



# WEEKEND WALKS

Partner Meeting 2019



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## 2018 Overview

# 1

# 2018 WRAP UP

- 123 car-free events between April and December
- 50 community partners across the 5 boroughs
- 14 miles of NYC streets transformed into programmable public space



#THEBESTDAYEVER, The Bronx



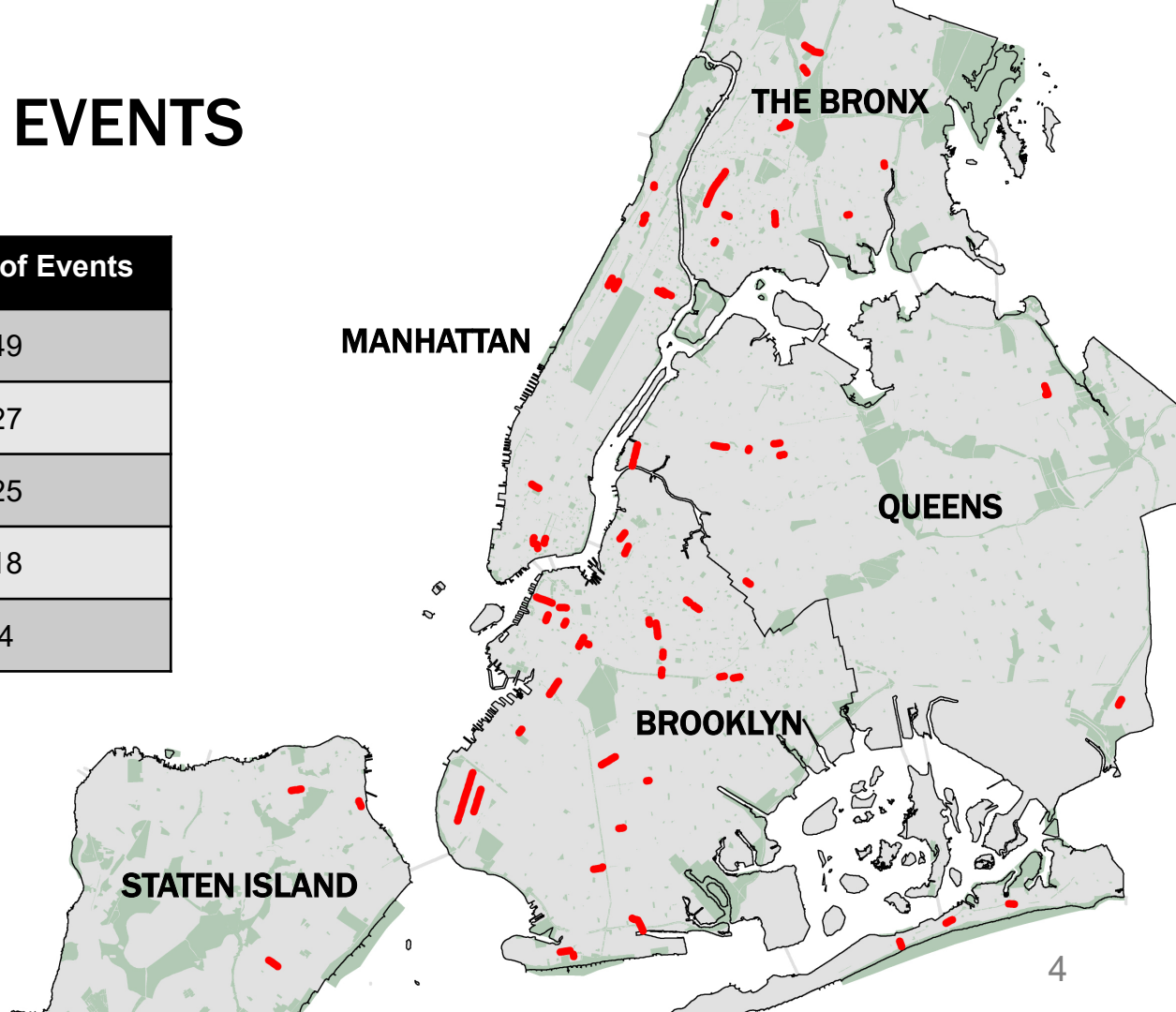
New Dorp Family Fun Day, Staten Island



Positively 8<sup>th</sup> Street, Manhattan

# WEEKEND WALKS EVENTS

Borough	Number of Events
Brooklyn	49
The Bronx	27
Manhattan	25
Queens	18
Staten Island	4



# PRINT AND DIGITAL MEDIA SUMMARY

Media	Quantity	Dates	Impressions
Time Out New York	1 - Full Page, Color Insertion	4/11	750,000
Metro	8 -1/2 Page, Color Insertions	4/11 - 6/30	554,836
LinkNYC	1,746 Screens Run of Network	5/1 - 6/23	2,000,000
Whitehall LED	1 Screen	5/1 - 6/30	4,468,500
Bus Shelters	50 Posters Citywide	5/7 - 6/23	48,160,000
Bike Shelters	19 Posters Citywide	5/7 - 6/30	12,944,925
NBC Promotion	Commercial	4/30 - 6/18	6,000,000
		TOTAL:	74,878,261



**NBC4 Ad**



# SOCIAL MEDIA PROMOTION – NYCDOT HANDLE



## Instagram

- 26 total posts
- 1,900 total likes



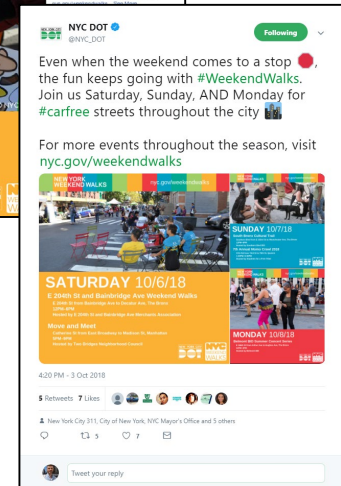
## Facebook

- 45 total posts
- 256 total likes
- 105 total shares
- 51,200 total reach

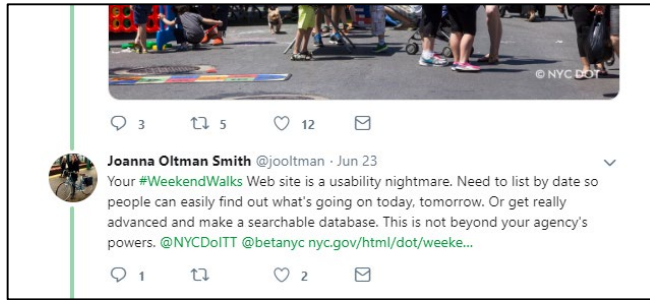


## Twitter

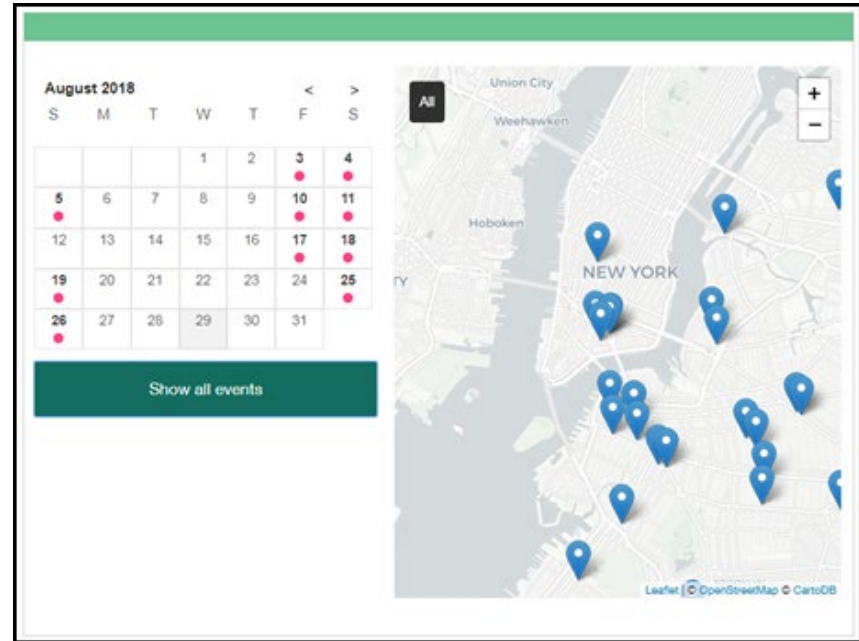
- 50 total tweets
- 412 total likes
- 165 total retweets
- 267,000 total impressions



# WW WEBSITE MAP AND CALENDAR FUNCTION



- Direct response to community request
- Users now able to search for events using a combined calendar and map function on website
- 12,000 hits on “Find a Weekend Walk” page





**Greenwich Village, Manhattan**



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## 2019 Program + Procedures

# 2

# 2019 WEEKEND WALKS PROGRAM

- 127 car-free events between April and December
- 56 community partners across the 5 boroughs
- 16+ miles of NYC streets transformed into programmable public space



Summer Strolls (Bay Ridge), Brooklyn



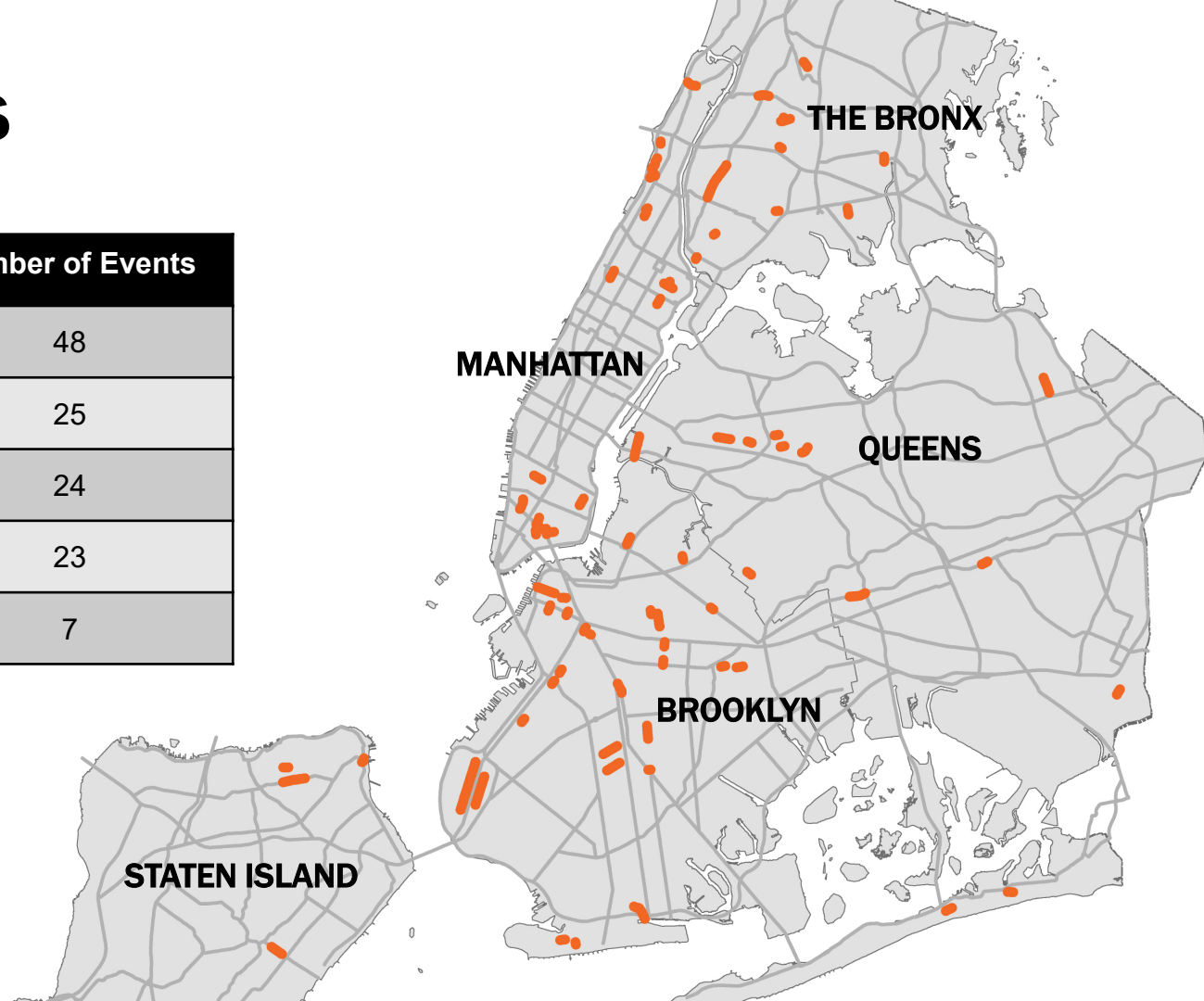
A Cultural Feast, Manhattan



Skillman Walks, Queens

# 2019 Events

Borough	Number of Events
Brooklyn	48
Manhattan	25
The Bronx	24
Queens	23
Staten Island	7



## WHAT ARE WEEKEND WALKS?

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- Multi-day, multi-block temporary street closures
- Promotes streets as programmable public space
- Supports local businesses and community based organizations



# WHAT ARE WEEKEND WALKS?

## The Basics

- Pedestrianized, commercial street
- **NO** exchange of money of any kind (cash, credit cards, bitcoin, etc.)
- Retail + restaurants al fresco
- Programming
- Cross streets remain open to traffic



Long Island City, Queens



East Harlem, Manhattan

# WHO DOES WHAT?

## NYCDOT

- Provide limited funding
- Deliver moveable furniture and other amenities
- Connect partners to programming opportunities where possible



## Partner

- Dialogue with CB, NYPD, and other city agencies about events
- Apply for SAPO Permit
- Provide licenses, site plans, run of show, agreement, invoices, etc. per DOT/SAPO deadlines
- Promote events at the local level
- Execute events

# Partner Agreement

- Agreement with DOT
- Ability to include sponsorships (with DOT approval)
- Includes additional required city forms (financial, etc.)
  - Fill out very carefully + accurately!
  - Agreement must be notarized
- **All Partner Agreement Packets are due by March 22<sup>nd</sup>**

Fillable Form

**MICRO PURCHASE AGREEMENT FOR  
WEEKEND WALKS 2019 – COMMUNITY MANAGEMENT SERVICES**

This Agreement, dated as of \_\_\_\_\_, is made by and between the Department of Transportation ("DOT") and Contractor's Name: \_\_\_\_\_ (the "Contractor")

Contractor's Address: \_\_\_\_\_

Contractor's TIN/SSN/EIN<sup>1</sup>: \_\_\_\_\_

Contractor's Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Name of Weekend Walk: "\_\_\_\_\_" Weekend Walk"  
Location of the Weekend Walk: \_\_\_\_\_ (the "Site")  
Location of the Sponsorship Zone 1: \_\_\_\_\_  
Location of the Sponsorship Zone 2: \_\_\_\_\_ (the "Sponsorship Zone(s)")

Event Date 1:	Start Time:	End Time:
Event Date 2:	Start Time:	End Time:
Event Date 3:	Start Time:	End Time:
Event Date 4:	Start Time:	End Time:
Event Date 5:	Start Time:	End Time:
Event Date 6:	Start Time:	End Time:
Event Date 7:	Start Time:	End Time:
Event Date 8:	Start Time:	End Time:
Event Date 9:	Start Time:	End Time:
Event Date 10:	Start Time:	End Time:

(together the "Event(s)")

This Agreement shall be effective as of \_\_\_\_\_ and shall expire on \_\_\_\_\_

In consideration, NYC/DOT shall pay the Contractor a total amount of \_\_\_\_\_ (thousand dollars (\$\_\_\_\_\_)) towards the cost of the Event(s) (the "Total Fees"), including, but not limited to, management and staff fees, cost of Event(s) Amenities, programming and maintenance of Site during said Event(s). All other costs associated with the Event(s), exclusive of Sponsorship Zone(s), shall be the sole responsibility of the Contractor.

**ACKNOWLEDGEMENTS & CERTIFICATION**

STATE OF NEW YORK COUNTY OF \_\_\_\_\_ ss: \_\_\_\_\_ being duly sworn, says:

By I hereby acknowledge receipt, review and incorporation of the Scope of Services (Exhibit 1). This Agreement, along with the above listed exhibit, constitutes the entire and sole agreement between the parties with respect to the subject matter hereof and supersedes any prior agreements, negotiations, understandings, or other matters, whether oral or written, with respect to the subject matter hereof. This Agreement cannot be modified, changed or amended, except in writing signed by both parties.

(Signature of Authorized Representative) \_\_\_\_\_ Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Notary Public

**APPROVED**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
ACCO, New York City Department of Transportation

<sup>1</sup> Under the Federal Privacy Act, the furnishing of Social Security numbers by bidders or proposers on City contracts is voluntary. Failure to provide a Social Security number will not result in a bidder's/proposer's disqualification. Social Security numbers will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws, as well as to provide the City a means of identifying businesses seeking City contracts.



# Partner Agreement

**FILLABLE** **Attachment 1**

DO NOT submit this form to the relevant City Agency. It is for the use of the relevant City Agency.

**THE CITY OF NEW YORK**  
SUBSTITUTE FORM W-9  
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

**NYC**  
FMS

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

**Part I: Vendor Information**

1. Legal Business Name (As appears on IRS EIN records, IRS Letter CP204, IRS Letter 141C, or Social Security Administration Records, Social Security Card) \_\_\_\_\_ 2. If you use DBA, please list below: \_\_\_\_\_

3. Entity Type (Check one only):

Church or Church-Related Organization  Personal Service Corporation

Non-Profit Corporation  Corporation/LLC  Sole Proprietor  City of New York Employee  Individual Sole Proprietor  Trust

Joint Venture  Partnership/LLC  Single Member LLC  Non-Resident Alien  Non-Resident Business Entity  Estate

**Part II: Taxpayer Identification Number & Taxpayer Identification Type**

1. Enter your TIN here: (DO NOT USE DASHES) \_\_\_\_\_

2. Taxpayer Identification Type (check appropriate box):

Employer ID Number (EIN)  Social Security Number (SSN)  Individual Taxpayer ID Number (ITIN)  NA (Non-United States Business Entity)

**Part III: Vendor Addresses**

1. 1099 Address: \_\_\_\_\_

2. Account Administrator Address: \_\_\_\_\_

3. Billing, Ordering & Payment Address: \_\_\_\_\_

**Part IV: Exemption from Backup Withholding and FATCA Reporting (See Instructions)**

Exemption Code for Backup Withholding \_\_\_\_\_ Exemption Code for FATCA Reporting \_\_\_\_\_

**Part V: Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number, and

2. I am not subject to Backup Withholding because: (a) I am exempt from Backup Withholding, or (b) I have not been notified by the IRS that I am subject to Backup Withholding, or as a result of a failure to report all income or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Withholding, and

3. I am a US citizen or other US person, and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here: \_\_\_\_\_

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Print Preparer's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Controller's Email Address \_\_\_\_\_

**FOR SUBMITTING AGENCY USE ONLY**

Submitting Agency Code \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contacts: E-Mail Address \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Payer/Vendor Code: \_\_\_\_\_

**DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST ATTACH COMPLETED W-9 FORMS TO THEIR FMS DOCUMENTS.**

WEEDING WARS MEDIA 2017 SAMPLE

W-9 Form  
Request for Taxpayer  
Identification Number and  
Certification  
DO NOT SEND IRS W-9

Doing Business Data Form  
Everyone must refill it out for  
2018  
Only make revisions if there  
have been changes in your  
organization's personnel

**NYC** Dept. of Business Operations  
Doing Business Data Form

To be completed by the City agency prior to distribution. Agency: \_\_\_\_\_ Transaction ID: \_\_\_\_\_

Check One:  Proposal  Award  Concession  Economic Development Agreement  Franchise  Grant  Pension/Investment Contract  Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see O&A sheet for more information). Please enter responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement. This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York, as will the organizations that own 10% or more of the entity. No other information reported on this form will be disclosed to the public. This Data Form is not related to the City's PASSPORT registration or VENDOR requirements. Please return the completed Data Form to the City office that supplied it. Please contact the Doing Business Accountability Project at [DoingBusiness@nyc.gov](mailto:DoingBusiness@nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Entity Information: Entity EIN/TIN: \_\_\_\_\_ Entity Name: \_\_\_\_\_ If you are completing this form by hand, please print clearly.

Filing Status: (Select One)

New: Data Forms submitted now must include the listing of organizations, as well as individuals, with 10% or more ownership of the entity. List such certification of ownership is submitted through a change, new or update form. A change form will not be accepted.  Entity has never completed a Doing Business Data Form. Fill out the entire form.  Change from previous Data Form dated: \_\_\_\_\_ Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.  No Change from previous Data Form dated: \_\_\_\_\_ Skip to the bottom of the last page.

Entity is a Non-Profit:  Yes  No

Entity Type:  Corporation (any type)  Joint Venture  LLC  Partnership (any type)  Sole Proprietor  Other (specify): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Provide your e-mail address in order to receive notices regarding this form by e-mail.

**Principal Officers**

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced," and fill in the name of the person being replaced so that their name can be removed from the Doing Business Database, and indicate the date that the change became effective.

**Chief Executive Officer (CEO) or equivalent officer**  This position does not exist. The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairman of the Board.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_

Office Title: \_\_\_\_\_ Employer (if not employed by entity): \_\_\_\_\_

Home Address: \_\_\_\_\_

This person replaced former CEO: \_\_\_\_\_ on date: \_\_\_\_\_

**Chief Financial Officer (CFO) or equivalent officer**  This position does not exist. The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_

Office Title: \_\_\_\_\_ Employer (if not employed by entity): \_\_\_\_\_

Home Address: \_\_\_\_\_

This person replaced former CFO: \_\_\_\_\_ on date: \_\_\_\_\_

**Chief Operating Officer (COO) or equivalent officer**  This position does not exist. The highest ranking operational officer, such as the Chief Operating Officer, Director of Operations or VP for Operations.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_

Office Title: \_\_\_\_\_ Employer (if not employed by entity): \_\_\_\_\_

Home Address: \_\_\_\_\_

This person replaced former COO: \_\_\_\_\_ on date: \_\_\_\_\_

1/2018 For information or assistance, please contact the Doing Business Accountability Project at [DoingBusiness@nyc.gov](mailto:DoingBusiness@nyc.gov) or 212-788-8104.

# Partner Agreement

## Sponsorships

- Event titles must include “Weekend Walks”
- Must feature the WW logo (provided as .jpg or .ai)
- Partner sponsors subject to DOT approval
- Sponsor recognition no more than 10% of visible area
- No tobacco or alcohol sponsorship
- No advertising



## Media Example

WW logo

Event info

Graphic

Sponsors  
(no more than  
10% of visible  
area)



**Downtown Brooklyn, Brooklyn**

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## SAPO Permits

# 3

# SAPO APPLICATION AND VENDOR LIST GUIDE

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## Getting a SAPO Permit



- Info on applying for a SAPO permit, completing a vendor list
- Use this as you apply for permit and fill out vendor list
- Permitting questions directed to SAPO



# Getting a SAPO permit

E-Apply ([nyc.gov/cecm](http://nyc.gov/cecm))

- Fee waiver code to be provided
- Use the provided application guide
- You are the applicant
- DOT as Event Sponsor, *you are Event Producer*
- *Different locations, different SAPO application*
- Questionnaire—fill out carefully!

MICHAEL P. CAREY EXECUTIVE DIRECTOR MAYOR'S OFFICE OF CITYWIDE EVENT COORDINATION AND MANAGEMENT		DAWN TOLSON DIRECTOR STREET ACTIVITY PERMIT OFFICE
<b>THE CITY OF NEW YORK</b> 153 BROADWAY, 6TH FLOOR NEW YORK, N.Y. 10007 TEL: (212) 788-0025		
April 21, 2017		
<b>PERMIT TO CONDUCT STREET ACTIVITY</b>		
<b>Event ID#:</b>	332584	<b>Event Dates:</b> 04/22/2017 to 04/29/2017
<b>Event Name:</b>	Songkran Weekend Walks	<b>Event Hours:</b> 11:30AM - 6:00PM
<b>Event Type:</b>	Weekend Walk	
<b>Location:</b>	WOODSIDE AVENUE between 75 STREET and 77 STREET	
<b>Recurring Days</b>	Permit valid for two (2) days only 4/22/17 & 4/29/17.	
<b>Notes/Remarks:</b>		
<b>Remarks/ Restrictions:</b>	Permit valid with attached site plan and run of show. 15FT. EMERGENCY LANE MUST BE PROVIDED AT ALL TIMES. Permit valid with sitemap & run of show.	
<b>Setup Date:</b>	04/22/2017	<b>Setup Hours:</b> 9:00AM
<b>Breakdown Date:</b>	04/29/2017	<b>Breakdown Hours:</b> 7:00PM
<b>Permittee:</b>	DOT/Thai Community USA NYC / Qi Will Inc.	
<b>Applicant:</b>	NYC DOT Andrew Ronan	
<b>Phone:</b>	W: (212) 839-6577 C: (347) 852-8206	
<b>For All Permits:</b>	5 ft unobstructed sidewalk must be provided for pedestrians at all times 15 ft emergency lane must be maintained on all roadways Vehicles may not be used in place of barricades to close streets	
		 Authorized Signature and Seal

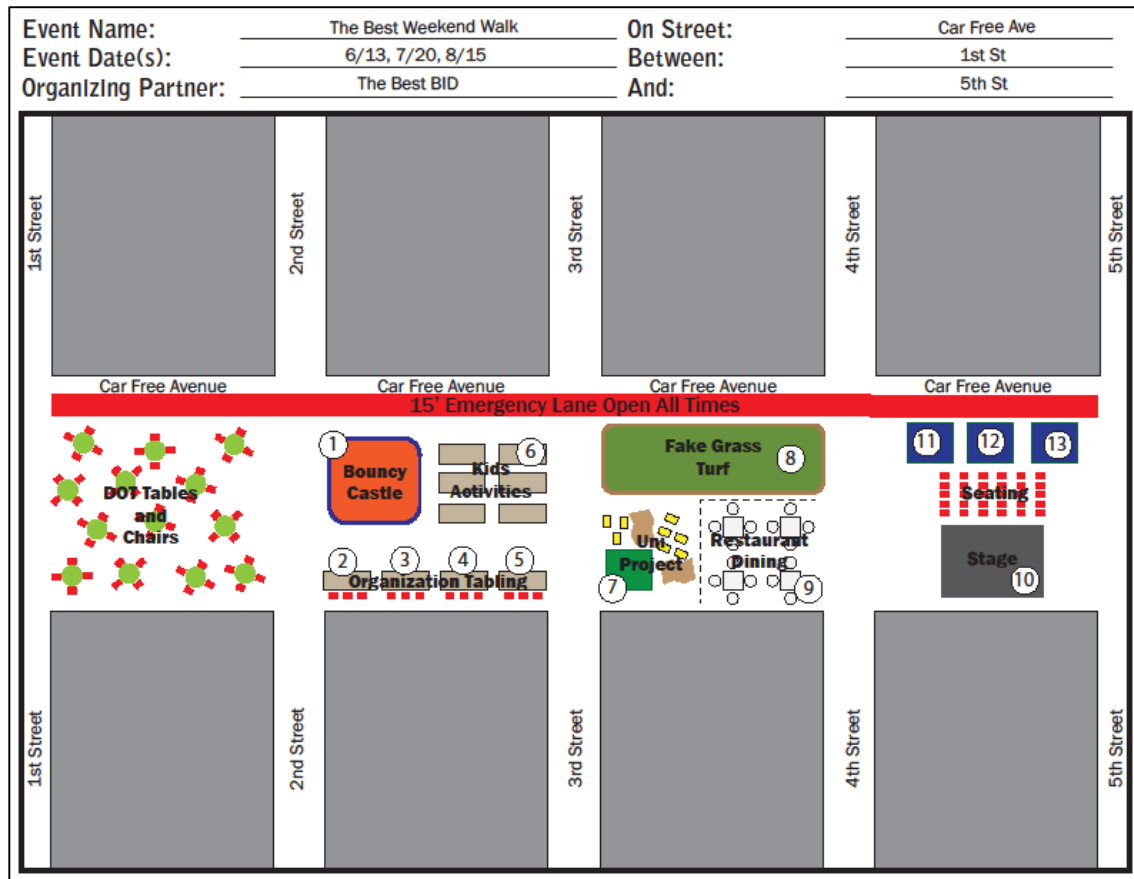
# Additional permitting needed for:

Permitting Agency or Activity	NYCDOT	NYPD	NYCDEP	NYCDOCA	NYCDOHMH	FDNY	NYSSLA	Insurance	NYCDOB
Amplified Sound		Amplified Sound Permit							
Pole Tap - Electrical Source	Use or Temp. Control of Street Infrastructure or Furniture Permit								
Generator - Electrical Source			Generator registration only for generators larger than 40 KWH			Street fair - gas or diesel generator permit			
Oversized Vehicle (truck, bus, etc.)	Over-dimensional vehicle permit								
Animals					Animal Exhibit Permit				
Food and Beverage (non alcoholic)					Food Service Establishment Permit				
Alcohol					Food Service Establishment Permit		Extension of Premises Permit or Temporary Beer, Wine, and Cider Permit		
Inflatable Rides				Portable Amusement Device				Vendor provides, listing SAPO/City as additionally insured	
Truck Mounted Rides				Portable Amusement Device				Vendor provides, listing SAPO/City as additionally insured	
Temporary Erected Rides				Portable Amusement Device				Vendor provides, listing SAPO/City as additionally insured	
Hydrant Tap			Hydrant Use Permit						
Stages - larger than 2' in height									Temporary Structure and Uses

# GETTING YOUR SAPO PERMIT

## Site Plan

- Must provide + clearly indicate a 15' emergency lane
- Template provided—  
*you are required to use the DOT issued template this year*
- Provide vendor list that matches site plan





# GETTING YOUR SAPO PERMIT

## Vendor List

- Comprehensive list of *all* vendors featured at your event
- Completed only using online SAPO database
- Site plan and vendor list spot numbers must match
- Provide permit/tax ID where applicable
- Use guide for instructions

Select Vendors

Vendors	Permit	Permit #	Issued	Expiration	Stand Size	Spot	Fee
<input checked="" type="checkbox"/> <a href="#">AIA NEW YORK CHAPTER</a> Type: Information Stand Size: 10x10	Tax ID	53-0025930	01/01/2018	12/31/2018	10x10	2	\$0.00
<input checked="" type="checkbox"/> <a href="#">NYCDOT</a> Type: Government / City Agency Stand Size: 10x10		0000000	01/01/2018	12/31/2018	10x10	1	\$0.00
<input type="checkbox"/> <a href="#">SDFSADF</a> Type: Government / City Agency							\$0.00
<input type="checkbox"/> <a href="#">AIA NEW YORK CHAPTER</a> Type: Information	Tax ID						\$0.00
<input type="checkbox"/> <a href="#">KYLE</a> Type: Information	Tax ID						\$0.00
<input type="checkbox"/> <a href="#">NYCDOT</a> Type: Government / City Agency							\$0.00
<input type="checkbox"/> <a href="#">REASDSADLK</a> Type: Food	DOH						\$0.00

[SAVE](#) [CLOSE](#) [CLICK HERE](#) to view My Vendors List

# GETTING YOUR SAPO PERMIT

## Run of Show (ROS)

- Put on your organization's letterhead (include SAPO ID #)
- An hour by hour breakdown of event
- Must reflect set up + break down times
- Include event name, date(s), time, location



### World's Best BID

123 Main St, Unit 5G  
Bronx, NY 10458  
718-555-2321

### The Best Weekend Walk – Run of Show

7/4, 8/11, 9/16/2018 (Saturdays)  
Car Free Ave btwn 1<sup>st</sup> Street and 5<sup>th</sup> Street, Bronx

Time	Action
8:00am	Street closes to traffic, barricades put up
10:00am	Delivery of DOT table and chairs, stage set up, bouncy castle set up, organizations begin to arrive
11:30am	Sound check on stage, final check in before event begins
12:00pm	Event begins
1:00pm	Zumba class starts on stage
2:00pm	Dance performance begins on stage
2:45pm	Arts and crafts demonstration on kids activity zone
3:00pm	Band performance begins on stage
4:00pm	Event events, break down begins
5:00pm	Street opens to traffic, barricades taken down
5:30pm	Pick up of DOT tables and chairs, remaining items also picked up

# Insurance

- All partners must obtain their own insurance in 2019
- Provide proof of insurance to SAPO
- Policies must include:
  - \$1 million general liability policy
  - **Names City of NY as additional insured:**

City of New York/CECM SAPO  
 253 Broadway, 6<sup>th</sup> Floor  
 New York, NY 10007

ACORD		CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY)	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.						2/25/2019	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION is WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.							
CONTACT NAME: Marge Lagazon		PHONE: 914-741-6400		FAX: 914-741-6407			
EMAIL ADDRESS: Marzi@rmler-ins.com							
INSURED Organization Name: WEST-27		INSURER AFFORDS COVERAGE		NAIC #			
		INSURER A: Hartford Fire Insurance Co		10682			
		INSURER C:					
		INSURER D:					
		INSURER E:					
		INSURER F:					
COVERAGES		CERTIFICATE NUMBER: 6669503		REVISION NUMBER:			
THIS ID TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
LINE	TYPE OF INSURANCE	NAIC	NAIC	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHK1918331	12/1/2018	12/31/2019	EACH OCCURRENCE TENDENCY TO REPAIR PERSONAL & ADV INJURY MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$1,000,000 \$100,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PERC <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COBLENDED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per \$ Occur)
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS						\$
	<input type="checkbox"/> HIRER AUTOS						\$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NONOWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE AGGREGATE
	<input type="checkbox"/> EXCESS LIAB						\$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY			18WEC04815	12/6/2018	12/6/2019	X
	ANY PROJECT OPERATIONS/EXECUTIVE OFFICERS/REISER EXCLUDED						OTHER
	Beneficiary in 1117, 952794 (only)						E.L. EACH ACCIDENT E.L. DISEASE - SA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	DESCRIPTION OF OPERATIONS below						\$1,000,000 \$1,000,000 \$1,000,000
A	Directors & Officers - Claims Made			PHS0140414	12/1/2018	12/31/2019	Limit Limit
	Employers Policies - Claims Made						\$1,000,000 \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule if more space is required) *Policies shown are subject to terms, conditions, exclusions, sublimits and deductibles not listed on this certificate. We recommend that requests for policy copies be directed to the Named Insured shown above.*							
CERTIFICATE HOLDER				CANCELLATION			
The City of New York 253 Broadway 6th Floor New York NY 10003				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
				AUTHORIZED REPRESENTATIVE			
ACORD 25 (01/05)						© 1988-2010 ACORD CORPORATION. All rights reserved.	
						The ACORD name and logo are registered marks of ACORD	



**Bay Ridge, Brooklyn**

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## Financial Information

# 4

# \$\$\$ Funding Provided \$\$\$

## Scaled funding\*

Block Days (# blocks x # days)	Funding Amount
1 day (4 blocks min)	\$4,000
4 – 6 block days	\$6,000
7 – 9 block days	\$8,000
10+ block days	\$10,000

\*Subject to change

## Need to know:

- Scalable by number of “block days” your events are
- *\$400 increase for insurance*
- Funding can be applied to wide variety of uses to accomplish event production
- MUST use DOT-provided invoice templates
- Maintain a record of all receipts, invoices, etc. in case of audit

# \$\$\$ Getting Paid \$\$\$

Submit first  
invoice for 25% of  
total budget 45  
*days in advance*

## Invoice # 1

- Bill DOT for 25% of total budget
- Preliminary site plan + run of show

Host your events



Soundview, The Bronx

Submit final  
invoice for 75% of  
budget within 10  
*days of last event*

## Invoice # 2

- Bill DOT for remaining 75% of budget
- Event description
- 8 images from event

# \$\$\$ Getting Paid \$\$\$ - Invoice Template 1

**Weekend Walks Invoice # 1**

Invoice Number: 1 Purchase Order # \_\_\_\_\_ Date: \_\_\_\_\_

Vendor:  
Tax Payer Identification: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

BILL TO:  
Kyle Gorman  
New York City Department of Transportation  
Division of Transportation Planning and Management – Public Space Unit  
55 Water Street, 6<sup>th</sup> Floor  
New York, NY 10011

Event Title:	Invoice # 1 Amount:
Description: Weekend Walks Event 2019 Site Plan and Run of Show	\$ _____
<b>TOTAL DUE:</b>	\$ _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Plan

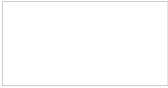
Run of Show

## Invoice Packet I



- 25% Reimbursement Amount
- Site Plan (preliminary)
- Run of Show (preliminary)





# \$\$\$ Getting Paid \$\$\$ - Invoice Template 2





**Weekend Walks Invoice # 2**


Invoice Number: 2    Purchase Order #     Date: 

Vendor: 



Tax Payer Identification: 


Contact Name: 


Contact Phone Number: 

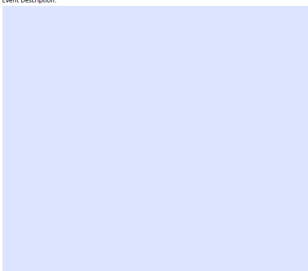
Address: 

**BILL TO**  
Kyle Gorman  
New York City Department of Transportation  
Division of Transportation Planning and Management – Public Space Unit  
55 West Street, 8<sup>th</sup> Floor  
New York, NY 10045

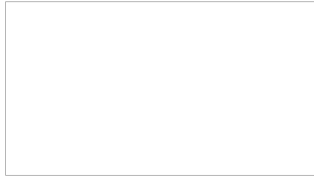
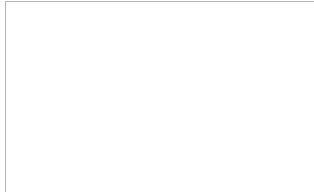
Event Title	Description	Amount	Date:
	Weekend Walks Event 2019 – 2019 Events		
TOTAL DUE:		\$ 	

Signature: \_\_\_\_\_    Date: 

Event Title: 

Event Description: 

Photos From Event:

## Invoice Packet 2

- Remaining 75% Reimbursement Amount
- Event Description in 1- 2 paragraphs
- 8 images from Event



**Hamilton Heights, Manhattan**

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## Planning, Promotions, and Logistics

# 5

# PLANNING

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## Outreach and Programming

- Community Outreach
  - NYPD
  - Community Board
  - MTA NYCT
  - Local businesses and institutions
  - Outreach is an opportunity to invite the community to participate
- Programming
  - Add your own flare and make it unique!



**Williamsburg, Brooklyn**



**Local Business/Institution Participation**



**Exercise/Physical Activity**

Do a  
NEW YORK CITY  
Survey  
Get a  
FREE  
Prize!

NEW YORK CITY

Comments & Feedback

Tell Us What You Think



**Connecting Communities to Resources**



**Arts/Culture/Performance**





**Educational Programming**

# NYCDOT Programming (Availability TBD)



Trucks Eye View  
[dgaillard@dot.nyc.gov](mailto:dgaillard@dot.nyc.gov)



Adopt A Highway – Photo Booth  
[Request Form](#)

- 2019 availability TBD
- Further details to come

# The Uni Project – READ, EXPLORE, DRAW, BUILD

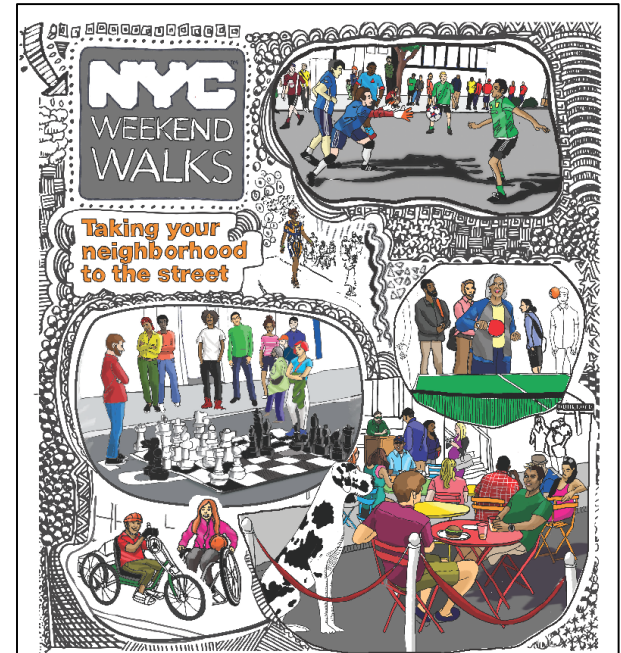
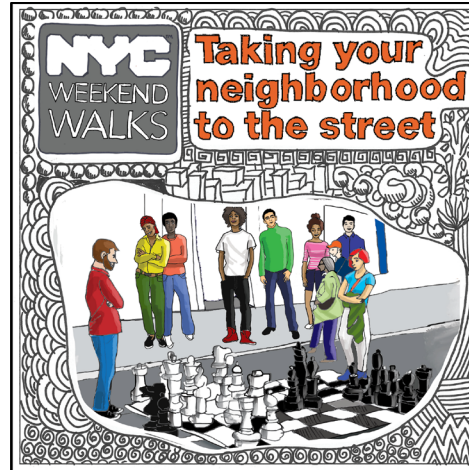
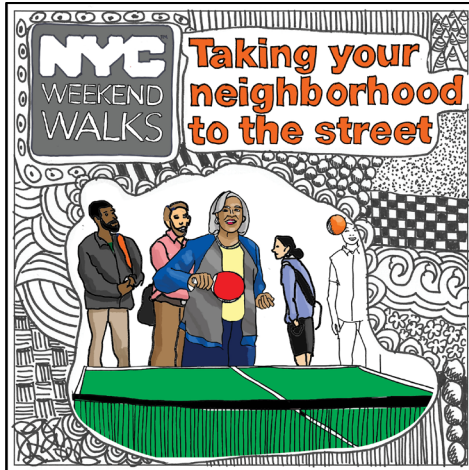
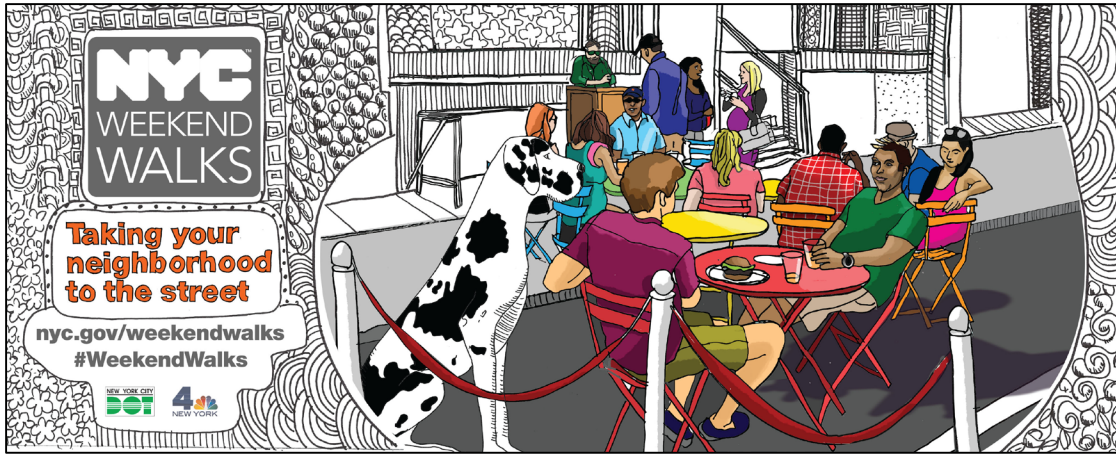


- 2019 availability TBD
- Further details to come

# PRINT AND DIGITAL MEDIA SUMMARY

Media	Quantity	Dates	Impressions
Time Out New York	1 - Full Page, Color Insertion	April	750,000
Metro	8 -1/2 Page, Color Insertions	April to June	554,836
LinkNYC	1,746 Screens Run of Network	5/1 - 6/30	2,000,000
Whitehall LED	1 Screen	5/1 - 6/30	4,468,500
Bus Shelters	75 Posters Citywide	5/6 - 6/23	48,160,000
NBC Promotion	1 Commercial	TBD	6,000,000
		TOTAL:	74,878,261

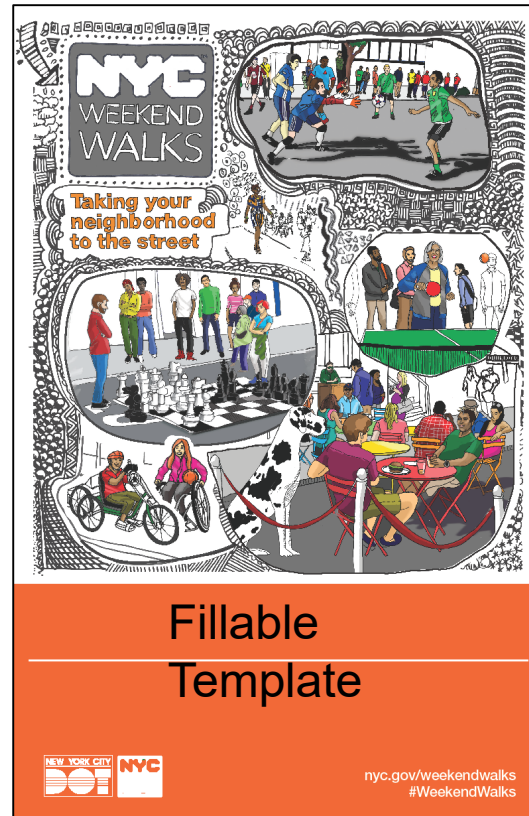




# PROMOTING YOUR EVENT

## –Partner Promotion

- Use print, social, + digital media
  - @nyc\_dot
  - #weekendwalks
- Consider using DOT templates
- All promo materials must include Weekend Walks and NYCDOT logo



# LOGISTICS

## The Day Of

- Furniture
  - DOT delivers
  - Colorful tables/chairs
  - 6' tables
  - Treat with care!
- Trash
  - Coordinate with DSNY
- NYPD Barricades
  - Delivered night before



Jackson Heights, Queens

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## Next Steps

# 6



# WEEKEND WALKS

## Next steps

- Partner Agreement by 3/22
- Apply for SAPO permit – provide SAPO ID #
- Begin dialogue with NYPD, CB, + businesses
- *Deadlines will be strictly enforced*



**New Dorp, Staten Island**



**Coney Island, Brooklyn**

# WEEKEND WALKS – 2019 TIMELINE

**March 7<sup>th</sup>**  
**March 13<sup>th</sup>**  
Partner  
Meetings

**March 22<sup>nd</sup>**  
All agreements  
due

**June 30<sup>th</sup>**  
Fiscal year  
'19 ends,  
'20 begins

**Dec 7<sup>th</sup>**  
Final Weekend  
Walk

**March 22<sup>nd</sup>**  
SAPO Application  
Deadline

**April 14<sup>th</sup>**  
First Weekend  
Walk

*All deadlines will be strictly enforced in 2019!*

# NYCDOT Public Space Unit



**Seasonal Street Closures**



**Street Seats**



**Plaza Program**



**City Bench**



**City Racks**



**Bike Corrals**

#improvingNYCstreets

# THANK YOU!

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Questions? Please reach out!

[kgorman@dot.nyc.gov](mailto:kgorman@dot.nyc.gov)

[weekendwalks@dot.nyc.gov](mailto:weekendwalks@dot.nyc.gov)

212 839 7214 (office) or 646 927 9155 (cell)



NYC DOT



NYC DOT



nyc\_dot



NYC DOT