City Hall

From:	Shelby County Highway <shelbycohwy@consolidated.net></shelbycohwy@consolidated.net>
Sent:	Tuesday, August 27, 2019 11:19 AM
То:	Mayor Jeff Johnson; Jack Kiley
Cc:	City Hall; Street Commissioner
Subject:	Re: IHI Turbo Annexation Ordinance

I called IDOT and they say it is a public road. The Road has joint maintenance jurisdiction between the County and IDOT.

IDOT will get back to me about making it City road jurisdiction.

IDOT also agrees that the road should be considered within the City Limits due to the annexation.

alan

From: Mayor Jeff Johnson
Sent: Tuesday, August 27, 2019 9:34 AM
To: Jack Kiley
Cc: Shelby County Highway ; City Hall ; Street Commissioner
Subject: Re: IHI Turbo Annexation Ordinance

Jack,

Do you see that as a public road? Or is it a private road and would need to be deeded over / annexed? With the awarding of the bid for Sylvester next Tuesday, we will need to start formalizing / planning on the next potential phase.

Alan,

Who would we contact with the county to recognize it as a city road?

From: Jack Kiley <jkiley@ericksondavislaw.com> Sent: Tuesday, August 13, 2019 12:35:24 PM To: Mayor Jeff Johnson <mayor@shelbyvilleil.net> Cc: Shelby County Highway <shelbycohwy@consolidated.net>; City Hall <cityhall@shelbyvilleil.net>; Street Commissioner <streetcom@shelbyvilleil.net> Subject: RE: IHI Turbo Annexation Ordinance

Mayor,

I agree with Alan. I've looked at the annexation documentation. No question the boundary would extend to the far side of the highway. I've always interpreted that part of the statute so as to make clear who would have repair, maintenance, and law enforcement responsibilities for a highway. As things progress it might be a good idea to make sure we're on the same page with the county.

Thanks, Jack From: Mayor Jeff Johnson <mayor@shelbyvilleil.net> Sent: Friday, August 2, 2019 10:12 AM To: Jack Kiley <jkiley@ericksondavislaw.com> Cc: Shelby County Highway <shelbycohwy@consolidated.net>; City Hall <cityhall@shelbyvilleil.net>; Street Commissioner <streetcom@shelbyvilleil.net> Subject: Fw: IHI Turbo Annexation Ordinance

Jack,

Thoughts? Is the road on the west side of IHI turbo a city road? Or a county road?

Jim Dial is asking about access to his property from this road.

Thanks.

From: Shelby County Highway <<u>shelbycohwy@consolidated.net</u>> Sent: Friday, August 2, 2019 9:43 AM To: Mayor Jeff Johnson <<u>mayor@shelbyvilleil.net</u>> Subject: Re: IHI Turbo Annexation Ordinance

The road right-of-way was deeded to Shelby County from the Airport in 1972. The County provided a perpetual easement to IDOT in 1972. The City's 1984 annexation legal description does not include the road right-of-way. The annexation statutes states that the "boundary shall extend to the far side of any adjacent highway" ….. "even though not included in the legal description" (65 ILCS 5/7-1-1)

My conclusion is:

The County has ownership of the road ROW. The IDOT has an Easement of the road ROW. AND The road IS within the City limits per the annexation statutes.

Can't get any more complicated then that !!

alan

Might need to talk to Jack about this

From: <u>Mayor Jeff Johnson</u> Sent: Friday, August 02, 2019 8:12 AM To: <u>Shelby County Highway</u> Subject: Fw: IHI Turbo Annexation Ordinance

Alan,

Can you tell anything from this?

Thanks

From: City Clerk <<u>cityclerk@shelbyvilleil.net</u>> Sent: Thursday, August 1, 2019 2:54 PM To: Mayor Jeff Johnson <<u>mayor@shelbyvilleil.net</u>> Subject: IHI Turbo Annexation Ordinance

Jeff,

Attached is the IHI Turbo Annexation Ordinance. There is a map on page 8.

Please let me know if this isn't what you need.

Thank you, Rachel Wallace City Clerk City of Shelbyville 217/774-5531

-----Original Message-----From: <u>cityhall@consolidated.net</u> <<u>cityhall@consolidated.net</u>> Sent: Thursday, August 1, 2019 1:55 PM To: City Clerk <<u>cityclerk@shelbyvilleil.net</u>> Subject: Message from "MPC2003-6805"

This E-mail was sent from "MPC2003-6805" (MP C2003).

Scan Date: 08.01.2019 14:54:46 (-0400) Queries to: cityhall@consolidated.net

No virus found in this message. Checked by AVG - <u>www.avg.com</u> Version: 2016.0.8048 / Virus Database: 4793/15884 - Release Date: 08/14/18 Internal Virus Database is out of date.

City Hall

From: Sent: To: Subject: Attachments: Shelby County Highway <shelbycohwy@consolidated.net> Tuesday, August 27, 2019 12:57 PM City of Shelbyville gata training doc20190827130227.pdf

,

see attached.

someone should attend this if at all possible.

I took a previously scheduled class.

alan



August 1, 2019

DISTRICT 7 GATA WORKSHOP FOR LOCAL PUBLIC AGENCIES

Dear Sir or Madam:

You and your staff are invited to join the Illinois Department of Transportation (IDOT) for a one-day workshop on the Grant Accountability and Transparency Act (GATA). This workshop will include a presentation followed by demonstrations and an opportunity for questions and answers. This workshop will be the same workshop that was previously offered on July 15, 2019 and July 18, 2019. The workshop will be offered two additional times:

Class A: September 16, 2019 9:00 A.M. – 12:00 P.M.* Class B: September 19, 2019 9:00 A.M. – 12:00 P.M.*

*IDOT staff will stay and answer questions as needed.

The classes will be held at the Illinois Emergency Management Agency (IEMA) building located at 311 Miracle Avenue, Effingham, Illinois. Additional parking will be provided at the Effingham Assembly Church.

We encourage you to include all staff responsible for GATA to attend this workshop. Classroom space is limited to 70 participants per class, so please RSVP by contacting Katie Venetis by phone at 217-342-8322 or by email at <u>katie.venetis@illinois.gov</u>. RSVP deadline is September 9, 2019.

Very truly yours,

Sherry A. Phillips, P.E. District Engineer of Local Roads and Streets

SP:kv

From: Sent: To: Cc: Subject: Attachments: Shelby County Highway <shelbycohwy@consolidated.net> Friday, July 19, 2019 7:26 AM Jansen, Daniel - RD, Effingham, IL City of Shelbyville Re: USDA RBDG Grant - Quarterly Report Due doc20190719073305.pdf

Dan,

see attached quarterly report.

alan

From: Jansen, Daniel - RD, Effingham, IL Sent: Thursday, July 18, 2019 7:49 AM To: Shelby County Highway Subject: FW: USDA RBDG Grant - Quarterly Report Due

Alan,

A quarterly report is due once again for the RBDG grant.

Thanks,

Dan Jansen | Area Specialist Rural Development U.S. Department of Agriculture 2701 South Banker Street, Suite 103A | Effingham, Illinois 62401 Phone: 217.347.7107 ext. 5 | Fax: 855-486-1389

"Committed to the future of rural communities"

http://www.rd.usda.gov/il

This electronic message contains information generated by the USDA solely for the intended recipients. Any unauthorized interception of this message or the use or disclosure of the information it contains may violate the law and subject the violator to civil or criminal penalties. If you believe you have received this message in error, please notify the sender and delete the email immediately.

FEDERAL FINANCIAL REPORT

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Shelby County Highway <shelbycohwy@consolidated.net> Monday, July 15, 2019 7:17 AM City of Shelbyville Phase 8 bike trail invoice : 14-00056-00 BT doc20190715072235.pdf

The attached invoice was an extra for the subject project. It was for additional bike symbol pavement marking.

Please pay this invoice at your earliest convenience.

thanks

alan



INVOICE

DATE: 3/12/19

BILL TO: CITY OF SHELBYVILLE

CONTRACT: 95806 COUNTY: SHELBY ROUTE: VARIOUS ROUTES SECTION: 14-00056-00-BT (SHELBYVILLE) PROJECT: TE-D7(74) DISTRICT: 7

-	ITEM	DESCRIPTION	AUP	CONTRACT QUANTITY	PREVIOUS QUANTITY	CURRENT	TO DATE QUANTITY	U/M	RATE	CURRENT EXTENSION	TO DATE EXTENSION
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P.O. Box 3055 Champaign, IL 61826-3055

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P 217.352.2203 F 217.352.8339

City Hall

Shelby County Highway <shelbycohwy@consolidated.net></shelbycohwy@consolidated.net>
Monday, July 1, 2019 11:23 AM
Stephens, Catherine A; Petard, Keith
City Hall; Hemmen, Timothy J; Thornton, Jill R; Fox, Michael E; Holland, Douglas W;
Phillips, Sherry A; Charles W Miller
Re: Contract 95816

I thought this project was closed out. Keith Petard is doing the documentation

I just got off the phone with keith petard and he is going to stop by District 7 today to find out what happened.

alan

From: <u>Stephens, Catherine A</u>
Sent: Monday, July 01, 2019 10:45 AM
To: <u>Spesard, S. Alan</u>; <u>Petard, Keith</u>
Cc: <u>cityhall@shelbyvilleil.net</u>; <u>Hemmen, Timothy J</u>; <u>Thornton, Jill R</u>; <u>Fox, Michael E</u>; <u>Holland, Douglas W</u>; <u>Phillips, Sherry A</u>
Subject: FW: Contract 95816

Alan, Final Inspection on this job took place 10-18-17. The Feds have it listed on their FIRE Report as a job that needs closed out. Before it can be closed out we need material certs & concrete reports which we've been requesting for almost a year now. Please let me know how soon we will receive the below listed items so we can get this job off the books. Thanks, Cathy

From: Thornton, Jill R
Sent: Monday, July 01, 2019 10:08 AM
To: 'shelbyeng@consolidated.net' <shelbyeng@consolidated.net>
Cc: Stephens, Catherine A <Catherine.Stephens@illinois.gov>
Subject: FW: Contract 95816

I've not heard anything on this. Where are we at????

From: Thornton, Jill R
Sent: Thursday, December 06, 2018 7:42 AM
To: 'shelbyeng@consolidated.net' <<u>shelbyeng@consolidated.net</u>>
Subject: FW: Contract 95816

Where are we at on this? Local Roads is asking because it can affect their funding if we don't get it closed out soon. Thanks.

From: Thornton, Jill R Sent: Monday, July 16, 2018 10:43 AM To: Keith Petard (<u>shelbycokeith@consolidated.net</u>) <<u>shelbycokeith@consolidated.net</u>> Subject: Contract 95816

I'm working on Contract 95816 (sidewalk, driveway, curb & gutter at various locations in Shelbyville) and I had to ask Charlie if this is the job that got stolen out of your truck because there is absolutely no material inspection. He said it's not this job so I'm not sure what is going on. The files are empty and I can't even find a concrete file or envelope?? Any ideas?? I need certifications for the pipe & detectable warnings. I'll also need all the concrete reports sent to Mike Gier.

Thanks, Jill Thornton Materials Certification Technician Illinois Department of Transportation District 7 - Region 4 Phone: (217) 342-8238 Fax: (217) 342-8379 jill.thornton@illinois.gov

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Thursday, June 6, 2019 2:58 PM City of Shelbyville Re: balances - Kelly

Kelly,

can I get mft, bd tif balances.

thanks

alan

From: Sent: To: Cc: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Thursday, May 30, 2019 9:04 AM City of Shelbyville jeff johnson City Council Agenda

Please add:

- Engineering Agreement for Construction Oversite of Streetscape Project

thanks

alan

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Thursday, April 25, 2019 9:19 AM City Hall Re: C-97-075-19 P-97-035-19 Shelbyville

ok thanks

From: <u>City Hall</u> Sent: Thursday, April 25, 2019 8:43 AM To: 'Shelby County Highway' ; <u>mayor@mycci.net</u> Subject: RE: Fwd: FW: C-97-075-19 P-97-035-19 Shelbyville

I don't complete this until after our new fiscal year begins on May 1st.

Thank you, Rachel Wallace City Clerk City of Shelbyville 217/774-5531

From: Shelby County Highway [mailto:shelbycohwy@consolidated.net] Sent: Thursday, April 25, 2019 8:12 AM To: mayor@mycci.net; Cityhall Subject: Re: Fwd: FW: C-97-075-19 P-97-035-19 Shelbyville

I have a copy of the ICQ that Rachel provided last year. I talked to Tom and he is ok with me sending it to him unless there is a newer version ? see attached.

JA does stand for Joint Agreement. This is for the IHI Turbo project – It does not mean it is close to approval.

alan

From: <u>mayor@mycci.net</u> Sent: Wednesday, April 24, 2019 4:28 PM To: <u>Shelbycohwy</u>; <u>Cityhall</u> Subject: Fwd: FW: C-97-075-19 P-97-035-19 Shelbyville

Alan / Rachel / Kelly,

Do we know if we have filed one? If not, is there a template somewhere? Or how do we do this?

I assume a JA is a joint agreement? Which project is this for? Bike Path or IHI? Does this mean it is close to approval?

Thanks.

----- Original Message ------

Subject:FW: C-97-075-19 P-97-035-19 Shelbyville Date:04/24/2019 02:02 PM From:"Kreke, Tom L" <<u>Tom.Kreke@illinois.gov</u>> To:"<u>mayor@mycci.net</u>" <<u>mayor@mycci.net</u>> Cc:Shelby County Highway <<u>shelbycohwy@consolidated.net</u>>

Jeff / Alan

I need the ICQ (Internal Controls Questionnaire) for the City of Shelbyville.

Tom Kreke

Local Roads & Streets D-7

(217) 342-8326

Email Tom.Kreke@illinois.gov

From: Fenelon, George R. Sent: Wednesday, April 24, 2019 9:10 AM To: Kreke, Tom L <<u>Tom.Kreke@illinois.gov</u>> Subject: RE: C-97-075-19 P-97-035-19 Shelbyville

Thanks Tom.

I am getting ready to send this JA for comments, but I haven't been able to locate an ICQ Report for the City of Shelbyville. ICQ stands for Internal Controls Questionnaire and the report reflects how healthy the municipality is financial-wise, if they are a risk, etc.

Could it be they haven't filed one?

If you could, please see if you can find one for them, and if not, please contact them and let them know they need to file one ASAP.

Please let me know if you have any questions.

Thank you,

George Fenelon Bureau of Local Roads & Streets, Room 204

Illinois Department of Transportation

2300 S. Dirksen Parkway

Springfield, IL 62764

Phone: (217) 782-8316

George.Fenelon@Illinois.gov

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From: Kreke, Tom L Sent: Wednesday, April 24, 2019 8:08 AM To: Fenelon, George R. <<u>George.Fenelon@illinois.gov</u>> Subject: RE: C-97-075-19 P-97-035-19 Shelbyville

MFT length has been changed to 0.12 mi

Tom Kreke

Local Roads & Streets D-7

(217) 342-8326

From: Fenelon, George R. Sent: Tuesday, April 23, 2019 6:25 PM To: Kos, Melinda <<u>Melinda.Kos@Illinois.gov</u>> Cc: Militello, Russell <<u>Russell.Militello@illinois.gov</u>>; Eberlin, Mary R <<u>Mary.Eberlin@illinois.gov</u>>; Kreke, Tom L <<u>Tom.Kreke@illinois.gov</u>> Subject: C-97-075-19 P-97-035-19 Shelbyville

Please provide comments for the attached subject "draft" joint agreement at your earliest opportunity.

Tom, please change length in MFT to correspond to that of the JA which is 0.12 mi. The stationing will have to be edited as well in order for MFT to accept the new length.

Thank you,

George Fenelon

Bureau of Local Roads & Streets, Room 204

Illinois Department of Transportation

2300 S. Dirksen Parkway

Springfield, IL 62764

Phone: (217) 782-8316

George.Fenelon@Illinois.gov

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State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

From: Sent: To: Subject: Attachments: Shelby County Highway <shelbycohwy@consolidated.net> Thursday, April 25, 2019 8:12 AM mayor@mycci.net; Cityhall Re: Fwd: FW: C-97-075-19 P-97-035-19 Shelbyville Gata Updated Status.pdf; ICQ (1).pdf

I have a copy of the ICQ that Rachel provided last year. I talked to Tom and he is ok with me sending it to him unless there is a newer version ? see attached.

JA does stand for Joint Agreement. This is for the IHI Turbo project – It does not mean it is close to approval.

alan

From: mayor@mycci.net Sent: Wednesday, April 24, 2019 4:28 PM To: Shelbycohwy ; Cityhall Subject: Fwd: FW: C-97-075-19 P-97-035-19 Shelbyville

Alan / Rachel / Kelly,

Do we know if we have filed one? If not, is there a template somewhere? Or how do we do this?

I assume a JA is a joint agreement? Which project is this for? Bike Path or IHI? Does this mean it is close to approval?

Thanks.

Jeff

----- Original Message ------

Subject:FW: C-97-075-19 P-97-035-19 Shelbyville Date:04/24/2019 02:02 PM From:"Kreke, Tom L" <Tom.Kreke@illinois.gov> To:"mayor@mycci.net" <mayor@mycci.net> Cc:Shelby County Highway <shelbycohwy@consolidated.net>

Jeff / Alan

1

I need the ICQ (Internal Controls Questionnaire) for the City of Shelbyville.

Tom Kreke

Local Roads & Streets D-7

(217) 342-8326

Email Tom.Kreke@illinois.gov

From: Fenelon, George R. Sent: Wednesday, April 24, 2019 9:10 AM To: Kreke, Tom L <Tom.Kreke@illinois.gov> Subject: RE: C-97-075-19 P-97-035-19 Shelbyville

Thanks Tom.

I am getting ready to send this JA for comments, but I haven't been able to locate an ICQ Report for the City of Shelbyville. ICQ stands for Internal Controls Questionnaire and the report reflects how healthy the municipality is financial-wise, if they are a risk, etc.

Could it be they haven't filed one?

If you could, please see if you can find one for them, and if not, please contact them and let them know they need to file one ASAP.

Please let me know if you have any questions.

Thank you,

George Fenelon

Bureau of Local Roads & Streets, Room 204

Illinois Department of Transportation

2300 S. Dirksen Parkway

Springfield, IL 62764

Phone: (217) 782-8316

George.Fenelon@Illinois.gov

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From: Kreke, Tom L Sent: Wednesday, April 24, 2019 8:08 AM To: Fenelon, George R. <<u>George.Fenelon@illinois.gov</u>> Subject: RE: C-97-075-19 P-97-035-19 Shelbyville

MFT length has been changed to 0.12 mi

Tom Kreke

Local Roads & Streets D-7

(217) 342-8326

Email Tom.Kreke@illinois.gov

From: Fenelon, George R.
Sent: Tuesday, April 23, 2019 6:25 PM
To: Kos, Melinda <<u>Melinda.Kos@Illinois.gov</u>>
Cc: Militello, Russell <<u>Russell.Militello@illinois.gov</u>>; Eberlin, Mary R <<u>Mary.Eberlin@illinois.gov</u>>; Kreke, Tom L <<u>Tom.Kreke@illinois.gov</u>>
Subject: C-97-075-19 P-97-035-19 Shelbyville

Please provide comments for the attached subject "draft" joint agreement at your earliest opportunity.

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02 - Quality of Management System (2 CFR 200.302)

02.01 - Describe the organization's accounting system.

Manual and/or Spreadsheet Driven

[Automated - Off the shelf]

Written in-house or by consulting firm

Not Applicable

02.02 - Does the accounting system identify the receipt and expenditure of program funds separately for each contract/grant?

[Yes]

Completed outside of the accounting system with spreadsheets No

02.03 - Does the system and accompanying procedures have adequate controls to prevent improper payment amounts, duplicate payments, and insufficient documentation?

[All of the above] Some of the above None of the above

02.04 - Who approves transactions?

Only staff who initiated the transaction (i.e. purchased and received the goods or services) Only staff independent from the staff who initiated the transaction

[Both of the above]

02.05 - Is the Chart of Accounts adequate to ensure that transactions are properly recorded by the categories of the approved budget?

[Yes] No

02.06 - How often are the general ledger accounts reconciled?

[Monthly] Quarterly Semi-annually Annually

Not applicable

02.07 - Have there been any new accounting systems implemented during the last fiscal year?

Yes [No]

09/25/2018

Illinois Grant Accountability and Transparency Internal Controls Questionnaire City of Shelbyville

(03 – Financial and Regulatory Reporting (2 CFR 200-327)

03:01 -- Did the organization submit reporting requirements in a timely manner for prior grant awards?

[Always] Sometimes

Never

Not applicable

03.02 - Are the annual financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) or on a

basis acceptable by the regulatory agency?

[Yes] No

03.03 - Does the organization have performance measures that tie to financial data?

[Always]

Sometimes

Never

Not applicable

04 - Budgetary Controls (2 CFR 200.308)

04.01 - Does the accounting/financial system include organizational budgetary controls to monitor incurring expenses in excess of total funds available for a grant? [Yes]

No

04.02 - Are adequate controls in place to ensure necessary budget revisions receive prior approval from the grantor?
[Yes]
No

105 Cost Principles (2 CHR 2004(00)

05.01 - Is the organization aware of the requirements for cost principles?

Only required training for fiscal staff

Only required training for programmatic staff

[All staff with grant administration duties are trained]

None of the above

05.02 - Does the organization train staff to determine the allowability of cost?

Checklists are used to verify allowability

[Fiscal staff only]

Reliance on the auditor review

Reliance on the state grant making agency staff

05:03 - Do costs charged to grant awards meet the following criteria?

Necessary Reasonable Allowable

[All of the above]

05:04 - Are costs allocable?

a) Identification of costs that benefit both the grant award(s) and other work of the organization

b) Costs can be distributed in direct proportion to the benefit received

c) Allocation of costs is not used for purposes of overcoming funding deficiencies between grant awards

[All of the above]

Only (a) and (b)

None of the above

05.05 - Are costs recorded consistently with policies, regulations and procedures regarding uniformity to both grant awards and other activities of the organization?

[Yes] No

05.06 - Does the organization have adequate procedures to ensure that costs are reported net of credits, including purchase

discounts, refunds, rebates and insurance recoveries?

[Yes, we have policies that ensure that costs are reported net of purchase discounts, refunds, rebates and insurance recoveries]

We have policies that ensure that costs are reported net of some, but not all, of the credits listed above Not applicable

05.07 - Are credits excluded from costs and not applied to meet cost sharing or matching requirements of other state or federally financed awards?

[Yes]

No

05:08 - Does the organization claim indirect costs?

[Yes]

No (If this option is selected then skip 5.09)

05.09 - Identify the organization's approved indirect cost rate/election

Federally negotiated indirect cost rate

State negotiated indirect cost rate

[De minimis election]

Single function entity

The organization will make an election within the required time frame

None of the above

06 - Audit (2 CFR 200.500)

06.01 - Have there been any changes in key personnel since the last audit, such as Fiscal and Administrative Management, Executive Director, Program Management?

Yes

[No]

06.02 - What type of audit has the organization had conducted?

Financial Statement Audit conducted in accordance with Generally Accepted Auditing Standards [Financial Statement Audit conducted in accordance with Generally Accepted Government Auditing Standards] Single Audit

Not previously audited (If this option is selected then skip 6.03 and 6.04)

06.03 - Did the Audit disclose audit findings considered to be significant deficiencies or material weaknesses?

Significant deficiencies and/or material weaknesses [No audit findings issued]

06.04 - Have prior audit findings and/or recommendations been adequately cleared and/or implemented within the last 2 years?

No audit findings reported

Corrective Action Plan not implemented

Corrective Action Plan partially implemented (less than half) Majority of Corrective Action Plan implemented (more than half)

[Corrective Action Plan fully implemented]

07 - Organizational Governance (Induding but not limited to "Board of Directors, Gity Council, County Board, Leadership, Legislature, Covernor's Office, and)
07.01 - Are governing body members independent of management? [Yes] No
07.02 - How often does the governing body members regularly meet? [Monthly] Quarterly Semi-Annually Annually
07.03 Are the governing body members actively engaged in the approval of organizational budgets? [Always] Sometimes Never
07.04 · Do the governing body members review and approve material budget amendments (10% or \$10,000 whichever is greater)? [Always] Sometimes Never
07.05 - Dolthe governing/body members approve major expenditures? [Always] Sometimes Never
07.06 Is financial information, including budget to actual revenue and expenditure reports provided to the governing body meetings? [Always] Sometimes Never
07.07 - Does the organization have an audit committee or equivalent? [Yes] No
07.08 Is the governing body engaged in audit function activities such as selection of an audit firm, audit firms presentation of audit results, or follow up on corrective action of audit findings? [All the audit function activities above] Some of the audit function activities above Not applicable
07:09 - Are the governing body members involved in significant personnel issues? [Always] Sometimes

Never

Yes

Illinois Grant Accountability and Transparency Internal Controls Questionnaire City of Shelbyville

08 - Property Standards (2 CFR 200.310 - 316)

08.01 - Does the organization make purchases of equipment of \$3,000 or more with grant funding?

[No (If this option is selected then submit and continue to the next section)]

08.02 - Are equipment purchases included in the approved grant budget or in writing if no budget is required?

Yes, all equipment purchases are included in grant budget

No, receive verbal approval from granting agency

Yes, received prior written approval

08.03 - Property records are maintained that include:

a) Description of the property

b) A serial number or other identification number

c) The source of funding for the property

d) Acquisition date

e) Cost of property

f) Percentage of State, Federal, and Federal pass through

g) The location of the property

Records include all of the information Records include some of the information Records do not contain this information

08.04 - If property purchased with state or federal funding is disposed of, do the records include:

a) Date of disposal

b) Sale price of property

c) The awarding agency notified if sale of property is over \$5,000

Records include all of the information Records include some of the information Records do not contain this information

08.05 - A physical inventory of the property is taken and reconciled to the property records

Annually Every 2 years Every 3 years Not applicable

08.06 - A control system is in place to ensure adequate safeguards to prevent loss, damage or theft or unauthorized use of the property

Yes

No

08.07 - Are there adequate procedures for asset capitalization for equipment purchased over a specific threshold?

Yes No

08.08 - Adequate procedures exist for excluding the equipment purchased with grant funds from the depreciation calculation charged to state and federal pass-through grants Yes No

08 - Precurement Standards (2:0FR 200,317 - 326)

09.01 - Does the organization procure goods and services with grant funds?

[Yes]

No (If this option is selected then submit and continue to the next section)

09.02 - Do the procurement policies and procedures include:

a) Written standards of conduct covering conflicts of interest and governing the actions of employees engaged in the selection,

award or administration of contracts supported by grant awards

b) Conflict of interest policy forbid employees, management or officers to participate in the selection, award or administration of

a contract supported by a grant award if he or she has a real or apparent conflict of interest

c) A written policy that forbids contractors who develop or draft specifications, requirements, statement of work (scope of

services) or Request for Proposals excluded from competing for such procurements.

[Policies include all of the information] Policies only include some of the above

Policies do not contain this information

09:03 - Do written procedures for procurement transactions that ensure all solicitations:

a) Incorporate a clear and accurate description of the technical requirements for the material, product, or service to be procured
 b) Identify all requirements which the offerors must fulfill and all other factors to be used in evaluating bids or proposals

[Policies include all of the information] Policies include only (a) Policies include only (b)

Policies do not contain this information

09.04 - Does the Organization's Contracts contain the applicable provisions described in Appendix II to 2 CFR 200?

[Yes] No

09:05 - Does the organization make purchases using grant funds that are below the micro-purchase threshold (\$3,000)?

No (If this option is selected then skip 9.06)

09.06 - Do the procurement policies and procedures include requirements for micro-purchases (2 CFR 200.320 (a))?

[Yes] No

09.07 Does the organization make purchases using grant funds that are between \$3.001 and \$150,00?

[Yes]

No (If this option is selected then skip 9.08)

09.08 - Do the procurement policies and procedures include requirements for small purchases below the Simplified Acquisition

threshold (2 CFR 200.320 (b))?

[Yes] No

09:09 Does the organization make purchases using grant funds that are over \$150,000?

[Yes]

No (If this option is selected then skip 9.10)

09 10 - Do the procurement policies and procedures include information that meets the minimum requirements stated in sections 2 GFR 200 320 (c) through (f)?
[Yes]

No

10 - Subrecipient Monitoring and Management (2 CFR 200.330 - 332)

10.01 - Does the organization pass funds through to Subrecipients or Subcontractors?

No (If this option is selected then submit and continue to the next section)

10.02 - Does the organization maintain procedures and document Subrecipient and Subcontractor determinations?

Yes No

Yes

10.03 - Are any of the pass-through entities a Subrecipient based on the determinations identified in 2 CFR 200.330? Yes

No (If this option is selected then submit and continue to the next section)

10.04 - What percentage of the total award are subawards?

Less than 20% Between 20-50% Over 50%

10.05 - Is every subaward clearly identified to the subrecipient including information to ensure compliance with state and federal requirements in accordance with 200.331?

Yes No

10.06 - Does the organization have written procedures for pass-through entity review of purchases made by Subrecipients (2 CFR 200.324)

Yes No

10.07 - Does the organization evaluate the risk posed by the subrecipient? (2 CFR 200.205) Yes

No

10.08 - Based on the review of risk, do procedures require adding specific conditions to enhance monitoring? (2 CFR 200.207) Yes

No

10.09 - Audit Report Requirements

a) Are procedures in place to notify subrecipients of audit requirements?

b) Are procedures in place to document subrecipients compliance with audit requirements?

(a) and (b)

Procedures include (a) only

Procedures do not contain this information

10.10 - Audit Report Reviews

a) Are audit reports reviewed and management decisions issued within 180 days?

b) Are management decisions issued for GAGAS findings?

c) Are auditees required to repay Questioned Costs (Disallowed)?

d) Is the Corrective Action Plan implementation monitored?

All of the above

Some of the above

None of the above

10.11 - Are subreceipient on-site reviews conducted? For high risk subrecipients only

For new subrecipients only At least once every five years

Not conducted

10.12 - On Site Review protocol

a) A standardized protocol is followed when conducting fiscal and administrative on-site reviews

b) Reports are issued for on-site reviews with deficiencies noted

c) Grantee's management is required to provide responses and corrective action plans for deficiencies noted

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d) Procedures require follow up on the status of implementing corrective action plans

All of the above Some of the above

None of the above

11 - Fraud, Waste and Abuse

11.01 - Does the organization have a Fraud awareness program?

[Yes] No

11.02 - Is the Fraud Awareness program communicated at least annually to employees and subrecipients/subcontrators?
[Yes]
No

11.03 - Does the organization have ethics and standards of conduct training?

[Yes] No

11.04 - How frequently is ethics and standards of conduct training provided?

a) In employee orientation only

b) At least annually

[(a) only]

(b) only (a) and (b)

Not applicable

11.05 - Has management implemented an anonymous process for reporting fraud that includes Whistle Blower protection?

a) Fraud Hotline, via website or anonymous calls

b) Internally through employees

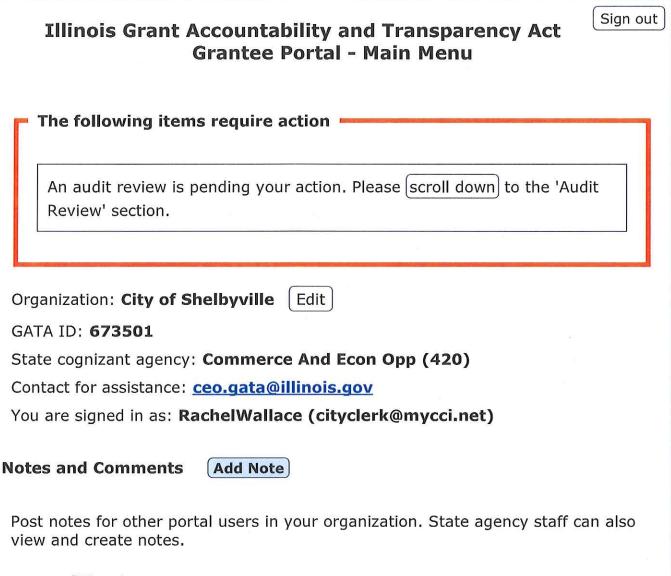
(a) only

(b) only

[(a) and (b)] None of the above

11.06 - Does the organization provide instructions to the employees on what to do when they find fraud, waste and/or abuse?
[Yes]
No

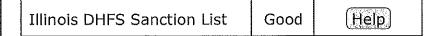
Page: 11



Pre-Qualification Status

Your organization is currently in good standing with all pre-qualification requirements.

Requirement	Status	Remediation
SAM.gov Account	Good	Help
Federal Employer ID (FEIN)	Good	Help
Federal Excluded Parties List	Good	Help
Illinois Secretary of State	Good	Help
Illinois Stop Payment List	Good	Help



Your organization must remain in good standing in all pre-qualification requirements. The status of these requirements are validated nightly. Notifications when changes occur to the pre-qualification status can be emailed to Grantee Portal Access users by clicking the "Manage" button below.

Fiscal and Administrative Internal Controls Questionnaire (ICQ)

ICQ	State FY	Date Started	Date Submitted	Date Accepted
Select	2019	05-02-2018	05/02-2018	05 - 16-2018
Select	2018	04-28-2017	05/17-2017	05-17-2017
Select	2017	06-29-2016	06/30-2016	07-05-2016

An ICQ is required for each state fiscal year your organization does business with the State of Illinois. For example, state FY 2018 which begins on 7/1/2017 and runs through 6/30/2018 requires an FY 2018 ICQ. Notifications when changes occur to an ICQ status can be emailed to Grantee Portal Access users by clicking the "Manage" button below.

Notice Of State Awards (NOSA)

No pending Notice of State Awards. Notice of State Awards require the ability to view PDF files. <u>Click here</u> for assistance.

Active Audit Reviews

Audit	Audit ID	Status	Status Description
View	11564	Certification Past Due	The certifcation form is past due.

Click to view a list of all audit reviews

Federal Uniform Guidance and Illinois GATA audit requirements

Audit Report Review Manual

Grantee Portal Access (Manage)

User Name	First Name	Last Name	Email	Portal Access	
-----------	---------------	--------------	-------	---------------	--

User Name	First Name	Last Name	Email	Portal Access
RachelWallace	Rachel	Wallace	cityclerk@mycci.net	09-25-2018 11:17 AM

To manage alerts and notifications, click the "Manage" button then the "Select" button next to the user.

Organization Contacts (Manage)

Name	Title	Email	Roles	Responsibilities
Kelly Pasley		cityhall@consolidated.net	CFO	
Rachel Wallace	City Clerk	cityhall@consolidated.net	Program Director	

For questions or problems first <u>click here</u> to refer to the <u>Grantee Portal FAQs</u> For other issues please email <u>ceo.gata@illinois.gov</u> with the subject "Grantee Portal"

From: Sent: To: Subject: Attachments: Shelby County Highway <shelbycohwy@consolidated.net> Wednesday, April 10, 2019 7:29 AM Thom Shaffer; jeff johnson; City of Shelbyville Motor Fuel Tax Program MFT - 2019 doc20190410072826.pdf

Attached is this years proposed MFT program --- Estimate of Costs, Resolution and engineering agreement

Very similar to last year's program:

- sealcoating roads, repair roads and alleys, crack sealing , ice control
- transfer of funds by way of equipment rental for payments on backhoe and excavator
- flowable fill to repair concrete vaults located under sidewalks on main street

Would like to have it on Monday's City Council agenda if possible.

As always we can revise this program during the year as needed.

Let me know of any concerns

thanks

alan



Local Public Agency General Maintenance



				Estima	ate of	f Ma	intenand	ce Cost	5		Submittal Ty	ype[Original		
											Mainten	ance	e Period		
Local Public Age	ncy			County		Section Number					Beginning	F	Ending		
City of Shelby	ville			19-0000	00-00-gr	n	01	/01/19		12/31/19					
<u> </u>			<u></u>	L	Maintr	enan	ce Items			L					
			1												
Maintenance Operation	Maint Eng Category		Point of Work P an Outsid	Material Categories/ Point of Delivery or Work Performed by an Outside Contractor			t Quantity Unit Cost				Cost	Total Maintenance Operation Cost			
1. Bit seal coat	81	Yes		FE 150/300	gal		21,500		\$	2.20	\$47,3				
2.Agg seal coat		Yes	CA/CM 16 stockpiled		ton		850		\$2	3.50	\$19,9)75.0I	0		
······································	<u> </u>			gravel L&S	ton		850		\$1	6,00	\$13, 6				
3.Street Repair	lia	No		-19 patchmix	ton	1	30		\$7	0.00		100.0	1		
			dump truck		hr		150		\$2	9.73		159.5			
			tractor with		hr		100		\$2	1.65		165.0			
			backhoe 6	0hp	hr		100		\$1	8.33		333.0			
4. Street Sweeper	IIA	No	sweeper		hr		250		\$4	5,55	\$11,3				
			Dump True	· /	hr		160		\$2	9.73		756.8			
5. Crack Sealing	IIA	No		itch machine	gal		250			3.00		750.0			
			crack seal		lsun		3,000		\$	1.00		0.00			
6. sidewalk repair	IIA	No	Flowable F		су		200		\$9	5.00	\$19,0				
7. Clean Ditches	IIA	No	Mini-Excav		hr		•••			5.00		\$0.0			
8. signs	IIA	No	traffic cont		eac					0.00		100.0			
9. mowing/tree removal	IIA	No	tractor mov		hr		200		\$3	0.73	\$6,1	\$0,140.00			
10 striping roads	IIA	No	paint & ma	atl	lsun	n			,400.00 \$1,-						
11 winter ice control	IIA	No	salt		ton		30			5.00	\$2,8				
			sand		lon	<u> </u>	60	L	\$1	3.00		780.0	+		
								.		T	otal Operation	Cos	st \$141,602.80		
Add Row															
- -					-				of Ma		nance Costs Su		<u> </u>		
Maintenance					г		MFT Fund	ds r		Oth	er Funds	Ŀ	Estimated Costs		
Local Public Ager	•				Ļ	<u> </u>									
Local Public Ager					ŀ	<u></u>		,847.00					\$32,847.00		
Materials/Contract			-		-		\$27	,880.80				·	\$27,880.80		
Materials/Deliver		,	for Quota	tions (Bid Items	s)										
Formal Contract ((Bid Items)						,875.00					\$80,875.00		
				Maintenance	ſotal			,602.80	1-1-1				\$141,602.80		
					-	<u></u>			viam		nce Eng Costs				
Maintenance En		I			г	MFT Funds			Oth	er Funds		Total Est Costs			
Maintenance Eng	Jineering				ŀ		<u>. (ل ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا</u>	,317.05					\$7,317.05		
Material Testing					ŀ										
Advertising	-				-										
Bridge Inspection								047.05							
		Ma'	intenance	Engineering	lotal		۵ /	,317.05				ł	\$7,317.05		

\$148,919.85

Total Estimated Maintenance

\$148,919.85

	Estimate o	f Maintenance Costs	Submittal TypeOriginal					
Local Public Agency City of Shelbyville	County Shelby	Section 19-00000-00-gm	Maintena Beginning 01/01/19	nce Period Ending 12/31/19				
Remarks								
SUBMITTED			**************************************					
Local Public Agency Official	Date							
Title			APPROVED					
	Data	Regional Engineer	utation.	Data				
County Engineer/Superintendent of Highway	<u>/s Date</u>	Department of Transpo		Date				

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i.



Maintenance Engineering to be Performed by a Consulting Engineer



Local Public Agency	County	Section Number
City of Shelbyville	Shelby	19-00000-00-gm

The services to be performed by the consulting engineer, pertaining to the various items of work included in the estimated cost of the maintenance operations (BLR 14221 or BLR 14231), shall consist of the following:

PRELIMINARY ENGINEERING shall include:

Investigation of the condition of the streets or highways for determination (in consultation with the local highway authority) of the maintenance operations to be included in the maintenance program; preparation of the maintenance resolution (BLR 14220 for municipalities and counties), maintenance estimate of cost and, if applicable, proposal; attendance at meetings of the governing body as may reasonably be required; attendance at public letting; preparation of the contract, quotations, and/or acceptance (BLR 12330) form. Also, preparation of the maintenance expenditure statement which must be submitted to IDOT within 3 months of the end of the maintenance period.

ENGINEERING INSPECTION shall include:

Furnishing the engineering field inspection, including preparation of payment estimate for contract, material proposal and/or deliver and install proposal and/or checking material invoices of those maintenance operations requiring engineering field inspection. For operations requiring material testing ensure the testing is completed by a qualified firm.

For furnishing preliminary engineering, the engineer will be paid a base fee PLUS a negotiated fee percentage. Only one base fee can be charged per maintenance period. For furnishing engineering inspection, the engineer will be paid a negotiated fee percentage. The negotiated preliminary engineering fee percentage for each maintenance group shown in the "Schedule of Fees" shall be applied to the total estimated costs of that group. The negotiated fee for engineering inspection for each maintenance group shall be applied to the total final cost of that group for the times which required engineering inspections. In no case shall this be construed to include supervision of the contractor operations.

SCHEDULE OF FEES												
Total of all Maintenand	e Operations:											
□ <= \$20,000 Base Fee												
	PLUS											
Maintenance	Preliminary	Engineering	E	Engineering	g Inspection							
Engineering Category	Maximum Fee %	Negotiated Fee %	Maximu	m Fee %	Negotiated Fee %	Operation(s) to be Inspected						

		inegolialed i co /o	Maximan 1 00 70	riogonalou i oo 70	
	NA	NA	NA	NA	NA
IIA	2%	2%	1%		
IIB	3%	3%	3%		
111	4%	3%	4%	3%	
IV	5%		6%		

The LPA certifies that the selection of the ENGINEER was performed in accordance with the Local Government Professional Service Selection Act 50 (ILCS 510/1-510/8) and procedures outlined in Chapter 5 of the DEPARTMENT's Bureau of Local Roads and Streets Manual.

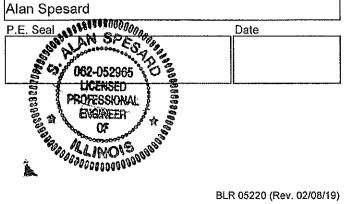
BY:		
Local Public Agency Signature	Date	
Title		

Approved:

Regional Engineer, IDOT Date

BY: Consulting Engineer Signature Date Title

Alan Spesard



Illinois Department of Transportation	Resolutio Under the I					
	Re	solution Number	Resolution Type	Section Number		
			Original	19-00000-00-gm		
	L		.	_,		
BE IT RESOLVED, by the	Council	of	the <u>C</u> Local Public	Cityof		
G Shelbyville			ppropriated the sum o			
Name of Local Public Agency				<u></u>		
one hundred fourty nine thousand			Dollars(\$149,000.00)		
of Motor Fuel Tax funds for the purpose of main	taining streets and h	ighways under the a	applicable provisions of	of Illinois Highway Code from		
01/01/19 to <u>12/31/19</u> . Beginning Date Ending Date						
BE IT FURTHER RESOLVED, that only those of including supplemental or revised estimates app funds during the period as specified above.						
BE IT FURTHER RESOLVED, that	City	of	Shelby	ville		
shall submit within three months after the end of available from the Department, a certified stater expenditure by the Department under this appro- BE IT FURTHER RESOLVED, that the Clerk is of the Department of Transportation.	nent showing expend priation, and	ditures and the bala	nces remaining in the	funds authorized for		
			ъ.	<i></i>		
Name of Clerk	Local Public	C Agency Type	lerk in and for said	City Local Public Agency Type		
of Shelbyville				ords and files thereof, as		
Name of Local Public Agency provided by statute, do hereby certify the forego	ing to be a true nort	-	ony of a resolution ad	ontod by the		
	•	•	opy of a resolution au	opted by the		
Council of of		helbyville Local Public Agency	at a mee	ting held on Date		
IN TESTIMONY WHEREOF, I have hereunto se		0 1	/ of			
	···· , ·····	Day	Мог	ith, Year		
(SEAL)	(F	Clerk Signature				
			·····			
			APPROVED)		
		Regional Engineer	· · · · · · · · · · · · · · · · · · ·			
		Department of Trans	sportation	Date		
	ζ.					
	Ł] [

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Tuesday, April 9, 2019 1:33 PM City of Shelbyville balances - Kelly

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Kelly,

can I get mft, bd tif balances.

thanks

From:	Shelby County Highway <shelbycohwy@consolidated.net></shelbycohwy@consolidated.net>
Sent:	Monday, April 8, 2019 3:05 PM
То:	Daniel - RD, Effingham, IL Jansen
Cc:	City of Shelbyville
Subject:	Re: quarterly report - Rural Buisness Development Grant Shelbyville
Attachments:	doc20190408151051.pdf

Dan,

see attached.

Let me know of any concerns.

thanks

FEDERAL FINANCIAL REPORT

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		(F	Follow form ins	structions)					
1. Federal Agency and Organi		2. Federal Gra	nt or Olher Idr	entitying Number Assigne	d by Feder	al Agency	Page	ol	
to Which Report is Submitte	ed be	(To report m	ultiple grants,	use FFR Attachment)			1	1	
USDA, Rural Development		Rural Business I	Development G	rant			1		
							pages		
3. Recipient Organization (Nar	me and complete address includ	ding Zip code)					1		
Cily of Shelbyville 170 E. Main Street Shelbyville, II									
4a. DUNS Number	4b. EIN	5. Recipient Ar	ecount Numbe	r or identifying Number	6.	Report Type	7. Basis of Accou	intina	
033674367	13-87-37600XXXX			use FFR Attachment)	1	Quarterly	11 MAULE 01 10	nang	
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						Final	🔲 Cash 🗆 A	ccrual	
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From: (Month, Day, Year) 01-01-2019		To: (Month, Da	iy, Year)		(Mon	h, Day, Year)			
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b. Cash Disbursements									
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	Title of Authonized Certifying O	<u> </u>		<u> </u>	c. Telepi	•	number and extensi	ion)	
Alan Spes	sara cin	y Engi.	neer		d. Email				
	shelöycohwy@consolidated.net								
e. Date Report Submitted (Month, Day, Year)									
L	Un A		$\underline{\lambda}$		4-8-2019				
	Y		7		14. Agen	cy use only:		REPORT	
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	\mathcal{O}					dard Form 425 • Rev	ised 6/28/2010	Contraction (1969)	
						3 Approval Number: 0 ration Date: 10/31/20			
Paperwork Burden Statement			,					<u></u>	
According to the Paperwork Reduc	iction Act, as amended, no persons	are required to re-	spond to a colle	ction of information unless it	displays a v	alid OMB Control N	umber. The valid OME	i control	

number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Friday, April 5, 2019 8:36 AM City of Shelbyville Kelly - MFT -- equipment

Kelly,

Is there a equipment payment scheduled for this year that would require transfer from MFT account ? If so, how much ?

I am working on this years MFT program.

thanks

From:	Shelby County Highway <shelbycohwy@consolidated.net></shelbycohwy@consolidated.net>
Sent:	Tuesday, April 2, 2019 8:07 AM
To:	mayor@mycci.net; City Hall
Subject:	Re: Grant Award for Sylvester Drive Expansion (IHI Turbo Expansion)

I think Rachel "accepts the award" electronically in the GATA portal.

That's what I did for a recent County project.

But its all new and confusing to me.

alan

From: mayor@mycci.net Sent: Tuesday, April 02, 2019 8:02 AM To: City Hall Cc: Shelby Co Hwy Subject: Re: Grant Award for Sylvester Drive Expansion (IHI Turbo Expansion)

Alan,

I assume we just need to sign and return this? If so, I will stop by city hall late morning and sign it.

I am headed to NW Missouri for the rest of the week.

Jeff

On 04/01/2019 10:27 AM, City Hall wrote:

Alan,

Attached please find the grant award notification I received today from the GATA portal.

Please confirm I should 'Accept' the award for this project.

Thank you, Rachel Wallace City Clerk City of Shelbyville 217/774-5531

From: Sent: To: Cc: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Thursday, March 21, 2019 1:28 PM mayor@mycci.net; Jack Kiley City Hall Re: Negotiations with Airport

Only need parking on east half of the farm ground. If that helps get approval ?

alan

From: <u>mayor@mycci.net</u> Sent: Thursday, March 21, 2019 9:34 AM To: <u>Shelbycohwy</u> ; <u>Jack Kiley</u> Cc: <u>City Hall</u> Subject: Negotiations with Airport

Jack / Alan,

FYI. Bruce Cannon and I are talking about the parking for IHI on the west side of their plant. The airport board is preparing the plan now. I am going to be reaching out to Rick Brown to start negotiations on an agreement.

Any thoughts are welcome.

Thanks.

Jeff

From: Sent: To: Subject: Attachments: Shelby County Highway <shelbycohwy@consolidated.net> Tuesday, March 19, 2019 10:40 AM cityhall@consolidated.net Re: IDOT invoices doc20190319104207.pdf

Kelly,

Thanks

I noticed I had given you the wrong section number on two of the invoices. So, please make a correction by booking two transactions to 18-00061-00 RS (instead of 14-57-00 RS) – Sylvester Drive Phase 2 – West business District. **see attached**.

thanks

alan

From: <u>cityhall@consolidated.net</u> Sent: Tuesday, March 19, 2019 8:49 AM To: <u>Shelby County Highway</u> Subject: Re: IDOT invoices

Alan,

I've not had anything for 9th Street, but I have attached other reimbursements as well as ledger sheets for open grants.

Kelly

On 03/19/2019 07:08 AM, Shelby County Highway wrote:

Kelly,

Have we paid any bills to IDOT for 12-00053-00 RS --- North 9th Street ?

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From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Tuesday, March 19, 2019 7:08 AM City of Shelbyville IDOT invoices

Kelly,

Have we paid any bills to IDOT for 12-00053-00 RS --- North 9th Street ?

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Thursday, March 7, 2019 2:24 PM City Hall Re: Letters from IDOT

No action needed. But I would give a copy to City Council for their information.

alan

-----Original Message-----From: City Hall Sent: Thursday, March 07, 2019 2:18 PM To: mayor@mycci.net ; Shelby Co Hwy Subject: Letters from IDOT

Attached please find two letters we received from IDOT this morning.

Please let me know if I need to do anything other than file them.

Thank you, Rachel Wallace City Clerk City of Shelbyville 217/774-5531

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Friday, March 1, 2019 3:31 PM cityhall@consolidated.net Re: IDOT

ok

please provide me the 11-52-BT invoice also.

thanks

alan

From: cityhall@consolidated.net Sent: Friday, March 01, 2019 2:54 PM To: Shelby County Highway Subject: IDOT

Alan,

This is the only one for grant 14-56-BT, the other one was for 11-52-BT.

Thanks,

Kelly

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Wednesday, February 27, 2019 1:28 PM City of Shelbyville balances - Kelly

Kelly,

can I get mft, bd tif balances.

thanks

From: Sent: To: Cc: Subject: Attachments:	Shelby County Highway <shelbycohwy@consolidated.net> Thursday, January 24, 2019 10:00 AM Daniel - RD, Effingham, IL Jansen City of Shelbyville quarterly report - Rural Buisness Development Grant Shelbyville quarterly report shelbyville.pdf</shelbycohwy@consolidated.net>
Dan,	
see attached.	
Let me know of any concerns.	
thanks	
alan	

PS – It looks like I may need to ask for a schedule extension. Let me know if that is a problem.

FEDERAL FINANCIAL REPORT

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From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Friday, January 11, 2019 2:56 PM cityhall@consolidated.net Re: Kelly - MFT report

Kelly,

Thanks.

You can pay the general fund for the \$20,435.34 and \$12,217.26 at anytime. The State's policy is that the Fiscal Year for MFT is the same as the Calendar year. Since this payment is being made in 2019, I think you should book/describe it as "19-00 GM expense – Equipment Rental". I will include that expense in this years MFT program (i.e. 2019 - GM).

I will need the Street Department equipment useage sheets for justification of the equipment rental expenses.

alan

From: <u>cityhall@consolidated.net</u> Sent: Friday, January 11, 2019 2:15 PM To: <u>Shelby County Highway</u> Subject: Re: Fw: Kelly - MFT report

Alan,

Please find attached the disbursements for calendar year 2018. Also, I need to mention the payments for the mini excavator and backhoe. When do I need to do reimbursements for these? Mini excavator we paid \$20,435.34 and backhoe we paid \$12,217.26.

Thanks, Kelly

On 01/11/2019 01:36 PM, Shelby County Highway wrote:

Kelly,

Can you send me the MFT expenditures for January thru December 2018 so that I may closeout the maintenance program for IDOT.

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Friday, January 11, 2019 1:37 PM City of Shelbyville Fw: Kelly - MFT report

Kelly,

Can you send me the MFT expenditures for January thru December 2018 so that I may closeout the maintenance program for IDOT.

thanks

From:	Shelby County Highway <shelbycohwy@consolidated.net></shelbycohwy@consolidated.net>
Sent:	Sunday, January 6, 2019 11:06 AM
То:	Sherry A Phillips
Cc:	Tom L Kreke; City of Shelbyville
Subject:	Bobs 2832 EDP shelbyville 2nd quarter 494-00-0957
Attachments:	Bobs 2832 EDP shelbyville 2nd quarter 494-00-0957.pdf
2	

see attached

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7		4. CSFA Number 494-00-0957	7. CFDA Number(s)		ber		13. Prepared Date 01/06/19				cxplanation			21. Required (R) or Inform Only (IO)			•
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PERIODIC REPORTING	tions prior to comp				8A. GATA Registration/ID Number		port 12. Report Frequency	Semi-annually	 dic Performance Reporting (PPR) Section Sections 14 – 22 may be provided in a separate format. All grantees must complete Section 23. Alternative file or database used 		16. Date Completed						
PERIODI	Please refer to attached instructions prior to completing each section.	2. Grant Number	ber UGA/UIGA)	Economic Development Program	8A. GATA Re	673501	e 11. Final Report	₽ □		15-00059-00RS	15. Due Date Based on UGA/UIGA			19. Performance Standard / Frequency Based on UGA/UIGA Exhibit F			
		l(GA)	6. Program Name (per UGA/UIGA)	Economic Devel			10. Report Period End Date 10/31/18		Respon	1st , so. 2nd : Section	if applicable) ased on UGA/UIGA						
Illinois Department of Transportation		1. Grantee Name (per UGA/UIGA) City of Shelbyville	5. Grantee FEIN	376002116	8. State Agency (Grantor)	IDOT	9. Agreement Period Start Date End Date		File Name or Database Source	South Morgan Street, so 1st , so. 2nd : Section 15-00059-00RS	14. Deliverable (if applicable) Separate line for each Based on UGA/UIGA	ł		 Performance Measures Separate line for each Based on UGA/UIGA Exhibit E 			

BoBS 2832 (Rev. 08/20/18)

Page 1 of 6

Printed 01/06/19

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Periodic Financial Report (PFR) Section

Appropriation Number(s) (IDOT Use Only)	(s) (IDOT Use (Date Prepared 12/22/18	(a) No chang	es from prior	reporting perio	(a) No changes from prior reporting period and/or No new expenses	w expenses			
(b) Indirect Cost Rate	(c) /	(c) Approved Indirect Cost Rat	ct Cost Rate Base	ise							
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(d) Program Restrictions	- L	(e) List of Restrictions									
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(f) Mandatory Match %		(g) Specify Match	Match								
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(I) Category /		(n) Grant Expenditures	cpenditures		(o)	(o) Current Period Match	vlatch	(p) Total Match	(m) Currer	(m) Current Approved Budget	jet
Program Expenses	Current Period Grant Expense	Prior Approved Grant Expenses	Grant Expense Adjustment	Post-Adjustment Grant Expenses (Award to Date)	Cash	Inkind	Total	(Award to Date)	Approved Budget	Remaining Balance Available	Expend %
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 Personal Services (Salaries and Wages) 											%
1. Personal Services (Sataries and Wages)										-	%
 Personal Services (Salaries and Wages) 											%
 Personal Services (Salaries and Wages) 											%

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Page 3 of 7

BoBS 2832 (Rev. 08/20/18)



Periodic Financial Report (PFR) Section



(I) Category /		(n) Grant Expenditures		(o) Current Period Match	Itch	(p) Total Match	(m) Curre	(m) Current Approved Budget	get
1. Personal Services (Salaries and Wages)									%
1. Personal Services (Salaries and Wages)									%
1. Personal Services (Salaries and Wages)									%
1. Personal Services (Salaries and Wages)									%
1. Personal Services (Salaries and Wages)			3						%
1. Personal Services (Salaries and Wages)									%
2. Fringe Benefits									%
3. Travel									%
4. Equipment									%
5. Supplies									%
6. Contractual Services									%
7. Occupancy - Rent and Utilities									%
8. Training and Education									%
9. Direct Admin Costs									%
10. Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$520,040.00	\$520,040.00 \$520,040.00	%
10. Engineering		\$14,853.14	\$14,853.14	\$0.00	\$0.00	\$19,013.46	\$89,826.00	\$74,972.86 16.54%	16.54%
(q) TOTAL DIRECT EXPENSES	\$0.00	\$14,853.14	\$14,853.14	\$0.00	\$0.00	\$19,013.46	\$19,013.46 \$609,866.00 \$595,012.86	\$595,012.86	2.44%
(r) Indirect Costs									%
(s) TOTAL EXPENDITURES	\$0.00	\$14,853.14	\$14,853.14	\$0.00	\$0.00		\$609,866.00	\$19,013.46 \$609,866.00 \$595,012.86	2.44%
Add									

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GRANTEE CERTIFICATION (2CFR 200.415)

By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31,

Sections 3729-3730 and 3801-3812).				
Name and Title of Authorized Grantee Representative				Date Submitted
Alan Spesard, City Engineer	4-1	1 1 1		12/22/18
Email Address	Phone Number	1 0		
cityhall@consolidated.net	(217) 774-5531			
	STATE AGE	STATE AGENCY USE ONLY		
Name and Title of IDOT PFR Approver			Date Received	Date Approved

5								Job Nur	nher	- Const	uction	
Local Agency		E	2	Illino	is Departr	nent		200 1401	1001	- Oonan	uotioi	
City of Shelbyville		U.	V	of Ti	ansportat	ion		C-97-0				
Section	ł	r.,			velopment			J	ob Ni	umber -	Engin	eering
		Eco	onon		eement			P-97-0)31-	15		
15-00059-00-RS This Agreement is made and enter	ad into botweer	the	ahove			inafter refe	rred to as	"LA", and th	e St	ate of I	llinois	, acting by
This Agreement is made and enter and through its Department of Trai	nsportation, here	einaft	er ref	erred t	o as "STATE	E". The ST	ATE and I	LA jointly pro	pos	e to im	orove	the
designated location as shown belo	w						<u></u>		<u> </u>			Ŧ
				L	ocation							
				11-		MS 7290 A	1110 0170	A/				
South Morgan Stre Local Name 2 nd Street	et, SE 1 st Street	, and	1 с. э	ouin	Route	MS 7290 A MS 2230	V 1VI3 2110	Length	۱ <u>_</u>	0.2 mi		
		<u> </u>	<u> </u>		— ne Miles (24						
Number of TARP Eligible Intersec		_										
Termini South Morgan Street f	rom ILL Rt 16 to	E. S	outh 2	2 nd Str	eet; SE 1 st S	treet from S	South Mor	rgan Street t	o All	ey and		
E. South 2 nd Street from Alley to S	outh Morgan St	reet										
Current Jurisdiction City of S	helbvville											
•//				Proiec	t Descriptio	on						
Resurface and base repair South				00.48	L Stroot and	E South 2	nd Street	Storm Sewe	r Imr	rovem	ents;	Sidewalk
Resurface and base repair South Improvements; Intersection Impro	Morgan Street; vement for Truc	Resu k Aco	inace cess a	at the i	ntersection of	of South Mo	organ Stre	et and SE 1	st Str	eet; an	d oth	er
incidentais												
<u></u>	<u> </u>	÷**	<u></u> .	Divis	ion of Cost	<u> </u>						
			D.C		TARP (2))		LA (3)		%		Total
Type of Work	EDP (1)		<u>%</u>		37,300	<u>(</u>)	482,740	(BAL)	1,040,080
Participating Construction	520,040	(50)	000,10	(()	0
Non-Participating Construction		(<u> </u>	<u>)</u>		()	47,276	<u>`</u> (BAL)	94,552
Preliminary Engineering	47,276	(50	<u> </u>)	42.550	(BAL.)	85,100
Construction Engineering	42,550		50	<u>)</u>		······			()	0

TOTAL

Note

1/ The STATE will reimburse the LA for eligible EDP construction and engineering costs of the project subject to a maximum of \$609,866.

\$37,300

.)

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\$572,566

(

(

2/ 80,000 lb Truck Access Road Program -There is available a lump sum amount of \$37,300 to be applied solely to construction costs.

3/ Any remaining balance shall be the responsibility of the LA in the event EDP and TARP funds are not sufficient to cover the project costs.

The STATE will pay the LA 95% of its share of the EDP construction costs upon the award of the construction contract and receipt of billing from the LA. The remaining 5% will be paid to the LA upon receipt of the final invoice.

Upon award of the project and request of payment from the LA, the STATE will pay the LA its share of the TARP funds.

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\$609,866

The STATE will reimburse the LA for the STATE's share of the Preliminary and Construction Engineering on the basis of periodic billings provided said billings contain sufficient cost information and includes orders of payment by the LA.

The final invoice will reflect the incurred cost of the improvement, less previous payments, no later than one year from the date of completion of the improvement. If a final invoice is not received within one year of the completion of the improvement the most recent invoice will be considered the final invoice and the obligation of funds will be closed.

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\$1,219,732

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From:	Shelby County Highway <shelbycohwy@consolidated.net></shelbycohwy@consolidated.net>
Sent:	Sunday, January 6, 2019 10:36 AM
То:	Sherry A Phillips
Cc:	Tom L Kreke; City of Shelbyville
Subject:	Safe Routes to School Bobs 2832 2nd quarter report
Attachments:	SRTS Bobs 2832 Shelbyville 2nd quarter 494-00-1002.pdf

SEE ATTACHED.

18. Performance Measures 19. Performance Standard / Separate line for each Frequency Based on UGA/UIGA Exhibit E Based on UGA/UIGA Exhibit F	14. Deliverable (if applicable) 15. Due Date Separate line for each Based on UGA/UIGA Based on UGA/UIGA	Periodic Performance Reporting (PPR) S Responses to Sections 14 – 22 may be provided in a section 14 – 22 may be provided in a section 23. All grantees must complete Section 23. File Name or Database Source	eement Period 10. Report Period End Date 10/31/18	8. State Agency (Grantor) 673501	6. Program Name (per UGA/UIGA Safe Routes To School Pro	Please refer to attached instruction 1. Grantee Name (per UGA/UIGA) 2. Grant Number 2. Grant N	Illinois Department of Transportation
20. Results / Accomplishments in Reporting Period	16. Date Completed 17. Deliverable	Periodic Performance Reporting (PPR) Section Responses to Sections 14 – 22 may be provided in a separate format. All grantees must complete Section 23.	oort 12. Report Frequency Quarterly Semi-annually Other (specify)	673501		ions prior to completing each sectio 3. Grantee DUNS 033674367	PERIODIC REPORTING
21. Required (R) or Inform Only (IO)	Deliverable Explanation		13. Prepared Date 01/06/19	1 1	nber	n. 4. CSFA Number 494-00-1002	

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27. Name and Title of IDOT PPR Approver 27. Name and Title of IDOT PPR Approver 29. Date Approved 29. Date Approved	By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements, cash receipts and reported performance are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). 24. Name and Title of Authorized Individual from <u>Grantee Organization</u> 25. Phone Number 26. Email Address 27. Name and Title of Authorized Individual from Grantee Organization 25. Phone Number 26. Email Address 26. Email Address 26. Email Address 27. Name and Title of Authorized Individual from Grantee Organization 27. Name and Title of Authorized Individual from Grantee Organization 25. Phone Number 26. Email Address 26. Email Address 26. Email Address 27. Phone Number 28. Phone Number 29. Phone Number 29. Phone Number 29. Phone Number 29. Phone Number 20. Email Address 20. Email Address 20. Phone Number 21. Phone Number 22. Phone Number 23. Phone Number 24. Name Address 25. Phone Number 26. Email Address 26. Email Address 27. Phone Number 28. Phone Number 29. Phone Number 29. Phone Number 29. Phone Number 29. Phone Number 20. Phone Number 20. Email Address 20. Phone Number 21. Phone Number 22. Phone Number 23. Phone Number 24. Phone Number 25. Phone Number 26. Phone Number 26. Phone Number 27. Phone Number 28. Phone Number 29. Phone	 23. Performance Accomplishments Correlated to Reported Expenses Performance is consistent with grant-to-date expected services and expenditures/earnings. Explanation(s) required below: (Separate lines as appropriate.) GRANTEE CERTIFICATION (2 CFR 200.415) 	 22. Performance Explanation – Award to Date All performance accomplishments are on schedule with performance standards. Not all performance accomplishments are on schedule with performance standards. Explanation required below: (Separate lines as appropriate.)
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Page 2 of 5

BoBS 2832 (Rev. 08/20/18)

nois Department Transportation	o.	Periodic Financial Report (PFR) Section
himher(s) (IDOT Use Only)	Date Prepared	Date Prepared (a) No changes from prior reporting period and/or No new expens
st Rate (c) Approved Indi	(c) Approved Indirect Cost Rate Base	

Willinois Department	tment	-11	^o eriodic Fin	ancial Re	Periodic Financial Report (PFR) Section	Section				
Appropriation Number(s) (IDOT Use Only)		Date Prepared	(a) No changes	from prior re	(a) No changes from prior reporting period and/or No new expenses	nd/ar No new e	xpenses			
(b) Indirect Cost Rate	(c) Approved Indirect Cost Rate Base	Cost Rate Bas	ß							
(d) Program Restrictions (e)	(e) List of Restrictions									
∏ Yes □ No										
2 2 2	(g) Specify Match	atch								
× ves \$37,900.75	I NO MET							(v) Interest Earned (in current reporting period)	Irrent reporting	period)
<u>a</u>		ı income (in ci	(i) Program income (In current reporting period)		() Interest Farned (Award to Date)	(Awai u to Date				
\$151,603.00					Design Ma			(m) Currer	(m) Current Approved Budget	get
(I) Category /	(n) Grant Expenditures			(0)			(p) Lotal Match	Annroved	Remaining	Expend
Program Expenses Curre Grant	Current Period Prior Approved C Grant Expense Grant Expenses	Grant Expense Adjustment	(Award to Date)	Cash	Inkind	Total		Budget	Available	%
1. Personal Services (Salaries and Wages)										%
1. Personal Services										%
1. Personal Services										%
1. Personal Services										%
1. Personal Services										%
1. Personal Services (Salaries and Wages)										%
1. Personal Services (Salaries and Wages)							-			%
1. Personal Services (Salaries and Wages)									-	%
1. Personal Services (Salaries and Wages)										%
1. Personal Services (Salaries and Wages)										%
1. Personal Services (Sataries and Wages)										%
1. Personal Services (Salaries and Wages)										%
1. Personal Services (Salaries and Wages)									B-BC 3833 (Bey 08/20/18)	08/20/18)

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Periodic Financial Report (PFR) Section



Category / (n) Caratt Expenditures (o) Current Period Match (p) Teal Match (m) Current Approved Budget rand Wages	Add	(s) TOTAL EXPENDITURES	(r) Indirect Costs	EXPENSES	W TOTAL DIDECT	10. Engineering	10. Construction	9. Direct Admin Costs	8, raining and Education	and Utilities	7. Occupancy - Rent	6. Contractual Services	5. Supplies	4. Equipment	3. Travel	2. Fringe Benefits	(Salaries and Wages)	1. Personal Services	(Salaries and Wages)	1 Damonal Services	1. Personal Services	(Salaries and Wages)	1 Personal Services	(I) Category /
(o) Current Period Match (p) Total Match (a) (b) (c) (c) (c) (\$151,603.00		00.500,FCF\$		\$18,003.00	\$133,600.00																	(n) Grant Expenditur
atch (p) Total Match (p) Total Match \$33,400.00 \$39,493.75 \$15 \$39,493.75		\$151,603.00		÷ 101,000.00	\$151 603 00	\$18,003.00	\$133,600.00																	ĊŚ
75 5 6 8 8 8 10 8																								(o) Current Period Match
(m) Current Appr \$133,600.00 \$133,600.00 \$151,603.00 \$151,603.00		1.000,4000	eso 102 75		\$39,493.75	\$0,050.0	400 AD	\$33,400.00																(p) Total Match
			\$151 603 00		\$151,603.00	4 0,000 m	A18 003 00	\$133,600.00																

BoBS 2832 (Rev. 08/20/18)

Op Spining Lenthotizing this report. I certify to the best of my knowledge and belief that the report is true, complex and special expenditures, disbusements and special terms and conditions of the award I an executive, full true, complex and special expenditures, disbusements and special speci

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BoBS 2832 (Rev. 08/20/18)

					State Contract	Day Labor	Local Contract	RR Force Account		
		Lor "/	Agency		Sidle Contract	Duj Lust.	·	l		
(W) Illinois D	epartment portation	City c	of Shelbyville				X			
\bigcirc		Sectio			Fund Type		ITEP and/or S	RIS Number		
Local Agency Ag for Federal Partie	greement cipation)058-00-SW		SRTS		2014-0017			
for Federal Fatucipation 14-0					L					
				eering			Right-of-Wa	Right-of-Way		
Con	struction		a manage of the second s		Allumbor	Job Nu	mher	Project Number		
Job Number	Project Numb	ber	Job Number	Proje	ct Number					
			P-97-015-15	SRTS	-4009(317)					

This Agreement is made and entered into between the above local agency hereinafter referred to as the "LA" and the state of Illinois, acting by and through its Department of Transportation, hereinafter referred to as "STATE". The STATE and LA jointly propose to improve the designated location as described below. The improvement shall be constructed in accordance with plans prepared by, or on behalf of the LA, approved by the STATE and the STATE's policies and procedures approved and/or required by the Federal Highway Administration bereinafter referred to as "FHWA".

Thighting / talling	of the canader teleficie to be	Location			
Local Name	,	Route	Various	Length	
			, N Will St fro	om West North 9 ⁱⁿ Street to West N	orth 6
Street; and North 9th	Street from N Will St to Railr	oad Crossing	······································		
Current Jurisdiction	City of Shelbyville	TIP Number		Existing Structure No	n/a

Project Description

Preliminary Engineering for the repair and replacement of various existing sidewalk and design new sidewalk to meet ADA guidelines.

			<u> </u>	Division o	f Cost					
Type of Work Participating Construction	SRTS	(%)	% ()	LA	% ()	Total
Non-Participating Construction Preliminary Engineering Construction Engineering Right of Way Railroads Utilities	9,344	((((*) .) .))))))	2,336	(Bal ((())))	11,680
Materials TOTAL	\$ 9,344	_		\$		\$	2,336		\$ 	11,680
	* 80% SRTS	s fun	ds NT	E \$9,344						

NOTE: The costs shown in the Division of Cost table are approximate and subject to change. The final LA share is dependent on the final Federal and State participation. The actual costs will be used in the final division of cost for billing and reimbursment.

If funding is not a percentage of the total, place an asterisk in the space provided for the percentage and explain above.

Local Agency Appropriation

By execution of this Agreement, the LA attests that sufficient moneys have been appropriated or reserved by resolution or ordinance to fund the LA share of project costs. A copy of the resolution or ordinance is attached as an addendum.

Method of Fi	nancing (State Contract Work)	
METHOD ALump Sum (80% of LA Obligation) METHOD B Monthly Payments of METHOD CLA's Share	due by the divided by estimated total cost multi	of each successive month. plied by actual progress payment.

(See page two for details of the above methods and the financing of Day Labor and Local Contracts)

. :

		Local Public Agency	State Contract	Day Labor	Local Contract	RR Force Account
Illinois D of Trans	portation	City of Shelbyville	х			
	nov Agrooment	Section	Fund Type		ITEP, SRTS, c	r HSIP Number(s)
Local Public Age for Federal Parti	cipation	14-00058-00-SW	SRTS		2014-0017	
	-truction	Engin	eering		Right-of-Wa	
Construction Job Number Project Number		Job Number	Project Number	Job Nu	Inper	Project Number
C-97-050-17	SRTS-4009(366)					

This Agreement is made and entered into between the above local public agency, hereinafter referred to as the "LPA", and the State of Illinois, acting by and through its Department of Transportation, hereinafter referred to as "STATE". The STATE and LPA jointly propose to improve the designated location as described below. The improvement shall be constructed in accordance with plans prepared by, or on behalf of the LPA, approved by the STATE and the STATE's policies and procedures approved and/or required by the Federal Highway Administration, hereinafter referred to as "FHWA".

				Location							
Local Name North	n Will Street, West North 9 th Street I Street from West North		<u> </u>	Route	<u>Various</u>	Street	from North V	Vill		_engt	h <u>0.71mi.</u>
North Broadway Stre	et and East North 9th SI	reett	rom NO	onn Bloadway Stree		iorganie			,		
Current Jurisdiction	City of Shelbyville			TIP Number			Existing	Str	ucture	NO	n/a
				Project Descript	on						
Construction of a sid	lewalk to ADA, PCC driv	eway	rs, culv	verts and other incid	lentals		-				<u></u>
	<u></u>		<u></u>	Division of Cost							
Type of Work Participating Construct Non-Participating Const Preliminary Engineerin Construction Engineer Right of Way Railroads Utilities Materials	struction g ing 8,65	(() (((% *)))))	% ((((()))))	LPA 33,400 8,000 41,400	(((((% BAL BAL)))))	Total 167,000 16,659 183,659
TOTAL.	\$ 142,25			\$		¢	41,400			Ψ	
	* 80% SR	'S fur	nds NT	E \$142,259							

NOTE: The costs shown in the Division of Cost table are approximate and subject to change. The final LPA share is dependent on the final Federal and State participation. The actual costs will be used in the final division of cost for billing and reimbursment.

If funding is not a percentage of the total, place an asterisk in the space provided for the percentage and explain above.

Local Public Agency Appropriation

By execution of this Agreement, the LPA attests that sufficient moneys have been appropriated or reserved by resolution or ordinance to fund the LPA share of project costs. A copy of the authorizing resolution or ordinance is attached as an addendum (required for State-let contracts only)

Method of Financing (State Contract Work Only)

METHOD ALump Sum (80	% of LPA Obligation)		of each successive month.
METHOD B	Monthly Payments of		
METHOD CLPA's Share	BALANCE	divided by estimated total cost multiplied by act	ual progress payment.

(See page two for details of the above methods and the financing of Day Labor and Local Contracts)

From:	Shelby County Highway <shelbycohwy@consolidated.net></shelbycohwy@consolidated.net>	
Sent:	Sunday, January 6, 2019 10:14 AM	
То:	Sherry A Phillips	
Cc:	Tom L Kreke; City of Shelbyville	
Subject:	Bobs 2832 Shelbyville 2nd Quarter MFT	
Attachments:	MFT Bobs 2832 2nd quarter Shelbyville.pdf	

see attached for 2nd quarter MFT

		4. CSFA Number	494-00-1488	nber(s)				13. Prepared Date 01/06/19				lanation	4 4	21. Required (R) or Inform Only (IO)	+	
	oleting each section.	3. Grantee DUNS	033674367	7. CFDA Number(s)	20.205	8B. SAIN Number		Quarterly	X) Section I a separate format. 23.			17. Deliverable Explanation		20. Results / Accomplishments in Reporting 2		
PERIODIC REPORTING	uctions prior to com					8A. GATA Registration/ID Number		Report 12. Report Frequency	Periodic Performance Reporting (PPR) Section lses to Sections 14 – 22 may be provided in a separate format. All grantees must complete Section 23.	Alternative file or database used		16. Date Completed				
PERIO	Please refer to attached instructions prior to completing each section.	2. Grant Number		6. Program Name (per UGA/UIGA)	ax Program	8A. GATA	673501	Date 11. Final Report	Periodic Performa Responses to Sections 14 – All grantees r	Alternative fil		15. Due Date Based on UGA/UIGA		19. Performance Standard / Frequency Based on UGA/UIGA Exhibit F		
Illinois Department of Transportation	Please	1. Grantee Name (per UGA/UIGA)	City of Shelbyville	5. Grantee FEIN 6. Program Nam		8. State Agency (Grantor)	IDOT	9. Agreement Period 10. Report Period End Date Start Date End Date 10/31/18	Resp	File Name or Database Source	MFT 18-00000-00 GM - Maintenance	14. Deliverable (if applicable)		18. Performance Measures Separate line for each Based on UGA/UIGA Exhibit E		

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celow:		n(s) required below:	200.415)	vledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements, I objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 12).		721 shelbycohwy@consolidated.net	28. Date Received	BoBS 2832 (Rev. 08/20/18)
 22. Performance Explanation – Award to Date All performance accomplishments are on schedule with performance standards Not all performance accomplishments are on schedule with performance standards. Explanation required below: 	(Separate lines as appropriate.)	 23. Performance Accomplishments Correlated to Reported Expenses 23. Performance is consistent with grant-to-date expected services and expenditures/earnings Derformance is not consistent with grant-to-date expected services and expenditures/earnings. Explanation(s) required below: 	GRANTEE CERTIFICATION (2 CFR 200.415)	By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements, cash receipts and reported performance are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Tit information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Tit S. Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).	24 Nome and Title of Authorized Individual from Grantee Organization		27. Name and Title of IDOT PPR Approver	чу с с с с

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Periodic Financial Report (PFR) Section



of Irans	/ of Transportation					, 4					
Appropriation Number(s) (IDOT Use Only)	s) (IDOT Use On		Date Prepared	(a) No changes from prior reporting period and/or No new expenses	s from prior re	porting period	and/or No ne	w expenses			
th Indiract Cost Date	(c) Ap	c) Approved Indirect Cost Rate	ct Cost Rate Base	se							
D) INUITECI COSL NALE											
(d) Program Restrictions	Is (e) List of Restrictions	strictions									
T Yes No											
		(g) Specify Match	Match								
Π Yes \$0.00	% X										
(h) Program Income (Award to Date)	(ward to Date)	(i) Progra	am Income (In c	(i) Program Income (In current reporting period)	ſ	Interest Earne	(j) Interest Earned (Award to Date)	Г	(k) Interest Earned (In current reporting period)	urrent reporting	period)
\$29,742.88	-	\$29,511.01	1.01								
(I) Category /		(n) Grant E	(n) Grant Expenditures		(o)	(o) Current Period Match	flatch	(p) Total Match		(m) Current Approved Budget	get
Program Expenses	Current Period 8 Grant Expense 0	Prior Approved Grant Expenses	Grant Expense Adjustment	Post-Adjustment Grant Expenses (Award to Date)	Cash	Inkind	Total	(Award to Date)	 Approved Budget 	Remaining Balance Available	Expend %
1. Personal Services (Salaries and Martes)											%
1. Personal Services											%
1. Personal Services											%
(Salaries and vvages) 1. Personal Services											%
(Salaries and Wages) 1. Personal Services											%
(Salaries and Wages)											ò
 Personal Services (Salaries and Wages) 											%
1. Personal Services (Salaries and Wages)											%
1. Personal Services (Salaries and Wages)											%
1. Personal Services (Salaries and Wages)									-		%
2. Fringe Benefits											%
3. Travel											%
4. Equipment											%
5. Supplies											%
6. Contractual Services											%
					Page 3 of 5					BoBS 2832 (Rev. 08/20/18)	08/20/18)

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Periodic Financial Report (PFR) Section



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(I) Category /		(n) Grant Expenditures	enditures		(o) Current Period Match	(p) Total Match		(m) Current Approved Budget	et
7. Occupancy - Rent and Utilities									%
8. Training and Education	3								%
9. Direct Admin Costs									%
🖉 10. Maintenance	\$41,123.78	\$16,465.69		\$57,589.47			\$119,151.50	\$119,151.50 \$61,562.03 48.33%	18.33%
10. Prel. Engineering	\$0.00	\$4,409.73	\$0.00	\$4,409.73			\$6,739.83	\$2,330.10 65.43%	35.43%
(q) TOTAL DIRECT EXPENSES	\$41,123.78	\$20,875.42	\$0.00	\$61,999.20			\$125,891.33	\$125,891.33 \$63,892.13 49.25%	19.25%
(r) Indirect Costs									%
(s) TOTAL EXPENDITURES	\$41,123.78	\$41,123.78 \$20,875.42	\$0.00	\$61,999.20			\$125,891.33	\$125,891.33 \$63,892.13 49.25%	49.25%
Add									

Page 4 of 5

GRANTEE CERTIFICATION (2CFR 200.415)

Printed 01/06/19

Page 5 of 5

BoBS 2832 (Rev. 08/20/18)

12/17/18 at 14:32:03.87

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MOTOR FUEL TAX FUND

494-00-1488

General Ledger 나이나 For the Period From Aug 1, 2018 to Oct 31, 2018 Filter Criteria Includes: 1) IDs: Multiple IDs. Report order is by ID. Report is printed with shortened descriptions and in Detail Format.

Account ID Account Description	Date	Reference	Jrnl	Trans Description	Debit Amt	Credit Amt	Balance
4010	8/1/18			Beginning Balance			-29,742.88
MFT Receipts-State of	8/15/18	D/263	CRJ	Deposit - State of II		10,654.59	
				Current Period Cha		10,654.59	-10,654.59
	9/1/18	5444	0.0.1	Beginning Balance		10,274.06	-40,397.47
	9/19/18	D384	CRJ	Deposit - State of II Current Period Cha		10,274.06	-10,274.06
	10/1/18			Beginning Balance		10,214,00	-50,671.53
	10/17/18	D-464	CRJ	Deposit - State of II		8,582.36	50,01 1100
	10/10/10	0-404	0110	Current Period Cha		8,582.36	-8,582.36
	10/31/18			Ending Balance		01	-59,253.89
	10/0 1110			HIGHIG PRIMITY			· .
						1951	
015	8/1/18			Beginning Balance		<i>~</i> ··	16,465.69
Street Repairs	9/1/18			Beginning Balance			16,465.69
•	10/1/18			Beginning Balance			16,465.69
	10/16/18	1182	CDJ		718.58		740.50
				Current Period Cha	718.58		718.58
	10/31/18			Ending Balance			17,184.27
5020	8/1/18			Beginning Balance			
Dil Contract	8/7/18	1179	CDJ	Howell Paving Inc -	32,064.20		
				Current Period Cha	32,064.20		32,064.20
	9/1/18			Beginning Balance			32,064.20
	10/1/18			Beginning Balance			32,064.20
	10/16/18	1183	CDJ	Howell Paving Inc	8,341.00		0.044.00
				Current Period Cha	8,341.00		8,341.00
	10/31/18			Ending Balance		~	40,405.20
				Howell Paving Inc Current Period Cha Ending Balance	.1123.1	19	
				and we	<i>(</i>) <i>''</i>		
				2 Quert			1
				atul	W	Quo MF	fer
				F	A		5
					V	MAF	1

12/17/18 at 14:31:46.10 *

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MOTOR FUEL TAX FUND **General Ledger**

494-00-1488

For the Period From May 1, 2018 to Jul 31, 2018 Filter Criteria Includes: 1) IDs: Multiple IDs. Report order is by ID. Report is printed with shortened descriptions and in Detail Format.

Account ID Account Description	Date	Reference	Jrnl	Trans Description	Debit Amt	Credit Amt	Balance
4010	5/1/18		•	Beginning Balance			
MFT Receipts-State of	5/9/18	D-745	CRJ	Deposit - State of II		10,759.55	
				Current Period Cha		10,759.55	-10,759.55
	6/1/18			Beginning Balance			-10,759.55
	6/13/18	D-75	CRJ	Deposit - State of II		9,905.45	
				Current Period Cha		9,905.45	-9,905.45
	7/1/18			Beginning Balance			-20,665.00
	7/11/18	D136	CRJ	Deposit - State of II		9,077.88	
				Current Period Cha		9,077.88	-9,077.88
	7/31/18			Ending Balance		p	-29,742.88
						29742	
50/5	E1414 0			Designing Delense		p.	
5015	5/1/18			Beginning Balance			
Street Repairs	6/1/18			Beginning Balance			
	7/1/18	1170		Beginning Balance	10 405 00		
	7/17/18	1178	CDJ	City General Fund	16,465.69		16,465.69
				Current Period Cha	16,465.69		16,465.69
	7/31/18			Ending Balance			10,405.09

1 ⁵ Quarter MFT

From:	Shelby County Highway <shelbycohwy@consolidated.net></shelbycohwy@consolidated.net>
Sent:	Sunday, January 6, 2019 9:28 AM
То:	Sherry A Phillips
Cc:	Tom L Kreke; City of Shelbyville
Subject:	GATA submittal : 2nd quarter Bobs 2832 - 494-00-1000
Attachments:	BoBs 2832 2nd quarter Shelbyville 494-00-1000.pdf

see attached 2nd quarter submittal of subject project.

alan

Illinois D of Trans	epartment portation		Agency of Shelbyville	State Contract	Day Labor	Local Contract	RR Force Account
Local Agency Ag for Federal Partic	reement Ipation	Sectio 14-00	n 0056-00 BT	Fund Type	- I	ITEP and/or S 731004	RTS Number
Cons	ruction		Engir	neering		Right-of-Wa	iy
Job Number	Project Num	nber	Job Number	Project Number	Job Nu	mber	Project Number
			P-97-023-14	TE-00D7(069)			

This Agreement is made and entered into between the above local agency hereinafter referred to as the "LA" and the state of Illinois, acting by and through its Department of Transportation, hereinafter referred to as "STATE". The STATE and LA jointly propose to improve the designated location as described below. The improvement shall be constructed in accordance with plans approved by the STATE and the STATE's policies and procedures approved and/or required by the Federal Highway Administration hereinafter referred to as "FHWA".

		Location	,	
Local Name	General Dacey Trail Phase 8	Route	Various Le	ngth 0.8 mi
Termini Fr	om Washington Street north to E. North	n 1 st Street then west to N.	Morgan Street then north to E. North 6th	Street
then east to C	emetery Road	as maan munimum an een een een een een een een een een		
Current Juriso	liction City of Shelbyville	TIP Number	Existing Structure N	o <u>N/A</u>
Dealiminant of	concerning for the construction of a Dike	Project Description	torm sewer modifications lighting trees	hiko routo

Preliminary engineering for the construction of a Bike Path, sidewalk to ADA, storm sewer modifications, lighting, trees, bike route signage, road & paving widening improvements and other incidentals

		*****		Divi	sion of Cost						-	
Type of Work	ITEP		%		STATE	%		LA		%		Total
Participating Construction		()		()		()	
Non-Participating Construction		()		()		()	
Preliminary Engineering	70,608	(*)		()	17,652	(BAL)	88,260
Construction Engineering		()		()		()	
Right of Way		(}		()		()	
Railroads		()		()		()	
Utilities		()		()		()	
Materials												
TOTAL	\$ 70,608	-		\$			\$	17,652			\$	88,260
	* 80% ITEP 1	fund	s NTE	\$70,6	08							

NOTE The costs shown in the Division of Cost table are approximate and subject to change. The final LA share is dependent on the final Federal and State participation. The actual costs will be used in the final division of cost for billing and reimbursment.

If funding is not a percentage of the total, place an asterisk in the space provided for the percentage and explain above.

Local Agency Appropriation A is indicating sufficient funds have been set aside to cove

By execution of this Agreement, the LA is indicating sufficient funds have been set aside to cover the local share of the project cost and additional funds will be appropriated, if required, to cover the LA's total cost.

Method of Fin	ancing (State Contract Work)							
METHOD ALump Sum (80% of LA	1ETHOD ALump Sum (80% of LA							
METHOD Monthly Payments of								
METHOD CLA's	divided by estimated total cost multiplied by actual progress payment.							

(See page two for details of the above methods and the financing of Day Labor and Local Contracts)

Illinois D	epartment portation	Local Public Agency City of Shelbyville		State Contract	Day Labor	Local Contract	RR Force Account	
Local Public Age for Federal Partic	ncy Agreement	Section 14-00056-00-BT		Fund Type	L	ITEP, SRTS, 731004	or HSIP Number(s)	
Cons	truction	Engin		Right-of-Way				
Job Number	Project Number	Job Number	Proje	ect Number	Job Nu	mber	Project Number	
C-97-058-16	TE-00D7(074)			h	- vafawad ta	patha "I DA"	and the State of	
This Agreement is n Illinois, acting by an propose to improve prepared by, or on t	nade and entered into d through its Departm the designated location behalf of the LPA, app	b between the above local nent of Transportation, here on as described below. Th proved by the STATE and pinafter referred to as "FHV	einafter re ne improve the STAT	eferred to as "Si ement shall be (CATE", The constructed	STATE and L in accordance	PA jointly with plans	
This Agreement is n Illinois, acting by an propose to improve prepared by, or on t	nade and entered into d through its Departm the designated location behalf of the LPA, app	nent of Transportation, here on as described below. The proved by the STATE and prinafter referred to as "FHV	einafter re ne improve the STAT	eferred to as "Si ement shall be (CATE", The constructed	STATE and L in accordance	PA jointly with plans	
This Agreement is n Illinois, acting by an propose to improve prepared by, or on t	nade and entered into d through its Departm the designated location behalf of the LPA, app y Administration, here	nent of Transportation, here on as described below. The proved by the STATE and prinafter referred to as "FHV	einafter re ne improve the STAT VA".	eferred to as "Si ement shall be (CATE", The constructed	STATE and L in accordance approved and	PA jointly with plans	

Current Jurisdiction City of Shelbyville

TIP Number

Project Description

Construction of an on-road bike path, sidewalk to ADA, storm sewer modifications, lighting, brick pavers, bike route signage, road restriping and resurfacing, and other incidentals

			· · · · ·	Division of	Cost						
Type of Work	ITEP		%		%		LPA		%		Total
Participating Construction	700,02	22 (*)	()	175,005	(BAL)	875,027
Non-Participating Construction		()	()		()	
Preliminary Engineering		()	()		()	
Construction Engineering	72,00	, 00 (*)	()	18,000	(BAL)	90,000
Right of Way		(.)	()		()	
Railroads		()	()		()	
Utilities		()	()		()	
Materials											
TOTAL	\$ 772,02	22		\$		\$	193,005			\$	965,027
	80% ITEP	funds	NTES	\$772,022							

NOTE: The costs shown in the Division of Cost table are approximate and subject to change. The final LPA share is dependent on the final Federal and State participation. The actual costs will be used in the final division of cost for billing and reimbursment.

If funding is not a percentage of the total, place an asterisk in the space provided for the percentage and explain above.

Local Public Agency Appropriation

By execution of this Agreement, the LPA attests that sufficient moneys have been appropriated or reserved by resolution or ordinance to fund the LPA share of project costs. A copy of the authorizing resolution or ordinance is attached as an addendum (required for State-let contracts only)

	Method of Fina	ncing (State Contract Work Only)	
METHOD ALump Su	Im (80% of LPA Obligation)	· · · · · · · · · · · · · · · · · · ·	•
METHOD B	Monthly Payments of	due by the	of each successive month.

METHOD B--- Monthly Payments of due by the d

(See page two for details of the above methods and the financing of Day Labor and Local Contracts)

Existing Structure No

n/a

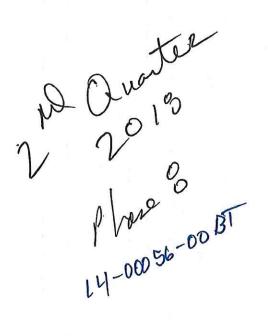
BUSINESS DISTRICT FUND

General Ledger

494-00-1000

For the Period From Aug 1, 2018 to Oct 31, 2018 Filter Criteria includes: 1) IDs: Multiple IDs. Report order is by ID. Report is printed with shortened descriptions and in Detail Format.

Account ID Account Description	Date	Reference	Jrnl	Trans Description	Debit Amt	Credit Amt	Balance
4030-01 Project Reimburseme	8/1/18 9/1/18 9/19/18 10/1/18 10/31/18	D-386/387	CRJ	Beginning Balance Beginning Balance DEPOSIT - State o Current Period Cha Beginning Balance Ending Balance	l. P	2,038.22 2,038.22	-2,038.22 -2,038.22 -2,038.22 -2,038.22
5070-03 Bike Ph 8-Federal 14-	8/1/18 9/1/18 10/1/18 10/1/18	1202	CDJ	Beginning Balance Beginning Balance Beginning Balance Regina's Homegro Current Period Cha	2,160.96 2,160.96		62,642.11 62,642.11 62,642.11 2,160.96
	10/31/18			Ending Balance			64,803.07



Page: 1

GRANTEE CERTIFICATION (2CFR 200.415)

By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to oriminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3819)

Name and Title of Authorized Grantee Representative		Date Submitted
Alas Superary City Envireer A. 12 Jul		1-6-2019
acres (it what) & consolidated 217-774-553		
+		
Nome and Title of IDOT DER Annrover	Date Received	Date Approved
	•	

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Periodic Financial Report (PFR) Section



(I) Category /		(n) Grant Expenditures	Ires	(o) Current Period Match	eriod Match	(p) Total Match	(ш) Сипе	(m) Сипеnt Approved Budget	et
7. Occupancy - Rent and Utilities									%
8. Training and Education									%
9. Direct Admin Costs						-			%
10. Engineering	\$2,038.22	\$2,038.22 \$128,685.67	\$130,723.89	9 \$2,160.96	\$2,160.96		\$142,608.00	\$142,608.00 \$11,884.11 91.67%	91.67%
10. Construction	\$0.00	\$0.00 \$700,022.00	\$700,022.00	0			\$700,022.00	\$0.00	100
(g) TOTAL DIRECT EXPENSES	\$2,038.22	\$2,038.22 \$828,707.67	\$830,745.89	9 \$2,160.96	\$2,160.96		\$842,630.00	\$842,630.00 \$11,884.11 98.59%	8.59%
(r) Indirect Costs									%
(s) TOTAL EXPENDITURES	\$2,038.22	\$2,038.22 \$828,707.67	\$830,745.89	9 \$2,160.96	\$2,160.96		\$842,630.00	\$842,630.00 \$11,884.11 98.59%	8.59%
Add									

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	Ilinois Department of Transportation
(D

of Transportation	epartmen portation	It		Periodic Financial Report (PFR) Section	nancial R	eport (PFR) Section				
Appropriation Number(s) (IDOT Use Only)	s) (IDOT Use C		Date Prepared	(a) No changes from prior reporting period and/or No new expenses	s from prior re	porting period	and/or No new	/ expenses			
(b) Indirect Cost Rate	(C) F	c) Approved Indirect Cost	t Cost Rate Base	se			·				ſ
(d) Program Restrictions	is (e) List of Restrictions	estrictions									
Tes No											
(f) Mandatory Match %	Louisian	(g) Specify Match	Match								
区 Yes \$0.00	2 	Local Funds	spu								
- CO	ward to Date)	(i) Program Inco	2	me (In current reporting period)	Г	Interest Earner	(i) Interest Earned (Award to Date)		st Earned (In ci	(k) Interest Earned (In current reporting period)	period)
\$842,630.00]			
(I) Category /		(n) Grant E	(n) Grant Expenditures		(o)	(o) Current Period Match		(p) Total Match	-	(m) Current Approved Budget	et
Program Expenses	Current Period Grant Expense	Prior Approved Grant Expenses	Grant Expense Adjustment	Post-Adjustment Grant Expenses (Award to Date)	Cash	Inkind	Total	(Award to Date)	Approved Budget	Remaining Balance Available	Expend %
1. Personal Services							*				%
1. Personal Services											%
1. Personal Services											%
(Salaries and vvages) 1. Personal Services											%
(Salaries and Wages) 1. Personal Services											%
(Salaries and Wages) 1. Personal Services (Seleries and Mares)											%
1. Personal Services (Salaries and Wages)											%
1. Personal Services (Salaries and Mades)											%
(Salaries and Video) (Salaries and Wates)											%
2. Fringe Benefits											%
3. Travel											%
4. Equipment											8
5. Supplies						,					%
6. Contractual Services											%

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 22. Performance Explanation – Award to Date All performance accomplishments are on schedule with performance standards Not all performance accomplishments are on schedule with performance standards. Explanation required below: 	anation required below:		
(Separate lines as appropriate.)			[]
 23. Performance Accomplishments Correlated to Reported Expenses Performance is consistent with grant-to-date expected services and expenditures/earnings Performance is not consistent with grant-to-date expected services and expenditures/earnings. Explanation(s) required below. 	ls nings. Explanation(s) required belo		ł
GRANTEE CERTIFICATION (2 CFR 200.415)	(TION (2 CFR 200.415)		
By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements, cash receipts and reported performance are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).	port is true, complete, and accurate erms and conditions of the award. I rative penalties for fraud, false state	, and the [related] expenditures, disbursements, am aware that any false, fictitious, or fraudulent ements, false claims or otherwise. (U.S. Code Title	
24 Name and Title of Authorized Individual from Grantee Organization	25. Phone Number	26. Email Address	ſ
Alan Spesard, City Engineer	(217) 774-2721	shelbycohwy@consolidated.net	
27. Name and Title of IDOT PPR Approver	STATE AGENCY USE ONLY 28. Date Received	ed 29. Date Approved	

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BoBS 2832 (Rev. 08/20/18)

																·
		4. CSFA Number	494-00-1000	7. CFDA Number(s)	2	mber		13. Prepared Date 01/06/19				e Explanation		21. Required (R) or inform Only (IO)		
	ng each section.	3. Grantee DUNS	4367	7. CFDA	20.205	8B. SAIN Number		y 🔀 Quarterly	section eparate format.			17. Deliverable Explanation		shments in Reporting iod		
PERIODIC REPORTING	Please refer to attached instructions prior to completing each section.	3. Grant	033674367		Jram	8A. GATA Registration/ID Number		t 12. Report Frequency	Periodic Performance Reporting (PPR) Section Responses to Sections 14 – 22 may be provided in a separate format. All grantees must complete Section 23.	atabase used		16. Date Completed		20. Results / Accomplishments in Reporting Period		
PERIODIC	attached instructio	2. Grant Number		sa/ulga)	Illinois Transportation Enhancements program	8A. GATA Regist	673501	11. Final Report	odic Performance to Sections 14 – 22 m All grantees must	Alternative file or database used	31	15. Due Date		19. Performance Standard / Frequency Based on UGA/UIGA Exhibit F		
ent yn	Please refer to			6. Program Name (per UGA/L	Illinois Transportation			10. Report Period End Date 10/31/18	Peri Responses t	·	Section 14-00056-00:BT					
Illinois Department of Transportation		1. Grantee Name (per UGA/UIGA)	City of Shelbyville	5. Grantee FEIN	376002116	8. State Agency (Grantor)	IDOT	9. Agreement Period 10. Start Date End Date 10.		File Name or Database Source		14. Deliverable (if applicable)	Separate line for each based on UGANUA	18. Performatice Measures Separate line for each Based on LIGA/LIGA Exhibit E		

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BoBS 2832 (Rev. 08/20/18)

Printed 01/06/19

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Friday, January 4, 2019 7:05 AM City of Shelbyville Fw: GATA Reporting help needed

From: <u>Shelby County Highway</u> Sent: Saturday, December 22, 2018 8:59 AM To: <u>City of Shelbyville</u> Subject: GATA Reporting help needed

Kelly and Rachel,

In order to fill out the quarterly reports (Bobs 2832) I need to fill out a category called "Prior Approved Grant Expenses". Which is the amount of expenses prior to this reporting period.

So, I guess I need a copy of the ledger of all expenses/reimbursements up to July 31, 2018 for each of the CSFAs:

494-00-0957 (South Morgan Street upgrades); 494-00-1000 (Phase 8 bike trail and streetscape); 494-00-1002 (safe routes to school);

but, for 494-00-1488 (MFT) I only need from January to July 31.

thanks alan

Also,

According to IDOT's instructions we need to report the 2nd quarter then the City will be up to date. (I previously thought we needed to report the 1st quarter also)

Call me with questions .

From:Shelby County Highway <shelbycohwy@consolidated.net>Sent:Wednesday, January 2, 2019 10:38 AMTo:City of ShelbyvilleCc:jeff johnsonSubject:Invoice from County ContractorsAttachments:doc20190102104144.pdf

Please pay the attached invoice from "County Contractors, Inc." in the amount of \$7,331.95 (see attached invoice). Payment can be made from the East Business District Funds.

This was authorized as extra work during the construction of the Wood Street Bridge.

The contractor was asked to reconstruct an inlet, add pipe and tie into the newly installed storm sewer located along Wood Street.

The location of this extra work was along South 6th street and one block east of Wood street . It helped drainage issues at the newly constructed Volley Ball building and the intersection at Long Street and South 6th street.

Let me know of any concerns.

thanks

alan spesard

License:	County Contractors, Inc. P.O. Box 3522 Quincy IL 62305 217-885-3550	*	Unit Billing Application: 2 Period: 12/31/2017
Owner:			99 CITY OF SHELBYVILLE
	Description:	Reconstr West of	wood street on south 6th street
		This wa	sapproved to fix drainage issues into
Applicatio	on For Payment On Co		Contractor's Certification of Work New storm
			Sewer.
	um to Date plete to Date	23,783.95 23,783.95	The undersigned contractor certifies that, to the best of the contractor's knowledge, the work on the above named job has been completed in accordance with the plans and specifications to the level of completion indicated on the attacked schedule of completion.
	ned ed Less Retained	0.00 23,783.95	Contractor: Date: Date:
Less Previ	ious Billings	16,452.00	
Current Pa	ayment Due	7,331.95 🖊	Pay this amount.
Balance or	n Contract	0.00	S. al Je

Terms: Invoices are due and payable 30DY from the date of invoice. All overdue amounts will be charged a service charge of 18.00 % per annum. Please make checks payable to: County Contractors, Inc.

an fan 16 here in sea her fan in de staan en de searte werde er were in de staan de searte er de searte er de s

Thank you for your prompt payment.

Unit Billing

Application: 2

Period: 12/31/2017

Schedule of Work Completed

		Contract Plus	Previous	Current Units	Total Units	Previous	Current	Total	
Bid Item Description	Price/Unit	Changes	Units Billed	Complete	Complete	Value	Value	Value	Retained
60219000 MAN TA 4 DIA T & G	1,890.00	3,780.00	2.00		2.00	3,780.00		3,780.00	
55010360 STORM SEWER CLA	44.00	12,672.00	288.00		288.00	12,672.00		12,672.00	
55010050 STORM SEWER CLA	37.50	1,762.50		47.00	47.00		1,762.50	1,762.50	
20800150 TRENCH BACKFILL	40.00	1,440.00		36.00	36.00		1,440.00	1,440.00	
999999999 FORCE	4,129.45	4,129.45		1.00	1.00		4,129.45	4,129.45	
	Totals:	23,783.95	290.00	84.00	374,00	16,452.00	7,331.95	23,783.95	

Page 2 of 2

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COUNTY CONTRACTORS, INC. P.O. BOX 3522 QUINCY, IL 62301 217-885-3550

COUNTY SHELBY

SECTION 12-00054-00-BR

FORCE ACCOUNT BILL FOR

CUT MANHOLE OPENINGS

ST OT Hours Rate	ц С	6 42.29	6 25.2U	6 29 <u>.65</u>		30	Operator Fringe Benefits Laborer Fringe Benefits Carpenter Fringe Benefits Subtotal Plus 35% of 1708.32		Plus Workcomp Insurance 3.63 % of 776.64 2 Plus Liability and property Damage 3.19% of 778.64 2 Federal Social Security Tax 1.65% of \$ 1030.38 Plus Federal Unemployment Tax 5.77.90 Plus State Unemployment Tax
ance Payroli	unt 0.00 253.74		151.20 151.2		193.80 193.80	776.64 1030.38	266.76 265.69 145.50 1708.32 597.91	2306.23	28.19 24.77 78.82 78.82 1.07 1.664 1.666
	ġ .	4 80834.76				8	ග ශ පු[දා ස]	Ω.	
Payroll Amount Eligible for Unemployment Tax	F.U.1. 5.	0.00		17	0.00	\$177.90			
it Eligible for t Tax		0.00	0.00	177.90	00.0	\$177.90			:

I hereby certify that the above statement is a copy of that portion of the payroll which applies to the above stated work and that the rates show for taxes and insurance are for actual costs.

Total Labor

(Contractor) 010 Sul (Signed

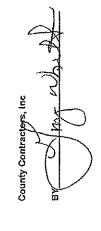
161.30

\$ 2467.53

Å. 3

. 6 Hours 6 Hours 6 Hours 6 Hours	92.40 56.37 148.77 22.32	\$	2467.53 1457.04 171.09	3.07	S 4129.45
10 2 8e	Invoices) 22 EA @ 4.20 3 EA @ 18.79 15%		о О		
Equipment Expense 2013 Komatsu PC360LC-10 2004 Komatsu WA250-5PT 2008 Komatsu PC-35MR2 2016 Ford F350 Diesel Total Equipment Expense	Materials (See attached Invoices) 22 ft 8" PVC Pipe 3 Couplers 15%	Total Materials	Total Labor Total Equipment Expense Total Materials	Bond .75% 10% of Bond	Total Bill

987.42 269.52 109.98 90.12 1457.04	
164.57 44.92 15.02 \$	



RESIDENT

.

Illinois Department of Transportation	16-99 .	Extra Work D	aily Report
0		County SHELBY	
		Section 12-00054-00-BR	
		Route SOUTH SIXTH STREET	
,		District 7	
Contractor COUNTY CONTRACTORS QUINCY ILL	INOIS	Contract No. NON	
;		Job No.	
Report No. 01 Date 11/07/20	10	Project No. CITY ONLY	
Authorization No. FRC001		NON CONTRACT	
Description and Location of Work: Cut Manhole ope	nings	······································	
	LABOR		
Name, Worker Classification	<u>╡╗╴┥</u> ┧╞╍╖╱┍╸╓╺╌╶╧┊┍╡ [╴] ┪╵┈┠┇╴╒╴┲┚╓╍╖╸	Total Hours Worked (Straight-Time) (Overtime)	
Foreman Operator Tim Woodard		6 ST 0 OT	
Operator Dion Nieson		6 ST 0 OT 6 ST 0 OT	
Labor Andy Seales Carp Gregg Maas		6 st 0 OT	
Labor Robert Fisher	· · · · · · · · · · · · · · · · · · ·	6 ST 0 OT	
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
	······		
	·····		
EQUIPMENT USED	http://www.ac.ac.	MATERIAL USED	<u> </u>
Description: List Manufacturer, Model, Year Built, Capacity	Number of Hours	Description	Quantity
KOMASTU 360 TRACK HOE	6	8 " PVC PIPE FURCO COUPLERS 8"	22 FT
KOMASTU WA 250 PT LOADER FORD F 350 PICKUP TRUCK	6	FURCU COUPLERS 8	3 EACH
KMOASTU MINI EXCAVATOR	6		
	·		
	·····		
			1
REMARKS:		$\bigcirc 10 \bigcirc 1$	
	40000	E USTON P LODA	
APPROVED:Contractor's Representative	APPROV	ED: State's Representative	
Original: Contractor			
cc: District File			
Printed 11/10/2016		BC 635 (R	ev. 05/07)

f-1

\$

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Saturday, December 22, 2018 8:59 AM City of Shelbyville GATA Reporting help needed

Kelly and Rachel,

In order to fill out the quarterly reports (Bobs 2832) I need to fill out a category called "Prior Approved Grant Expenses". Which is the amount of expenses prior to this reporting period.

So, I guess I need a copy of the ledger of all expenses/reimbursements up to July 31, 2018 for each of the CSFAs:

494-00-0957 (South Morgan Street upgrades); 494-00-1000 (Phase 8 bike trail and streetscape); 494-00-1002 (safe routes to school);

but, for 494-00-1488 (MFT) I only need from January to July 31.

thanks alan

Also,

According to IDOT's instructions we need to report the 2nd quarter then the City will be up to date. (I previously thought we needed to report the 1st quarter also)

Call me with questions .

From:	Shelby County Highway <shelbycohwy@consolidated.net></shelbycohwy@consolidated.net>
Sent:	Monday, December 10, 2018 8:15 AM
То:	Miller, Garrett K.; EXT City, Shelbyville
Cc:	Barrett, Debra G; Hille, Leah; jeff johnson; Tom L Kreke
Subject:	Re: Contract 74879
Attachments:	doc20181210075423.pdf

Garett,

The Mayor of Shelbyville and I reviewed this project over the weekend. We agree with the project and approve it based on a limited review – see attached.

Please provide a copy of the PESA and PSI for our records.

thanks

alan

From: <u>Miller, Garrett K.</u> Sent: Friday, December 07, 2018 12:00 PM To: <u>mailto:shelbycohwy@consolidated.net</u>; <u>EXT City, Shelbyville</u> Cc: <u>Barrett, Debra G</u>; <u>Hille, Leah</u> Subject: Contract 74879

IL 128 Resurfacing – IL 16 to NCL Shelbyville, Shelby County Contract 74879

Alan,

Find attached for your review final plans and specifications for the upcoming improvement of IL 128 from IL 16 to north of 6th Street. Please review these documents and provide comments as appropriate. Upon completion of plan review, please have the mayor sign the attached plan approval form and return both the form and any comments you may have to our office.

Due to time constraints in sending this project to Springfield for inclusion on the March 2019 letting, please return the approval to our office by December 12th if possible. If you would prefer to have a hard copy of the plans to look at, please let me know early next week and we will get a set to you. We would also be happy to pick up the approval as opposed to mailing. Thank you again for your assistance on this upcoming project.

If you have any questions or require additional information, please let me know.

Sincerely,

Garrett K. Miller, P.E.

Project Support Engineer Bureau of Program Development Illinois Department of Transportation

From:	Shelby County Highway <shelbycohwy@consolidated.net></shelbycohwy@consolidated.net>
Sent:	Thursday, November 29, 2018 12:33 PM
То:	Miller, Garrett K.; Johnson, Jeff (Mayor, Shelbyville); EXT City, Shelbyville
Cc:	Hille, Leah; Kreke, Tom L; Barrett, Debra G
Subject:	Re: Contract 74879 - Revised Agreement City Section Number

Garrett,

After our conversation this morning, I looked at the proposed Cedar Street project. I noticed that there are some sidewalks on the East side of the road that need replaced.

IDOT has stated that it is Policy that when resurfacing highways sidewalks had to be replaced to meet PROWAG requirements ??

Is that going to happen?

alan spesard

From: Miller, Garrett K.
Sent: Thursday, November 29, 2018 10:29 AM
To: Johnson, Jeff (Mayor, Shelbyville) ; EXT City, Shelbyville
Cc: mailto:shelbycohwy@consolidated.net ; Hille, Leah ; Kreke, Tom L ; Barrett, Debra G
Subject: Contract 74879 - Revised Agreement City Section Number

Rachel,

After discussion with Mr. Spesard, the City Section number in the agreement has been revised to 18-00062-00-RS as requested. Attached is a PDF of the revised agreement reflecting this change. A complete set of final plans for this project will be forthcoming in the next couple weeks for the City's review and approval. Thanks!

If you have any questions or require additional information, please let me know.

Sincerely,

Garrett K. Miller, P.E.

Project Support Engineer Bureau of Program Development Illinois Department of Transportation Region 4 / District 7 400 West Wabash Avenue Effingham, IL 62401 Office: (217) 342-3951 Direct: (217) 342-8250 garrett.miller@illinois.gov

A Please consider the environment before printing this e-mail.

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State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

From: Sent: To: Cc: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Friday, December 7, 2018 3:09 PM Phillips, Sherry A Kreke, Tom L; City of Shelbyville Re: [External] Fw: GATA BoBS 2832

thanks

I will submit the Bobs 2832 to you for Shelby County and City of Shelbyville

alan

From: <u>Phillips, Sherry A</u> Sent: Friday, December 07, 2018 1:51 PM To: <u>Shelby County Highway</u> Cc: <u>Kreke, Tom L</u> Subject: RE: [External] Fw: GATA BoBS 2832

Alan – Welcome to "GATA Crap."

The CYFR is to be completed and entered through the **GATA portal** by the local agency. All programs beginning with 494 are transportation. I don't know who should be filling it out for each LPA. Sometimes it is the clerk, others it is the treasurer, the City of Effingham's is submitted by their economic developer...? It will obviously take some collaboration.

Once it is submitted electronically, "someone" in GATA land will do a cursory review. If it is incorrect, you will get an email telling you to go fix it. It is a computer generated email, with no specific information as to why it is incorrect. If it is correct, then I will get a notification that it is available for me to reconcile. I am only responsible for the 494 ones.

The CYFR is due 6 months from the end of your fiscal year. I then have 15 days to reconcile. LOL.

A similar, yet different, process is the BobS 2832 reporting form. In theory, you send in the BoBS 2832 form **to me** at the end of every quarter (based on your fiscal year). I then reconcile it, and file it. At the end of the fiscal year, I will have four of these forms (one per quarter) and they will / should match the CYFR.

The BoBS form has 2 parts.

1. Periodic performance reporting – what work did you accomplish during that quarter with those funds.

2. Periodic financial reporting – what was your income and expenses during that quarter for those funds. A BoBS form is due every quarter for every 494 fund type listed on the CSFA. I assume they are required for the other fund types as well.

Down the road this will make better sense. Right now we are doing the CYFR's before we get the reporting forms, so I have nothing to reconcile it with. Our Documentation Reviewer still hasn't caught up the entire district yet. So I don't have a good starting point. And, the GATA documentation is based off of the LPA's fiscal year, not the calendar year. So that adds to the confusion.

The big picture purpose is to make corrections during the fiscal year and not wait until time has passed to find and correct errors. We are supposed to be *monitoring* the funds.

Call with questions... I will do my best to answer.

Sherry 217-342-8321

From: Shelby County Highway <shelbycohwy@consolidated.net> Sent: Friday, December 7, 2018 10:55 AM

To: Phillips, Sherry A <Sherry.Phillips@illinois.gov> Subject: [External] Fw: GATA BoBS 2832

From: <u>Shelby County Highway</u> Sent: Wednesday, December 05, 2018 10:34 AM To: <u>Tom L Kreke</u> Subject: GATA BoBS 2832

Tom,

I looked at the County GATA Portal – and its even more confusing than I thought – there is a large list of CSFAs that the County needs to report on and only a few are Local Roads. **see attached**

After reading the CL 2018-19 (several times) – I think we submit the BoBs quarterly reports to the District ?? see attached

and, the CYEFR is reported on the GATA-Portal - I guess ??

Can you let me know if other LPAs are interpreting the CL the way I am ??

thanks

alan

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Thursday, November 29, 2018 10:34 AM City of Shelbyville City Project Section Numbers

Rachel and Kelly,

I think there has been some confusion on assigned project section numbers. (I think I mistakenly assigned the Sylvester Drive Section Number 18-00060-00 RS) Please make any corrections in your files/bookkeeping as follows:

18-00060-00 BT -Phase 10 Bike Path (ITEP project)18-00061-00 RS -Sylvester Drive Improvements (EDP submitted for IHI Turbo Plant Expansion)18-00062-00 RS -IL Rte 128 resurfacing (IDOT project - City to pay their share with MFT)

thanks

alan

From: Sent: To: Subject: Attachments: Shelby County Highway <shelbycohwy@consolidated.net> Thursday, November 15, 2018 9:06 AM City of Shelbyville Fw: IHI Turbo - Sylvester Drive Grant application BoBS 2831 Disclosure Grantee.docx

Rachel,

I also need Jeff to sign the attached Disclosure form.

thanks

alan

sorry for the confusion

From: Shelby County Highway Sent: Thursday, November 15, 2018 7:51 AM To: City of Shelbyville Cc: jeff johnson Subject: IHI Turbo - Sylvester Drive Grant application

Rachel,

I needed to change the cover letter and GATA Uniform Grant Application I gave you the other day – see attached.

Please have Jeff sign thiese one (you can discard the other ones). The other info. stays the same.

You or Jeff can call me with questions.

thanks

alan



Uniform Grant Agreement Affidavit of Disclosure of Conflicts of Interest-Grantee

Agreement No.

Employee or Officer Name Jeff Johnson

Position of Employee or Officer Mayor

Grantee's disclosure of the information contained in this Form is required by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards published in Title 2, Part 200 of the Code of Federal Regulations, 2 CFR 200.112, and 44 III. Admin Code 7000.40(b)(3). As an Employee or Officer of Grantee, I will remain bias-free before, during and after the award process of the Grant Agreement. Pursuant to the above referenced Uniform Guidance and Administrative Rules, I have identified below any relationship I have, or have had, of a family, political, financial, or social nature with any of Grantor's employees related to this Grant Agreement, and wait for direction from the Grants Unit Manager and the Department's Ethics Officer before proceeding to participate with Grantor in the award process. After submittal of this Disclosure to the Department's Bureau of Business Services, the Bureau of Business Services will provide this form to the Ethics Officer if a conflict is noted.

Check statement 1 or 2. If you check statement 1, please sign and date the form. If you check statement 2, please complete the information and then sign and date the form.

1. X	I do not have, nor have I had, any relation conflict of interest with any of Grantor's en	
2.	I have, or have had, a relationship describ with the following employees of Grantor fo	
		_ Name of Grantor's employee
		_ Nature of Potential Conflict
		Name of Grantor's employee
		_ Nature of Potential Conflict

Name of Grantor's employee

_ Nature of Potential Conflict

(The back side of this form may be used if additional space is needed.)

Signature of Employee

From: Sent: To: Subject: Shelby County Highway <shelbycohwy@consolidated.net> Thursday, November 29, 2018 8:43 AM City of Shelbyville Fw: 6th Street Radius Return

SORRY pressed the send button too soon :)

Rachel,

My comments are:

- On the agreement - IDOT should change the section number to 18-00062-00-RS - otherwise I have no comments. I believe it should be voted on by the City Council

- On Exhibit A - IDOT should change the section number to 18-00062-00-RS (and your comment on changing from City of Casey to City of Shelbyville)- otherwise I have no comments. I believe it should be voted on by the City Council - On Exhibit B, C, and D - IDOT should change the section number to

18-00062-00 RS

- On Exhibit E- IDOT should change the section number to 18-00062-00 RS; Jeff does not need to sign this until plans are submitted and reviewed

alan

Alan,

Will you please review the attached contract, resolution and ordinances and let us know if it's ok for Jeff to sign it. On Exhibit A the funding resolution in paragraph 4 it references the City of Casey, so we'll need to have IDOT correct that but let me know if you see anything further.

Have a Happy Thanksgiving!

Thank you, Rachel

-----Original Message-----From: City Hall [mailto:cityhall@consolidated.net] Sent: Wednesday, November 21, 2018 11:24 AM To: mayor@mycci.net Subject: 6th Street Radius Return

Jeff,

Attached is the contract from IDOT for them to resurface the 6th Street Radius Return. Before I put it in your box for you to sign, I have some questions...

1. Does Jack need to review this contract?

2. It has a funding resolution attached, does this need added to the next agenda or does the original agreement to approve the project supersede the need for the resolution?

3. Exhibits B C & D are Ordinances agreeing to continue to enforce ordinances currently in our municipal code, does the Council need to approve these three ordinances at the next meeting? Or just continue to enforce our current code?

Sorry, I find it a little confusing. I assume we do need to pass this resolution and these ordinances but I'd like your opinion.

Thank you, Rachel

-----Original Message-----From: cityhall@consolidated.net [mailto:cityhall@consolidated.net] Sent: Wednesday, November 21, 2018 10:15 AM To: City Hall Subject: Message from "MPC2003-6805"

This E-mail was sent from "MPC2003-6805" (MP C2003).

Scan Date: 11.21.2018 11:14:57 (-0500) Queries to: cityhall@consolidated.net

From: Sent:	Shelby County Highway <shelbycohwy@consolidated.net> Monday, November 12, 2018 9:17 AM</shelbycohwy@consolidated.net>
To:	SRTS2019@partner2010.illinois.gov
Cc:	City of Shelbyville
Subject:	City of Shelbyville - SRTS application
Attachments:	Shelbyville SRTS application.pdf; Shelbyville Student Tally Sheets.pdf

John,

Please find attached SRTS application consisting of:

- Illinois SRTS Funding Application
- Detailed Cost Estimate
- Project Map
- City Resolution of Support with funding commitment
- Letter of Support from Shelbyville Community Unit School District #4
- School Wellness Program
- Programmatic Risk Assessment Questionnaire
- GATA Uniform Grant Application
- GATA Uniform Grant Budget Template

And,

• Shelbyville Student Tally Sheets

I will mail a hard copy to you soon. It will include all the above application plus Parent Survey Documents.

Let me know of any concerns.

thanks

alan spesard, PE City Engineer 217-774-2721 217-820-2278

Illinois Safe Routes to School Funding Application Funding Cycle 2019 Ato.

Infrastructure Project Application

Sidewalk Improvements along Vine Street to Shelbyville Community Unit School #4 Application Name:

Project Sponsor: City of Shelbyville

Contact Information

Applicant Name:	City of Shelbyville	Sponsor Name:	Jeff Johnson
Title:	Mayor	Title:	Mayor
	170 E. Main Street	Address:	
City:	Shelbyville	City:	
County:	Shelby	County:	
	62565	Zip:	
Phone:	217-774-5531	Phone:	
Fax:	217-774-1355	Fax:	
Email:	cityhall@consolidated.net	Email:	

Is project located within an MPO? Thes X No (If yes, provide contact information below and include letter of project concurrence.)

MPO:

Contact Name:	Phone:
Address:	Fax:
City/Zip:	Email:

Requested SRTS Amount: \$200,000 Total Project Cost: \$287,199

Project Relations: Is this project contingent upon the completion of another SRTS project?

🗌 Yes 🖾 No If yes, provide name of project and details

School Proximity: Is this project located within 2 miles of a primary or middle school (grades K-8)?

Right-of-Way: Does this project require the purchase of additional Right-of-Way or Easement approval?

Yes No

☐ Yes ⊠ No If yes, please explain

1

الاinois Safe Routes to School Funding Application د

Infrastructure Project Application

Public Input Process

Parent Surveys and Student Tallies (required)	🛛 Yes 🗌 No	(Attach files associated to this project)
Key Stakeholders Interviewed?	🗌 Yes 🛛 No	(Attach written interviews)
Public Meeting Held?	🗌 Yes 🔀 No	Date:
Community "Walkability" Conducted?	🗌 Yes 🔀 No	Date: (Attach photos)
Community "Bikeability" Conducted?	🗌 Yes 🛛 No	Date: (Attach photos)
School Wellness Policy Incorporated?	🛛 Yes 🗌 No	(Attach written policy)

Infrastructure Improvements included in Project

All infrastructure improvements will be required to meet ADA and other applicable requirements.

1.	Sidewalks Sidewalk Repair Sidewalk Gap Closure Sidewalk Widening Sidewalk Curb Sidewalk Curb Ramp	4.	Pedestrian and Bicycle Crossing Improvements Crossing New/Upgraded Signs Median Refuge Raised Crossing Sight Distance Improvements
2.	Traffic Calming/Speed Reduction Speed Bump/Hump/Table Raised Crossing Median Refuge/Center Crossing Narrowed Traffic Lane	5.	On Street Bicycle Facilities Widened Outside Lanes/Shoulders Geometric Improvements Channelization Traffic Signs Pavement Markings
3.	Traffic Control Devices New/Upgraded Signs New/Upgraded Traffic Signals New Pavement Markings		Turning Lanes Roadway Realignment
	 New Traffic Striping In-Roadway Crossing Light Flashing Beacons Bike Sensitive Signal Actuation 	6.	Off Street Bicycle and Pedestrian Facilities Multi-Use Bike/Ped Trail
	 Device Pedestrian Activated Signal Upgrades Pedestrian Countdown Signals Permanently Mounted Solar Powered Speed Feedback Signs 	7.	Secure Bicycle Parking Facilities Bike Racks Safety Lighting Covered Bike Shelters

※ Illinois Safe Routes to School Funding Application られま Funding Cycle 2019

Infrastructure Project Application

Project Location Description (attach maps showing locations of affected schools and proposed improvement location(s).) Remove and Replace Sidewalks along N. Vine Street from Main Street north to the School

Impacted Schools

Shelbyville Community School Campus (Grades 4 thru 8 and kindergarten)

Infrastructure Project Commentary (fully describe the following)

Description of Project

Project involves removal and replacement of existing sidewalks along N. Vine Street. The replaced sidewalk connects Main Street to the School Campus and to the previously constructed SRTS project located along N.'6th street. The sidewalk will meet PROWAG/ADA requirements.

Demonstration of Need

The proposed improvements are the main travel path for students walking and biking to school. This new sidewalk connects to the previously SRTS constructed project located on N. 6th street.

Safety Hazards and Barriers to Walking and Bicycling

The improvement along N. Vine Street is a main travel path that currently has sidewalks in disrepair that do not meet PROWAG requirements. As a result Students walk in the street instead of on the sidewalks. The improvements will separate pedestrian from vehicular hazards.

Potential to Reduce Child Injuries and Fatalities (attach letters or data citing current or past injuries/fatalities) The improvement along N. Vine Street is a main travel path that currently has sidewalks in disrepair that do not meet PROWAG requirements. As a result Students walk in the street instead of on the sidewalks. The new sidewalk will separate students walking to school from vehicular traffic. There have been "near miss" crashes which have resulted in a priority to the City for addition of sidewalks.

Potential for Improving Walking & Bicycling

The improvement along N. Vine Street is a main travel path that currently has sidewalks in disrepair that do not meet PROWAG requirements. As a result Students walk in the street instead of on the sidewalks. The new sidewalk will separate students walking to school from vehicular traffic. There have been "near miss" crashes which have resulted in a priority to the City for addition of sidewalks.

Project Readiness

The project is a City priority. Preliminary Engineering services have been contracted and design has started but is not complete. There is no Right-Of-Way required to construct this project. The plans specifications and Estimates are anticipated to be complete in Spring 2019 with construction in the Fall of 2019

Consultation and Support (attach letters of support, articles of partnerships, etc.)

The School Board has voted to support the project and the Superintendent has issued a letter of support. The City has committed to providing funding for Preliminary Engineering and any costs over and above that not provided by SRTS.



Illinois Safe Routes to School Funding Application Funding Cycle 2019

Infrastructure Project Application

Travel Information - Current

(average number per day compiled from Student Tally)

#	Walk 67	Bike 39	School Bus 303	Car-rider 293	Public Transit	Other
-						

Travel Information - Proposed

(number per day anticipated after project completion)

	Walk	Bike	School Bus	Car-rider	Public Transit	Other
#	100	50	300	200		

Evaluations

Applicant will conduct and provide new student counts & tallies within 6 months of close of project
🛛 Agree 🔲 Disagree
Applicant will conduct and provide percent company within Concerthe of alloca of project

Infrastructure Project Application

Infrastructure Project Cost Details

(provide an engineer-prepared, detailed estimate of cost similar to the example below or by using IDOT Form BDE 213 available here <u>http://www.idot.illinois.gov/Assets/uploads/files/IDOT-Forms/BDE/BDE%20213.xlsm</u>).



Safe Route to School

Route Section

County

Project

Various 18-00062-00 SW SHELBY

····

Estimate of Cost

Location of Improvement:

Vine Street sidewalk upgrades

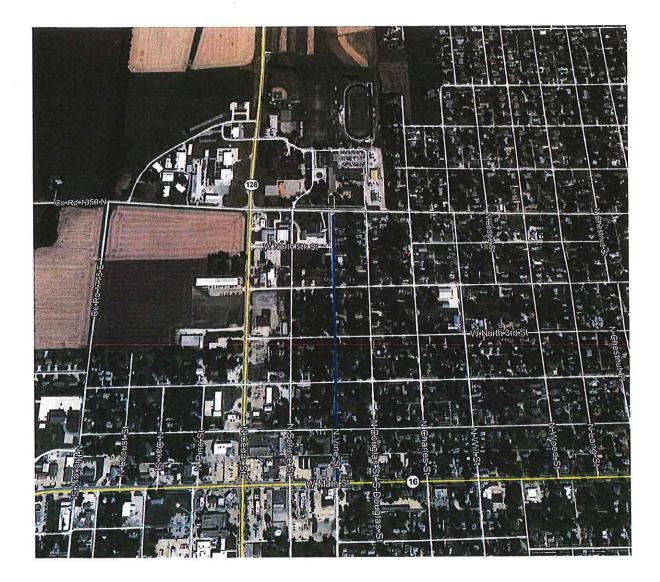
For a total	distance of	Net improv	ement of			
Туре	Width	Width Thickness				
Shoulders	Average Haul		Maximum Grade <u>%</u>			
Code Number	ltem	Unit of Measure	Quantity	Unit Price	Total Cost	
28000250	TEMP EROS CONTR SEED	POUND	100	\$3.00	\$300.00	
28000500	INLET & PIPE PROTECT	EACH	11	\$150.00	\$1,650.00	
42300200	PCC DRVEWAY PAVT 6	SQ YD	317	\$61.00	\$19,337.00	
42400200	PC CONC SIDEWALK 5	SQ FT	10148	\$12.00	\$121,776.00	
42400800	DETECTABLE WARNINGS	SQ FT	210	\$30.00	\$6,300.00	
44000200	DRIVE PAVEMENT REM	SQ YD	141	\$8.00	\$1,128.00	
44000500	COMB CURB GUTTER REM	FOOT	48	\$10.00	\$480.00	
44000600	SIDEWALK REM	SQ FT	10148	\$3.00	\$30,444.00	
542D0215	PIPE CULVERTS CLASS D TYPE 1 10"	FOOT	14	\$25.00	\$350.00	
542D0217	PIPE CULVERTS CLASS D TYPE 1 12"	FOOT	132	\$27.00	\$3,564.00	
56400400	FIRE HYDRANTS TO BE RELOCATED	EACH	1	\$750.00	\$750.00	
56500100	DOMESTIC METER VAULTS TO BE MOVED	EACH	3	\$500.00	\$1,500.00	
60255500	MAN ADJUST	EACH	1	\$750.00	\$750.00	
60260100	INLETS TO BE ADJUSTED	EACH	1	\$600.00	\$600.00	
60262900	INLETS TO BE RECONSTRUCTED	EACH	1	\$750.00	\$750.00	
60605000	COMB CC&G TB6.24	FOOT	72	\$35.00	\$2,520.00	
67100100	MOBILIZATION	L. SUM	1	\$10,000.00	\$10,000.00	
70102640	TR CONT & PROT 701801	L. SUM	1	\$5,000.00	\$5,000.00	
	Preliminary Engineering	L. SUM	1	\$35,000.00	\$35,000.00	
	Construction Engineering	L. SUM	1	\$45,000.00	\$45,000.00	
TOTAL EST	IMATED COST OF WORK INCLUDING ALL LABO	DR, MATERIALS AND	PROFITS.		\$287,199.00	

Date

Date

Examined _____

Regional Engineer



Sidewalk Improvements:

• Remove and Repair Sidewalks along N. Vine Street from Main Street North to the Shelbyville Community School Campus (Moulton Grades 4 thru 8 and Kindergarten). This proposed Route will connect to the previous constructed SRTS project constructed along N. 6th street.

Resolution No. 18-13

RESOLUTION OF SUPPORT

WHEREAS, the City of Shelbyville is applying to the Illinois Department of Transportation for a Safe Routes to School Program Grant, and

WHEREAS, it is necessary that an application be made and agreements entered into with the State of Illinois,

NOW, THEREFORE, BE IT RESOLVED, as follows:

- 1. That the City apply for a grant under the terms and conditions of the State of Illinois and shall enter into and agree to the understandings and assurances contained in said application.
- 2. That the Mayor and City Clerk on behalf of the City execute such documents and all other documents necessary for the carrying out of said application.
- That the Mayor and City Clerk are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.
- 4. That the City agrees to provide additional local dollars as specified in the Infrastructure Project Application.

Passed this 5th day of November, 2018.

Jeff Johnson, Mayor

KARAN IN ATTEST:

Rachel Wallace, City Clerk

Shelbyville Community Unit School District #4

BOARD OF EDUCATION Rob Bosgraaf, President Scott West, Vice President Gary Hayden, Secretary Mike Durbin Jake Hankins Mark Snider Ellen Trainor ADMINISTRATION OFFICE 720 West Main Street Shelbyville, IL 62565 (217) 774-4626 FAX (217) 774-2521 SUPERINTENDENT Denise Bence

October 19th, 2018

Illinois Department of Transportation Bureau of Safety Engineering Safe Routes to School 2300 Dirkson Parkway, Room 323 Springfield, Illinois 62764

To Whom It May Concern:

It is my pleasure to write a letter in support of the Safe Routes to School grant being submitted by the City of Shelbyville. The City of Shelbyville and the Shelbyville Community Unit School District have worked together to identify sidewalk upgrades that will allow our students a safer route to and from our campus.

The Shelbyville CUSD #4 Board of Education passed a resolution on October 16th, 2018 in full support of the efforts of the City of Shelbyville as they seek external funding to support a program designed to improve our students' safety. Some of our youngest students are traveling to and from school along busy streets that have no sidewalks. This grant will help ensure that they have a "safer route to school". Thank you for your consideration.

Sincerely,

De nive Benel

Denise Bence Superintendent

KINDERGARTEN CENTER/MAIN ST SCHOOL 1001 W. N. 6th Street Ryan Scott, Principal (217) 774-4731 FAX (217) 774-3016

MAIN STREET SCHOOL 225 W. Main Street Shannon Shallenberger, Preschool Coordinator (217) 774-4731 FAX (217) 774-3016 MOULTON MIDDLE SCHOOL 1101 W. N. 6th Street (217) 774-2169 FAX (217) 774-3042 Russell Tomblin, Principal Tony Pullen, Assistant Principal/Athletic Director

Special Education Office (217) 774-2188 FAX (217) 774-2189 SHELBYVILLE HIGH SCHOOL 1001 W. N. 6th Street (217) 774-3926 FAX (217) 774-5836 Shane Shuricht, Principal Tony Pullen, Assistant Principal/Athletic Director

Instruction

School Wellness

Student wellness, including good nutrition and physical activity, shall be promoted in the District's educational program, school activities, and meal programs. This policy shall be interpreted consistently with Section 204 of the Child Nutrition and WIC Reauthorization Act of 2004.

Goals for Nutrition Education and Nutrition Promotion

The goals for addressing nutrition education and nutrition promotion include the following:

- Schools will support and promote good nutrition for students.
- Schools will foster the positive relationship between good nutrition, physical activity, and the capacity of students to develop and learn.
- Nutrition education will be part of the District's comprehensive health education curriculum. See School Board policy 6:60, *Curriculum Content*.

Goals for Physical Activity

The goals for addressing physical activity include the following:

- Schools will support and promote an active lifestyle for students.
- Physical education will be taught in all grades and shall include a developmentally planned and sequential curriculum that fosters the development of movement skills, enhances healthrelated fitness, increases students' knowledge, offers direct opportunities to learn how to work cooperatively in a group setting, and encourages healthy habits and attitudes for a healthy lifestyle. See Board policy 6:60, *Curriculum Content*.
- During the school day, all students will be required to engage in a daily physical education course, unless otherwise exempted. See Board policy 6:60, *Curriculum Content*.
- The curriculum will be consistent with and incorporate relevant Illinois Learning Standards for Physical Development and Health as established by the Illinois State Board of Education.

Nutrition Guidelines for Foods Available in Schools During the School Day

Students will be offered and schools will promote nutritious food and beverage choices consistent with the current Dietary Guidelines for Americans and Food Guidance System published jointly by the U.S. Department of Health and Human Services and the Department of Agriculture. In addition, in order to promote student health and reduce childhood obesity, the Superintendent or designee shall control food sales that compete with the District's non-profit food service in compliance with the Child Nutrition Act. Food service rules shall restrict the sale of foods of minimal nutritional value, as defined by the U.S. Department of Agriculture, in the food service areas during the meal periods and comply with all applicable rules of the Illinois State Board of Education.

Guidelines for Reimbursable School Meals

Reimbursable school meals served shall meet, at a minimum, the nutrition requirements and regulations for the National School Lunch Program and/or School Breakfast Program.

Monitoring

The Superintendent or designee shall provide periodic implementation data and/or reports to the Board concerning this policy's implementation sufficient to allow the Board to monitor and adjust the policy. This report must include without limitation each of the following:

- An assessment of the District's implementation of the policy
- The extent to which schools in the District are in compliance with the policy
- The extent to which the policy compares to model local school wellness policies

• A description of the progress made in attaining the goals of the policy

Community Input

The Superintendent or designee will invite suggestions and comments concerning the development, implementation, and improvement of the school wellness policy from parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrators, and community.

LEGAL REF.: Child Nutrition and WIC Reauthorization Act of 2004, PL 108-265, Sec. 204. Child Nutrition Act of 1966, 42 U.S.C. §1771 et seq. National School Lunch Act, 42 U.S.C. §1758. Healthy, Hunger-Free Kids Act of 2010, 42 U.S.C. §1758b, PL 111-296. 42 U.S.C. §1779, as implemented by 7 C.F.R. §210.11. 105 ILCS 5/2-3.139. 23 Ill.Admin.Code Part 305, Food Program. ISBE's "School Wellness Policy" Goal, adopted Oct. 2007.

CROSS REF.: 4:120 (Food Services)

ADOPTED: March 21, 2013

Programmatic Risk Assessment Questionnaire FY19

A separate Programmatic Risk Assessment is required for <u>each</u> grant application. Responses must be <u>program-specific</u>.

Program Associated with this Programmatic Risk Assessment:	Safe Routes to School Program
Applicable CFR or state citation:	
Awarding State Agency:	Illinois Department of Transportation
Entity Completing Programmatic Risk Assessment:	
Individual Completing Programmatic Risk Assessment:	
Contact Information for Completer (Phone and Email):	

To comply with federal risk assessment requirements of 2 CFR 200.205, the state awarding agency must review the programmatic risk posed by applicants. Illinois utilizes this programmatic risk assessment questionnaire to comply with the federal requirements.

1. Quality of management systems and ability to meet the management standards

1.1 Do you have written policies and procedures that guide program delivery on the topics of:

a.	Program outcome tracking and reporting mechanisms	\boxtimes	YES/ 🗌	NO
(\mathbf{b})	Relevant documentation of services/goods delivered		YES/ 🗌	NO
с.	Staff management policies and procedures		YES/ 🗌	
d.	Standards of conduct re: selection, award or administration of grants	X	YES/ 🗌	NO
e.	Real or perceived conflict of interest re: selection, award or administration of	of		
	grants		YES/ 📋	
f.	Complaint/grievance resolution policies and procedures	<u>ک</u> ر	YES/ 📋	NO

g. Safeguarding funds, property and other assets against loss from unauth	orized
use of disposition	💢 YES/ 🗌 NO
h. Management of grant terms	🕢 YES/ 🗌 NO
i. Written approval from funding agency when key personnel change	🖂 YES/ 🗌 NO
j. Written approval from funding agency when program scope changes	🖾 YES/ 🗌 NO
k. Participant eligibility, if applicable 🛛 🖾 YES/🗌 NO	/ NOT APPLICABLE
1.2 Do you have internal controls that govern program delivery on the topics of	
a. Quality assurance reporting	∑ YES/ □ NO ∑ YES/ □ NO
b. Unit costs, expense analysis/management	IXI YES/□NO XI YES/□NO
c. Accreditation/licensing compliance program	KI YES/ [] NO
1.3 How many years of experience does the project leader have managing the s required under this program?	cope of services
More than five years	
One to five years	
Less than one year	
1.4 Does the organization have a time and effort system to track program-speci work performed?	ific □ YES/攻 NO
If "Yes":	
a. Does the system record all time worked, including time not charged	
to awards?	📋 YES/ 🗌 NO
b. Does the system include sign-off by the employee and supervisor?	🔲 YES/ 🗌 NO
If "No", go to question 1.5	
1.5 Are program payments based on a rate or unit of service?	
If "Yes":	
a. Does the organization have written procedures to ensure accurate	`
invoicing?	🖾 YES/ 🗌 NO
b. Does a second person sign-off on the invoice?	ਲ਼ੑ YES/ □ NO
If "No", go to question 1.6	
1.6 Does the program have a match or related requirements?	
If "Yes":	
a. Does the organization have written procedures for match reporting?	🖓 YES/ 🗌 NO
b. Does a second person sign-off on match reporting?	阳 YES/ 🗆 NO
If "No", go to question 1.7	

1.7 Is the organization prepared to utilize periodic performance reports to communicate program outcomes?

Performance reports are an established part of grant management procedures.

Performance data reporting is being developed as part of grant management procedures.

U We do not currently report performance data within our grant management.

2. History of Performance

- 2.1 How many years of experience does your organization have with grants of comparable scope and/or capacity?
 - 🕅 More than five years
 - One to five years
 - Less than one year
 - □ No experience GO TO QUESTION 3.3
- 2.2 If your organization has received grants of comparable scope and/or capacity, provide a brief description of similar project goals and outcomes; specify the applicable year: (Text response)
- 2.3 During your last two fiscal years, how frequently has the organization submitted project performance reports on time?

Always

- Reported late up to three times
- Reported late four or more times
- □ Not applicable not a requirement of awards previously received
- 2.4 Does your organization have performance measurements that tie to financial data? X YES/ □ NO
- 2.5 Have there been any significant changes in your organization in the last fiscal year related to program delivery?

Management/leadership personnel	🗌 YES/ 💢 NO
Reorganization or parent/subsidiary relationships	🗌 YES/ 🖾 NO
Significant changes in programs/grants funded	🗆 YES/ 🖾 NO
Statutory or regulatory requirements imposed on your organization type	🔲 YES/💢 NO
	Reorganization or parent/subsidiary relationships Significant changes in programs/grants funded

- 2.6 Provide a brief explanation for all "YES" responses to question 2.5. (Text response)
- 2.7 Will a sub-grantee/sub-recipient/sub-award be utilized to manage, administer or complete the project?
 YES/ X NO

If NO, go to question 3.1.

2.8 What responsibilities will the sub-grantee/sub-recipient/sub-award perform under this

program?

a.	Participant eligibility determination	🗌 YES/ 🗌 NO
b.	Case Management	🗌 YES/ 🗌 NO
ç.	Performance reporting	🗌 YES/ 🗌 NO
d.	Financial reporting	🗌 YES/ 🗌 NO

- e. Invoicing
- f. Other

□ YES/ □ NO □ YES/ □ NO

2.9 What percentage of grant funds does the organization anticipate passing to sub-grantees/sub-

recipients/sub-awards?

Less than 10%

10-20%

More than 20%

2.10 Does your organization have an implemented policy for sub-grantee/sub-recipient monitoring?

- If Yes, does it include:
- On-site review
- Review of prior monitoring and desk/quantitative review
- Review of prior monitoring only
- Desk/quantitative review only
- 3. Reports and Findings from audits performed under Subpart F Audit Requirements of this part or the reports and findings of any other available audit.
 - 3.1. During the last two fiscal years, has your organization been out of compliance with *programmatic* terms and conditions of awards?
 - Organization has not been audited; Go to Question 3.6
 - No occurrences of non-compliance; Go to Question 3.6
 - One to three occurrences of non-compliance
 - □ Four or more occurrences of non-compliance
 - 3.2. If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence. (Text response)
 - 3.3. Have corrective actions been implemented within the specified timeframe?

□ YES/□ NO

- 3.4. Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open. (Text response)
- 3.5. Have there been findings regarding conflict of interest within the last two fiscal years?
 - a. If NO, go to question 3.6
 - b. If YES, specify the finding and your response to the finding. (Text response)
- 3.6. Has your organization even been subject to specific conditions due to program issues?
 - a. If NO, to go question 4.1.
 - b. If YES, specify the specific condition, why it was imposed, and whether or not it is still applicable. (Text response)

4

- 4. Applicants ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.
 - 4.1. To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (sensible)?
 - Policies are implemented and followed
 - Policies are implemented, but not consistently followed
 - Policies are being implemented
 - The organization does not currently have these type of policies
 - 4.2. To what extent does your organization have policies to ensure programmatic activities are allowable?
 - Policies are implemented and followed
 - Policies are implemented, but not consistently followed
 - Policies are being implemented
 - The organization does not currently have these types of policies
 - 4.3. Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years?

If Yes, provide an explanation

4.4. To what extent is your organization able to comply with all statutory requirements of this program?

Fully able to comply with all statutory requirements

With the following exception(s), the organization is able to comply:

Text response of exception(s)

5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)

(Awarding agency has discretion to add additional questions specific to the delivery of services as required in the terms of funding for the specified program. *If grant or agency specific questions are not added, the awarding agency must ensure that the applicant understands that their responses are to be specific to the associated program.*)

- 5.1. Compliance with matching, level of effort, earmarking requirements related to program delivery
- 5.2. Compliance with program income requirements related to program delivery
- 5.3. Compliance with Davis Bacon or McNamara-O'Hara Service Contract Act
- 5.4. Compliance with equipment and real property management requirements related to program delivery
- 5.5. Compliance with real property acquisition and relocation related to program delivery

Certification Section – By signing this questionnaire, I certify to the best of my knowledge and belief that the responses are true, complete and accurate. I am aware that any false, ficticious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (2 CFR 200.415)

~/AG____. Authorized Şignat

	Uniform Grant Application			
		State Agency Completed Section		
1.	Type of Submission	 Pre-application Application Changed / Corrected Application 		
2.	Type of Application	 New Continuation (i.e. multiple year grant) Revision (modification to initial application) 		
3.	Date / Time Received by State	Completed by State Agency upon Receipt of Application		
4.	Name of the Awarding State Agency	Illinois Department of Transportation		
5.	Catalog of State Financiał Assistance (CSFA) Number	494-00-1002		
6.	CSFA Title	Safe Routes to School Program		
Cat	alog of Federal Domestic As	ssistance (CFDA) 🔲 Not applicable (No federal funding)		
7.	CFDA Number	20.205		
8.	CFDA Title	Federal Highway Administration		
9.	CFDA Number			
10.	CFDA Title			
	Funding Opportunity Information			
11.	Funding Opportunity Number	494-00-1002		
12.	Funding Opportunity Title	Safe Routes to School (SRTS)		
Con	npetition Identification	Not Applicable		
13.	Competition Identification Number			
14.	Competition Identification Title			

		Applicant Completed Section
Ap	plicant Information	
15.	Legal Name	City of Shelbyville
16.	Common Name (DBA)	City of Shelbyville
17.	Employer / Taxpayer Identification Number (EIN, TIN)	376002116
18.	Organizational DUNS number	033674367
19.		673501
20.	<u> </u>	1TRLS
21.	Business Address	Street address: 170 e. main street City: Shelbyville State: Illinois County: 62565 Zip + 4:
App	licant's Organizational Un	
22.	Department Name	City of Shelbyville
23.	Division Name	
App App	licant's Name and Contac lication	t Information for Person to be Contacted for <i>Program</i> Matters involving this
24.	First Name	Jeff
25.	Last Name	Johnson
26.	Suffix	
27.	Title	Mayor
28,	Organizational Affiliation	City of Shelbyville
29.	Telephone Number	217-774-5531
30.	Fax Number	217-774-1355
31.	Email address	mayor@mycci.net
Mat	ters involving this Application	
32.		Jeff
33.	Last Name	Johnson
34.	Suffix	
35.	Title	Мауог
36.	Organizational Affiliation	City of Shelbyville
37.	Telephone Number	217-774-5531
38.	Fax Number	217-774-1355
39.	Email address	mayor@mycci.net
Area	as Affected	

		Applicant Completed Section
40.	Areas Affected by the Project (cities, counties, state-wide)	Add Attachments (e.g., maps) City of Shelbyville
41.	Legislative and Congressional Districts of Applicant	15- John Shimkus
42.	Legislative and Congressional Districts of Program / Project	15 – John Shimkus
Арр	olicant's Project	
43.	Description Title of Applicant's Project	Sidewalk Improvements to Vine Street
44.	Proposed Project Term	Start Date: June 2018 End Date: December 2019
45.	Estimated Funding (include all that apply)	 Amount Requested from the State: 200,000 Applicant Contribution (e.g., in kind, matching): 87199 Local Contribution: Other Source of Contribution: Program Income:
A	licant Certification:	Total Amount 287199
stat assu ficti Cod (*)	ements herein are true, co urances* and agree to com tious, or fraudulent statem le, Title 18, Section 1001) The list of certification and ice of Funding Opportunity	rtify (1) to the statements contained in the list of certifications* and (2) that the mplete and accurate to the best of my knowledge. I also provide the required ply with any resulting terms if I accept an award. I am aware that any false, ents or claims may subject me to criminal, civil or administrative penalties. (U.S. assurances, or an internet site where you may obtain this list is contained in the . If a NOFO was not required for the award, the state agency will specify required s an addendum to the application.
Aut	horized Representative	
46.	First Name	Jeff
47.	Last Name	Johnson
48.	Suffix	
49.	Title	Mayor
50.	Telephone Number	217-774-5531
51.	Fax Number	217-774-1355
52.	Email Address	mavel@mylci.net
53.	Signature of Authorized Representative	XCAAA
54.	Date Signed	11-4248

•

This form is used to apply to individual State of Illinois discretionary grant programs. Applicants should submit budgets based upon the total estimated costs for the project including all funding sources. Pay attention to applicable program specific instructions, if attached. The applicant organization should refer to 2 CFR 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" cited within these instructions.

You must consult with your Business Office prior to submitting this form for any award restrictions, limitations or requirements when filling out the narrative and Uniform Budget Template.

Section A – Budget Summary STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Eligible applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

STATE OF ILLINOIS GRANT FUNDS

Provide a total requested State of Illinois Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17.

Line 18: Show the total budget request for each fiscal year for which funding is requested.

Please use detail worksheet and narrative section for further descriptions and explanations of budgetary line items.

Section A (continued) Indirect Cost Information: (This information should be completed by the applicant's Business Office). If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. If this option is selected by the applicant, basic information is required for completion of this section. See bottom of Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be "Section-A Indirect Cost Information".

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois, the applicant must either:

- Negotiate an Indirect Cost Rate with the State of Illinois' indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis. R
- Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards. Ê
- Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs). ΰ

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State of Illinois UNIFORM GRANT BUDGET TEMPLATE	Section A – Budget Summary (continued) Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c). <i>Note: If this option is selected by the applicant, basic information is required for completion of this eaction.</i> Selected by the applicant, basic information is required for applicant for the cost of the matter for the matter for the matter for the matter for the cost of the applicant.	Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Agreement with the State of Illinois award (2 CFR 200 Appendix IV (C)(2)(b). The initial ICRP will be made and, in no event, later than three (3) months after the effective date of the State award of Illinois' Indirect Cost Unit. <i>Note: The applicant should check with the State of the State award of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated.</i>	Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). Note: (The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs.)	Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. <i>Note:</i> See Notice of State Award for Restricted Rate Programs.	Section B – Budget Summary NON-STATE OF ILLINOIS FUNDS	NON-STATE OF ILLINOIS FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, the applicant must provide a revenue breakdown of all Non-State of Illinois funds in lines (b)-(d). the total of "Non-State Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.	BUDGET SUMMARY – <u>NON-STATE</u> OF ILLINOIS FUNDS	If the applicant is required to provide or volunteers to provide ost-sharing or matching funds or other non-State of Illinois resources to the project, these costs should be shown for each applicable budget category on lines 1017 of Section B.	Lines 1-17: For each project year, for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.	Line 18: Show the total matching or other contribution for each fiscal year.	Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items.		
--	---	--	---	--	---	---	---	---	---	--	--	--	--

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Keep in mind the following-

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely. The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately. The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared. Each section of the budget should be in outline form, listing line items under major headings and subheadings. Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

Salaries should be comparable to those within the applicant organization. If new staff is being hired, additional space and equipment are considered, as necessary. If the budget lists an equipment purchase, it is the type allowed by the agency. If additional space is rented, the increase in insurance is supported. If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation. awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected

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State of Illinois UNIFORM GRANT BUDGET TEMPLATE

State Agency: Illinois Department of Transportation			
Organization Name: City of Shelbyville		Notice of Funding 494-00-1002	
Data Universal Number System (DUNS) Number (enter numbers only) :	nter numbers only): 033674367		
Catalog of State Financial Assistance (CSFA) Number: 494-00-1002		CSFA Short Description: Safe Routes to School	
Section A: State of Illinois Funds	Fiscal Year FY2019	FY2019	
REVENUES		Total Revenue	
State of Illinois Grant Requested		¢	
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200	Total Expenditures	
1. Personnel (Salary and Wages)	200.430	\$	
2. Fringe Benefits	200.431	\$	
3. Travel	200.474	\$	
4. Equipment	200,439	•	
5. Supplies	200.94	\$	
6. Contractual Services and Subawards	200.318 & 200.92	\$	
7. Consultant (Professional Service)	200.459		
8. Construction		\$ 200,000.00	
Occupancy (Rent and Utilities)	200.465	\$	
10. Research and Development (R&D)	200.87	69	
11. Telecommunications		69	
12. Training and Education	200.472	69	
13. Direct Administrative Costs	200.413 (c)	69	
14. Miscellaneous Costs		69	
15. A. Grant Exclusive Line Item(s)		69	
15. B. Grant Exclusive Line Item(s)			
16. Total Direct Costs (add lines 1-15)	200.413	\$ 200,000.00	
17. Total Indirect Costs	200.414	6	
Rate %:			
Base:			Instructions
18. Total Costs State Grant Funds		\$00,000	found at end of document.
(Lines 16 and 1/) MUST EQUAL REVENUE TOTALS ABOVE			

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UNIFORM GRANT BUDGET TEMPLATE	nplate
Organization Name: City of Shelbyville	NOFO Number: 494-00-1002
SECTION A - Continued - Indirect Cost Rate Information If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary	on line 17 of the Budget Summary, please select one of the following options
 Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. NOTE: (If this option is selected, please, provide basic Negotiated Indirect Cost Rate Agreement in area designated below.) 	and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. NOTE: egotiated Indirect Cost Rate Agreement in area designated below.)
Your organization may <u>not</u> have a Federally Negotiated Cost Rate Agreement. Therefore, in order for your organization to be reimbursed Costs from the State of Illinois your organization must either:	n order for your organization to be reimbursed for the Indirect
a. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis; b. Elect to use the de minimis rate of 10% modified for total direct costs (MTDC) which may be used indefinitely on State of Illinois awards; or c. Use a Restricted Rate designated by programmatic or statutory policy (see Notice of Funding Opportunity for Restricted Rate Programs).	lance from your State Cognizant Agency on an annual basis; 1 may be used indefinitely on State of Illinois awards; or of Funding Opportunity for Restricted Rate Programs).
2a. Our Organizations currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois that will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within 6 months after the close of each fiscal year [2 CFR 200, Appendix IV(C)(2)(c)]. NOTE: (If this option is selected, please provide basic Indirect Cost Rate Information in area designated below.)	(A) with the State of Illinois that will be accepted by all State of ns. Our Organization is required to submit a new Indirect Cost ar [2 CFR 200, Appendix IV(C)(2)(c)]. NOTE: (If this option is elow.)
 2b. Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made no later than three (3) months after the effective date of the State award [C CFR 200 Appendix (C)(2)(b)]. The initial ICRP will be sent to the State of Illinois Indirect Cost unit. Note: (Check with you State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated.) 	ement (NICRA) with the State of Illinois. Our organization will is advised that the State award will be made no later than three The initial ICRP will be sent to the State of Illinois Indirect Cost mbursement of indirect costs while your proposal is being
3. Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State or Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards [2 CFR 200.414 (C)(4)(f) and 200.68.] [Note: Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs.]	from either the Federal government or the State or Illinois and / be used indefinitely on State of Illinois awards [2 CFR 200.414 4 (f), and submit documentation on the calculation of MTDC
4. For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that:	e that:
☐is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or	-R 200 Appendix IV(5); or
Complies with other statutory policies.	
The Restricted Indirect Cost Rate is: %	
X 5. No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements.)	office regarding possible match requirements.)
Basic Negotiated Indirect Cost Rate Information (Use only if option 1 or 2(a), above is selected.)	lected.)
	Approving Federal or State Agency:
Indirect Cost Rate: 0% The Distribution Base Is:	
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State of Illinois

State of Illinois UNIFORM GRANT BUDGET TEMPLATE

Ornanization Name: City of Shelbuville		NOFO Number: 494-00-1002	
Section B: Non-State of Illinois Funds	Fiscal Year FY2019		
REVENUES		Total Revenue	
Grantee Match Requirement %: 0	(Agency to Populate)		
		87,199.00	0
c) Non-Cash	\$		
d) other Funding and Contributions	\$		
Total Non-State Funds (lined b through d)	6 9	87,199.00	តា
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200	Total Expenditures	[]
1. Personnel (Salaries and Wages)	200,430		
2. Fringe Benefits	200.431		
3. Travel	200.474		
4. Equipment	200.439		
	200.94		
6. Contractual Services and Subawards	200.318 & 200.92		
7. Consultant (Professional Services)	200.459	80	
8. Construction	69	7,199.00	वा
9. Occupancy (Rent and Utilities)	200.465		
10. Research and Development (R&D)	200.87		
11. Telecommunications			
12. Training and Education	200.472		
13. Direct Administrative Costs	200.413 (c) \$		
14. Miscellaneous Costs	69		
15. A. Grant Exclusive Line Item(s)	69		
15. B. Grant Exclusive Line Item(s)			····]
16. Total Direct Costs (add lines 1-15)	200.413	87,199.00	
17. Total indirect Costs	200.414		
Rate %:			
Base:			
18. Total Costs State Grant Funds			
(Lines 16 and 17)	9	01,139.00	200
MUST EQUAL REVENUE TOTALS ABOVE			· · · · · · · · · · · · · · · · · · ·

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UNIFORM GRANT BUDGET TEMPLATE State of Illinois

Organization Name: City of Shelbyville	NOFO Number: 494-00-1002
Data Universal Number System (DUNS) Number (enter numbers only): 033674367	7 Fiscal Year: FY2019
Catalog of State Financial Assistance (CSFA) Number: 494-00-1002	CSFA Short Description: Safe Routes to School
	and choring and the set of the set

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

City of Shelbyville	
Institution/Organization Name:	Institution/Organization Name:
Mayor	
Title (Chief Financial Officer or equivalent):	Title (Executive Director or equivalent):
Jeff Johnson	
Printed Name (Chief Financial Officer or equivalent):	Printed Name (Executive Director or equivalent):
X	
Signature (Chief Rinancia/Officer or equivalent):	Signature (Executive Director or equivalent):
1/-9-7S Date of Execution (Chief Financial Officer):	Date of Execution (Executive Director):
ste: The State Awarding Agency may change required signers based on the grant	The State Awarding Agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter

onto contractual agreements on the behalf of the organization. ° N

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UNIFORM GRANT BUDGET TEMPLATE State of Illinois

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	FFATA D
1	u.

Under FFATA. all sub-recipients who receive \$30,000 or more must provide the following information for federal reporting. Please fill out the following form accurately and completely.

4-digit extension if applicable:				
Sub-recipient DUNS:	Su	Sub-recipient Parent Company DUNS:	DUNS:	
Sub-recipient Name:				
Sub-recipient DBA Name:				
Sub-recinient Street Address				
City:	State: 7in	Zin-Code:	Congressional District:	
		19500		
Sub-recipient Principal Place of Performance:	nance:			
Citv.		Zip-Code:	Congressional District:	
Contract Number (if known):	Award Amount:	Project Period: From:	Project Period: To:	
State of Illinois Awarding Agency and Project Detail Description:	roject Detail Description:			

Under certain circumstances, sub-recipient must provide names and total compensation of its top 5 highly compensated officials. Please answer the following questions and

follow the instructions.

Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, loans, grants, subgrants and/or cooperative agreements? If No, you are not required to provide data. Ŷ

If Yes, must answer Q2 below. Yes

Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?

Yes

Please provide names and total compensation of the top five officials:

ŝ

If No, you must provide the data. Please fill out the rest of this form.

Amount Amount

Amount

Amount: Amount Page 5 of 23

Name:

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Name:

Name:

Name:

Name:



1). Personnel (Salaries and Wages) (2 CFR 200.430)

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project . Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Name	Position	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Personnel Cost	Add/Delete Row
				%			Add Delete
					State Total		
				%			Add Delete
-				2	NON-State Total		
					Total Personnel		
Personnel Narrative (State):							
Not Applicable for Safe Routes to School Grants	tes to School Grants						
Personnel Narrative (Non-State): (i.e. "Match" or "Other Funding")	tate): (i.e. "Match" or "O	ther Funding")					



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

2). Fringe Benefits (2 CFR 200.431)

and only for the percentage of time devoted to the project. Provide the fringe benefit rate used and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

Position(s)
Position(s) Base Rate (%) Position(s) Base % State Total % Non-State Total Total Fringe Benefits
Position(s)



3). Travel (2 CFR 200.474)

trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. NOTE: Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category. Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for

r			- स्वाल्टम					
Add/Delete Row	Add Delete		Add Delete					
Travel Cost								
Number of Trips		State Total		NON-State Total	Total Travel			
Quantity								
Basis		-						
Cost Rate								Funding)
Location							to School Grants	ee "Match" of "Other
Purpose of Travel/Items						Travel Narrative (State):	Not Applicable for Safe Routes to School Grants	Travel Narrative (Non-State): (i.ee "Match" of "Other Funding)



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

4). Equipment (2 CFR 200.439)

Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment.

method to be used.					
Item	Quantity	Cost Per Item	Equipment Cost	Add/Delete Rows	
				Add Delete	
		State Total			
				Add Delete	
		Non-State Total			
		Total Equipment			1
Equipment Narrative (State):					
Equipment Narrative (Non-State): (i.e. "Match" or "Other Funding")				· · · · · · · · · · · · · · · · · · ·	



5). Supplies (2 CFR 200.94)

List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis

Item	Quantity/Duration	Cost Per Item	Supplies Cost	Add/Delete Rows	
				Add Delete	
		State Total	•		
				Add Delete	
		Non-State Total			
		Total Supplies			
Supplies Narrative (State):					
Supplies Narrative (Non-State): (i.e. "Match" or "Other Funding")					

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6). Contractual Services (2 CFR 200.318) & Subawards (200.92)

Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole contracts in excess of \$150,000 (See 2 CFR 200.88). NOTE : this budget category may include subawards. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

1) Subaward (200.92) means an award provided by a pass-through entity to a sub-recipient for the sub-recipient to carry out part of a Federal/State award, including a award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program. meets the definition of a Federal award or subaward.

3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides supplies, expendable materials, or data processing services in support of the project activities.

Item	Contractual Services Cost	Add/Delete Rows	r
	\$0.00	Add Delete	
State Total	\$0.00		
Preliminary and Construction Engineering Services	\$80,000.00	Add Delete	linger interval
Non-State Total	\$80,000.00		
Total Contractual Services	\$80,000.00		
Contractual Services Narrative (State):			
SRTS grant funds		-	
Contractual Services Narrative (Non-State): (i.e. "Match" or "Other Funding")			
engineering costs			

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7). Consultant Services and Expenses (2 CFR 200.459)

Consultant Services (Fees): For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant Expenses: List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.) Consultant-

				1					······································		in a state of the	r			
Add/Delete Row	Add Delete		Add Delete					Add/Delete Row	Add Delete		Add Delete				
Consultant Services (Fee) Cost								Consultant Expenses Cost							
Quantity		State Total		NON-State Total	Total Consultant Services (Fees)			Number of (Trips		State Total		NON-State Total	t Expenses		
		Ю		NON	isultant Sen			Quantity		St		NON	Total Consultant Expenses		
Basis					Total Con			Basis					Tota		
Fee Basis								Cost Rate							· Funding")
Services Provided						ol Grants	(e):	Location						ol Grants	tate): (i.e. "Match" or "Other
Consultant Services (Fees) Services Provided						Consultant Services Narrative (State): Not Ambicable for Safe Routes to School Grants	Consultant Services Narrative (Non-State):	Consultant Expenses - Items						Consultant Expenses Narrative (State): Mut Ambianatio for Sofe Pointes to School Grants	Not Applicable tot Sale Notices to Octool Octo

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8). Construction

Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable unless with prior written approval. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category. Estimated construction costs must be supported by documentation including drawings and estimates, formal bids, etc. As with all other costs, follow the specific requirements of the program, the terms and conditions of the award, and applicable regulations.

Purpose	Description of Work	Construction Cost	Add/Delete Rows	
Contract Services - IDOT contract	Construct sidewalks	\$200,000.00	Add Delete	
	State Total	\$200,000.00		,
Contract Services - IDOT contract	construct sidewalks	\$7,199.00	Add Delete	
	Non-State Total	\$7,199.00		
	Total Construction	\$207,199.00		
Construction Narrative (State):				
Construction Narrative (Non-State): (i.e. "Match" or "Other Funding")	-unding")			



9). Occupancy - Rent and Utilities (2 CFR 200.465)

program/service. For example, provide the square footage and the cost per square foot rent and utility, and provide a monthly rental and utility cost and how many months to rent. NOTE: This budgetary line item is to be used for direct program rent and utilities, all other indirect or administrative occupancy costs should be listed in the indirect expense section of the Budget worksheet and narrative. Maintenance and repair costs may be included here if directly allocated to program. List items and descriptions by major type and the basis of the computation. Explain how rental and utility expenses are allocated for distribution as an expense to the

		· · · · · ·	ात क्या			
Add/Delete Row	Add Delete		Add Delete			
Occupancy Cost						
Length of Time		State Total		NON-State Total	Total Occupancy - Rent and Utilities	
Cost					Fotal Occupancy -	
Basis						ther Funding")
Quantity						e): (i.e. "Match" or "O
Description						Occupancy - Rent and Utilities Narrative (State): Not Applicable for Safe Routes to School Grants Occupancy - Rent and Utilities Narrative (Non-State): (i.e. "Match" or "Other Funding")



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

10). Research & Development (R&D) (2 CFR 200.87)

Definition: All research activities, both basic and applied, and all development activities that are performed by non-Federal entities directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes. Provide a description of the research and development project and an estimate of the costs. Consult with the program office before budgeting funds in this category.

project and an estimate of the costs. Collouit with the program office action accessing terration and a			
Purpose	Description of Work	Research and Development Cost	Add/Delete Rows
1			Add Delete
	State Total		
			Add Delete
	Non-State Total		
	Total Research and Development		
Research and Development Narrative (State):			
Not Applicable for Safe Routes to School Grants	h." or "Other Funding")		
Research and Development Natrative (NUL-State). (i.e. mature			

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UNIFORM GRANT BUDGET TEMPLATE State of Illinois

11). Telecommunications

List items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense to the program/service. NOTE: This budgetary line item is to be used for direct program telecommunications, all other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet and narrative.

Description	Quantity	Basis	Cost	Length of Time	Telecommunications Cost	Add/Delete Row
						Add Delete
				State Total		
						Add Delete
				NON-State Total		
			Total Tel	Total Telecommunications		
Telecommunications Narrative (State): Not Applicable for Safe Routes to School Grants						
Telecommunications Narrative (Non-State): (i.e. "Match" or "Other Funding")	atch" or "Other Fundi	ng")				



12). Training and Education (2 CFR 200.472)

Describe the training and education cost associated with employee development. Include rental space for training (if required), training materials, speaker fees, substitute teacher fees, and any other applicable expenses related to the training. When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized below.

Description	Quantity	Basis	Cost	Length of Time	Training and Education Cost	Add/Delete Row
						Add Delete
				State Total		
						Add Delete
				NON-State Total		
			Total Traini	Total Training and Education		
Training and Education Narrative (State):						
Training and Education Narrative (Non-State): (i.e. "Match" or "Other Funding")	Match" or "Other Fur	iding")				



UNIFORM GRANT BUDGET TEMPLATE State of Illinois

13). Direct Administrative Costs (2 CFR 200.413 (c))

The salaries of administrative and clerical staff should normally be treated as indirect (F&A) costs. Direct charging of these costs may be appropriate only if all of the following conditions are met. (1) Administrative or clerical services are integral to a project or activity; (2) Individuals involved can be specifically identified with the project or activity; (3) <u>Such costs are explicitly included in the budget or have the prior written approval of the State awarding agency</u>; and (4) The costs are not also recovered as

indirect costs.							
Name	Position	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Direct Administrative Cost	Add/Delete Row
							Add
				%			Detete
					State Total		
							Add
				%			Delete
					NON-State Total		
				Total Direct Adn	Total Direct Administrative Costs		
Direct Administrative Costs Narrative (State):	Narrative (State):						
Not Applicable for Safe Routes to School Grants	tes to School Grants						
Direct Administrative Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")	Narrative (Non-State):	(i.e. "Match" or "Other	Funding")				



14). Other or Miscellaneous Costs

This category contains items not included in the previous categories. List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of other costs for successful completion of the project and exclude unallowable costs (e.g.. Printing, Memberships & subscriptions, recruiting costs, etc.)

			E SALAN (SALAN				
Add/Delete Row	Add Delete		Add Delete				
Other or Miscellaneous Cost							
Length of Time		State Total		NON-State Total	cellaneous Costs		
Cost					Total Other or Miscellaneous Costs		
Basis					·		ner Funding")
Quantity							: (i.e. "Match" or "Ott
Description						Other or Miscellaneous Costs Narrative (State):	Other or Miscellaneous Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")



15). GRANT EXCLUSIVE LINE ITEM

Grant Exclusive Line Item Description:

amounts will NOT carry forward to the Budget Narrative Summary table. You will have to enter the State and Non-State Totals for ALL Grant Exclusive Line Items in the Budget Narrative Summary table. Use the "Add New Grant Exclusive Line Item" button below to add additional tables as needed.) Costs directly related to the service or activity of the program that is an integral line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program). (Note: Use columns within table as needed for the item being reported. Leave blank those columns that are not applicable. This table does NOT auto-calculate each line. You must enter the line totals. The table will auto-calculate the State, Non-State, and Total Grant Exclusive Line Item amounts based on your line entries. The State, Non-State and Total Grant Exclusive Line Item

F ·····	<u></u>	r	1				
Add/Delete Row	Add Delete		Add Delete	-			
Grant Exclusive Line Item Cost							
Length of Time		State Total		NON-State Total	Total Grant Exclusive Line Item		
Cost					Total Grant Ex		
Basis							Funding")
Quantity							. "Match" or "Other I
Description						Grant Exclusive Line Item Narrative (State): Not Applicable for Safe Routes to School Grants	Grant Exclusive Line Item Narrative (Non-State): (i.e. "Match" or "Other Funding")

Delete Grant Exclusive Line Item

Add New Grant Exclusive Line Item

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16). Indirect Cost (2 CFR 200.414)

cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost strate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below. Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the

Description	Base	Rate	Indirect Cost	Add/Delete Rows
			\$0.00	Add Delete
		State Total	\$0.00	
			\$0.00	Add Delete
		Non-State Total	\$0.00	
		Total Indirect Costs	\$0.00	
Indirect Costs Narrative (State): Not Applicable for Safe Routes to School Grants				
Indirect Costs Narrative (Non-State):				



Budget Narrative Summary-When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project. (Note: The State, Non-State, and Total cost amounts for each line item below are auto-filled based upon the entries in the preceding budget tables 1-14 and 16. The State and Non-State Total amounts from Table 15 above, Grant Exclusive Line Item(s), must be entered into this table by hand due to the possibility of there being more than one Grant Exclusive Line Item table. Once the Grant Exclusive Line Item(s) amounts are entered into this table, the State Request amount, Non-State Amount and the Total Project Costs will be calculated automatically. It is imperative that the summary tables be completed accurately for the Budget Narrative Summary to be accurate.)

1. Personnel . <	Budget Category	State	Non-State	Total
Finde BenefitsFinde BenefitsFinde BenefitsTravelTravelEquipmentEquipmentEquipmentEquipmentEquipmentEquipmentEquipmentEquipmentEquipmentEquipmentSupplesExercisesSecondSecondSecondSupplesExercisesSecondSecondSecondContractual ServicesExercisesSecondSecondSecondContractual ServicesExervicesSecondSecondSecondConsultant (Professional Services)ExervicesSecondSecondSecondConsultant (Professional Services)ExervicesSecondSecondSecondConsultant (Professional Services)ExervicesSecondSecondSecondConsultant (Professional Services)ExervicesExervicesSecondSecondConsultant (Professional Services)ExervicesExervicesSecondSecondConsultant (Professional Services)ExervicesExervicesSecondSecondConsultant (Professional SecondExervicesExervicesSecondSecondConsultant (Professional SecondExervicesExervicesSecondSecondTraining and EducationEducationEucendEucendEucendTraining and EducationEucendEucendEucendEucendDirect Administrative CostsEucendEucendEucendEucendDirect Administrative CostsEucendEucendEucendDirect Ad	1. Personnel			
TravelTravelTravelEquipmentEquipmentEquipmentEquipmentEquipmentEquipmentSupplesSupplesSequipmentSupplesSupplesSequipmentSupplesSupplesSequipmentSupplesSupplesSequipmentSupplesSupplesSequipmentSupplesSupplesSequipmentContractual ServicesSequipmentSequipmentContractual ServicesSequipmentSequipmentConsultant (Professional Services)SequipmentSequipmentConsultant (Professional Services)SequipmentSequipmentConsultant (Professional Services)ServicesSequipmentConsultant ServicesIntercontinServicesTraining and EducationIntercontinServicesTraining and EducationIntercontinServices <t< td=""><td></td><td></td><td></td><td></td></t<>				
Equipment Equipment <t< td=""><td>3. Travel</td><td></td><td></td><td></td></t<>	3. Travel			
Supplies				
Contractual Services \$0.00 \$80,00				
D) \$200,000.00 \$7,199.00 \$207,1 D) \$200,000.00 \$7,199.00 \$207,1 D) \$200,000.00 \$7,199.00 \$207,1 D) \$200,000.00 \$7,199.00 \$207,1 D) \$200,000.00 \$0.00 \$37,199.00 State Request \$200,000.00 \$37,199.00 State Amount \$30,000.00 \$37,199.00		00 [°] 0\$	\$80,000.00	\$80,000.00
Construction \$200,000 \$7,199.00 \$207,1 Occupancy (Rent and Utilities) \$7,199.00 \$207,1 Cocupancy (Rent and Utilities) \$207,1 Cocupancy (Rent and Utilities) \$207,1 Cocupancy (Rent and Utilities) \$207,1 Research and Development (R & D) \$207,1 Telecommunications	7. Consultant (Professional Services)			
Occupancy (Rent and Utilities) Occupancy (Rent and Utilities) Research and Development (R & D) Research and Utilities) Telecommunications Research and Development (R & D) Training and Education Research and Development (R & D) Direct Administrative Costs Research and Development (R & D) Other on Miscellaneous Costs State Request Costs State Request Mon-State Amount Stat Ald PROJECT COSTS Stat		\$200,000.00	\$7,199.00	\$207,199.00
ppment (R & D) ppment (R & D) on n on n on n on n on n costs n costs n us Costs n us Costs n LINE ITEM(S) n us Costs n LINE ITEM(S) 0 us Costs 0.00 State Request \$200,000.00 Non-State Amount \$87,199.00 IS IS				
Image: Signal state Request Signal state Request \$200,000.00 \$287,199.00 Is Costs Signal state Request \$200,000.00 \$287,1	10. Research and Development (R & D)			
State Request \$200,000.00 0.00 0.00 Non-State Amount \$87,199.00 \$287,1	11. Telecommunications			
State Request \$200,000.00 0.00 0.00 Non-State Amount \$87,199.00 \$287,1	12. Training and Education			
State Request \$200,000.00 0.00 0.00 Non-State Amount \$87,199.00 \$287,1	13. Direct Administrative Costs			
State Request \$200,000.00 \$87,199.00 Non-State Amount \$287,1	14. Other or Miscellaneous Costs			
\$0.00 \$0.00 State Request \$200,000.00 Non-State Arnount \$87,199.00	15. GRANT EXCLUSIVE LINE ITEM(S)			
State Request \$200,000.00 Non-State Amount \$87,199.00	16. Indirect Costs	\$0.00	0.00	\$0.00
Non-State Amount \$87,199.00	State Request	\$200,000.00		
	Non-State Amount		\$87,199.00	
	TOTAL PROJECT COSTS	•		\$287,199.00

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GOMBGATU-3002-(R-02-17)

	UNIFORM GRANT BUDGET TEMPLATE	
For State Use Only		
Grantee: City of Shelbyville Data Universal Number Svstem (DUNS) Number (enter numbers	only): 033674367	Notice of Funding Opportunity (NOFO) Number:
Catalog of State Financial Assistance (CSFA) Number 494-00-1002	94-00-1002 CSFA Short Description: Safe Routes to School	School
Fiscal Year(s):		
Initial Budget Request Amount:		
Prior Written Approval for Expense Line Item:		
Statutory Limits or Restrictions:		
Checklist:		
Final Budget Amount Approved:		
Program Approval Name	Program Approval Signature	Date
Fiscal & Administrative Approval Name	Fiscal & Administrative Approval Signature	Date
Budget Revision Approved:		
Program Approval Name	Program Approval Signature	Date
Fiscal & Administrative Approval Signature	Fiscal & Administrative Approval Signature	Date
§200.308 Revision of budget and program plans (e) The Federal/State awarding agency may, at its option awards in which the Federal/State share of the project es to exceed 10 percent or \$1,000 per detail line item, whi awarding agency cannot permit a transfer that would cau.	§200.308 Revision of budget and program plans (e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.	ams, functions and activities for Federal/State ount of such transfers exceeds or is expected al/State awarding agency. The Federal/State an those consistent with the appropriation.

State of Illinois

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GOMBGATU-3002-(R-02-17)

Page 23 of 23

Safe	Rout	es to s			lents / Sheet		l and l	Depar	ture
+ CAP		RS ONLY - I	BLUE OR BL	ACK INK O	NLY				+
School Name				Теа	acher's First I	Name:	Teacher's	Last Name:	
MOUL	+0 N	Mide	le		alek		Mat	4 5	
Grade: (PK,K, 0 2	L,2,3) Ma	onday's Date	3 20	1 15		students Enr	olled in Class		
(Three day • Please do • Before askin Student may • Ask your stu • Then, rerea number in • Follow the s • You can cor	s would prov not conduct the your student only answer dents as a gro deach answer each box. ame procedur aduct the coun	once. oup the questic · choice and re e for the quest ts once per da	nta if counted on Mondays ir hands, pleas on "How did y cord the numb tion "How do y but during th	I) or Fridays. e read throug you arrive at ber of students you plan to he count pleas	h all possible a school today s that raised th leave for hon se ask students	nswer choices /?" eir hands for ne after scho s both the sch	s so they will kr each. Place ju pol?" ool arrival and	st one chara	cter or
Step 1. Fill in the we	ather condition udents in each		Step 2. AM – "How o PM – "How o	lid you arriv	e at school to	oday?" Record	d the number o hool?" Record	of hands for ea I the number c	ch answer. If hands for
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	-	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	S N	20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	В	1	2	2	
Tues. AM									
Tues. PM									
Wed. AM	S	ΓS	D.	2	6	7		0	
Wed. PM	6	TE						Ø	
Thurs. AM	5	ΠĮ.			5			ß	
Thurs. PM	â	The second	2	No.					
Please lis	st any disrup	tions to thes	e counts or a	ny unusual l	travel conditi	ions to/from	the school o	n the days of	the tally.
								·····	
			· · · · · · · · · · · · · · · · ·						<u> </u>

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Safe	Rout	es to S			ents / Sheet		land	Depar	ture
+ CAP	TAL LETTE					· ·	. •		+
School Name					cher's First I	Name:	Teacher's	Last Name:	
MOUL	TON			K	RIST	Y	FIN	CH	
Grade: (PK,K,:	1,2,3) Mo	M M D	Week count w	18		atudents Enr	olled in Class		x
Please cond (Three day Please do	luct these cour 's would prov not conduct f	ide better da these counts	the following ata if counted on Mondays	g three days i) or Fridays,					
 Before askin Student may 	ng your studen y only answer udents as a gro	ts to raise thei once.	ir hands, pleas	e read through			s so they will k	now their choic	es. Each
• Then, rerea	d each answer each box.	choice and re	cord the numb	er of students	that raised th	eir hands for	each. Place ju	st one chara	cter or
 You can cor 	same procedur nduct the coun luct this count	ts once per da	v but durina th	ne count pleas	e ask students	both the sch	ool arrival and	departure que	stions.
Step 1.	ather condition		Step 2. AM – "How c	lid vou arrive	e at school to	day?" Record	d the number o	of hands for ea	ch answer.
number of st	udents in each	l class		lo you plan t nswer.	o leave for h		hool?" Record	I the number of	f hands for
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	-	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	8	1	2	2	
Tues. AM	0	17	3	à	5	17			
Tues. PM	S	1171	3	a	17	5			
Wed. AM	IS	15		1	3	10		I III -	
Wed. PM	5	ПБ			5	- 8			
Thurs. AM	0	17	3	2	6	6			
Thurs. PM	0	17	4	2	5	6			
Please li	st any disrup	tions to these	e counts or a	ny unusual t	ravel conditi	ions to/from	the school o	n the days of	the tally.
	-								
+		· · · · · ·					· • • •		+
			, 			2.		-	

Safe	Rout	es to s			lents / Sheet		l and	Depar	ture
+ CAP	ITAL LETTE					*.			· +]
School Name					cher's First	Name:	Teacher's	Last Name:	
MOUL		MIDD	LE.		ARY	Studente Enr	BOL olled in Class	INGE	19.
Grade: (PK,K,	1,2,3) M		2 20				oned in class	•	
0 8		M M D	Internal Description	YY					
	luct these cour s would prov				Tuesday, We	ednesday, or	Thursday.		
Please do	not conduct f	these counts	on Mondays	or Fridays.			aa thay will b	now that chair	Dog Foot
Student ma	ng your studen y only answer	once.					s so they will k	now their choic	es. Each
 Ask your stress Then, rereated 	udents as a gro id each answer	oup the question choice and re	on "How did y cord the numb	you arrive at per of students	school today that raised th	eir hands for	each. Place ju	st one chara	cter or
number in	each box.								
 You can con 	nduct the coun luct this count	ts once per da	y but during t	he count pleas	e ask students	both the sch	ool arrival and	departure que	stions.
Step 1.	ather condition	ne and	Step 2.	lid vou arriv	e at school to	ndav?" Record	d the number o	of hands for ea	ch answer.
	tudents in each		PM - "How d	lo you plan t inswer.	o leave for h	ome after so	hool?" Record	I the number o	f hands for
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	-	-	Only with Children from your family	Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	8	1	2	2	
Tues. AM	0	117	02	Oli	09	04	00	00	00
Tues. PM	0	117	0:2	01	09	04	do	00	CO
Wed. AM	5	18	di	02	08	06	00	00	01
Wed. PM	S	18	04	012	10	02	00	ÓÓ	DIL
Thurs. AM	0	17	00	00	08	09	00	00	00
Thurs. PM		17	02	00	09	06	00	60	00
Please li	st any disrup	tions to these	e counts or a	ny unusual t	ravel conditi	ons to/from	the school o	n the days of	the tally.
					<u></u>			<u></u>	
	•								
+					5.				+

Safe Routes to School Students Arrival and Departure Tally Sheet												
+ CAP	ITAL LETTE	RS ONLY -	BLUE OR BI	ACK INK O	NLY							
School Nam	e;			Tea	cher's First	Name:	Teacher's	Last Name:				
MOUL	TON	MB			ANIE			ESEM	EP			
Grade: (PK,K,1,2,3) Monday's Date (Week count was conducted) Number of Students Enrolled in Class: 0												
 Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday. (Three days would provide better data if counted) Please do not conduct these counts on Mondays or Fridays. Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once. Ask your students as a group the question "How did you arrive at school today?" Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or number in each box. Follow the same procedure for the question "How do you plan to leave for home after school?" You can conduct the counts once per day but during the count please ask students both the school arrival and departure questions. Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too). 												
Step 1. Fill in the we	Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too).											
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other			
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	1	÷	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.			
Sample AM	SN	20	2	3	8	3		3	1			
Sample PM	R	19	3	3	8	1	2	2				
Tues. AM		<u>\</u> s	G	C	5	10	00	.00	00			
Tues. PM		15		0	s	03	00	00	00			
Wed. AM												
Wed. PM												
			·			<u></u>	·					
Thurs, AM												
Thurs. PM												
Please li	Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.											
					<u></u>							

Safe	Safe Routes to School Students Arrival and Departure Tally Sheet										
+ CAP	ITAL LETTE			ACK INK O	NLY	···································					
School Name					acher's First l	Name:	Teacher's	Last Name:			
Movi		Midd	le	M	a110	ry	Jef	SÖN			
Grade: (PK,K,	1,2,3) M	onday's Date			Number of S	Students Enr	oned in Class	i			
05 02		100 MM D	1 20 D Y Y		15						
Please cond (Three day	luct these cour	nts on two of	the following	g three days	Tuesday, We	dnesday, or	Thursday.				
• Please do	not conduct	these counts	on Mondays	or Fridavs.	. 11. 41.)						
 Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once. 											
 Ask your students as a group the question "How did you arrive at school today?" Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or 											
number in	each box.					6					
You can co	same procedur nduct the coun	ts once per da	iy but during t	he count pleas	se ask students	both the sch	ool arrival and	departure que	stions.		
	luct this count	regardless of v		tions (i.e., ask	these question	ns on rainy da	ys, too).				
Fill in the we	ather condition	ns and	Step 2. AM – "How o	lid you arriv	e at school to	day?" Record	d the number of	of hands for ea	ch answer.		
number of s	tudents in each	n class		io you plan t inswer.	to leave for h	ome after so	hool?" Record	the number o	f hands for		
	Manthan	Student	Walk	Bike	School Bus	Family	Carpool	Transit	• Other		
	Weather	Tally	Walk	DIKE	3011001 543	Vehicle					
Key	S= sunny R= rainy	Number in class when	-	_	-	Only with Children from	Riding with children from	City bus, subway, etc.	Skate-board, scooter, etc.		
	O=overcast SN=snow	count made		The second s	Description	your family	other families	annual crei	Scooler cic.		
Sample AM	SN	20	2	3	8	3		3	1		
Sample PM	R	19	3	3	8	1	2	2			
Tues. AM	To	17			6	10	Το	0	Ta		
	· · · · · · · · · · · · · · · · · · ·	<u></u>					1	······································			
Tues. PM	0	17	0	D	5						
Wed. AM	S	17		Ø	7	9	0	D	0		
Wed. PM	IS	1/7	0	0	8	8	1	0	0		
·····	harredetstard	· <u>}</u>	·				Sawahanat				
Thurs. AM	0	17			6	9		10			
Thurs. PM		17	2	D	8	6		0	<u>d</u>		
Please li	st any disrup	tions to thes	e counts or a	ny unusual (travel conditi	ions to/from	the school o	n the days of	the tally.		
					<u></u>						
+			· ·					<u>-</u>	+		
<u> </u>						<u> </u>					

<u> </u>	Safe Routes to School Students Arrival and Departure Tally Sheet									
Γ	+ CAPI	TAL LETTER	RS ONLY -	BLUE OR BL	ACK INK O	NLY			<u> </u>	· · · ·
S	chool Name					cher's First I	Name:		Last Name:	
2	10UL		MIDD	LE	L K	ATIE		MOL		
G	irade: (PK,K,1	,2,3) Mo	onday's Date	(Week count W	as conducted)	Number of S	itudents Enr	olled in Class	:	
	06					15				
•	Please cond	uct these coun	ts on two of	the following	g three days	Tuesday, We	dnesday, or	Thursday.		
	. Dinaro do i	s would prov tot conduct t	haca counte	on Mondays	or Fridays.	h attanaaibta a	naver choice	- co they will be	now their choic	es Fach
	Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once.									
	 Ask your students as a group the question "How did you arrive at school today?" Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or 									
	Follow the s	ame procedure	e for the ques	tion "How do	you plan to l	leave for hon	ne after scho	ol?"	ь <u>т</u>	
	You can con Please cond	duct the count uct this count	ts once per da regardless of v	iy but during tl weather condil	he count pleas tions (i.e., ask	e ask students these questior	s both the sch ns on rainy da	ool arrival and ys, too).	departure que	suons.
	Step 1.	ather condition	ne and	Step 2.	lid you arriv	e at school to	ndav?" Record	d the number o	of hands for ea	ch answer. '
		udents in each		PM – "How d	io you plan t inswer.	o leave for h	ome after so	hool?" Record	I the number o	f hands for
-		Weather	Student	Walk	Bike	School Bus	Family	Carpool	Transit	Other
	Var	S= sunny	Tally	VVAIK			Venicie			
	Key	R= rainy O=overcast	Number in class when	-	-	-	Only with Children from your family	Riding with children from other families		Skate-board, scooter, etc.
-		SN=snow	count made	2	3					
	Sample AM							└ <u></u>		
	Sample PM	R	19	3	3	8	1	2	2	
	Tues. AM	10	112			5	6	0		10
	Tues, Art		[/] @]							
	Tues. PM	S	12	1			5	0	0	
	Wed. AM	S	115	0	0	5	9			6
			115	13				10		
	Wed. PM									
	Thurs. AM	0		6		4	19	0	0	
	Thurs. PM	Ο		1 a		5	6			
	Please li	Creative Advantage	tions to thes	e counts or a	any unusual	travel condit	ions to/from	the school o	on the days o	the tally.
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	+									+

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Safe Routes to School Students Arrival and Departure Tally Sheet												
+ CAP	ITAL LETTE	RS ONLY -	BLUE OR BI	ACK INK O	NLY		• • •		+			
School Name					acher's First	Name:	Teacher's	Last Name:				
MOUL	the second se	SHEL	BYVI	LLEA	nnet	fe	Dun	away				
Grade: (PK,K,	1,2,3) M	onday's Date	Week count w	as conducted)	Number of S	Students E n r	olled in Class	51				
0 2 M M D D Y Y Y 1 5 • Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday.												
					Tuesday, We	ednesday, or	Thursday.					
(Three days would provide better data if counted) • Please do not conduct these counts on Mondays or Fridays,												
Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once.												
 Ask your students as a group the question "How did you arrive at school today?" Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or 												
	 Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or number in each box. Follow the same procedure for the question "How do you plan to leave for home after school?" 											
• You can con	nduct the coun luct this count	ts once per da	y but during t	he count pleas	se ask students	s both the sch	ool arrival and	departure que	stions.			
Step 1.			Step 2.									
	ather condition tudents in each						d the number o hool?" Record					
		<u></u>	each a	inswer.	<u> </u>	F						
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other			
Key	S= sunny R= rainy	Number in				Only with	Riding with	City bus,	Skate-board,			
	O=overcast SN=snow	class when count made	-		-		children from other families	subway, etc.	scooter, etc.			
Sample AM	SN	20	2	3	8	3		3 .	1			
Sample PM	R	19		3	8	1	2	2				
Tues. AM	S	120										
Tucor Art		20										
Tues. PM	S	20	3:	0		5	Ø	0	0			
Wed. AM	S	21	H.		8	8	0	0	0			
Wed. PM								6				
WCGITT		611										
Thurs, AM												
Thurs. PM	Thurs. PM											
Please lis	Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.											
+	+ + +											
have been been been been been been been be						•						

Safe Routes to School Students Arrival and Departure Tally Sheet												
+ CAP	+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +											
School Nam Moul	ton	Midd	1 el		rist	ihl	Ben	nett				
Grade: (PK,K,1,2,3)Monday's Date (Week count was conducted)Number of Students Enrolled in Class: 1 1 0 1 2 1 0 2 M M D D Y Y 1 5												
0 2 M M D D Y Y Y 1 5 • Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday. (Three days would provide better data if counted) • Please do not conduct these counts on Mondays or Fridays. • Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once. • Ask your students as a group the question "How did you arrive at school today?" • Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or number in each box. • Follow the same procedure for the question "How do you plan to leave for home after school?" • You can conduct the counts once per day but during the count please ask students both the school arrival and departure questions. • Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too). Step 1. Step 2.												
Fill in the we												
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other			
Кеу	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	-	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.			
Sample AM	SN	20	2	3	8	3		3				
Sample PM	R	19	3	3	8	1	2	2				
Tues. AM	0	20	N	ित्र	5	10	2					
Tues. PM	SN	20	lo	ત્ર	<u> A</u>	8	0	0				
Wed. AM	SN	21	6	2		12	0	0	Б			
Wed. PM	SN	al		2	10	8	0	0	0			
Thurs. AM	0	20					0	0				
Thurs. PM												
Please lis	Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.											
+		······································	· · · · ·			······································	· · · · · · · · · · · · · · · · · · ·		+			

Safe Routes to School Students Arrival and Departure Tally Sheet											
+ CAP	ITAL LETTE	RS ONLY -	BLUE OR BI	ACK INK O	NLY		• •		+		
School Nam					acher's First	Name:	Teacher's	Last Name:			
MOUL	Concession of the second state of the second s	MIDD	LE	L	UCAS		GUA	ST			
Grade: (PK,K, 0 2	1,2,3) M	100	120	18		students Enr	olled in Class	5			
hadred Links Links Links											
• You can co	same procedur nduct the coun luct this count	ts once per da	y but during t	he count pleas	se ask students	s both the sch	ool arrival and	departure que	stions.		
	eather condition tudents in each		PM - "How d				d the number o hool?" Record				
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other		
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	-	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.		
Sample AM	SN	20	2	. 3	8	3		3	1		
Sample PM	R	19	3	3	8	1	2	2			
Tues. AM	0	15	0	D	6	9	0	0	<u> </u>		
Tues. PM	C	15	D	6	8	7	D	C	0 .		
Wed. AM	9 🚨 🇳	20		1	9	9	C	D	0		
Wed. PM	5 🍋 🔿	20	2	Ó	13		0	Ō	0		
Thurs. AM	0	114				7	0	0	0		
Thurs. PM 0 1H 2 0 7 5 0 0 6											
Please lis	Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.										
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Safe Routes to School Students Arrival and Departure Tally Sheet											
+ CAPITAL LETTERS ONLY -	BLUE OR BI	ACK INK O	NLY	·.			+				
School Name:		Tea	acher's First	Name:	Teacher's	Last Name:					
Moulton	ЩЦ		enni	fer	Duc	Ket+					
Grade: (PK,K,1,2,3) Monday's Dat	B (Week count w	as conducted)	Number of s	students Enr	olled in Class	8					
02 MM DD YYYY 15											
• Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday.											
(Three days would provide better data if counted) • Please do not conduct these counts on Mondays or Fridays, Before acking your students to raise their bands, please read through all possible answer choices so they will know their choices. Each											
 Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once. Ask your students as a group the question "How did you arrive at school today?" 											
 Then, reread each answer choice and r number in each box. 	ecord the num	ber of students	s that raised th	heir hands for	each. Place ju	st one chara	cter or				
 Follow the same procedure for the quest You can conduct the counts once per d 						departure que	stions				
 Please conduct this count regardless of 	weather condi	tions (i.e., ask	these question	ns on rainy da	ys, too).						
Step 1. Fill in the weather conditions and					d the number o						
number of students in each class	1 Martin (1997)	do you plan t answer.	to leave for h	ome after so	hool?" Record	I the number c	of hands for				
Weather Student	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other				
Key S= sunny R= rainy Number in			ж. К	Only with	`Riding with	City bus,	Skate-board,				
O=overcast SN=snow	-	, -	-		children from other families	subway, etc.	scooter, etc.				
Sample AM S N 2 0	2	. 3	8	3		3	1				
Sample PM R 19	3	3	8		2	2					
					╬ <mark>╌┠╼┨╤</mark> ┫╌┦						
Tues. AM 0 18	2			7	2						
Tues. PM	2		9	नि	2						
Wed. AM			8								
Weu. API						_					
Wed. PM [] 9			114	4							
Thurs. AM	· []		6								
Thurs. PM											
Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.											
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Safe	Safe Routes to School Students Arrival and Departure Tally Sheet											
	ITAL LETTE	RS ONLY -	BLUE OR BI	ACK INK O	NLY				+			
School Nam	e:			Te	acher's First	Name:	Teacher's	Last Name:				
NOUL	TON			R	ai ge		JOK	dan				
Grade: (РК,К) 0 2	OK O <tho< th=""> <tho< th=""> <tho< th=""></tho<></tho<></tho<>											
Please con (Three day	luct these cour	nts on two of	the following	g three days	Tuesday, We	ednesday, or	Thursday.					
(Three days would provide better data if counted) • Please do not conduct these counts on Mondays or Fridays.												
Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once.												
 Ask your students as a group the question "How did you arrive at school today?" Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or number in each box. 												
 Follow the 	same procedur											
	nduct the coun luct this count							departure que	stions.			
Step 1. Fill in the we	ather condition	ns and	Step 2. AM – "How o	diđ vou arriv	e at school to	odav?" Recon	d the number o	of hands for ea	ch answer.			
number of s	tudents in each	n class		lo you plan t inswer.	to leave for h	ome after so	hool? " Record	d the number o	of hands for			
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other			
Key	S= sunny	Number in				Only with	Riding with					
-	R= rainy O=overcast SN=snow	class when count made	-	-	-	Children from	children from other families	City bus, subway, etc.	Skate-board, scooter, etc.			
Sample AM	SN	2 0	2	. 3	8	3		3	ı			
Sample PM	R	19	3	3	8	1	2	2				
Tues. AM	िल	20	12		4	112						
					·····							
Tues. PM		20	5		14	6	112					
Wed. AM	S	22		2	6	8	2					
Wed. PM	S	22	3	12	1 9							
Thurs. AM		MA		Па	U U D		2					
						╵ <u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u>		······ []	⊥ <u>↓</u>			
Thurs. PM		16			15	10						
Please li	st any disrup	tions to these	e counts or a	ny unusual t	travel conditi	ons to/from	the school o	n the days of	the tally.			
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Safe	Safe Routes to School Students Arrival and Departure Tally Sheet										
+ CAP	ITAL LETTE	RS ONLY -	BLUE OR BI	ACK INK O	NLY	······································			+		
School Nam	e;			Te	acher's First	Name:	Teacher's	Last Name:	l		
MOUL	TON	MICHV	LE	LLE	TTLLD	ANY	PIE	RUE			
Grade: (PK,K, 0 2											
 Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday. (Three days would provide better data if counted) Please do not conduct these counts on Mondays or Fridays. Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each 											
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 Follow the second sec	same procedur nduct the coun	ts once per da	iy but during t	he count pleas	leave for hon se ask students these question	s both the sch	ool arrival and	departure que	stions.		
	eather condition tudents in each		PM – "How d		e at school to to leave for h						
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other		
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	I	-	.		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.		
Sample AM	SN	20	2	3	8	3		3	1		
Sample PM	R	19	3	3	8	1	2	2			
Tues. AM	[]0]	211		ΠΟ	8	[12	0	0			
Tues. PM				10	113	17			TD :		
Wed. AM		211	[2]		8			0			
Wed. PM		21		\square	114	B	[]D				
Thurs. AM	$\Box \bigcirc$	211	D		19			D.			
Thurs. PM											
Please lis	Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.										
+			· · · · · · · · · · · · · · · · · · ·								

Safe Routes to School Students Arrival and Departure Tally Sheet												
+ CAP	ITAL LETTE	RS ONLY -	BLUE OR BL	ACK INK O	NLY	۰.			+			
School Nam	e:				acher's First			Last Name:				
MOUL	TON	MIDD	Le	S			POG	ЧE				
Grade: (PK,K, 0 2	DU UI DOI DI UI DOI UI DOI DI UI DO											
 Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday. (Three days would provide better data if counted) Please do not conduct these counts on Mondays or Fridays. Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once. Ask your students as a group the question "How did you arrive at school today?" Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or number in each box. Follow the same procedure for the question "How do you plan to leave for home after school?" You can conduct the counts once per day but during the count please ask students both the school arrival and departure questions. 												
• Please cond Step 1. Fill in the we	 You can conduct the counts once per day but during the count please ask students both the school arrival and departure questions. Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too). 											
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other			
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	-	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.			
Sample AM	SN	20	2	. 3	8	3		3	1			
Sample PM	R	19	3	3	8	1	2	2				
Tues. AM	S	14	3	1	8	3		0·	D ···			
Tues. PM	S	I V	2		7	4		0				
Wed. AM	0	13	0	©	08	05	Q	0	- 0			
Wed. PM	S	13	0	D	07	0 6	0	D	d			
Thurs. AM	0	15	3	ð	8	3	C	Ø	0			
Thurs. PM	Q	15	ľ	ર	8	2		O	1			
Please lis	Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.											
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Safe Routes to School Students Arrival and Departure Tally Sheet											
+ CAP	ITAL LETTE	RS ONLY -	BLUE OR BL	ACK INK O	NLY	· .			4		
School Nam				C DOX 201 0410 C0 10212-10002-1088	acher's First I	Name:	Teacher's	Last Name:			
Grade: (PK,K,	+ 2n	onday's Date	Week count w	Jas conducted)	enni	e Students Enr	olled in Class	calf			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$											
	Weather	Student			School Bus	Family	Carpool	Transit	Other		
Key	S= sunny R= rainy O=overcast SN=snow	Tally Number in class when count made	-	-			Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.		
Sample AM	SN	20	2	. 3	8	3		3.	1		
Sample PM	R	19	3	3	8	1	2	2			
Tues. AM	S	13	D	0	4	8		0			
Tues. PM	S	12	D	0	- H	3	1	0	5		
Wed. AM	S	20	D		5	111	3	D	D		
Wed. PM	S	20	4		6		2	0	0		
Thurs. AM	0	ΨU		D	4	10		0	0		
Thurs. PM	D	Щ	0	D	17	2	2	0	D.		
Please lis	st any disrupt	tions to these	e counts or a	ny unusual t	ravel condition	ons to/from	the school o	n the days of	the tally.		
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Safe Routes to School Students Arrival and Departure Tally Sheet											
+ CAP	ITAL LETTE	RS ONLY -	BLUE OR BI	ACK INK O	NLY	······································			+		
School Nam	e:			Tea	acher's First	Name:	Teacher's	Last Name:			
MOUL	TIDIN				lenni	Plein	1.644	gkini			
Grade: (PK,K, 0 2	1,2,3) M			18		students Enr	olled in Class	")			
 0 2 M M M D D V Y Y Y 1 5 Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday. (Three days would provide better data if counted) Please do not conduct these counts on Mondays or Fridays. Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once. Ask your students as a group the question "How did you arrive at school today?" Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or number in each box. Follow the same procedure for the question "How do you plan to leave for home after school?" You can conduct the counts once per day but during the count please ask students both the school arrival and departure questions. Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too). 											
Step 1. Fill in the we	ather condition	ns and	Step 2. AM – "How o PM – "How o	lid you arriv	e at school to	day?" Recor	d the number o shool?" Record				
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other		
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	e	. –	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.		
Sample AM	SN	20	2	3	8	3		3	1		
Sample PM	R	19	3	3	8	1	2	2			
Tues. AM		ЦL		0	8	R					
Tues, PM	R	116			112	14		101			
Wed. AM	5	18			116	[116]					
Wed. PM	S	118	12		16	- [9]		110			
Thurs. AM			[10]			16		[[0]			
Thurs. PM		1171	[]2]		112	3					
Please lis	Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.										
+						,		16- <u>1</u> -17	+]		

Safe	Rout	es to S			lents / Sheet		l and l	Depar	ture
+ CAP	TAL LETTE	RS ONLY - I	BLUE OR BL	ACK INK O	NLY		• •		+
School Name					cher's First N	lame:	Teacher's	Last Name:	
moui				4		AND	HEL	TON	
Grade: (PK,K,	1,2,3) Mo	onday's Date	(Week count w	as conducted)	Number of S	tudents Enr	olled in Class		
08		M M D	DYY	YY	15				
(Three day • Please do • Before askin Student mar • Ask your str • Then, rerea number in	s would prov not conduct the g your studen y only answer udents as a ground d each answer each box.	vide better da these counts ts to raise the once. oup the question choice and re	ata if counted on Mondays ir hands, pleas on "How did y cord the numb	i) or Fridays. e read throug you arrive at per of students	Tuesday, We h all possible a school today s that raised th	nswer choices ?" eir hands for (s so they will k each. Place ju		
You can co	nduct the coun	ts once per da	v but during th	ne count pleas	leave for hom se ask students these question	both the sch	ool arrival and	departure que	stions.
Step 1. Fill in the we	ather condition	ns and	Step 2. AM – "How o PM – "How o	lid vou arriv	e at school to to leave for h	day?" Record	d the number o	of hands for ea I the number c	ch answer. If hands for
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	1	-	-	Only with Children from your family	Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	8	1	2	2	
Tues. AM	S	18	1	I	5	10	1	Ú.	6
Tues. PM	ß	18		<u>III</u>	5	9	.5	0	0 :
Wed. AM	S	19	2	0	3	DI		0	0
Wed. PM	S	19		6	10		Û	U	0
Thurs. AM	0	6	<u> 0</u>		3			0	0
Thurs. PM	- Control count	16	0		8	5	2	0	0
Please li	st any disrup	tions to thes	e counts or a	iny unusual i	travel conditi	ons to/from	the school o	on the days of	f the tally.
	S42.								
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Safe	Rout	es to			lents / Sheet		l and l	Depar	ture
+ CAP	TAL LETTE	RS ONLY -	BLUE OR BL	the second se		·			+
School Name				Tei	acher's First	Name:	Teacher's	Last Name:	
Grade: (PK,K,:	1,2,3) M	ionday's Date	e (Week count w	as conducted)		Students Enr	olled in Class	Concession of the local division of the loca	
4-8 ⁺ - 0 2		<u>10</u> мм р		ΥY	07				
(Three day • Please do • Before askin Student may • Ask your stu • Then, rerea number in • Follow the s • You can cor	s would pro not conduct ng your stude y only answer udents as a gi d each answe each box. same procedu nduct the cou	roup the quest er choice and ro re for the ques nts once per da	ata if counte s on Mondays ir hands, pleas on "How did ecord the numl stion "How do ay but during t	d) sor Fridays. se read throug you arrive at per of student you plan to he count pleas	h all possible a school today s that raised th leave for hon se ask students	nswer choices /?" eir hands for ne after scho both the sch	s so they will kr each. Place ju pol?" ool arrival and	st one chara	cter or
Step 1. Fill in the we	luct this coun ather condition adents in eac		Step 2. AM – "How PM – "How	did you arriv	e at school to	day?" Recor	ys, too). d the number c :hool?" Record		
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	-	-	Only with Children from your family	Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	8	1	2	2	
Tues. AM	S	7			3	[4]			
Tues. PM					6				
Wed. AM	\square				A	5			
Wed. PM					7				
Thurs. AM		· III				5			
Thurs. PM					6				
Please lis	st any disru	otions to thes	e counts or a	ny unusual t	travel conditi	ions to/from	the school o	n the days of	the tally.
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Safe	Rout	es to S			lents / Sheet	Arriva	l and l	Depar	ture	
+ CAP	TAL LETTE	RS ONLY - I	BLUE OR BL	ACK INK O	NLY			e e e e e e e e e e e e e e e e e e e	+	
School Name)			Tea	acher's First I	lame:	Teacher's	Last Name:		
WDUJ	ton		ЦЦ		liVn		olled in Class	eri		
Grade: (PK,K,1	1,2,3) M	M M D		18		tudents chr	oned in Class	•		
					Tuesday, We	dnesday, or	Thursday.			
• Please do l	not conduct f	vide better da these counts	on Mondays	or Fridays.	h all nessible o	navor cholcor	co they will k	you their choic	es Each	
Student may	only answer	once.			h all possible a		so they will to			
 Then, rerea 	d each answer	choice and re	cord the numb	ou arrive at	s that raised th	eir hands for (each. Place ju	st one chara	cter or	
• Follow the s	same procedur	e for the ques	tion "How do	you plan to	leave for hon	ne after scho	ol?"		tions	
You can cor Please cond	nduct the coun luct this count	ts once per da regardless of v	y but during the weather condition	ions (i.e., ask	se ask students these questior	s on rainy day	ys, too).	departure que	suons,	
Step 1. Fill in the we	ather condition	ns and	Step 2. AM – "How d	lid you arriv	e at school to	day?" Record	d the number o	of hands for ea	ch answer.	
	udents in each		PM - "How o	lo you plan 1 nswer.	to leave for h	ome after so	hool?" Record	I the number o	f hands for	
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other	
Key	S= sunny R= rainy	Number in				Only with	Riding with	City bus,	Skate-board,	
	O=overcast SN=snow	class when count made		-	-		children from other families	subway, etc.	scooter, etc.	
Sample AM	SN	20	2	3	8	3		3	1	
Sample PM	R	19	3	3	8	1	2	2		
Tues. AM	SS	30	a		9	17	D	D		
Tues. PM	S	20	a		13	3	D	D	6	
Wed. AM	D	20	9		8	8	D	D	L L	
Wed. PM	D	20	a		12		Ď	C	6	
Thurs. AM										
Thurs. PM										
Please lis	st any disrup	tions to thes	e counts or a	ny unusual f	travel conditi	ons to/from	the school o	n the days of	the tally.	
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 							•	••••••		
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Safe	Rout	es to	Schoo	l Stud	lents /	Arriva	land	Depar	ture
			•	Tally	Sheet	;	:	· · ·	
+ CAP	ITAL LETTE	rs only -	BLUE OR BL			······································			+
School Nam					acher's First	Name:		Last Name:	
Grade: (PK,K,	,1,2,3) M	onday's Date	Week count w	as conducted)	Number of S	itudents Enr	olled in Class		
04			1 20	18 YY	17				
• Please cond	duct these cou	nts on two of	the followin	g three days		dnesday, or	Thursday.		
 Please do 	ys would prov not conduct ng your studer	these counts	on Mondays	or Fridays.	h all nossible a	inswer choices	s so they will k	now their choic	ces. Each
Student ma • Ask your st	y only answer udents as a on	once. Sup the questi	on "How did	vou arrive at	school today	/?"			
 Then, rereating number in 	ad each answe each box.	r choice and re	cord the num	per of students	s that raised th	eir hands for		ist one chara	cter or
 You can co 	same procedur nduct the cour	its once per da	y but durina t	he count pleas	se ask students	both the sch	ool arrival and	departure que	stions.
Step 1.	duct this count		Step 2.		e at school to			of hands for an	ch anouer
	eather conditio tudents in eacl		PM – "How (dia you arriv do you plan t inswer.	e at school to to leave for h	ome after so	hool?" Record	the number of	of hands for
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	•••	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	в	1	2	2	
Tues. AM	S	115		2	8	5	0	0	
Tues. PM	ISI	तिह		13		2			
	······································								
Wed. AM	S			3		5	0		0
Wed. PM	S	115	0	3	10	2			Ø
Thurs. AM	0	116	0	2	8	6	0	0	0
Thurs, PM	0		0	2	10	3		0	0
Please li	st any disrup	tions to thes	e counts or a	ny unusual t	travel conditi	ons to/from	the school o	n the days of	the tally.
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Safe	Route	es to S			ents <i>A</i> Sheet	\rriva	l and I	Depar	ture	
+ CAP	TAL LETTE	RS ONLY - I	BLUE OR BL	ACK INK O	NLY				+	
School Name					cher's First N	lame:	Teacher's	Last Name:	· · · · · · · · · · · · · · · · · · ·	
MOUL					ATY		LIAD			
Grade: (PK,K,1	.,2,3) Mo	onday's Date	(Week count w		Number of S	tudents Enr	olled in Class			
0 2				18						
(Three day • Please do • Before askin Student may • Ask your shi	/ only answer (idents as a orc	tide better da these counts ts to raise the once.	on Mondays ir hands, pleas	i) or Fridays. e read throug you arrive at	h all possible a school today	nswer choices	so they will k			
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	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other	
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made		-	_		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.	
Sample AM	SN	2 0	2	3	8	3		3	1	
Sample PM	R	19	3	3	8		2	2		
Tues. AM	S	210	0	D	4	16	0			
Tues. PM	S	20	10	D	8	110	2	D		
Wed. AM	2	20	0	D	[]4]		0			
Wed. PM	S	20		D		8				
Thurs, AM	S	20	0	0	15	15	0			
Thurs. PM		20				9				
Please li	Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.									
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Safe	Route	es to S			ents A Sheet	rrival	and I	Depar	ture
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School Name	:			Tea	cher's First N	lame:		Last Name:	
MOUL	TOM	MJDD onday's Date			ASON Number of S	tudents Enro		MER	
Grade: (PK,K,1	.,2,3) MC			[8]	20				
Please cond	uct these coun	ts on two of t ide better da	the following	three days	Tuesday, We	dnesday, or	Thursday.		
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Student may	only answer (ts to raise thei once.					so arey will is		
Ask your sti Then_rerea	idents as a gro d each answer	oup the questic choice and re	on " How did y cord the numb	ou arrive at er of students	school today that raised the	eir hands for e	each. Place ju	st one charac	cter or
number in	each box.	- For the sugar		vou plan to l	leave for hom	he affer scho	ol?″		
- Vou con cor	sduct the coun	ts once per da	v hut durino ti	he count pleas	e ask students	both the scho		departure ques	stions.
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· · · · · ·	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy	Number in class when	-			Only with Children from	Riding with children from	City bus, subway, etc.	Skate-board, scooter, etc.
	O≂overcast SN=snow	count made				your family	other families		
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Sample PM	R	19	3	3	8	1	2	2	
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Oct. 2,344)

Safe	R	O	ut	es	to	S	cho	ol	Ş	stu	d	er	nts	5	Ari	riva	al	an	d	D	epa	rture
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Oct. 2,344)

Safe	Rout	es to	Schoo	Stuc	lents	Arriva	and	Depai	ture
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Grade: (PK,K	1,2,3) 🔰 M	ionday's Date	e (Week count v	vas conducted)	Number of	Students Eni	rolled in Clas	S;	
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	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S¤ sunny R≃ rainy O=overcast SN¤snow	Number in class when count made	•	-	-	Only with Children from	Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	3	8	3		3	I
Sample PM	R	19	3	3	8	1	2	2	
Tues. AM	0	18	1	0	10	11	0	D	D
Tues, PM	S	18	0	0	8	10	0	0	
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Mail M STALLET Teacher of Name: Teacher of Name: Teacher of Name: Grade: (M, K, 1, 2, 3) Monday's Date (Week count was conducted) Number of Students Enrolled in Class: DI DI DI DI DI DI Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday. Please conduct these counts on Monday's or Fridays. • Please donduct these counts on Mondays or Fridays. • Ask your students to raise their hands, please read through all possible answer choices so they will know their choices. Ear summer in each hox. • Ask your students as a group the question "How did you arrive at school today?" • Thin, rered each answer choice and record the number of students that raised their hands for each. Place just one character or number in each hox. • You can conduct the count regardless of Weather conditions (Le., ask these questions on rainy days, too). Step 1. Fill in the weather conditions and number of students that raised their hands for each answer choice and prove of the duestion "How did you arrive at school today?" Record the number of hands for each answer choice and group the question "How did you arrive at school today?" Record the number of hands for each answer choice and weather conditions (Le., ask these questions on rainy days, too). Step 1. Fill in the weather conditions and number of students in each class Fast the school Bus ?" Record the number of hands for each answer choice for howe after school?" Record the number of hands for each	hand a second		RS ONLY	BLUE OR B			Namo	Tapakaula		
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	Sample AM Sample PM Tues. AM Tues. PM Wed. AM Wed. PM Thurs. AM	R= rainy O=overcast SN=snow SN R R S S S S S S S S S S S	class whan count made 2 0 1 9 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1				Oniy with Children fron your family 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Riding with children from other families	City bus, subway, etc. 3 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Sample AM Sample PM Tues. AM Tues. PM Wed. AM Wed. PM Thurs. AM	R= rainy O=overcast SN=snow SN R R S S S S S S S S S S S	class whan count made 2 0 1 9 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1				Oniy with Children fron your family 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Riding with children from other families	City bus, subway, etc. 3 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Safe	Rout	es to S			lents / Sheet		l and l	Depar	ture
+ CAP	TALIETTE	RS ONLY -					······································		
School Name					acher's First I	Name:	Teacher's	Last Name:	{
MAIN	STR	EET/	KCen	ter J	enni	fer	Kuh	1	
Grade: (PK,K,)	(,2,3) Me	onday's Date			Number of S	itudents Enr	olled in Class	ł ,	
		M M D	1 20 D Y Y	18 Y Y					1
(Three day	s would prov	lde better da	ta if counter	1)	Tuesday, We	dnesday, or	Thursday.		
 Please do Before asking 	n ot conduct (19 your studen	these counts ts to raise thei	on Mondays ir hands, pleas	or Fridays. e read throug	h all possible a	inswer choices	s so they will k	now their choic	es. Each
 Student may Ask your students 	only answer of idents as a orc	once. Sup the question	on "How did y	ou arrivé at	school today	<i>n</i> "			
• Then, rerea	d each answer	choice and re	cord the numb	er of student:	s that raised th	eir hands for (each. Place ju	st one chara	cter or
+ Follow the :	ame procedur	e for the gues ts once per de	tion "How do	you plan to be count pleas	leave for hon se ask students	he after scho both the scho	ol?"	departure que	stions.
 Please cond 	luct this count	regardless of	weather condit	ions (I.e., ask	these question	ns on rainy day	ys, too).		
Step 1. Fill in the we	ather condition	ns and	Step 2. AM "How c	lid you arriv	e at school to	oday?" Record	d the number o	of hands for ea	ch answer.
number of s	udents in each	n class		lo you plan 1 nswer.	to leave for h	ome after so	hool?" Record	i the number o	of hands for
	Weather	Student	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S≓ sunny	Tally Number in		·		Only with	Riding with		
	R= rainy O=overcast SN=snow	cless when count made	-	-	'	Children from	children from other families	City bus, subway, etc.	Skate-board, scooter, atc.
Sample AM	SN	20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	8	1	2	2	
Tues. AM	ß				5	10			
Tues. PM	0	I IIG	ľ.		6	9			
Wed. AM	5	III		1	4	10			
Wed. PM			2	Ţ.	4	- 19			
Thurs. AM		116	3		3	9			
Thurs, PM	I I SI	Па	3		15				
Please I	ist any disrup	tions to thes	e counts or a	ny unusual l	travel conditi	lons to/from	the school o	n the days o	f the tally.
					issal	· · · · · · · · · · · · · · · · · · ·			
		<u> </u>	<u> </u>	<u></u>					
+		· · · · · ·	;:					•••••••••••••••••••••••••••••••••••••••	+

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Safe	Rout	es to			lents / Sheet	•	l and	Depar	ture		
+ CAP		RS ONLY				· · · · · · · · · · · · · · · · · · ·	····				
School Name					acher's First	Name:	Teacher's	Last Name:	<u>+</u>		
KIND	ERGA	RTEN	CTR	M	ARY		LOC	KART			
Grade: (PK,K,)	1,2,3) M	onday's Date		as conducted)	Number of S	Students Enr	olled in Class				
0 Z		M M D	1 20 D Y Y	1 8 Y Y	1 5						
Please cond (Three day	uct these cour	nts on two of /ide better d	the followin	g three days	Tuesday, We	ednesday, or	Thursday.				
Please do	not conduct	these counts	on Mondays	or Fridays.	·			the standard	- 1		
Student may	only answer	once.		_	·		s so they will k	now their chox	es, Each		
 Then, rerea 	d each answei	oup the quest r choice and re	on "How did cord the num	you arrive at	school today that raised th	/?" leir hands for	each. Place ju	ist one chara	cter or		
• Follow the s	ame procedur	e for the ques	tion "How do	you plan to	leave for hon	ne after scho	ol?"				
 You can cor 	iduct the coun	its once per da	ry but during t	he count pleas	e ask students these question	s both the sch	ool arrival and	departure que	stions.		
Step 1.			Ştep 2.								
Step 1. Step 2. Fill in the weather conditions and number of students in each class AM - "How did you arrive at school today?" Record the number of hands for each answer. PM - "How do you plan to leave for home after school?" Record the number of hands for each answer.											
	Weather	Student Tally	each a Walk	nswer. Bike	Schoot Bus	Family Vehicle	Carpool	Transit	Other		
Key	S= sunny	Number in				Only with	Riding with				
	R= rainy O=overcast SN=snow	class when count made	-	-	an a	Children from	children from other families	City bus, subway, etc.	Skete-board, scooter, etc.		
Sample AM	SN	20	2	. 3	8	3		3			
Sample PM	R	19	3	3	8	1	2	2			
Tues, AM	િ		3								
				└┈ <mark>┠╌┠╌</mark> ┠┈┙		i <u>reg</u>	<mark>└──┠──┠──┠</mark> ──┘ ┌── ┎── ┲──┱──┐	└── ┠ ╼ _┛ ┠ _{──} ┠	└── ┟──┠ ╍┛╤─┤ ┬──┲╼┱╼╍┱──┤		
Tues, PM	0	1.7	2		8.	6		┍╍┖┛┛┛	└─┟─┟─┤		
Wed. AM	S	17	2		5	10					
Wed. PM	S	17	2		8	7					
Thurs. AM			2								
Thurs. PM	Thurs. PM S 6 2										
Please II	st any disrup	tions to thes	e counts or a	ny unusual t	ravel conditi	ons to/from	the school o	n the days of	the tally.		
/							to ride	bus (st	nuttle)_		
+ +	other si	hool, b	not miss	ed it A	got pi	ched up	e by fa	<u>mily ca</u>			
4.				······································					l		

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(Oct.	2,3	44	\sum			it.		
Safe	Rout	es to	Schoo				l and	Depar	rture
				Tally	Sheet		•	· .	:
		RS ONLY -	BLUE OR BI						4
School Nam	ERGA	RHEN			Acher's First	Name:	Teacher's	R.M.	+
Grade: (PK,K	Contraction of the local division of the loc	Ionday's Dat	e (Week count w	was conducted)	Number of	Students En	rolled in Class		
0 2		100 M M D	DYY		1 5		а г ,		
(Three day	ys would prov	vide better d	f the followin lata if counte	ad)	Tuesday, We	ednesday, or	Thursday.	¥	
 Please do Before aski 	not conduct	these counts nts to raise the	s on Mondays eir hands, pleas	s or Fridays.	ih all possible r	answer choice	s so they will k	now their choi	ices. Each
 Ask your st 	ay only answer audents as a gro	once. Toup the questi	ion "How did	vou arrive at	t school today	v?"			
 Then, rereating the number in 	ad each answei i each box.	er choice and re	ecord the num	ber of students	s that raised th	heir hands for		ist one chara	cter or
 You can co 	nduct the coun	nts once per da	stion "How do ay but during ti	the count pleas	se ask students	s both the sch	had arrival and	departure que	stions.
Please cond Step 1.	luct this count	regardless of	weather condit	tions (i.e., ask	these question	ns on rainy da	ys, too).		
Fill in the we	eather condítion tudents in each		AM - "How o PM - "How o	did you arriv do you plan t answer.	e at school to :o leave for h	oday?" Record ome after sc	d the number o chool?" Record	of hands for ea d the number o	ich answer. of hands for
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	-	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	8	I	2	2	
Tues. AM	0	17	0	0	6		b	Ю	
Tues. PM	8	17	Ø	0	6		0	Ø	
Wed. AM	S	17	0	0	6		0	0	Ó
Wed. PM	5	17	0	0	7	J 🕖	00	0 C	.) ()
Thurs, AM	0	17	0 [.]	0	5	12	0	0	0
Thurs. PM	O	17	0	0	5	12	C	0	00
Please lis	t any disrupt	lons to these	e counts or an	iy unusual tr	avel conditio	ons to/from t	the school on	the days of	the tally,
+		·	•					·	+
						•			

Safe	Rout	es to	Schoo		lents Sheel		and	Depai	ture
+ CAP	TAL LETTE	RS ONLY -	BLUE OR B	¥	<u> </u>				
School Nam	6;				acher's First	Name:	Teacher's	Last Name:	+
MAIN		EET	ELEM	M		ET	BOS	GRAA	FTT
Grade: (PK,K	,1,2,3,) M	Ionday's Date	Week count v	vas conducted)	Number of	Students En	rolled in Clas	61 61	a an
02	<u> </u>	MM D	DYY	Y Y	1 5				
 Please do Before aski Student ma 	not conduct ng your studer y only answer	ORCE.	ata if counte s on Mondays sir hands, pleas	d) ; or Fridays. se read throug	h all possible :	answer choice	• Thursday. s so they will k	now their choi	ces. Each
 Then, rereating the second seco	id each answe each box. same procedui nduct the cour	e for the gues	cord the numl tion "How do av but durino ti	per of students you plan to l	s that raised th leave for hor se ask students	heir hands for ne after schu	not arrival and		
Step 1. Fill in the we	ather condition	ns and	Step 2.	did you arrive	e at school t	ns on rainy da	the number of th	of hands for ea	ch answer
	F	Student	each a	nswer.		·····	noolf Kecolu	a me number o	of hands for
Vov	Weather S= sunny	Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Кеу	R= rainy O=overcast SN=snow	Number in class when count made	-	-	•		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, atc.
Sample AM	SN	20	2	3	8	3		3	1
Sample PM	R	19	3	3	8	1	2	2	
Tues. AM	5	119	00	. 60	09	10	00	00	00
Tues. PM		20	00	00	0 0	10	00	06	00:
Wed. AM	<u>s</u>	19	00	00	09		00	00	00
Wed. PM	5	20	00	DO	09		00	00	00
Thurs. AM	S	19	00	00	08			00	
Thurs. PM					DA				
Please lis	t any disrupt	ions to these	counts or an	y unusual tr		ons to/from	the school or	the days of	the taily.
									
+	·····								
			· ···· ····	······					<u> </u>

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				•7.7		Tally	dents Sheet		; ; ;	- Person	a a a a a a a a a a a a a a a a a a a
	- ()			Section 1					Harris Martin		
+ CAP School Nam		ETTE	RS O	NLY	BLUEOR	BLACK INK		resa			. 4
Malin		Hr	00		ISLA H		eacher's First	Name:	ing procession	Last Name:	
Grade: (PK,K	1,2,3)	<u>И И</u> М	onda	y's Dat	e (Week count	Was conducted)	Number of	Students En	FRE rolled in Class		
01	1 15 BUL 1994	5	10		7/ 20	0/8	ZO	1. 1. A.			
0 2	1	14. Jul 1	MN	-50			1 5		· ·		
(Inree day	/s wou	ld prov	/ide b	etter c	lata if count	(be:	s Tuesday, W	ednesday, or	r Thursday.		
 Before aski 	ng your	studer	ts to	count	s on Monda eir hands, ple	ys or Fridays ase read throu	gh all possible :	answer choice	s so they will k	now their choi	ces. Each
 Ask your st 	y only a udents :	inswer as a gro	once, oup th	e quest	ion "How die	d vou arrive a	t school toda	v?"			×.
Then, rereating the second secon	id each	answei	cholo	e and r	ecord the nur	nber of studen	ts that raised th	heir hands for	each. Place ju	ust one chara	cter or
. Follow the	same pi	ocedur	e for t	the que	stion "How d	o you plan to	leave for hor se ask student	ne after sch	00!?"		
 Please cond 	luct this	count	regar	dless of	weather con	ditions (I.e., as	k these questio	ns on rainy da	ays, too).	departure que	stions.
Step 1. Fill in the we	eather c	ondition	ns and	1. 	Step 2.	/ did vou arri	ve at school t	odav?" Recor	rd the number (of hands for ea	ach answer
number of s	tudents	in each	n class	l legitir	PM - "How	do you plan answer.	to leave for h	iome after s	chool?" Record	d the number o	of hands for
	Wea	ther		ident	Walk	Bike	School Bus	Family	Corneol	Turnella	
Key	S= sui	91/24 A		ally	T CANADO			Vehicle	Carpool	Transit	Other
			Mum	iber in				1 STONICLEAR THE LAST PRESS	a manager and a straight	the fact that have	and the second of
	R= rai 0=ove		clas	when	any jers (Riding with children from		
	O=ove SN=sn	ncast ow	clas coun	when It made	CLUNDY, DIS.	Contraction of the	-	Children from your family	Riding with children from other families	The state of the sector of the	
Sample AM	O=ove SN=sn	rcast	clas	when It made		A CONTRACT OF A	-	Children from	n children from	The state of the sector of the	
Sample AM Sample PM	O=ove SN=sn	ncast ow	clas coun	e when It made	CLUNDY, DIS.	Contraction of the	8	Children from your family	n children from	The state of the sector of the	
Sample AM Sample PM	O=ove SN=sn	ncast ow	clas coun 2	e when It made	CLUNDY, DIS.	3	8	Children from your family	n children from	The state of the sector of the	
Sample AM Sample PM	O=ove SN=sn	ncast ow	clas coun 2	e when It made	CLUNDY, DIS.	3	- 8 8	Children from your family	n children from	The state of the sector of the	
Sample AM Sample PM	O=ove SN=sn	ncast ow	clas coun 2	e when It made	CLUNDY, DIS.	3	- 8 8	Children from your family	n children from	The state of the sector of the	
Sample AM Sample PM Tues. AM Tues. PM	O=ove SN=sn	ncast ow	clas coun 2	e when It made	CLUNDY, DIS.	3	- 8 8 9	Children from your family	n children from	The state of the sector of the	
Sample AM Sample PM Tues. AM	O=ove SN=sn	ncast ow	clas coun 2	e when It made	CLUNDY, DIS.	3	- 8 9 9	Children from your family	n children from	The state of the sector of the	
Sample AM Sample PM Tues. AM Tues. PM	O=ove SN=sn	ncast ow	clas coun 2	e when It made	CLUNDY, DIS.	3		Children from your family	n children from	The state of the sector of the	
Sample AM Sample PM Tues. AM Tues. PM Wed. AM	O=ove SN=sn	ncast ow	clas coun 2	e when It made	CLUNDY, DIS.	3		Children from your family	n children from	The state of the sector of the	
Sample AM Sample PM Tues. AM Tues. PM Wed. AM	O=ove SN=sn	ncast ow	clas coun 2	e when It made	CLUNDY, DIS.	3		Children from your family	n children from	The state of the sector of the	Skate-bor scootei, e
Sample AM Sample PM Tues. AM Tues. PM Wed. AM	O=ove SN=sn	ncast ow	clas coun 2	e when It made	CLUNDY, DIS.	3		Children from your family	n children from	The state of the sector of the	
Sample AM Sample PM Tues. AM Tues. PM Wed. AM Wed. PM Thurs. AM				when the made				Children from your family 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n children from other families	subway, etc. 3 2 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Sample AM Sample PM Tues. AM Tues. PM Wed. AM Wed. PM Thurs. AM				when the made				Children from your family 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n children from other families	subway, etc. 3 2 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Sample AM Sample PM Tues. AM Tues. PM Wed. AM Wed. PM Thurs. AM				when the made				Children from your family 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n children from other families	subway, etc. 3 2 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Sample AM Sample PM Tues. AM Tues. PM Wed. AM Wed. PM Thurs. AM				when the made				Children from your family 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n children from other families	subway, etc. 3 2 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	

Safe Rou	tes to	Schoo				and	Depar	ture
			XF	Sheet	<u> </u>			
+ CAPITAL LETT	ERS ONLY -	BLUE OR B				,		4
MainStr	-ee+			e s i i	P P	Teacher's	s Last Name:	
Grade: (PK,K,1,2,3)	Tonday's Dat	e (Week count i	was conducted)			rolled In Clas		
0 2		2 2 0 P Y Y	1 8 V V	20	· ·			
 Please conduct these conduct these conduct these days would provide the second of the secon	these count ints to raise the once. roup the quest of choice and r ire for the quest	lata if counte s on Mondays eir hands, plea ion "How did ecord the num stion "How do	ad) s or Fridays, se read throug you arrive at ber of students you plan to	ih all possible i t school toda s that raised th leave for hor	answer choice y?" heir hands for	s so they will k each. Place ju	ust one chara	cter or
You can conduct the cou Please conduct this coun	nrs once her d	217 hut during t	the count plane	o nels els dank	a – met st		departure que	stions.
Step 1. Fill in the weather condition number of students in eac	ons and	Step 2. AM — "How PM — "How	did you arriv	e at school t	odav?" Recor	d the number (hool?" Record	of hands for ea d the number o	ch answer. If hands for
Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key Strainy R= rainy O=overcast SN=snow	Number in class when count made	-	-	·_	Only with Children from	Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM S N	20	2	. 3	8	3		3	11
Sample PM R	19	. 3	3	8	1	2	2	
Tues. AM	20	0		8				0
Tues. PM S	2:0		0	8		0	0	
Wed. AM S	19	r		a				
Wed. PM	19							
Thurs. AM	20							
Thurs. PM	20							
Please list any disrup	Lions to these							
			iy undudi (i			una school of	i the days of	the tally.
							· .	
+		-			*	· · · · · · · · · · · · · · · · · · ·	•	-+-

Safe	R¢	DUĮ	te	5	to) (50	ch	Q				uć Y						FF	ĪV	a		3	n(d	D	e	pä	31	tı		'e	;
+ CAP	TAL I	LETT	ERS	OP	AL Y	 /	BIL	IE (•	•:									
School Name				<u>,</u>											-/ ìer'	s Fi	rst	Na	me				Tei	sch	er's	s La:	st i	lam	18;			-	<u> </u>
Main	S	tγ	C	e	ł								ſ	<u> </u>		M	i						Κ	V		1						\Box	
Grade: (PK,K, 0 1	1,2,3)	N		0	6 C	Date D	(We 2	F	2 2 X)	٩		ed)	N			1	Stu	der	nts E	nr	01(4	ad l	n C	las	S:							
 Please cond (Three day Please do Before askin Student may Ask your sti Then, rereanumber in Follow the s You can con 	s woul not con ng your y only a idents a d each each b ame pr nduct th	Id pro nduct stude inswer as a gr answer oox. rocedu ne cou	vide thes nts to once roup er cho ire fo nts o	be sea o ra e. the pice of the nce	stte cou lise qui an le g	r da nts thei estic d re uest r da	ita i on r ha on "I cord ion "	if co Moi inds Hov I the "Ho it du	ount nday, pie v dic v dic nun w di iring	ed) /s ou ase u l you nber o yo the	r Fi read ua of of	rida d thi rriv stuc plan	ys. rou <u>c</u> e at lent i to sleas	jha tsc sth lea	ll po hoc lat r ive f	ossit ol to alse for l	ole a day d th hon	ans y?" neir ne : s bc	wer har afte	choi nds fo ar so	ces or e cho	acl	the h. F	y w Plac	vil(k xe ji	ust (one	cha	ara	cte	r or		
Please cond Step 1. Fill in the we number of st	ather c	onditic	t regions a	ard nd	less	of v	Ste	ther p 7 " "	cond 2. How	litior did do	15 (yo yo1	u a	ask rriv	the re a	t sc	que: hoc	stion of te	ns c oda	ип 1971	ainy ' Rec fter	day ord	/s, 1 th	00) e n). umi). Der	of h	and	s fo	r ea	ch a	anis	wer. s for	. /
	Wea	ther		itúc Ta	len İlv	t	١	Wa	k		B	ike		S	cho	ol B	us	,	Far Veh	nily licle			ar	pod	l	•	Tra	nsit	 t		Ot	her	
Key	S= sur R= rai O=ove SN=sn	ny ercast	Ni	umt 199 i	vite ma	n		-				-			· .	•		Chi) nly Idre	with an fro famil	a Sm	chii	ldre		om	f		bus y, e		4		boa er, e	
Sample AM	S	N		2	0			Ι	2	<u> </u>	Γ	з				8	ï			3								3		ŀ		1	
Sample PM		R	Ш	1	9		Ì	I	3		Γ	3			Γ	8				1	ļ			2				2		Ū		Π	· · : ·
Tues. AM								Ĩ			L	Γ				2				2													· · ·
Tues. PM				·				Ţ	k		Ľ	Γ		Ľ		2	ŀ			3													
Wed. AM							ſ	T			Γ	Τ	Γ		Γ	2			·	3					ſ					Π	Π	П	
Wed. PM				·			Τ	Т	T	T	Γ				Γ	2				3										\square			
Thurs. AM							T	Т	T	Γ	r	T			Π	2				3					[
Thurs. PM		Π				 	T	T	T	Ţ	Γ	T			Π	2				3					 								
Please lis	t any c	lisrup	tion	s to	o th	858	cot	int	ог (any	un	usu	al t	rav	el c		liti	ons	to	hand -	n i	the	5 C	hod	o lo	n th	e d	ays	of	the	s tal	liy.	
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Safe Routes to	Schoo		lents Sheel		and and	Depai	rture
+ CAPITAL LETTERS ONLY		······································		Ļ	·····	· .	<u> </u>
School Name;	- BLUE UK E		acher's First	Mamoi	Taabad	s Last Name:	+
MAINSTREET		A	MIE		COR	LEY	
2	te (Week count	18	22	Students En	rolled in Clas	5:	
 Please conduct these counts on two of (Three days would provide better Please do not conduct these counts Before asking your students to raise the Student may only answer once. Ask your students as a group the quest Then, reread each answer choice and 	of the followin data if count to on Monday eir hands, plea tion "How did	ad) s or Fridays. Ise read throug You arrive at	h all possible	answer choice	s so they will k		
 number in each box. Follow the same procedure for the qui You can conduct the counts once per Please conduct this count regardless of 	lav but durino	the count pleas	se ask student	s hoth the sch	ool arrival and	departure que	stions.
Step 1. Fill in the weather conditions and number of students in each class	Step 2. AM — "How PM — "How	did you arriv	e at school t	odav?" Recor	d the number of	of hands for ea d the number o	ach answer. of hands for
Weather Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key S= sunny R≂ rainy 0=overcast SN≡snow Number in class when count made	-	-	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM S N 2 0	2	. 3	8	3		3	1
Sample PM R 1 9	3	3	8	1	2	2	
Tues. AM S 21			111	9			
Tues. PM			10	8			2 :
Wed. AM S 2.1				19			
Wed. PM 6 21			lic				2
Thurs. AM				9			
Thurs. PM C 21				8			2.
Please list any disruptions to the	e counts or a	ny unusual tr	avel conditio	and the second s	the school or	the days of	the tally.
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+						······	+

Safe Routes to	Schoo		lents / Sheet		and	Depar	ture
+ CAPITAL LETTERS ONLY -	BLUE OD B		······································				
School Name;	DLUE UK B		acher's First	Name:	Teacher's	Last Name:	+
Main Street Grade: (PK,K,1,2,3) Monday's Dat		C.	arri	e	Pea	dro	
	1 20	18		students Enr	olled in Class		
 Please conduct these counts on two of (Three days would provide better of Please do not conduct these counts Before asking your students to raise the Student may only answer once. Ask your students as a group the quest Then, reread each answer choice and r number in each box. Follow the same procedure for the que You can conduct the counts once per d 	lata if counte s on Mondays sir hands, pleas ion "How did ecord the num stion "How do av but durino t	d) s or Fridays, se read throug you arrive at ber of students you plan to l he count pleas	h all possible a school today s that raised th leave for hon e ask students	answer choice: y?" heir hands for ne after scho s both the sch	s so they will k each. Place ju pol?"	ist one chara	cter or
Please conduct this count regardless of Step 1. Fill in the weather conditions and number of students in each class	Step 2. AM — "How PM — "How	did you arriv	e at school to	oday?" Record	ys, too). d the number o hool?" Record	of hands for ea I the number o	ch answer. f hands for
Weather Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key S= sunny R= rainy O=overcast SN=snow Number in class when count made	-				Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, atc.
Sample AM S N 2 0	2	. 3	8	3		3	1
Sample PM R 19	3	3	8	1	2	2	
Tues. AM C 24	2			X	0	Ш	
Tues. PM 5 20			12	E.		Ē	
Wed. AM 5 20	2		7			Π	
Wed. PM S 21	I		10	7		3	
Thurs. AM D 21			18		1		
Thurs. PM O PO			10	7		3	
Please list any disruptions to thes	e counts or a	ny unusual ti	ravel condition	ons to/from	the school or	1 the days of	the tally.
2					- <u> i -</u>		
+							+

Safe	Rout	es to	Schoo	ol Stud	lents	Arriva	and	Depar	ture
			• *	Tally	Sheet		1		;
		RS ONLY -	BLUE OR B	and the second second second					+
School Nam		PPH	Scho		acher's First	Name:		5 Last Name:	
Grade: (PK,K,		onday's Date		vas conducted)		Students En	rolled in Çlas		
0 2				and the second second	22				
 Please cond (Three day) 	luct these cou	nts on two of vide better d	the followin ata if counte	g three days d)	Tuesday, We	ednesday, or	Thursday.		
Please do Before aski	not conduct ng your studer	these counts its to raise the	s on Mondays	s or Fridays.	h all possible a	answer choice	s so they will k	now their choi	ces. Each
 Student ma Ask your st 	y only answer udents as a on	once. oup the questi	on "How did	vou arrivà al	t school today	v?"			
number in	each box.						each. Place ju	ist one chara	cter or
• You can co	nduct the cour	its once per da	ay but during t	he count pleas	leave for hor se ask students these question	s both the sch	ool arrival and	departure que	stions.
Step 1.	ather condition		Step 2.				d the number of	of hands for as	ch anguer
number of s	udents in each	n class	PM - "How o	do you plan t inswer.	to leave for h	ome after so	hool?" Record	d the number of	of hands for
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	1	-	·		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	. 3	8	3		3	1
Sample PM	R	19	. 3	3	8	1	2	2	
Tues. AM	0	20		. 0	6	12		Q	0
Tues. PM	R	21	0	D	14		2	5	
Wed. AM	5	21		0	6	12	2	0	D
Wed. PM	5	21		0	MI41	5	2:		
Thurs. AM	0	22			6	ITA	2	0	Id
Thurs. PM		22		0	14		12		17.
Please lis	t any disrupt	ions to these	counts or a	ny unusual ti	avel conditio	in the second se	the school or	n the days of	the tally.
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			·					•	
<u>+</u>	~~~	·							

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Safe	Rou	tes to	Schoo	ol Stue	dents	Arriva	al and	Depa	rture
+ CAI	TAL LETT	ERS ONLY -	BLUE OR E		Sheet	<u> </u>		· · · ·	······································
School Nam	161				acher's First	: Name:	Teacher	s Last Name:	+
MAIN Grade: (PK,K	STR	EET	SCHO		MME	R	SUM	MERS	
02	123-1-1-1-1 F.		$\overline{1}$	18	20	Students En	rolled in Clas	5:	
 Please do Before aski Student ma Ask your st Then, rereating the state of the state	not conduct ng your stude y only answer wdents as a gr ad each answer each box. same procedu nduct the coun	roup the quest or choice and ro re for the quest ots once per di	the followin ata if counters on Monday ir hands, plea ion "How did ecord the num stion "How do av but during the	ng three days ad) s or Fridays, se read throug you arrive at ber of student you plan to	gh all possible t school toda s that raised the leave for hor	answer choice y?" heir hands for me after sch	each. Place ji each?"	ust one chara	cter or
Step 1. Fill in the we	ather conditio	ins and	Step 2. AM – "How PM – "How	did you arriv	these questione at school to to leave for h	ns on rainy da	the number	of bands for o	reh angular
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S¤ sunny R¤ rainy O¤overcast SN¤snow	Number in class when count made	-		·	Only with Children from your family	Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	8	1	2	2	
Tues. AM	S	20		. 0	7	12	ο	0	
Tues. PM	0	20		ð	10	5	3	2	
Wed. AM	S	20	0	Ю	6	14		0	
Wed. PM	S	20		По	π		2		
Thurs. AM	0	19	0	d	7		h		
Thurs, PM		(19)	D	D	9	5	3	2	
Please lis	t any disrupt	ions to these	counts or a	iy unusual tr	avel conditio	ons to/from	the school on	the days of	the tally.
									
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Safe	Rout	es to	Schoo		lents / Sheet		l and	Depar	ture
+ CAP	TAL LETTE	RS ONLY -	BLUE OR BI	ACK INK O	NLY		· · ·		+
School Nam	8:				acher's First	Name:		: Last Name:	
MAIN	STR	EET			IM		BRU	the second second second second second second second second second second second second second second second s	
Grade: (PK,K)	1,2,3) M	onday's Date	1 20			students Enr	olled in Clas	5;	
Please cond (Three day	luct these cour	nts on two of vide better d	the followin	g three days	Tuesday, We	ednesday, or	Thursday.		
 Please do 	not conduct	these counts	on Mondays	or Fridays.	h all possible a	answer choice	s so they will k	now their choic	ces. Each
Student ma	y only answer	once,			school today				
 Then, rereating the second seco	d each answe	r choice and re	cord the num	per of students	s that raised th	eir hands for	each. Place ju	ist one chara	cter or
. Follow the	same procedur	e for the ques	tion "How do	you plan to	leave for hon	ne after scho	ool?"	J	
 Please cond 	luct this count	regardless of	weather condi	tions (I.e., ask	e ask students these question	ns on rainy da	ool arrival and γs, too).	departure que	stions.
	ather condition adents in each		PM - "How o	lid you arriv Io you plan t Inswer.	e at school to to leave for h	oday?" Recor ome after so	d the number (hool?" Record	of hands for ea d the number c	ch answer. of hands for
-	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	•	I		Only with Children from	Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	3	8	3		3	1
Sample PM	R	19	3	3	8		2	2	
							<mark>¦</mark>		└╌┺╧┻╼╃╶┥
Tues. AM		211			6		0		
Tues. PM	R	2	3		8	6	0	3	0
Wed. AM	5	21			6	13	0	0	0
Wed. PM	S	21	3		7		0	3	0
Thurs. AM	U	20	0		5	14	0	0	0
Thurs. PM	ΠΠ	20			6				
Please lis	t any disrupt	Provinsion of the local division of the loca	e counts or a	ny unusual ti	ravel condition	ons to/from	the school o	n the days of	the tally.
city b	1	N	ous for		r Shell				
						•			
+						·····		5	+

Safe	Rout	es to	Schoo		lents / Sheet		l and	Depar	ture
+ CAP	ITAL LETTE	RS ONLY -	BLUE OR BI	ACK INK O	NLY				+
School Nam					acher's First	Name:	Teacher's	Last Name:	
Main		ee+	Elem		a + e			KINS	
Grade: (PK,K,	1,2,3) M	onday's Date		As conducted)	Number of S	Students Enr	olled in Class	1	
0 2		(10) 6 M M D	1 20 D Y Y	YY	1 5		6 1		2
 (Three day Please do Before aski Student ma Ask your st 	y only answer udents as a gro	vide better da these counts its to raise the once, oup the questi	ata if counte on Mondays ir hands, pleas on "How did	d) s or F <u>ridays</u> , se read throug you arrive at	h all possible a	answer choice:	s so they will k		
number in	each box.						each. Place ju	ist one chara	cter or
 You can co 	same procedur nduct the coun luct this count	ts once per da	y but during t	he count pleas	e ask students	s both the sch	ool arrival and	departure que	stions.
Step 1. Fill in the we	eather condition tudents in each	ns and	Step 2, AM — "How PM — "How	did you arriv	e at school to	oday?" Record	d the number o hool?" Record	of hands for ea I the number o	ch answer. If hands for
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	F			Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	SN	20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	8	II.	2	2	
Tues. AM				do	LA	10	00	00	0 0
Tues. PM		21							
			01	00				94	00
Wed. AM	5	21	OC	01	09	10	01	90	00
Wed. PM	5	21	01	01.	11		ÔŌ	02	00
Thurs. AM	0	21	01	00	09	10	01	00	00
Thurs. PM	0	21	00	oc	12	07	9 0	00	00.
Please II	st any disrup	tions to these	e counts or a	ny unusual t	ravel conditi	ons to/from	the school o	n the days of	the tally.
+									+

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY + School Name: Teacher's First Name: Teacher's Last Name: MAINSTREETSCHOOL ANGLE KELLY Grade: (PK,K,1,2,3) Monday's Date (Week count was conducted) Number of Students Enrolled in Class:	. 1
School Name: Teacher's First Name: Teacher's Last Name: MAIN STREET SCHOOL ANGLE KELLY Grade: (PK,K,1,2,3) Monday's Date (Week count was conducted) Number of Students Enrolled in Class:	
Grade: (PK,K,1,2,3) Monday's Date (Week count was conducted) Number of Students Enrolled in Class:	
Reconstruction Reconstruction Reconstruction Reconstruction	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
• Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday.	-
 (Three days would provide better data if counted) Please do not conduct these counts on Mondays or Fridays. Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once. 	
• Ask your students as a group the question "How did you arrive at school today?" • Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or	
 number in each box. Follow the same procedure for the guestion "How do you plan to leave for home after school?" 	1
 You can conduct the counts once per day but during the count please ask students both the school arrival and departure questions. Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too). 	
Step 1. Fill in the weather conditions and number of students in each class Step 2. Fill in the weather conditions and number of students in each class AM — "How did you arrive at school today?" Record the number of hands for each answer. PM — "How do you plan to leave for home after school?" Record the number of hands for each answer.	
Weather Student Tally Walk Bike School Bus Family Vehicle Carpool Transit Other	
Key S= sunny R= rainy O=overcast SN=snow Number in class when count made - - Only with Children from your family Riding with other families City bus, subway, etc. Skate-box scooter, etc.	
Sample AM S N Z 0 Z 3 3 1	Ľ
Sample PM R 1 9 3 3 8 1 2 2 2	
Tues. AM S 21 2 2 7 10	Ļ
Tues. PM S 21 0 2 8 10 1	
Wed. AM 5 20 3 2 6 9 0	П
Wed. PM 5 20 11 2 8 9	Д
Thurs. AM 0 21 3 11 5 12 0	Ц
Thurs. PM D 21 1 1 8 10 1	
Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.	

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Safe	Rout	es to :			lents / Sheet		l and I	Depar	ture				
+ CAP	TAL LETTE	RS ONLY -			<u>4</u>				+				
School Name		ARL		Tei	acher's First	Name:	Teacher's	Last Name:					
Grade: (PK,K,1	l,2,3,) M	onday's Date		as conducted)	Number of S	Students Enr	olled in Class						
03		M M D	D YY	Y Y	20								
 Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday. (Three days would provide better data if counted) Please do not conduct these counts on Mondays or Fridays. Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once. Ask your students as a group the question "How did you arrive at school today?" Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or number in each box. Follow the same procedure for the question "How do you plan to leave for home after school?" You can conduct the counts once per day but during the count please ask students both the school arrival and departure questions. 													
 You can cor 	duct the coun	ts once per da	y but during t	e count pleas	e ask students	both the scho	ool arrival and	departure que	stions.				
Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too). Step 1. Fill in the weather conditions and number of students in each class Step 2. AM — "How did you arrive at school today?" Record the number of hands for each answer. PM — "How do you plan to leave for home after school?" Record the number of hands for each answer.													
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other				
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	1		·=		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.				
Sample AM	SN	20	2	. 3	8	3		3	1				
Sample PM	R	19	3	3	8	1	2	2					
Tues. AM	Π		D	. [1]	17								
Tues. PM	П		0	ТП		5	12	ПП					
Wed. AM		╵╌┝╼┺╼┦╌╴ ╵╴┠╴┨╴┨											
	└╌┠╌┨╌╢ ┌─┠╾┫╼┨──	└── └── ┨──		L_1 									
Wed. PM						·							
Thurs. AM													
Thurs. PM													
Please II	1 1 1	tions to thes absent	e counts or a	ny unusual t	ravel conditi	ons to/from	the school o	n the days of	f the tally.				
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Safe Routes to School Students Arrival and Departure									
Tally Sheet									
+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +									
School Name: Teacher's First Name: Teacher's Last Name:									
					C DEN		lled in Class:		
Grade: (PK,K,1,2,3) Monday's Date (Week count was conducted) Number of Students Enrolled in Class:									
 Please conduct these counts on two of the following three days Tuesday, Wednesday, or Thursday. (Three days would provide better data if counted) 									
 Before askir Student may 	Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once								
 Ask your students as a group the question "How did you arrive at school today?" Then, reread each answer choice and record the number of students that raised their hands for each. Place just one character or number in each box. 									
 Follow the same procedure for the question "How do you plan to leave for home after school?" You can conduct the counts once per day but during the count please ask students both the school arrival and departure questions. Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too). 									
Step 1. Step 2. Fill in the weather conditions and number of students in each class AM – "How did you arrive at school today?" Record the number of hands for each answer. PM – "How do you plan to leave for home after school?" Record the number of hands for each answer.									
	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
Key	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	84	-	-		Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM		20	2	. 3	8	3		3	1
Sample PM	R	19	3	3	8	1	2	2	
Tues. AM	0	14	0	0	6	8	0	C	
Tues. PM	0	14	0	0	9	4		0	0
Wed. AM									
Wed. PM									
Thurs. AM									
Thurs. PM									
Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.									
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