# Non-Infrastructure Project Details/Outcomes - Final Project Report Addition
## *For NI Only Projects and the NI Portion of a Combo Project*

Date: _____     District: _____ PPNO: _____

Implementing Agency: _____

Project Title: _____

| | |
|---|---|
| **NI Program Type:** | *Check all that apply. If more than one, indicate the percentage split based on cost.* |

☐Regional Initiative _____ %                     ☐First Last Mile _____ %
☐Community Initiative _____ %                  ☐Employer-Based _____ %
☐Safe Routes to School _____ %               ☐Other; _____ , _____%

| | |
|---|---|
| **The E's:** | *Which of the following E's did your program include? Check all that apply.* |

☐**Education**: Teaches safety skills and raises awareness of the benefits of active transportation
☐**Encouragement**: Generates excitement and enthusiasm for walking and biking
☐**Enforcement**: Deters unsafe behaviors, usually by working with local law enforcement
☐**Engineering**: Recommended improvements (such as conducting walk/bike audits) or actual improvements to the physical environment (for combined NI/I projects)
☐**Evaluation**: Establishing baseline data, setting goals, and tracking outcomes.

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| **Program Activities:** | *Insert the number of each type of activity included in the program.* **Do not double count**. |

Regional/Community Initiatives:
   *(only complete this section if Regional or Community Initiative is checked for NI Program Type)*

___ # of walk or bike audits
___ # of bicycle skills/safety classes (ex. bike rodeos)
___ # of pedestrian skills/safety classes (ex. 'mock city')
___ # of community demonstration projects/pop-ups/open streets events
___ # of community encouragement days (i.e. bike to work days)
___ # of community challenges (i.e. bike to work month challenge)
___ # of law enforcement methods (i.e. law enforcement present, progressive ticketing, deploying speed trailers, etc.)
___ # of community workshops/stakeholder meetings

**_____ estimated # of residents reached through the above activities**

Safe Routes to School (SRTS) NI:
   *(only complete if Safe Routes to School is checked for NI Program Type above)*

___ # of classrooms/PE classes receiving pedestrian/bicycle safety instruction/education
___ # of school assemblies receiving pedestrian/bicycle safety instruction/education
___ # of afterschool programs receiving pedestrian/bicycle safety instruction/education
___ # of bike rodeos
___ # of pedestrian 'mock city' or other pedestrian safety skills events
___ # of schools with walking school bus program *(defined as a planned route with meeting points, a timetable and a schedule of trained volunteers)*

___ # of schools with bicycle train program *(defined as a planned route with meeting points, a timetable and a schedule of trained volunteers)*

___ # of SRTS encouragement days (i.e. designated monthly bike/walk to school days X number of school months X number of schools involved)

___ # of SRTS law enforcement methods (i.e. law enforcement present progressive ticketing, deploying speed trailers, etc.)

___ # of training sessions to implement the SRTS program (i.e. training for volunteer walking schools bus leaders, crossing guards, etc.)

___ # of crossing guard programs

___ # of walk or bike audits

_____ **# of schools as part of the program** *(should be sum of below breakdown)*

   ___ # of Elementary Schools

   ___ # of Middle Schools

   ___ # of High Schools

_____ **estimated # of students and parents reached through the above activities**

Other:

*(only complete if an activity is not listed in the above Program Types or if you have checked the other NI Program Types above)*

___ # of _____

___ # of _____

___ # of _____

___ # of _____

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**Communications:** *Check the box if the program included the communication type.*

☐ Traditional media (radio ads, TV ads, newspaper ads, flyers, etc.)

☐ Large media (bus-wraps, billboards, etc.)

☐ Print/electronic publications (newsletters, blogs, etc.)

☐ Social media (Twitter, Facebook, Instagram, etc.)

☐ Program website

☐ Other; _____

☐ Other; _____

*What languages, if any, were the selected communications translated to?*

_____

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**Collaborative Partnerships:** *Check all parties that had a committed role in the project.*

☐ Local Public Health Department

☐ Law Enforcement

☐ Non-Profit Organizations/Community Based Organizations

☐ Schools/School Districts

☐ Public Works Departments

☐ Private Consultant Firms

☐ Other; _____

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**Please provide any further narrative you with to include:**

**\*\* Please provide photos of NI work, such as bike rodeos, walk to school day, or other activities/events that were part of this project.**