



Bicycle Secure Program Application



Adopted by the Transportation Agency Board
December 2016
Amended May 2020

**APPLICATIONS ACCEPTED ON AN ON-GOING BASIS,
FUNDING DEPENDENT**

PLEASE SUBMIT COMPLETED APPLICATIONS
TO THE TRANSPORTATION AGENCY
55-B PLAZA CIRCLE, SALINAS, CA 93901
Phone: (831) 775-0903; Fax: (831) 775-0897
Email: madilyn@tamcmonterey.org

Procedure for Receiving a Grant

The following steps outline how to participate in the Bicycle Secure Program:

1. Determine a location for your bicycle parking. Parking should be reasonably close to your business or office entrance, preferably closer than the nearest car space. Bicycle parking generally requires at least a 60" X 74" space, so use this measure as a reference, and refer to the specifications contained in this packet if you have more space than that. If the desired location is on publicly owned land (city parking lot, sidewalk, etc.), then an encroachment permit may be necessary; call Transportation Agency for assistance (831-775-0903). If you would like to reduce one automobile parking space to add bicycle parking (bicycle corral), the Transportation Agency may write a letter in support of your application for any permits necessary for this reduction in automobile parking.
2. Determine what sort of parking device will best meet the needs of your business or agency. Will employees or customers be using them? Will the racks be used for long or short periods of time? How secure, in terms of access and visibility, is the probable location of the bicycle parking?
3. Submit a photo and sketch a layout of the proposed parking locations and complete the attached Agreement to place bicycle rack(s) and or locker(s). Please also complete the attached Application form.
4. Sign and submit the Agreement with the Transportation Agency, promising to install, maintain and be responsible for the equipment requested.
5. Send **ALL THREE** of the following items to Transportation Agency:
 - Program Application.
 - Signed agreement to place bicycle racks and provide pre-installation and post-installation photographs.
 - Site photographs and Map.
 - Data on before and after bicycle usage (counts) at your business/organization, photos of bicycle parking practices in the vicinity of the proposed site and support letters are strongly encouraged but not required.
6. Transportation Agency staff will review all application materials within three weeks and follow-up with any questions. Agency staff will then submit a recommendation to the Bicycle and Pedestrian Facilities Advisory Committee for approval.
 - Note: Bicycle Secure Program Grant Applications will be reviewed on a first-come first-serve basis until the annual budget runs out. In an effort to ensure equitable distribution of equipment, applications seeking multiple parking racks, lockers, or repair stations may receive a partial award of the requested equipment.

7. Transportation Agency staff will order the parking facilities after grant application(s) are approved. The Transportation Agency hopes to take advantage of bulk ordering whenever feasible.
8. Applicants must install the facilities within one month of delivery, as per the agreement, unless other arrangements have been made with Agency staff.
9. Applicants must send Agency staff a picture(s) of the installed facilities to madilyn@tamcmonterey.org.

Due to limited funds for this program, bicycle parking facilities are not guaranteed to all that apply.

Please direct any questions about the program or the application process to Madilyn Jacobsen, Transportation Planner, at (831) 775-4402. **All application materials must be submitted to: Bicycle Secure Program, Transportation Agency for Monterey County, 55-B Plaza Circle, Monterey, CA 93901, or via email to madilyn@tamcmonterey.org.**

Transportation Agency for Monterey County BICYCLE SECURE PROGRAM APPLICATION

Agency/Business Name: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Email Address: _____

Nature of Business/Agency: _____

Number of Employees: _____

Please specify reasons for requesting bicycle parking facilities:

A. Who will use the facilities (e.g., employees, patrons, students)?:

B. How many parking spaces are needed?: _____

C. Will the facility be used for short-term parking (hourly use) or long-term parking (all-day or overnight)?: _____

D. Do you currently provide/have access to bicycle parking?: _____

a. If so, please describe:

Please indicate the type bicycle facility requested, the mount style, and number desired. If you require assistance identifying the appropriate type of bicycle facility contact TAMC staff at (831) 775-0903.

| Quantity | Rack/Locker/Repair Station | Style |
|----------|----------------------------|-------|
| | | |
| | | |

Please be sure that the following items are enclosed to make this application complete:

1. Completed agreement to place and maintain parking facilities and repair stations and provide pre-installation and post-installation photographs;
2. Photograph and site map of proposed parking facilities and repair station locations in relation to location of buildings, auto parking, etc.
3. Documented property owner's permission (a letter) or public permit, if necessary, to install parking facilities and repair stations.

I certify that the owner of this property has granted permission to install bicycle racks at the location(s) above and the letter of permission or permit is included with this application. To the best of my knowledge and belief, the data and information included in this application is true and correct and I am authorized to file this application on behalf of the applicant.

Name and Title: _____

Signature: _____ Date: _____

AGREEMENT TO PLACE AND MAINTAIN BICYCLE PARKING FACILITIES AND PROVIDE PRE AND POST- INSTALLATION PHOTOGRAPHS

The following is an agreement between the Transportation Agency for Monterey County (TAMC) and the undersigned, hereinafter referred to as Recipient:

The Recipient agrees that within one month of receipt of parking devices from TAMC or its contracted supplier, unless other arrangements have been made in writing, to install (#) _____ rack(s)/locker(s) capable of holding (#) _____ bicycles/skateboards at the location described in the attached map, or (#) _____ repair station(s).

Said photograph and map are attached hereto as Exhibit A, and by this reference is incorporated as part of this Agreement. Recipient will arrange for and pay for the installation of the following type of bicycle facilities. **Initials:** _____

The recipient agrees to attach said bicycle facilities in a secure and theft-proof fashion following the appropriate standard outlined in the Bicycle Secure Program Guidelines. Recipient also agrees to maintain the facility and surrounding area for the life of the devices.

The recipient agrees to provide post installation photographs of the installed facility.

The recipient agrees to exonerate, indemnify, defend, and hold harmless TAMC, its officers, agents, employees, and volunteers, from and against any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which TAMC may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage of property as a result of, arising out of, or in any manner connected with the Recipient's performance under the terms of this agreement, excepting any liability arising out of the sole negligence of TAMC. Such indemnification includes any damage to the person(s), or property(ies) of the recipient and third persons. Recipient also agrees to accept, and TAMC hereby assigns, all manufacturing warranties of the awarded equipment, and Recipient absolves TAMC from any and all claims relating to the equipment itself.

The recipient further agrees that TAMC may exercise its option to repossess said facilities, upon termination of the present place of business by the business or upon removal of the rack(s)/locker(s) from the herein specified location(s).

TAMC

RECIPIENT

By _____
Debra L. Hale
Executive Director

Recipient's Business Name

By _____
(Signature)

(Name and Title)

(Address)

(City)

Dated: _____

Dated: _____

Approved as to form:

Kathryn Reimann
TAMC Counsel

Dated: _____