



WEEKEND WALKS 2018

Partner Meeting - 2/20 + 2/28/2018

2017 IN REVIEW

- NYCDOT Partnered with 50+ organizations creating 115 events with car-free programming
- 13+ miles of NYC streets were transformed into programmable public space, equivalent in length to the island of Manhattan tip to tip
- With multiple events in Staten Island, Weekend Walks once again returned to a true 5 borough program
- Approx. 225,000 NYers attended a Weekend Walk in 2017



Summer Plazas in Sunset Park, Brooklyn



Bainbridge Ave/E 204th St, The Bronx

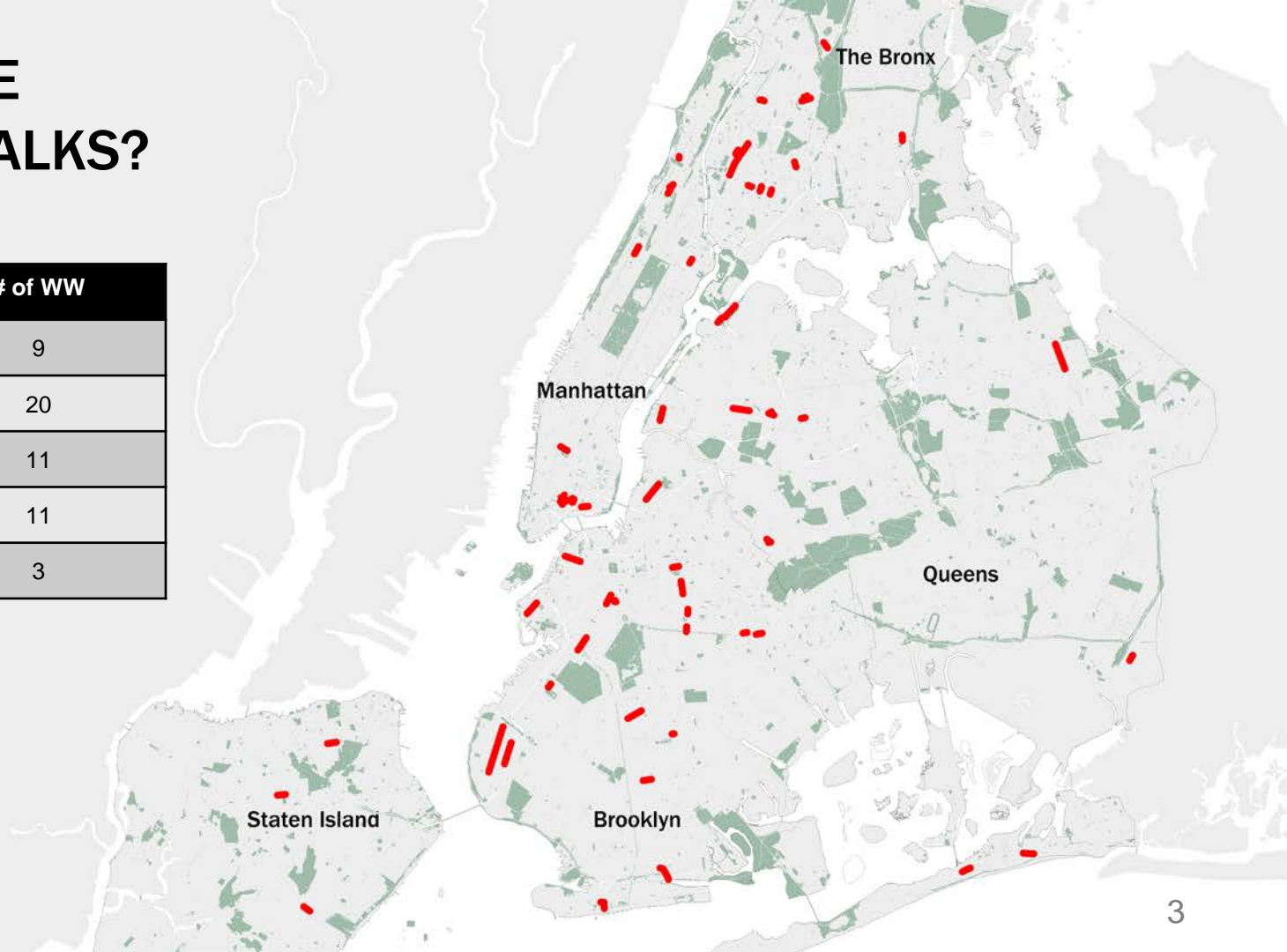


Montague Weekend Walks, Brooklyn

WHERE WERE WEEKEND WALKS?

Borough	# of WW
Manhattan	9
Brooklyn	20
Queens	11
The Bronx	11
Staten Island	3

Legend
— 2017 Weekend Walk



ADVERTISING + OTHER OUTREACH



For the first time in 2017, the WW program took a strategic approach to advertising. These efforts will be increased in 2018!

- **Bus Shelters**
 - 50 shelters, ads running from 5/8-6/4
- **Bike Parking Shelters**
 - 19 shelters, ads running from 5/8-6/30
- **LinkNYC Kiosks**
 - 1746 kiosks, ads running from 5/8-6/4
- **SI Ferry Terminal (Whitehall)**
 - On display from 4/24-6/30
- **WW Website on nyc.gov**
 - Over 9000 views 1/1-10/31
- **WW Palm Card**
 - 2500 printed
- **Press Release**
 - 4/22/2017 (Earth Day)

SOCIAL MEDIA PROMOTION – NYCDOT HANDLE



Instagram

- 6 total posts
- 636 total likes



Facebook

- 8 total posts
- 101 total likes
- 63 total shares
- 100+ Facebook events



Twitter

- 44 total tweets
- 325 total likes
- 209 total retweets
- 213748 total impressions



WHAT ARE WEEKEND WALKS?

- 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



*Songkran Weekend Walks
Thai Community USA, Woodside, Queens*



*Back 2 School Kick Off
SOS Crown Heights, Crown Heights Brooklyn*

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 (new in 2018)
- Provide licenses, site plans, run of show, agreement, invoices, etc. per DOT/SAPO deadlines
- Promote events at the local level
- Execute events

Partner Agreement

- Simplified agreement with DOT
- Ability to include sponsorships
- Includes additional required city forms (financial, etc.)

- Fill out very carefully + accurately!
- Agreement must be notarized

- **All Partner Agreement Packets are due by March 15th**

Exhibits & Procedural Forms
(If required, please complete the attached fillable forms.)

1. Event
2. Hour
3. Reim
4. W-9
5. Doing
6. PIPA
7. EFT

3.1.2. To release and discharge the City and its employees, agents, licensees and successors from any and all claims, demands or causes of action that the Contractor may now have or hereafter have for libel, defamation, invasion of privacy, right of publicity, infringement of copyright, trademark or violation of any other rights arising out of or relating to any use of the rights granted in this Release and Consent or hereafter be and shall remain in full force and effect for the term of this Release and Consent.

3.1.3. Understands and agrees that Photographer shall retain the ownership of the copyright of the photograph which contains the image(s).

3.1.4. Understands that the photograph which contains the image(s) may be used by the City in such manner and for such purpose as the City may determine.

4. INVOICES

4.1. To receive payment for the services provided hereunder, the Contractor shall submit to the City, in accordance with the terms of the Contract, the following information:

4.2. The Contract number.

4.3. The date of the invoice.

5. SUBCONTRACTORS

5.1. All subcontractors.

5.1.1. The name of the subcontractor.

5.1.2. The address of the subcontractor.

5.1.3. The phone number of the subcontractor.

5.1.4. The email address of the subcontractor.

5.1.5. The tax identification number of the subcontractor.

6. TERMINATION

6.1. This Agreement shall terminate if the Contractor fails to perform the services in accordance with the terms of the Contract.

6.2. If this Agreement is terminated, the Contractor shall be responsible for all costs incurred by the City in connection with the termination of this Agreement.

7. READINGS

7.1. The Contractor shall provide the City with the following information:

7.1.1. The name of the Contractor.

7.1.2. The address of the Contractor.

7.1.3. The phone number of the Contractor.

7.1.4. The email address of the Contractor.

7.1.5. The tax identification number of the Contractor.

8. PROTECTION

8.1. The Contractor shall be responsible for the protection of the City's property and shall be liable for any damage to the City's property caused by the Contractor or its subcontractors.

9. COMPLIANCE

9.1. The Contractor shall comply with all applicable laws, regulations, ordinances, and other rules and regulations of the City and the State of New York.

10. COUNTERPARTS

10.1. This Agreement shall be executed in two counterparts, one of which shall be retained by the City and the other by the Contractor. Both counterparts shall be deemed to be true and correct copies of the original Agreement.

11. NOTICES

11.1. All notices shall be given in writing to the City at the following address:

City of New York
Department of Transportation
120 Broadway
New York, NY 10038

ACKNOWLEDGMENTS AND CERTIFICATION

I, the undersigned, do hereby certify that I am an authorized representative of the Contractor and that I have read and understand the terms and conditions of this Agreement and that I agree to be bound by the terms and conditions of this Agreement.

APPROVED

Signature of Authorized Representative: _____ Date: _____

Name: _____ Title: _____

Signature of Notary Public: _____ Date: _____

Partner Agreement

Attachment 1

NYC
FMS

Part I: Vendor Information

1. Legal Business Name: _____ NY Taxpayers or IRS EIN number: IRS Letter CP2013 2. If you use DBA, please list below: _____
 IRS Letter W-9, or Social Security Administration record, Social Security Card

3. Entity Type (Check one only):
 Non-Profit Corporation Corporation LLC Government Church or Church-Related Organization Personal Service Corporation City of New York Employee Individual Sole Proprietor Trust
 Joint Venture Partnership LLC Single Member LLC (Sole Member) Association/Member Assn Non-Exclusivity Business (Only) Other

Part II: Taxpayer Identification Number & Taxpayer Identification Type

1. Enter your TIN here (DO NOT USE DASHES): _____
 2. Taxpayer Identification Type (Check appropriate box):
 Taxpayer ID Number (EIN) Social Security Number (SSN) Individual Taxpayer ID Number (ITIN) N/A (Non-United States Business Entity)

Part III: Vendor Addresses

1. 1899 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

I, the undersigned, 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, and
 3. I am not subject to FATCA reporting, and
 4. The FATCA codes entered on this form (if any) indicate that I am exempt from FATCA reporting, and
 5. I am not subject to FATCA reporting.

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: _____ Title: _____ Date: _____
 Print Taxpayer's Name: _____ Print Title: _____ Print City/State/Zip Address: _____

FOR SUBMITTING AGENCY USE ONLY

Submitting Agency Code: _____ Contact Person: _____
 Contact E-Mail Address: _____ Telephone Number: () _____
 Payee/Vendor Code: _____

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

VERSIO: W9NY W9NY 2017

W9 Form

Request for Taxpayer Identification Number and Certification

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 Social Services

Doing Business Data Form

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

Check One: Proposal Award Consultation 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 OAA sheet for more information). Please affix type responses directly into this table 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 completed 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, employee 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 well as 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 FINESPORT registration or VENODOC requirements. Please return the completed Data Form to the City office that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@doacs.nyc.gov or 212-788-8104 with any questions regarding the Data Form. Thank you for your cooperation.

Entity Information _____ if you are completing this form by hand, please print clearly.

Entity EIN/TIN: _____ Entity Name: _____

Filing Status: Initial Status Change

ADDITIONAL: Data Forms submitted now must include the filing of organizations, as well as individuals, with 10% or more ownership of the entity. AND such certification of ownership is submitted through a change, new or update form, a no change form will not be accepted. 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: _____

Please print a street address in order to receive notices regarding this form as a vendor.

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, Site Director or Chairperson of the Board.

First Name: _____ MI: _____ Last: _____ Birth Date (mm/dd/yyyy): _____
 Office Title: _____ (Employer if not employed by entity)
 Home Address: _____ on date: _____
 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, Controller, 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: _____ on date: _____
 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: _____ on date: _____
 This person replaced former COO _____ on date: _____

1/2018 For information or assistance, please contact the Doing Business Accountability Project at DoingBusiness@doacs.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)





*Asian Pacific American Heritage Month WW
Chinatown BID, Chinatown, Manhattan*

Getting your SAPO permit

E-Apply (nyc.gov/cecm)

- You are the applicant (new in 2018)
- DOT as Event Sponsor, you are Event Producer
- *Different locations, different SAPO application*
- Questionnaire—fill out carefully!
- Refer to the how-to guide for applying for a SAPO permit

MICHAEL P. CAREY EXECUTIVE DIRECTOR MAYOR'S OFFICE OF CITYWIDE EVENT COORDINATION AND MANAGEMENT		DAWN TOLSON DIRECTOR STREET ACTIVITY PERMIT OFFICE
THE CITY OF NEW YORK 353 BROADWAY, 6TH FLOOR NEW YORK, N.Y. 10007 TEL: (212) 788-0025		
April 21, 2017		
PERMIT TO CONDUCT STREET ACTIVITY		
Event ID#:	332584	Event Dates: 04/22/2017 to 04/29/2017
Event Name:	Songkran Weekend Walks	Event Hours: 11:30AM - 6:00PM
Event Type:	Weekend Walk	
Location:	WOODSIDE AVENUE between 75 STREET and 77 STREET	
Recurring Days	Permit valid for two (2) days only 4/22/17 & 4/29/17.	
Notes/Remarks:		
Remarks/ Restrictions:	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.	
Setup Date:	04/22/2017	Setup Hours: 9:00AM
Breakdown Date:	04/29/2017	Breakdown Hours: 7:00PM
Permittee:	DOT/Thai Community USA NYC / Qi Will Inc.	
Applicant:	NYC DOT Andrew Ronan	
Phone:	W: (212) 839-6577 C: (347) 852-8206	
For All Permits:	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

Getting your SAPO permit

Additional docs needed for:

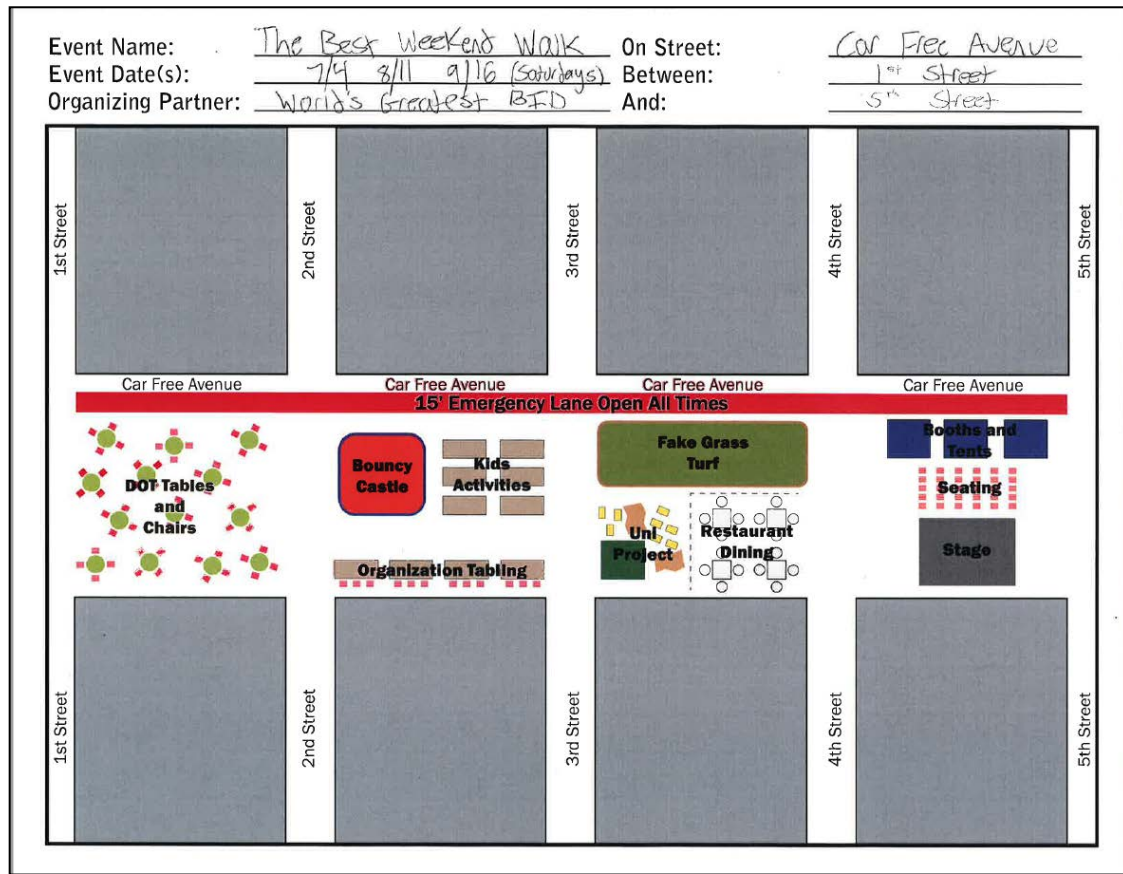
Type	Requirements
Bouncy Castle and amusement rides	DCA vendor license + insurance (\$1M)
Food	DOHMH license
Generator	FDNY/DEP
Amplified sound	NYPD Precinct
Stage (depending on size)	DOB
Alcohol	SLA
Animals	DOHMH/Insurance

- Upload docs onto E-Apply
- List is non-exhaustive—other items may be needed
- Must provide all documentation *2 weeks* before event—failure to do so can result in the denial of your permit

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



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 1st Street and 5th 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



3rd Ave Summer Strolls
Merchants of 3rd Ave, Bayridge, Brooklyn

\$\$\$ 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
- Funding can be applied to wide variety of uses to accomplish event production
- MUST use DOT-provided invoice templates
- Meeting deadlines are critical in order to get paid

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

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

Host your events

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

Invoice # 1

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



Red Hook Walks, Brooklyn

Invoice # 2

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

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

[INVOICE MUST BE ON YOUR ORGANIZATION'S LETTERHEAD]

INVOICE

Invoice Number: 0001 Purchase Order #: 000 Date: xx/xx/xx

Vendor: [Click here to enter Vendor](#)

Tax Payer Identification: [Click here to enter Tax Payer Identification](#)

Contact Name: [Click here to enter Contact Name](#)

Contact Phone Number: [Click here to enter Contact Phone Number](#)

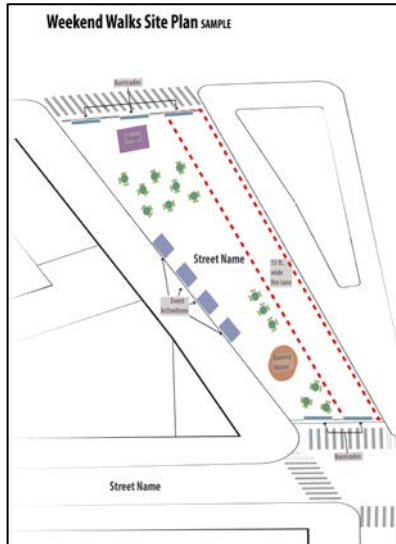
Address: [Click here to enter Address](#)

BILL TO

Andrew Ranan
New York City Department of Transportation
Division of Transportation Planning and Management - Public Space Unit
55 Water Street, 6th Floor
New York, NY 10041

Event Title: Your Weekend Walk Event	Amount	Dates: Enter Dates Here
Description	\$1,500	
Weekend Walks Event 2017		
TOTAL DUE: \$1,500	\$ 1,500.00	

Signature: _____ Date: _____



[Organization Letterhead]

[Name of Event]

[Day(s), Date(s) and Times] on [Location]

PROPOSED WEEKEND WALKS EVENT TIME LINE

Saturday, May 16

10:00am - Volunteers and staff begin event set up
Barriers to intersections
Tables and chairs to predetermined locations
Set up stage and sound system
Receive sod delivery

12:00pm - Event begins
Jug Band performs on main stage (20 minute set)
Yoga class 1 at 17th Street and 5th Avenue (45 minutes)
Cooking Demonstrations outside Brooklyn Kitchen (30 minutes)
Zumba Class 1 at 12th Street and 5th Avenue

1:00pm - Kabuki Theater performance on main stage (30 minutes)
Yoga Class 2at 17th Street and 5th Avenue (45 minutes)
Origami Workshop for Kids at 14th Street and 5th Avenue
Zumba Class 2 at 12th Street and 5th Avenue

1:30pm - VIP's and elected officials greet crowds at Mainstage

2:00pm - PS 111 Children's Chorus on main stage
Yoga class 3 at 17th Street and 5th Avenue (45 minutes)
Zumba Class 3 at 12th Street and 5th Avenue

3:00pm - Senior Center Dance Troup on main stage
Yoga class 4 at 17th Street and 5th Avenue (45 minutes)

Invoice Packet I

- 25% Reimbursement Amount
- Site Plan (preliminary)
- Run of Show (preliminary)
- Must fill out template exactly as directed!!!

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

[INVOICE MUST BE ON YOUR ORGANIZATION'S LETTERHEAD]

INVOICE

Invoice Number: 0002 Purchase Order #: xxx Date: 6/2/16

Vendor: [Click here to enter Vendor](#)

Tax Payer Identification: [Click here to enter Tax Payer Identification](#)

Contact Name: [Click here to enter Contact Name](#)

Contact Phone Number: [Click here to enter Contact Phone Number](#)

Address: [Click here to enter Address](#)

BILL TO

Andrew Rohan
New York City Department of Transportation
Division of Transportation Planning and Management – Public Space Unit
55 Water Street, 6th Floor
New York, NY 10041

Event Title: Your Weekend Walk Event	Amount	Dates: Enter Dates Here
Description		
Weekend Walks Event 2017	\$4,500	
TOTAL DUE: \$4,500	\$ 4,500.00	

Signature: _____ Date: _____

Event Title: Coney Island Buskerfest 2016

Event Description:
The Busker Festival is street festival that took place in Coney Island on August 20, 2016 with over 3,000 attendees. With music, dancing and street performers, we were able to create a unique experience that is nostalgic and enchanting. In addition to the programming, we invited food trucks to the event, social vendors and provide a full day of activities for visitors to the Amusement District and Coney Island at large.

Press Clip: <https://www.brooklynaily.com/sites/2016/05/10-36-busker-festival-2016-08-26-16.html>

Event Title: _____ Dates: _____



Invoice Packet 2

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



Positively 8th Street
The Village Alliance, Greenwich Village, Manhattan

MAKING IT HAPPEN

Event Logistics

- Tables/chairs delivered by DOT day of event
- Promotion
 - Start early!
 - Paid social media proved to be a good investment for other partners
- Programming



*E 204th St/Bainbridge Ave Merchant Assoc. WW
Bainbridge Ave, The Bronx*

Some Programming Elements



Uni Project/Hypothekids



MTA Retro Buses



Dance



Yoga



Rock Wall (NYPD)



Games



FDNY



Live Music



Food

- Reflective of NYC's unique neighborhoods
- Diverse in offerings
- Responsibility of partner to execute
- Accessible for all NYers
- Furthers the notion of streets as public space

NYCDOT Programming (Availability TBD)



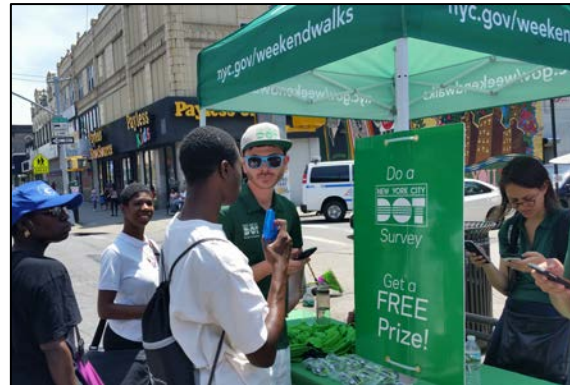
Trucks Eye View

- 2018 availability TBD
- Further details to come



Adopt A Highway - Photo Booth

- Uni Project carts
- ThriveNYC - Friendship Benches



Street Ambassadors

WEEKEND WALKS

Next steps

- Partner Agreement ASAP
- Apply for SAPO permit by 3/15/18 C.O.B.
 - Forward us confirmation
- Begin dialogue with NYPD, CB, + businesses
- Deadlines will be *strictly enforced*

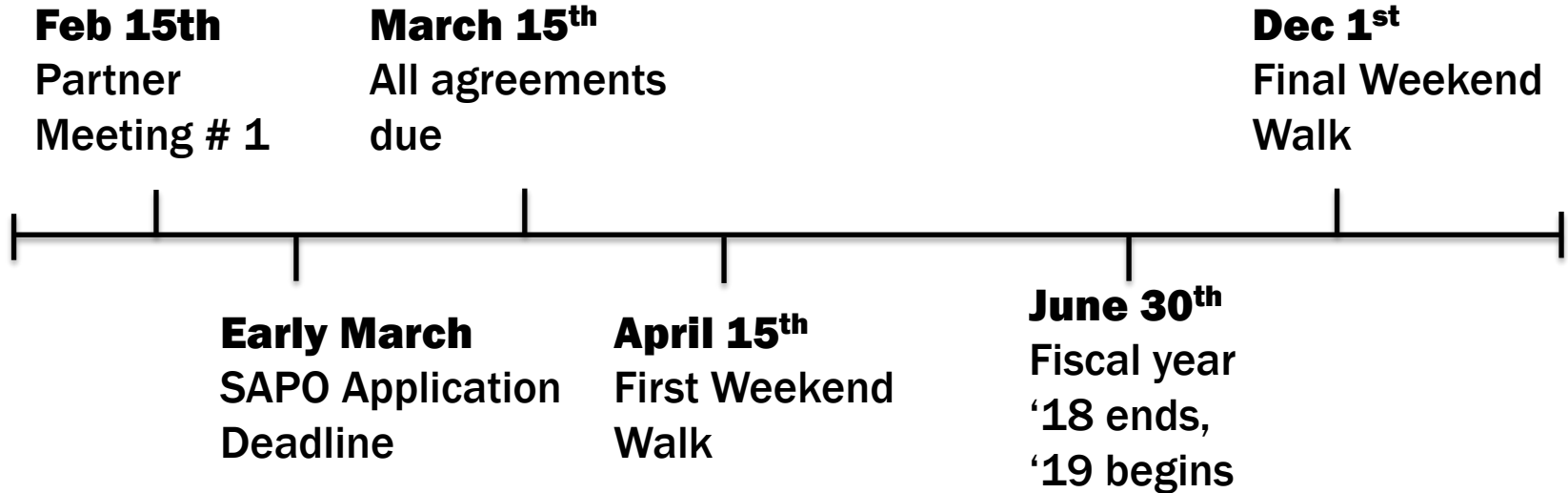


Two Bridges Weekend Walks
Two Bridges Neighborhood Council, Manhattan



*Rockaway Freeway
Rockaway Waterfront Alliance, Rockaways, Queens*

WEEKEND WALKS – 2018 TIMELINE



NYCDOT Public Space Unit



Seasonal Street Closures



Street Seats



Plaza Program



City Bench



City Racks



Bike Corrals

#improvingNYCstreets

THANK YOU!

Questions? Please reach out!

kgorman@dot.nyc.gov

weekendwalks@dot.nyc.gov

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



NYC DOT



NYC DOT



nyc_dot



NYC DOT