

THE CITY OF SANTA MONICA

WORKSITE TRANSPORTATION PLAN (WTP)

FORMS AND INSTRUCTIONS

**For WTPs due January 1, 2016 thru June 30, 2016**

## Creating A Better Community



Information, Word and PDF Format Forms on the Web @:

[www.smgov.net/tmoplans](http://www.smgov.net/tmoplans)

(Updated 04/04/2016)

***City of Santa Monica Worksite Transportation - Year 2016***

**IMPORTANT, PLEASE READ BELOW:**

On June 23, 2015 the Santa Monica City Council approved the 2015 Zoning Ordinance update along with updates to the City's Transportation Management Ordinance. The updated ordinance went into effect on July 24, 2015 and as such Chapter 9.16 has been replaced by Chapter 9.53. While the purpose and intent of the Chapter remains the same, there are several notable changes.

**Chapter 9.53 TRANSPORTATION DEMAND MANAGEMENT**

AVR Targets by District – After January 1, 2016 all employers with **30 or more employees** at a worksite must develop and implement an **Emission Reduction Plan (ERP)** for each site in the City. The plan must meet Emission Reduction Targets (ERT) established SMMC Chapter 9.53. The plan must indicate the method/s the employers' chose to meet the ERT.

Employers with 30-49 employees will no longer be allowed submit Worksite Transportation Plans (WTP)

## General Information

The City of Santa Monica Worksite Transportation Plan consists of forms that must be completed and returned to the City of Santa Monica.

The plan forms are to be used by employers filing either an initial plan or an update plan. You may generate your own transportation plan forms on a computer, but they must contain all the information in the same order as the forms that are provided in this handbook.

**Plan forms, in “pdf” and “Word” format, can also be found at:**

[www.smgov.net/tmoplans](http://www.smgov.net/tmoplans)

**One Copy** of the completed plan must be submitted to the City of Santa Monica on or before your plan due date. The information submitted by the employer must remain in the order specified in the plan. Plans without all of the elements specified will be considered incomplete and will not be approved by the City.

The following step-by-step guidelines should be used by employers to understand the process involved in developing their Worksite Transportation Plans (WTP). By following the steps identified below, employers will be better able to prepare a WTP that will meet or exceed the Transportation Demand Management (TDM) Ordinance requirements and be approved by the City of Santa Monica.

1. Read the City of Santa Monica Municipal Code (SMMC) Chapter 9.53, “10-29 Employees”.
2. Designate an On-Site Contact Person and that person can contact us for assistance or training.
3. Have the On-Site Contact Person read SMMC Chapter 9.53. “10-29 Employees”.
4. Educate and inform employees about SMMC Chapter 9.53.
5. Complete the WTP.
6. Obtain a letter of commitment from your company's Chief Executive Officer or highest ranking official at the worksite. The letter of commitment must contain:

A commitment to fully implement the WTP.

A signature of the highest-ranking official on site.

A statement that the data in the WTP is accurate to the best of the employer's knowledge.

7. Submit the WTP (one copy) and the applicable Transportation Impact Fee (refer to the Transportation Impact Fee Filing Form) to the City of Santa Monica for review by the specified deadline. Please do not submit notebooks, binders or other bulky materials to hold your plans; submit forms only. Submission can also be completed electronically through email.
8. Keep your current plan for two years and update employee information yearly.

*Note: Improperly prepared plans will be returned for corrections and will be subject to disapproval*

### Plan completion check list:

Impact Fee; check payable to the City of Santa Monica or credit card.

Worksite Transportation Plan - Pages requesting completion.

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## Employer Annual Transportation Fee Filing Form/Invoice

Use this form to determine your WTP filing fees required under the City's Worksite TDM Ordinance. Failure to submit a WTP with the required fee is a violation of the TDM Ordinance and may subject the employer to penalties.

In Column 1 (Site ID #), indicate Business License ID number of each work site for which you are filing plans. In Column 2 (Site Address), indicate Street Address and Zip Code of site to correspond with Column 1. In Column 3 (# of Employees), indicate total number of employees at each worksite to correspond with Columns 1 and 2.

Fees are based on the total number of employees at each site (all shifts). Using the fee structure below, calculate the amount due according to the number of employees per site and enter in Column 4. Employers with multiple sites may use additional pages if necessary.

**FEE = \$17.85 PER EMPLOYEE: WTPs with 30 or more employees will not be accepted.**

Indicate the total amount of fees submitted under Column 4.

Payment can be made by check, made out to the City of Santa Monica, or credit card for the appropriate Employer Annual Transportation Fee. Credit card payments can be made by telephone or completing the "One-Time Credit Card Authorization Form" in the ERP.

Checks should be payable to the City of Santa Monica. Please mail this form with the check and the completed Worksite Transportation Plan to:

WTP, Mobility Division, City of Santa Monica, 1685 Main Street, Room 115,  
P.O. Box 2200, Santa Monica, CA 90407-2200. **DO NOT** send the check separately.

**For Electronic Submission:** email [teamplans@smgov.net](mailto:teamplans@smgov.net)

If you have any questions regarding this form please call the Mobility Division at:  
**Luis Morris: 310.458.8957, [luis.morris@smgov.net](mailto:luis.morris@smgov.net)**  
**Jacquilyne Brooks de Camarillo: 310.458.8956, [jacquilyne.brooks@smgov.net](mailto:jacquilyne.brooks@smgov.net)**  
**Jack Moreau: 310.458.2201 x2344, [jack.moreau@smgov.net](mailto:jack.moreau@smgov.net)**

**COMPANY NAME:** \_\_\_\_\_  
**WTPs with 30 or more employees will not be accepted.**

COLUMN 1 Site ID #	COLUMN 2 Site Address/Zip Code	COLUMN 3 # of Employees	COLUMN 4 Amount Due
<b>LATE FEE 25%</b>			
<b>TOTAL FEES &amp; CHECK #:</b>			\$



**PLANNING & COMMUNITY DEVELOPMENT  
MOBILITY DIVISION**  
1685 Main Street Room 115  
Santa Monica, C90401  
Tel: (310) 458-8291 • Fax: (310) 576-9170

### One-Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the City of Santa Monica to make a one-time debit to your credit card listed below. Please provide a copy of the credit card holder's identification card.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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**Please complete the information below:**

I \_\_\_\_\_ authorize the City of Santa Monica to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)  
\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone# \_\_\_\_\_  
Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Cardholder Name _____
Account Number _____
Expiration Date ____ / ____
CVV2 (3 digit number on back of Visa/MC) _____

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Office Use Only:	G/L# _____	Amount: _____
	G/L# _____	Amount: _____
	G/L# _____	Amount: _____

# Management Commitment Letter

Date \_\_\_\_\_

---

**Company/Worksite Name**

Site ID #

City of Santa Monica  
Mobility Division  
1685 Main St., Room 115  
P.O. Box 2200  
Santa Monica, Ca 90407-2200

As the highest ranking official at this worksite, or as the executive officer responsible for allocating the resources necessary to implement the plan, I attest the attached Worksite Transportation Plan will be implemented as described and as approved by the City of Santa Monica.

I further declare that, in accordance with SMMC Chapter 9.53, all data in the plan is accurate and verifiable to the best of my knowledge.

Sincerely,

\_\_\_\_\_  
Signature of Official in Charge

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

## Section I: Employer Profile

**A. Name & Address of Organization:** (site address)

How many of your employees live in Santa Monica \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number, Street and Suite

\_\_\_\_\_  
Zip Code

**B. Contact Person:** (All correspondence regarding this program will go to the person and address shown here.)

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
**E-mail Address - MANDATORY**

\_\_\_\_\_  
Phone, Extension and Fax

\_\_\_\_\_  
Number, Street and Suite

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

**C. Type of Business:** (explain briefly)

\_\_\_\_\_

**D. Highest ranking official at this Site:**

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
**E-mail Address - MANDATORY**

\_\_\_\_\_  
Phone, Extension and Fax

**E. On-Site Contact:**

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
**E-mail Address - MANDATORY**

\_\_\_\_\_  
Department, Phone, Extension and Fax

**F. Employee Commute Mode (Mandatory completion for WTP approval)**

The answers should be estimated on the majority of an employee's commute during a work week.

How many employees **DRIVE ALONE** to the worksite: \_\_\_\_\_

How many employees **CARPOOL** to the worksite: \_\_\_\_\_

How many employees **COMMUTE USING PUBLIC TRANSIT** to the worksite: \_\_\_\_\_

How many employees **BIKE** to the worksite: \_\_\_\_\_

How many employees **WALK, SKATE or SKATEBOARD** to the worksite: \_\_\_\_\_

**G. Branch Site Information:**

List all sites within the City of Santa Monica with 10 or more employees. (use additional sheets if necessary)

1. > \_\_\_\_\_  
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

\_\_\_\_\_  
Number, Street Name, Zip Code

2. > \_\_\_\_\_  
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

\_\_\_\_\_  
Number, Street Name, Zip Code

3. > \_\_\_\_\_  
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

\_\_\_\_\_  
Number, Street Name, Zip Code

4. > \_\_\_\_\_  
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

\_\_\_\_\_  
Number, Street Name, Zip Code

5. > \_\_\_\_\_  
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

\_\_\_\_\_  
Number, Street Name, Zip Code

6. > \_\_\_\_\_  
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

\_\_\_\_\_  
Number, Street Name, Zip Code

7. > \_\_\_\_\_  
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

\_\_\_\_\_  
Number, Street Name, Zip Code

## Section II: Worksite Analysis

### A. Which transit lines stop within 1/4 mile or 3 blocks from your worksite:

**Big Blue Bus:** “Blue – The Transit Store”, 310.451.5444, 1444 4th St.  
Schedules, Maps, Bus Passes/Tokens and other information

\_\_\_\_\_ 1      \_\_\_\_\_ 2      \_\_\_\_\_ 3/Rapid 3      \_\_\_\_\_ 4      \_\_\_\_\_ 5      \_\_\_\_\_ 7/Rapid 7  
 \_\_\_\_\_ 8      \_\_\_\_\_ 9      \_\_\_\_\_ 10/Rapid 10      \_\_\_\_\_ 12/Rapid 12      \_\_\_\_\_ 14  
 \_\_\_\_\_ 15      \_\_\_\_\_ 16      \_\_\_\_\_ 18      \_\_\_\_\_ 41      \_\_\_\_\_ 42      \_\_\_\_\_ 44

**Metro:** \_\_\_\_\_ 4 (24 hr.)/704 Rapid    \_\_\_\_\_ 20/720 Rapid    \_\_\_\_\_ 33 (24 hr.)/333 Rapid    \_\_\_\_\_ 534    \_\_\_\_\_ Expo Rail

### B. Bike Santa Monica:

There are many bike ways and facilities expanding throughout the City of Santa Monica. For your most up to date information go to – [www.bikesantamonica.org](http://www.bikesantamonica.org)

**BREEZE BIKESHARE - Kyle Kozar, Bike Share Coordinator, 310.458.2201 x5769, [kyle.kozar@smgov.net](mailto:kyle.kozar@smgov.net)**

Santa Monica’s Breeze Bike Share is LA County’s first public bike share system, which provides 500 public bicycles at 75 stations throughout Santa Monica and select locations in Venice. Breeze bicycles offer flexibility for fun bike rides to get around town, reduce traffic congestion and improve air quality. Payment options include “pay-as-you-go”, monthly or annual memberships. Register at [www.breezebikeshare.com](http://www.breezebikeshare.com) or through the Social Bicycles app for IOS and android.

**SANTA MONICA BIKE CENTER: 310.656.8500, [info@smbikecenter.com](mailto:info@smbikecenter.com)**

For all of your cycling needs. Rent a bike to keep at your facility for your employees’ use. Bike storage, repairs, parts, safe cycling routes, employee loaner bikes, free urban cycling safety class information and more...

**SANTA MONICA SPOKE:** Local bicycling outreach chapter of the Los Angeles County Bicycle Coalition (LACBC), dedicated to improving biking in the City of Santa Monica. A community based nonprofit working to make Santa Monica more sustainable, and a better place to live, walk, bike, work and play. [www.smspoke.org](http://www.smspoke.org)

### C. Worksite Services / Amenities Inventory:

Indicate which of the following services / amenities are available to your employees within 1/4 mile of your work site.

- |   |   |
|---|---|
| _____ Transit Pass Sales (Monthly)        | _____ Fitness Center                    |
| _____ Showers                             | _____ Post Office Services              |
| _____ Clothes Lockers                     | _____ Movie / Show / Event Ticket Sales |
| _____ Bike Racks                          | _____ Dry Cleaning Service              |
| _____ Bike Lockers                        | _____ Pharmacy                          |
| _____ Bikes Are Allowed Inside Worksite   | _____ Retail Stores                     |
| _____ Air Pump                            | _____ Food / Convenience Stores         |
| _____ Bike Repair Kit or Service          | _____ Auto Services                     |
| _____ Lunch Room                          | _____ Grooming (Hair / Beauty Salon)    |
| _____ Vending Machines                    | _____ Medical / Dental Offices          |
| _____ Restaurant/Catering Truck/Cafeteria |   |
| _____ Direct Deposit                      | Other (state) _____                     |
| _____ ATM / Banks / Check Cashing         |   |
| _____ Day Care Center                     | _____ Other (state) _____               |

## Section IV: Mandatory On-site Information Requirements

### A. RIDESHARING INFORMATION - Complete 1. or 2.

\_\_\_\_\_ **1. RIDESHARING INFORMATION KIOSK OR BULLETIN BOARD** (updated annually)  
Type of information to be posted: Carpool, Vanpool, Bicycle, Walk, Public/Mass transit  
(check all that apply)

\_\_\_\_\_ Posters    \_\_\_\_\_ Maps    \_\_\_\_\_ Flyers    \_\_\_\_\_ Memos

\_\_\_\_\_ **MANDATORY INFORMATION**

**Name of Onsite Contact Person, Public and pages 6 and 8 of your WTP**

OR

\_\_\_\_\_ **2. MONTHLY RIDESHARE INFORMATION DISTRIBUTION**

Type of information to be distributed: Carpool, Vanpool, Bicycle, Walk, Public/Mass transit  
(monthly records must be maintained and submitted with WTP update annually)

\_\_\_\_\_ Paycheck Stuffers    \_\_\_\_\_ Article in Company Newsletter

\_\_\_\_\_ Rideshare Newsletter    \_\_\_\_\_ Memos    \_\_\_\_\_ E-mail

### B. NEW EMPLOYEE ORIENTATION - Complete 1. or 2.

\_\_\_\_\_ **1. REVIEW INFORMATION CONTAINED IN THIS WTP**

OR

\_\_\_\_\_ **2. NEW EMPLOYEES WILL BE PROVIDED WITH A COPY OF THIS WTP TO:**

\_\_\_\_\_ Review    \_\_\_\_\_ Keep

**C. MANDATORY ON-SITE TRANSIT INFORMATION** (To be kept on-site at all times)

**Santa Monica Big Blue Bus:** ..... 310.451.5444

**“Blue – The Transit Store”** 1444 4th St.

Schedules, Maps, Bus Passes/Tokens and other information

**Metro:** ..... 323.GOMETRO (466.3876)

Maps, pass and token purchase information (Where, when and how much?)

Schedules (Information for that stop within 1/4 mile or blocks from your worksite)

**Metro Commute Services**, Maps for “Park & Ride” lots, English and Spanish information of carpools, vanpools, bicycling, telecommuting, other bus lines, Expo, Red, Blue & Green line light-rail lines, and freeway conditions.

**Caltrans:** .....800.427.ROAD (427.7623)

Direct telephone line for California freeway conditions.

**USEFUL INTERNET ADDRESSES**

City of Santa Monica Mobility Division ..... <http://www.smgov.net/tmo>

City of Santa Monica..... [www.smgov.net](http://www.smgov.net)

Santa Monica BIG BLUE BUS .....[www.bigbluebus.com](http://www.bigbluebus.com)

Metrolink .....[www.metrolinktrains.com](http://www.metrolinktrains.com)

Metro.....[www.metro.net](http://www.metro.net)

Metro Commute Services: ..... [http://www.metro.net/riding\\_metro/commute\\_services/default.htm](http://www.metro.net/riding_metro/commute_services/default.htm)

Maps for “Park & Ride” lots, English and Spanish information of carpools, vanpools, bicycling, telecommuting, other bus lines, Expo, Red, Blue & Green light-rail lines, and freeway conditions.

Los Angeles County Bicycle Coalition..... [www.labikecoalition.org](http://www.labikecoalition.org)

California Bicycle Coalition ..... [www.calbike.org](http://www.calbike.org)

Bike Link ..... [www.bikelink.com](http://www.bikelink.com)

Caltrans - California freeway conditions..... [www.dot.ca.gov](http://www.dot.ca.gov)

Sigalert.com – Live Freeway Traffic Conditions..... [www.sigalert.com](http://www.sigalert.com)

# EDUCATIONAL INFORMATION & POSTERS

<b>Metro Commute Services, Valerie Rader (vanpool services)</b> .....	<b>213.922.2535</b>
<b>Metro Commute Services, Mary Ann Garcia, (ridesharing services)</b> .....	<b>213.922.6226</b>
<b>Santa Monica BIG BLUE BUS</b> .....	<b>310.451.5444</b>
Los Angeles Bicycle Coalition .....	213.629.2142
California Bicycle Coalition.....	916.446.7292
Caltrans, direct telephone line for California freeway conditions.....	800.427.ROAD (427.7623)
American Lung Association.....	800.LUNG USA (586.4872)
Sierra Club.....	213.387.4287
Association for Commuter Transportation.....	202.393.3497
Coalition for Clean Air.....	310.441.1544
California Air Resources Board (CARB) .....	800.242.4450
Metro (formerly MTA/Metropolitan Transit Authority) .....	323.GOMETRO (466.3876)

## USEFUL INTERNET ADDRESSES

Breeze Bike Share .....	<a href="http://www.breezebikeshare.com">www.breezebikeshare.com</a>
City of Santa Monica Mobility Division .....	<a href="http://www.smgov.net/TMO">www.smgov.net/TMO</a>
Bike Santa Monica .....	<a href="http://www.bikesantamonica.org">www.bikesantamonica.org</a>
City of Santa Monica.....	<a href="http://www.smgov.net">www.smgov.net</a>
Santa Monica BIG BLUE BUS .....	<a href="http://www.bigbluebus.com">www.bigbluebus.com</a>
Santa Monica Bike Center .....	<a href="http://www.smbikecenter.com">www.smbikecenter.com</a>
Santa Monica Spoke, S.M Cycling Outreach Organization.....	<a href="http://www.smspoke.org">www.smspoke.org</a>
Sustainable Streets.....	<a href="http://www.sustainablestreets.org">www.sustainablestreets.org</a>
Metrolink .....	<a href="http://www.metrolinktrains.com">www.metrolinktrains.com</a>
Metro .....	<a href="http://www.metro.net">www.metro.net</a>
Maps for "Park & Ride" lots, English and Spanish information of carpools, vanpools, bicycling, telecommuting, other bus lines, Red, Blue, Green, Gold, Expo light rail lines, and freeway conditions.	
Los Angeles County Bicycle Coalition.....	<a href="http://www.labikecoalition.org">www.labikecoalition.org</a>
California Bicycle Coalition.....	<a href="http://www.calbike.org">www.calbike.org</a>
Caltrans - California freeway conditions.....	<a href="http://www.dot.ca.gov">www.dot.ca.gov</a>
American Lung Association.....	<a href="http://www.lung.org">www.lung.org</a>
Sierra Club.....	<a href="http://angeles.sierraclub.org">angeles.sierraclub.org</a>
Association for Commuter Transportation (ACT) Southern California Chapter.....	<a href="http://www.socalact.org">www.socalact.org</a>
AAA - Automobile Club of Southern California.....	<a href="http://www.calif.aaa.com/home.html">www.calif.aaa.com/home.html</a>
Ride Amigos (Carpool Matching Service) .....	<a href="http://www.rideamigos.com">www.rideamigos.com</a>
South Coast Air Quality Management District (SCAQMD).....	<a href="http://www.aqmd.gov">www.aqmd.gov</a>
California Air Resources Board.....	<a href="http://www.arb.ca.gov">www.arb.ca.gov</a>
Sigalert.com.....	<a href="http://www.sigalert.com">www.sigalert.com</a>



# Employer Exemption Request Form - 10

WTP, Exemption Request  
Mobility Division  
City of Santa Monica  
1685 Main St., Room 115  
P.O. Box 2200  
Santa Monica, CA 90407-2200

Date \_\_\_\_\_

I am an authorized representative of \_\_\_\_\_,  
an employer subject to the City of Santa Monica's (the City) Transportation Management Plan  
(TMP) Ordinance. I write to request that the employer named in this letter be exempted from the  
need to file the City's TMP Ordinance Trip Reduction Plan on the grounds that the:

**Total employee population** is \_\_\_\_\_, below the minimum 10 employee level.

## OFFICIAL DOCUMENTATION OF EMPLOYEE POPULATION ATTACHED AS FOLLOWS

\_\_\_\_\_ Payroll Records or \_\_\_\_\_ Insurance records

\_\_\_\_\_ Other \_\_\_\_\_

as specified by the Ordinance.

Please contact me if you require additional information.

Sincerely,

\_\_\_\_\_  
Signature of Official in Charge

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title Telephone Number

***City of Santa Monica Worksite Transportation - Year 2016***

# TRAINERS & CONSULTANTS

If you do not have a **Certified or Corporate ETC or a Consultant**, you must designate a representative and have them trained by a City and/or SCAQMD approved training provider (see below), or a consultant responsible for preparing, implementing and monitoring the ERP.

## EMPLOYERS WITH 30-249 EMPLOYEES

Note: Training is an eight-hour course in a group or private setting primarily in Santa Monica.

## TRAINERS & CONSULTANTS:

**Melinda Sue Norin**  
**Melinda Sue Norin & Associates**  
11271 Huston St.  
W. Toluca Lake, CA 91601-4408  
818.766.4044  
melindasu@hotmail.com

**Cara Rice**  
800 South Pacific Coast Highway,  
Suite 8-344  
Redondo Beach, CA 90277-4778  
310.493.9336  
facerice@aol.com

**Rashmi Bansal**  
**RideLinks, Inc.**  
1 S. Fair Oaks Ave., Suite 302  
Pasadena, CA 91105  
626.440.9933  
rashmi@ridelinks.com  
www.ridelinks.com

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**EMPLOYERS WITH 250 OR MORE EMPLOYEES** are required to be trained by the SCAQMD and/or utilize the services of a consultant:

Note: Training is an eight-hour course in a group setting in Diamond Bar or a SCACMD chosen alternating location

**SCAQMD**  
21865 E. Copley Drive  
Diamond Bar, CA 91765  
(909) 396-3271, <http://www.aqmd.gov/trans/training.html>

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## CONSULTANTS ONLY:

**Linda Paradise**  
**Paradise Consulting**  
2425 Olympic Bl., 4060W  
Santa Monica, CA 90404  
310.453.1714  
paradiseconsulting@sbcglobal.net

**Carolyn DeVinny**  
**The DeVinny Group**  
3760 Motor Ave.  
Los Angeles, CA 90034  
310.559.8575  
devgrp@earthlink.net

We recommend that you call around about services and prices.