Party 5 -							
Party 6 -							
Subtotal Agency Costs:						\$ 11,722.00	\$ -
Staff Time (Consultant) (7b):			ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Costs:						\$ -	\$ -
<b>Total Staff Costs (Agency &amp; Consultant) (7c):</b>						<b>\$ 11,722.00</b>	<b>\$ -</b>
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 \$	InKind Total \$	
To fill out an itemized cost for each "Other Cost", click below:  <b>Itemized "Other Costs" Section</b>					Travel (10a):	\$ -	\$ -
					Equipment (10b):	\$ 18,750.00	\$ -
					Supplies/Materials (10c):	\$ 400.00	\$ -
					Incentives (10d):	\$ -	\$ -
					Other Direct Costs (10e):	\$ 18,000.00	\$ -
					** (10f):	\$ -	\$ -
<b>Total Other Costs (10g):</b>					<b>\$ 37,150.00</b>	<b>\$ -</b>	
<b>TASK GRAND TOTAL (11):</b>					<b>\$ 48,872.00</b>	<b>\$ -</b>	

TASK "E" DETAIL							
Task Name (5a):		SRTS ENGAGEMENT & EDUCATION IN THE COMMUNITY					
Task Summary (5b):		Increase shift to active transportation modes and mitigate traffic impacts from construction through pro-active programming with low-income families and businesses along the corridor. 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 locations such as a the local library or low income housing sites such as Del Monte Manor. Provide bilingual on-bike training for adults including loaner bikes, bike maintenance classes and group family rides to help parents and children get comfortable riding to school together.					
Start Date	End Date	Task Activities (6a):		Deliverables (6b):			
1.	Apr-24	Apr-27	Develop program activities, may be completed virtually as needed.	List program scope.			
2.	Apr-24	Apr-27	Identify locations for events or activities.	List of locations.			
3.	Apr-24	Apr-27	Informational presentations (2 minimum) on safe routes to school, nutrition and physical activity for all ages.	Schedule of presentations and copies of materials.			
4.	Apr-24	Apr-27	Order required equipment.	Copies of invoices/receipts.			
5.	Apr-24	Apr-27	Develop and promote at least 1 walking or biking activity at one community site, may be completed virtually as needed.	Flyer and copies of materials.			
6.	Apr-24	Apr-27	Pilot residential "Smart Commute" program working with low-income residents and businesses along the project corridor	Sign-up sheets, promotional materials, presentations, photos			
7.	Apr-24	Apr-27	Pilot Family Bicycling training and encouragement programming with low-income families	Sign-up sheets, promotional materials, presentations, bike maintenance checklist, family group ride photos,			
8.	Apr-24	Apr-27	Hold school-community-focused festival providing access to information on transportation safety and vital community resources in a fun, interactive manner.	Sign-in sheets, Event photos			
9.	Apr-24	Apr-27					
10.	Apr-24	Apr-27					
11.	Apr-24	Apr-27					
12.	Apr-24	Apr-27					
13.	Apr-24	Apr-27					
14.	Apr-24	Apr-27					
Staff Costs (7):							
Staff Time (Agency) (7a):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$	
Party 1 -	Chronic Disease Prevention Coordinator	ATP	424	\$71.04	\$ 30,120.96		
Party 2 -	Chronic Disease Prevention Specialist II	ATP	424	\$67.70	\$ 28,704.80		
Party 3 -	Intern	ATP	300	\$27.42	\$ 8,226.00		
Party 4 -	Health Program Coordinator	ATP	104	\$78.83	\$ 8,196.32		
Party 5 -	Public Health Program Manager II	ATP	52	\$97.55	\$ 5,072.60		
Party 5 -	Senior Transportation Planner (TAMC)	ATP	60	\$117.75	\$ 7,065.00		
Party 5 -	Transportation Planner (TAMC)	ATP	130	\$87.65	\$ 11,394.50		
Party 6 -							
Subtotal Agency Costs:					\$ 98,782.18	\$ -	
Staff Time (Consultant) (7b):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$	
Party 1 -							
Party 2 -							
Party 3 -							
Subtotal Consultant Costs:					\$ -	\$ -	
Total Staff Costs (Agency & Consultant) (7c):					\$ 98,782.18	\$ -	
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:  <b>Itemized "Other Costs" Section</b>				ATP Total \$		InKind Total \$	
				Travel (10a):	\$ 1,725.00	\$ -	
				Equipment (10b):	\$ 5,600.00	\$ -	
				Supplies/Materials (10c):	\$ 5,460.00	\$ -	
				Incentives (10d):	\$ -	\$ -	
				Other Direct Costs (10e):	\$ 184,750.56	\$ -	
** (10f):				\$ -	\$ -		
Total Other Costs (10g):				\$ 197,535.56	\$ -		
TASK GRAND TOTAL (11):				\$ 296,317.74	\$ -		

**Task "E" Other Costs:**

**Itemized Travel Cost (10a)**

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

Travel (10a)

Type of Travel	ATP or InKind (select one)	Quantity	Units	Cost \$	ATP Total \$	InKind Total \$
1. Reimbursable mileage to and from housing sites and events (MCHD)	ATP	1500	miles	\$0.58	\$ 862.50	
2. Reimbursable mileage to and from housing sites and events (TAMC)	ATP	1500	miles	\$0.58	\$ 862.50	
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ 1,725.00	\$ -
<b>Total Travel Cost:</b>					\$	<b>1,725.00</b>

**Itemized Equipment Cost (10b)**

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

Equipment (10b)

Type of Equipment	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1. Reflective arm bands for walking participants	ATP	800	3.50	\$ 2,800.00	
2. Bicycle Lights/taillights/reflectors	ATP	800	3.50	\$ 2,800.00	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
<b>Total:</b>				\$ 5,600.00	\$ -
<b>Total Supplies/Materials Cost:</b>				\$	<b>5,600.00</b>

**Itemized Supplies/Materials Cost (10c)**

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

Supplies/Materials (10c)

Type of Supplies/Materials	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1. Duplicating Costs for outreach and presentations	ATP	800	1.00	\$ 800.00	
2. Educational Materials for outreach and presentations	ATP	800	2.00	\$ 1,600.00	
3. Printing for outreach and education	ATP	800	1.00	\$ 800.00	
4. Healthy snacks and water for presentation participants (\$5 per person x 120 people)	ATP	120	5.00	\$ 600.00	
5. Encouragement Event Materials	ATP	1000	1.00	\$ 1,000.00	
6. Family Fun Events - Materials & Permits	ATP	3	220.00	\$ 660.00	
7.					
8.					
9.					
10.					
11.					
12.					
<b>Total:</b>				\$ 5,460.00	\$ -
<b>Total Supplies/Materials Cost:</b>				\$	<b>5,460.00</b>

**Task "E" 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 Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ -	\$ -
<b>Total Other Direct Cost:</b>					\$ -	\$ -

**Itemized Other Direct Costs (10e)**

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

Other Direct Costs (10e)

	Type of Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.	Consultant - Family Fun Festival (1/yr for 3 years)	ATP	3	11,018.85	\$ 33,056.55	
2.	Consultant - Family Bicycling Training & Encouragement (classes, rides & support for 3 years)	ATP	3	50,564.67	\$ 151,694.01	
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ 184,750.56	\$ -
<b>Total Other Direct Cost:</b>					\$ -	\$ 184,750.56

**Itemized Other Direct Costs (10f)**

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

Other Direct Costs (10f)

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

**TASK "F" DETAIL**

**Task Name (5a):** WALKING PRESENTATIONS TO SENIORS

**Task Summary (5b):** Each year conduct 2 pedestrian presentations for seniors in Seaside. These presentations are aimed at increasing physical activity and safety of seniors as they walk to other destinations and to support their engagement. 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 as needed. Presentations to be completed at community sites such as the local library or senior housing sites (e.g., Villa Del Monte).

	Start Date	End Date	Task Activities (6a):	Deliverables (6b):
1.	Apr-24	Apr-27	Develop training presentation In English and Spanish, may be completed virtually as needed.	copy of presentation.
2.	Apr-24	Apr-27	Determine time and location for presentations at each agency/non-profit/group/site, may be completed virtually as needed.	schedule of presentations.
3.	Apr-24	Apr-27	Complete presentations to senior population.	sign in sheets.
4.	Apr-24	Apr-27	Complete pre and post survey for seniors.	summary of pre and post surveys.
5.	Apr-24	Apr-27		
6.	Apr-24	Apr-27		
7.	Apr-24	Apr-27		
8.	Apr-24	Apr-27		
9.	Apr-24	Apr-27		
10.	Apr-24	Apr-27		

**Staff Costs (7):**

Staff Time (Agency) (7a):	ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 - Chronic Disease Prevention Coordinator	ATP	216	\$71.04	\$ 15,344.64	
Party 2 - Chronic Disease Prevention Specialist II	ATP	216	\$67.70	\$ 14,623.20	
Party 3 - Intern	ATP	120	\$27.42	\$ 3,290.40	
Party 4 - Health Program Coordinator	ATP	52	\$78.83	\$ 4,099.16	
Party 5 - Public Health Program Manager II	ATP	26	\$97.55	\$ 2,536.30	
Party 6 -					

Subtotal Agency Costs: \$ 39,893.70 \$ -

Staff Time (Consultant) (7b):	ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -					
Party 2 -					
Party 3 -					

Subtotal Consultant Costs: \$ - \$ -

**Total Staff Costs (Agency & Consultant) (7c): \$ 39,893.70 \$ -**

**Indirect Costs (8)**

Approved ICAP (8a)?  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 \$	InKind Total \$
To fill out an itemized cost for each "Other Cost", click below:  <b>Itemized "Other Costs" Section</b>	Travel (10a): \$ 575.00	\$ -
	Equipment (10b): \$ 780.00	\$ -
	Supplies/Materials (10c): \$ 2,100.00	\$ -
	Incentives (10d): \$ -	\$ -
	Other Direct Costs (10e): \$ -	\$ -
	** (10f): \$ -	\$ -
<b>Total Other Costs (10g):</b>	<b>\$ 3,455.00</b>	<b>\$ -</b>
<b>TASK GRAND TOTAL (11):</b>	<b>\$ 43,348.70</b>	<b>\$ -</b>

**Task "F" Other Costs:**

**Itemized Travel Cost (10a)**

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

Travel (10a)

Type of Travel	ATP or InKind (select one)	Quantity	Units	Cost \$	ATP Total \$	InKind Total \$
1. Reimbursable mileage to and from sites and events/presentations	ATP	1000	miles	\$0.58	\$ 575.00	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ 575.00	\$ -
<b>Total Travel Cost:</b>					\$	<b>575.00</b>

**Itemized Equipment Cost (10b)**

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

Equipment (10b)

Type of Equipment	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1. Reflective arm bands for walking participants	ATP	120	3.50	\$ 420.00	
2. Bicycle Lights/tailights/reflectors	ATP	120	3.00	\$ 360.00	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
<b>Total:</b>				\$ 780.00	\$ -
<b>Total Supplies/Materials Cost:</b>				\$	<b>780.00</b>

**Itemized Supplies/Materials Cost (10c)**

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

Supplies/Materials (10c)

Type of Supplies/Materials	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1. Duplicating Costs for outreach and presentations	ATP	400	1.00	\$ 400.00	
2. Educational Materials for outreach and presentations	ATP	400	2.00	\$ 800.00	
3. Printing for outreach and education	ATP	400	1.00	\$ 400.00	
4. Healthy snacks and water for presentation participants (\$5 per person x 100 people)	ATP	1	500.00	\$ 500.00	
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
<b>Total:</b>				\$ 2,100.00	\$ -
<b>Total Supplies/Materials Cost:</b>				\$	<b>2,100.00</b>

Task "F" 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 Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
				Total:	\$	\$
				Total Other Direct Cost:	\$	\$

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

TASK "G" 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 (see Task H).				
	Start Date	End Date	Task Activities (6a):	Deliverables (6b):		
1.	Apr-24	Apr-27	Facilitate 2 meetings with community partners and residents, including youth leaders to plan enLACE introduction, held virtually if needed	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), held virtually if needed	Meeting agendas		
3.	Apr-24	Apr-27	Organize and execute an introduction to enLACE event to generate community awareness, held virtually if needed	1 Introduction event		
4.	Apr-24	Apr-27	1 enLACE Academy, 8 meetings, held virtually if needed. To include adult and youth participants	Sign in sheets, agendas, photos		
5.	Apr-24	Apr-27	Hold 1 Health in All Policy training with key community organizations and youth leaders to deepen engagement and understanding of how to support community advocates for active transportation needs in community, held virtually if needed	Sign in sheets, agendas		
6.	Apr-24	Apr-27				
7.	Apr-24	Apr-27				
8.	Apr-24	Apr-27				
9.	Apr-24	Apr-27				
10.	Apr-24	Apr-27				
Staff Costs (7):						
Staff Time (Agency) (7a):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -	Management Analyst III	ATP	150	\$84.00	\$ 12,600.00	
Party 2 -	Chronic Disease Prevention Specialist II	ATP	200	\$60.00	\$ 12,000.00	
Party 3 -	Chronic Disease Prevention Specialist II	ATP	120	\$57.00	\$ 6,840.00	
Party 4 -	Chronic Disease Prevention Coordinator	ATP	520	\$66.00	\$ 34,320.00	
Party 5 -	Program Manager II	ATP	40	\$95.00	\$ 3,800.00	
Party 6 -	Intern	ATP	500	\$22.00	\$ 11,000.00	
Subtotal Agency Costs:					\$ 80,560.00	\$ -
Staff Time (Consultant) (7b):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -						
Party 2 -						
Party 3 -						
Subtotal Consultant Costs:					\$ -	\$ -
Total Staff Costs (Agency & Consultant) (7c):					\$ 80,560.00	\$ -
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 section:						
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>				ATP Total \$		InKind Total \$
				Travel (10a):	\$ 870.00	\$ -
				Equipment (10b):	\$ -	\$ -
				Supplies/Materials (10c):	\$ 4,600.00	\$ -
				Incentives (10d):	\$ -	\$ -
				Other Direct Costs (10e):	\$ 57,302.50	\$ -
** (10f):	\$ -	\$ -				
Total Other Costs (10g):				\$ 62,772.50	\$ -	
TASK GRAND TOTAL (11):				\$ 143,332.50	\$ -	

<b>Task "G" Other Costs:</b>						
<b>Itemized Travel Cost (10a)</b>						
Please provide an itemized "travel" cost estimate for all travel costs applicable to each task						
Travel (10a)						
Type of Travel	ATP or InKind (select one)	Quantity	Units	Cost \$	ATP Total \$	InKind Total \$
1. Reimbursable mileage to and from sites and activities	ATP	1500	miles	\$0.58	\$ 870.00	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ 870.00	\$ -
<b>Total Travel Cost:</b>					<b>\$</b>	<b>870.00</b>

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

<b>Itemized Supplies/Materials Cost (10c)</b>						
Please provide an itemized "supplies/materials" cost estimate for all supplies/materials costs applicable to each task						
Supplies/Materials (10c)						
Type of Supplies/Materials	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$	
1. Educational materials for outreach and presentations	ATP	800	4.00	\$ 3,200.00		
2. Water and healthy snacks for meeting and conference attendees (\$10/attendee/meeting)	ATP	14	100.00	\$ 1,400.00		
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ 4,600.00	\$ -
<b>Total Supplies/Materials Cost:</b>					<b>\$</b>	<b>4,600.00</b>

Task "G" 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 Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ -	\$ -
<b>Total Other Direct Cost:</b>				<b>\$</b>	<b>-</b>

Itemized Other Direct Costs (10e)					
Please provide an itemized "other" cost estimate for all other costs applicable to each task					
Other Direct Costs (10e)					
Type of Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1. Meeting space usage fee	ATP	14	80.00	\$ 1,120.00	
2. Telecomm/IT/ERP/ERP Reserve (6 staff, 1 year)	ATP	6	9,363.75	\$ 56,182.50	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total:				\$ 57,302.50	\$ -
<b>Total Other Direct Cost:</b>				<b>\$</b>	<b>57,302.50</b>

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

**TASK "H" DETAIL**

**Task Name (5a):** COMMUNITY OPEN STREET EVENT

**Task Summary (5b):** Work with leading community advocacy organization to develop a first ever community Ciclovía, an open street active transportation event requiring considerable community involvement in the planning. The local model uses youth advocacy groups to lead and plan and implement the event, teaching youth valuable life skills. The Health Department partners with the community-based organizations to engage with the City and act as trusted agency liaison for event implementation.

	Start Date	End Date	Task Activities (6a):	Deliverables (6b):
1.	Apr-24	Apr-27	Conduct school/community outreach for event support	Flyers, agendas
2.	Apr-24	Apr-27	Work with community stakeholders to set date, street route, develop materials, schedule vendors, conduct outreach and public information campaign for event.	Final route and set date for
3.	Apr-24	Apr-27	Execute 1 open streets event	Attendee count, media coverage
4.	Apr-24	Apr-27		
5.	Apr-24	Apr-27		
6.	Apr-24	Apr-27		
7.	Apr-24	Apr-27		
8.	Apr-24	Apr-27		
9.	Apr-24	Apr-27		
10.	Apr-24	Apr-27		

**Staff Costs (7):**

Staff Time (Agency) (7a):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -	MA III	ATP	100	\$84.00	\$ 8,400.00	
Party 2 -	CDPS II	ATP	200	\$60.00	\$ 12,000.00	
Party 3 -	CDPC	ATP	160	\$66.00	\$ 10,560.00	
Party 4 -	CDPS II	ATP	80	\$57.00	\$ 4,560.00	
Party 5 -	PM II	ATP	40	\$95.00	\$ 3,800.00	
Party 6 -	Interns	ATP	500	\$22.00	\$ 11,000.00	
Subtotal Agency Costs:					\$ 50,320.00	\$ -

Staff Time (Consultant) (7b):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -	Building Healthy Communities	ATP	240	\$60.00	\$ 14,400.00	
Party 2 -						
Party 3 -						
Subtotal Consultant Costs:					\$ 14,400.00	\$ -
<b>Total Staff Costs (Agency &amp; Consultant) (7c):</b>					<b>\$ 64,720.00</b>	<b>\$ -</b>

**Indirect Costs (8)**

**Approved ICAP (8a)?**  **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 \$	InKind 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):	\$ 116.00 \$ -
	Equipment (10b):	\$ 7,100.00 \$ -
	Supplies/Materials (10c):	\$ 4,600.00 \$ -
	Incentives (10d):	\$ - \$ -
	Other Direct Costs (10e):	\$ 4,000.00 \$ -
	" " (10f):	\$ 56,182.50 \$ -
<b>Total Other Costs (10g):</b>	<b>\$ 71,998.50</b>	<b>\$ -</b>
<b>TASK GRAND TOTAL (11):</b>	<b>\$ 136,718.50</b>	<b>\$ -</b>

**Task "H" Other Costs:**

**Itemized Travel Cost (10a)**

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

Travel (10a)

	Type of Travel	ATP or InKind (select one)	Quantity	Units	Cost \$	ATP Total \$	InKind Total \$
1.	Reimbursable mileage to and from sites and activities	ATP	200	miles	\$0.58	\$ 116.00	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
<b>Total:</b>						<b>\$ 116.00</b>	<b>\$ -</b>
<b>Total Travel Cost:</b>						<b>\$</b>	<b>116.00</b>

**Itemized Equipment Cost (10b)**

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

Equipment (10b)

	Type of Equipment	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.	Barricades	ATP	100	11.00	\$ 1,100.00	
2.	Bike Rental	ATP	20	75.00	\$ 1,500.00	
3.	Rental of Portable Toilets (for 2 communities)	ATP	30	150.00	\$ 4,500.00	
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					<b>\$ 7,100.00</b>	<b>\$ -</b>
<b>Total Supplies/Materials Cost:</b>					<b>\$</b>	<b>7,100.00</b>

**Itemized Supplies/Materials Cost (10c)**

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

Supplies/Materials (10c)

	Type of Supplies/Materials	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.	Marketing Material	ATP	1000	2.00	\$ 2,000.00	
2.	Volunteeer vest and/or shirt	ATP	300	2.00	\$ 600.00	
3.	Food and water for volunteers	ATP	200	10.00	\$ 2,000.00	
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					<b>\$ 4,600.00</b>	<b>\$ -</b>
<b>Total Supplies/Materials Cost:</b>					<b>\$</b>	<b>4,600.00</b>

**Task "H" 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 Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ -	\$ -
<b>Total Other Direct Cost:</b>					\$	-

**Itemized Other Direct Costs (10e)**

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

Other Direct Costs (10e)

	Type of Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.	Street Closure Costs	ATP	2	2,000.00	\$ 4,000.00	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ 4,000.00	\$ -
<b>Total Other Direct Cost:</b>					\$	4,000.00

**Itemized Other Direct Costs (10f)**

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

Other Direct Costs (10f)

	Type of Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.	Telecomm/IT/ERP/ERP Reserve (6 staff, 1 year)	ATP	6	9,363.75	\$ 56,182.50	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ 56,182.50	\$ -
<b>Total Other Direct Cost:</b>					\$	56,182.50

**TASK "I" DETAIL**

**Task Name (5a):** REPORTING/INVOICING

**Task Summary (5b):** Provide quarterly reports and invoices to City of Seaside to submit to Caltrans (9 invoices and reports)

	Start Date	End Date	Task Activities (6a):	Deliverables (6b):
1.	Apr-24	Apr-27	Invoices	Invoices and back-up documentation
2.	Apr-24	Apr-27	Reporting	Quarterly reports
3.	Apr-24	Apr-27		
4.	Apr-24	Apr-27		
5.	Apr-24	Apr-27		
6.	Apr-24	Apr-27		
7.	Apr-24	Apr-27		
8.	Apr-24	Apr-27		
9.	Apr-24	Apr-27		
10.	Apr-24	Apr-27		

**Staff Costs (7):**

Staff Time (Agency) (7a):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -	Senior Transportation Planner (TAMC)	ATP	9	\$117.75	\$ 1,059.75	
Party 2 -	Program Manager II (MCHD PEP)	ATP	9	\$95.00	\$ 855.00	
Party 3 -	Public Health Program Manager II	ATP	9	\$97.55	\$ 877.95	
Party 4 -						
Party 5 -						
Party 6 -						

Subtotal Agency Costs: \$ 2,792.70 \$ -

Staff Time (Consultant) (7b):		ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -						
Party 2 -						
Party 3 -						

Subtotal Consultant Costs: \$ - \$ -

**Total Staff Costs (Agency & Consultant) (7c): \$ 2,792.70 \$ -**

**Indirect Costs (8)**

**Approved ICAP (8a)?**  **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 \$	InKind 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):	\$ - \$ -
	" " (10f):	\$ - \$ -
	<b>Total Other Costs (10g):</b>	<b>\$ - \$ -</b>
<b>TASK GRAND TOTAL (11):</b>	<b>\$ 2,792.70 \$ -</b>	

**Task "I" Other Costs:**

**Itemized Travel Cost (10a)**

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

Travel (10a)

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

**Itemized Equipment Cost (10b)**

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

Equipment (10b)

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

**Itemized Supplies/Materials Cost (10c)**

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

Supplies/Materials (10c)

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

**Task "I" 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 Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total:</b>					\$ -	\$ -
<b>Total Other Direct Cost:</b>					\$	-

**Itemized Other Direct Costs (10e)**

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

Other Direct Costs (10e)

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

**Itemized Other Direct Costs (10f)**

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

Other Direct Costs (10f)

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

**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 InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -					
Party 2 -					
Party 3 -					
Party 4 -					
Party 5 -					
Party 6 -					

Subtotal Agency Costs: \$ - \$ -

Staff Time (Consultant) (7b):	ATP or InKind (select one)	Staff Hours	Rate Per Hour	ATP Total \$	InKind Total \$
Party 1 -					
Party 2 -					
Party 3 -					

Subtotal Consultant Costs: \$ - \$ -

**Total Staff Costs (Agency & Consultant) (7c): \$ - \$ -**

**Indirect Costs (8)**

Approved ICAP (8a)?  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 \$	InKind 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): \$ -	\$ -
	" " (10f): \$ -	\$ -
	<b>Total Other Costs (10g): \$ -</b>	<b>\$ -</b>
<b>TASK GRAND TOTAL (11): \$ -</b>	<b>\$ -</b>	

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

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

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

**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 Other Direct Costs	ATP or InKind (select one)	Quantity	Cost \$	ATP Total \$	InKind Total \$
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total:					\$ -	\$ -
<b>Total Other Direct Cost:</b>					<b>\$</b>	<b>-</b>

**Itemized Other Direct Costs (10e)**

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

Other Direct Costs (10e)

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

**Itemized Other Direct Costs (10f)**

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

Other Direct Costs (10f)

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