

**PROJECT BUDGET & SCHEDULE**

*See general instructions at end of this attachment*

**A. Public Agency Applicant:** Santa Cruz County Regional Transportation Commission

**B. Implementing Entity, if Different:** Santa Cruz Area TMA

**C. Budget:** Total Project Cost: \$ 75,432  
 This AB2766 Grant Request: \$ 67,350

**D. Project Title:** Folding Bikes In Buses

**E. Project Schedule:** Start Date: 11/05 End Date: 10/07. (*Within 2 years*)

**F. Activities:** *List each distinct activity needed to implement project:*

**Activity #1:** Plan and develop program and promotional materials

**Activity #2:** Recruit local folding bike retailers

**Activity #3:** Launch promotional campaign

**Activity #4:** Implement program and tracking system

**F. AB2766 Grant Reimbursed Costs Only: Budget and Schedule**

*Show ONLY AB2766 grant funds in Table F.*

*Check type of Period:*

     Quarter  
 Semester  
     Year

*Total must equal AB2766 request shown in §C.*

<b>Table F.</b>	<b>1st Period</b>	<b>2nd Period</b>	<b>3rd Period</b>	<b>4th Period</b>	
<b>Activity #</b>	<b>Ends <u>4/06</u></b>	<b>Ends <u>10/06</u></b>	<b>Ends <u>4/07</u></b>	<b>Ends <u>10/4</u></b>	<b>AB2766 Total</b>
1.	\$ <u>6,910</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>6,910</u>
2.	\$ <u>1,772</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>1,772</u>
3.	\$ <u>          </u>	\$ <u>5,866</u>	\$ <u>5,866</u>	\$ <u>5,866</u>	\$ <u>17,597</u>
4.	\$ <u>          </u>	\$ <u>15,605</u>	\$ <u>13,183</u>	\$ <u>12,283</u>	\$ <u>41,071</u>
<b>AB2766</b>	\$ <u>8,682</u>	\$ <u>21,471</u>	\$ <u>19,049</u>	\$ <u>18,149</u>	\$ <u>67,350</u>

**G. Total Project Cost, Including Other Funds Budget and Schedule**

*Grant funds may NOT be used to reimburse the costs of administering the grant.*

*Funding from other sources must be shown for grant administration.*

*Total of all funding sources must equal Total Project Cost amount in §C.*

<b>Table G</b>	<b><u>This</u></b>	<b><u>Other</u></b>	<b><u>Other</u></b>	<b><u>Total Project</u></b>
	<b><u>AB2766</u></b>	<b><u>Other</u></b>	<b><u>Unsecured</u></b>	<b><u>Funding, all Sources</u></b>
	<b><u>Grant Request</u></b>	<b><u>Secured Funds</u></b>	<b><u>Funds</u></b>	
Equipment	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>          </u>
Other capital	\$ <u>32,500</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>32,500</u>
Personnel	\$ <u>28,350</u>	\$ <u>          </u>	\$ <u>          </u>	\$ <u>28,350</u>
Other operating	\$ <u>6,500</u>	\$ <u>          </u>	\$ <u>6,082</u>	\$ <u>12,582</u>
Grant Administration	\$ <u>XXXXXX</u>	\$ <u>2,000</u>	\$ <u>          </u>	\$ <u>2,000</u>
<b>All Costs, Total</b>	\$ <u>67,350</u>	\$ <u>2,000</u>	\$ <u>6,082</u>	\$ <u>75,432</u>

**FY 2002-2003 AB 2766 Motor Vehicle Emission Reduction Grant Program**

**H. Status of funding sources other than this AB2766 grant request**

*See Status Codes below.  
Check one box for each source*

**STATUS CODES :**

*S = Secured funds: Grantee hereby attests these funds will be secured by January 31, 2004*

*U = Unsecured funds: Availability for this project not yet certain*

*P = Previous AB2766 funds secured and available for this project.*

<u>Source</u>	<u>Amount</u>	<u>S</u>	<u>U</u>	<u>P</u>
1. <u>TMA Budget</u>	<u>\$2,000</u>	<u>x</u>	<u>  </u>	<u>  </u>
2. <u>Inkind promotionals</u>	<u>\$3,082</u>	<u>  </u>	<u>x</u>	<u>  </u>
3. <u>Folding Bike Retailer's promotional funds</u>	<u>\$3,000</u>	<u>  </u>	<u>x</u>	<u>  </u>
4. _____	\$ _____	_____	_____	_____
5. _____	\$ _____	_____	_____	_____
<b>Total</b>	<b><u>\$ 8,082</u></b>			

**I. Monitoring Program:** *See instructions below and separate AB2766 Travel Activity Data Requirements.*

**a. Travel or other activity measurements to be collected:** *Describe each:*

Measure 1 : Number of bike/bus combo trips per week.

Measure 2 : Miles traveled per trip for one week and one month.

Measure 3 : Types of trips (commute, errands, recreational, etc) taken

Measure 4 : \_\_\_\_\_

**b. Type of Data Collection (Counts, surveys, logs, etc.):** Baseline survey of participants and follow up survey.

**c. Frequency and source of collection for each measure:** Baseline survey taken at safety class and collected. 6 month follow up survey via US mail and email.

**J. Contacts:**

*List contact information for the primary grantee reimbursement and/or Project Manager, if different, and for the implementation entity, if different:*

**Primary Contact Name:** \_\_\_\_\_

Mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Reimbursement Contact Name (If different):** \_\_\_\_\_

Mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Implementing Entity Name ( if different)** \_\_\_\_\_

Mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**K. Emissions and Cost Effectiveness Calculations:**

*District staff may apply applicable default value.*

**Useful Life of Project :**  8  Years.