

Employee Trip Reduction Plan

For ETRPs due July 1, 2015 thru June 30, 2016

Forms and Instructions



Creating A Better Community

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

<http://www.smgov.net/tmoplans>

(updated 04/22/2015)

Guidelines for Employee Trip Reduction Plan (ETRP)

Please take a moment to read over these guidelines before completing your ETRP as some requirements may have changed.

General Information

The City of Santa Monica ETRP consists of forms that must be completed and returned to the City of Santa Monica's Strategic Transportation & Planning Division on or before your plan due date. These document the employer's Employee Trip Reduction Plan, "which will be reasonably likely to result in the attainment of a 1.5 a.m. and p.m. Average Vehicle Ridership (AVR)".

Please review the instructions included in the plan and these guidelines. If you need further assistance contact the Strategic Transportation & Planning Division at 310.458.8956 or 310.458.8957.

The plan forms that follow are to be completed in order to properly file your ETRP. Additional plan forms in Word or PDF format can be found on our website at: www.smgov.net/tmoplans

Plan Preparation

Review the City's Transportation Management Ordinance. A copy of the ordinance can be found on our website at: www.smgov.net/tmoplans

Designate an Employee Transportation Coordinator (ETC) or hire a certified consultant to act as your ETC.

Complete the necessary ETC training. Employers with 50-249 employees should contact one of the City-certified trainers listed on page 45 of these plan forms. Employers with 250 or more employees are required to attend the SCAQMD training. For SCAQMD training information please go to their website at: www.aqmd.gov/trans/traing.html

All employers must conduct an employee Average Vehicle Ridership (AVR) Survey.

Contact Metro Commute Services for assistance with your survey and no cost incentive and marketing strategies. Account Executive: Mary Ann Garcia, 213-922-6226.

Employee AVR Survey

Conduct your AVR survey during the morning and evening peak periods (6:00 a.m. to 10:00 a.m. and 3:00 p.m. to 7:00 p.m.) for the five consecutive days when the majority of employees report to or depart from work.

Weeks with holidays may not be used as AVR survey periods. Please see the Ordinance for detailed information.

Compile and analyze AVR data. Calculate your AVR using the forms provided.

Good Faith Effort

Employers who do not meet the City's a.m. and p.m. AVR Target of 1.50 are required to implement certain minimum Good Faith Effort requirements designed to increase their AVR over the next plan year:

Marketing Strategies

Marketing is the most important tool in assembling and implementing a successful plan. Employers must implement a minimum of five Marketing Strategies, including two mandatory strategies. Failure to meet these minimum marketing requirements will result in plan disapproval.

Basic Support and Direct Strategies

Employers must meet the minimum requirements of five Basic/Support Strategies and five Direct Strategies as detailed in the Strategies form. Failure to meet these minimum requirements will result in plan disapproval.

Parking Cash Out

The State of California, in accordance with Health and Safety Code Section 43845, requires employers who have 50 or more employees, and who lease their parking, to implement a Parking Cash-Out Program.

The City of Santa Monica's Ordinance 1604 requires all employers subject to Parking Cash-Out to include Parking Cash-Out as a part of their ETRP. The City will disapprove the plan of any employer who is subject to Parking Cash-Out requirements and does not include a parking cash-out strategy in their ETRP.

A Parking Cash-Out Program encourages ridesharing by offering the employee the option of accepting the entire cost of the parking subsidy in exchange for giving up their parking space

If you do not subsidize any employee parking, or if you own your own parking, you are exempt from Parking Cash-Out requirements. For more information please visit the California Air Resources Board website at: <http://www.arb.ca.gov/planning/tsaq/cashout/cashout.htm>

Plan Submission

Submit **one** unbound copy of your ETRP, via mail or email:

- A copy of the training certificate for your company's ETC, Consultant ETC and/or Sr. ETC if applicable
- Payment can be made by check or money order, made out to the City of Santa Monica, by credit card for the appropriate Employer Annual Transportation Fee. Credit card payments can be made by completing the "One-Time Credit Card Authorization Form" in the ETRP.

Your ETRP forms and payment are due to the City no later than your plan due date. Postmarks are accepted.

Please make sure all of the forms have been filled out correctly. If forms are missing or incomplete, your plan will be disapproved. **Do not include instruction pages, reference pages or employee surveys when you submit your plan forms.**

Discounts to Employer Annual Transportation Fee

If you achieve both your a.m. and p.m. AVR Target and/or are a member of a City-certified Transportation Management Association, and believe you qualify for a discount on your fees, please call the Strategic Transportation & Planning Division for discount approval **before** you submit your plan. Plans submitted with unauthorized discounts may be disapproved.

Employer Annual Transportation Fee Filing Form/Invoice

Only use this Employee Trip Reduction Plan (ETRP) if you **do not** plan on purchasing Mobile Source Emission Reduction Credits (MSERC) from MSERC Brokers.

Your Employer Annual Transportation Fee: \$14.72 per employee

Employers with multiple sites may use additional pages if necessary.

If you have any questions regarding this form please call the Strategic Transportation & Planning Division at:
Luis Morris 310.458.8957, luis.morris@smgov.net or
Jacquilyne Brooks de Camarillo 310.458.8956, jacquilyne.brooks@smgov.net

COMPANY NAME: _____

Site ID #	Site - Street Address	# of Employees	Amount Due
Subtotal			
<input type="checkbox"/> 25% - TMA Membership Discount MINUS *AVR TARGET ATTAINMENT DISCOUNT <input type="checkbox"/> 40% - 1ST CONSECUTIVE YEAR <input type="checkbox"/> 50% - 2ND CONSECUTIVE YEAR, <input type="checkbox"/> 60% - 3RD CONSECUTIVE YEAR			
CHECK #: _____			\$
TOTAL FEES – PLEASE PAY THIS AMOUNT			

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

FOR USPS: ETRP, STRATEGIC TRANSPORTATION & PLANNING DIVISION, CITY OF SANTA MONICA, 1685 MAIN STREET, ROOM 115, P.O. BOX 2200, SANTA MONICA, CA 90407-2200

FOR COURIER/SHIPPING SERVICE: ETRP, STRATEGIC TRANSPORTATION & PLANNING DIVISION, CITY OF SANTA MONICA, 1685 MAIN STREET, ROOM 115, SANTA MONICA, CA 90401

For Electronic Submission: email teamplans@smgov.net

DO NOT send the check separately. *To deduct the AVR Target Attainment Discount, you must receive approval by calling the City's Strategic Transportation & Planning Division.

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.

Please complete the information below:

I _____ authorize the City of Santa Monica 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 _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: Visa MasterCard Discover American Express

Cardholder Name _____

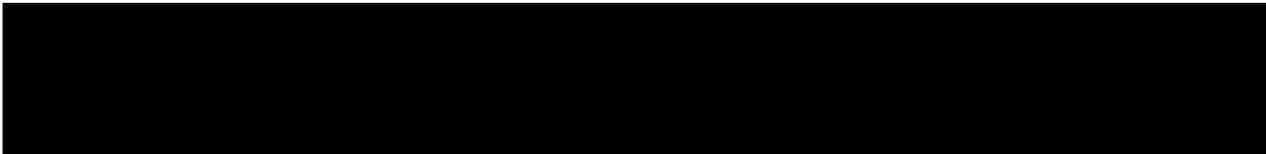
Account Number _____

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.



Management Commitment Letter

Date

Company/Worksite Name Business License #

City of Santa Monica
Planning & Community Development Department
Strategic Transportation & Planning Division
1685 Main St., Room 115
P.O. Box 2200
Santa Monica, C90407-2200

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 Employee Trip Reduction Plan will be implemented as described and as approved by the City of Santa Monica.

I further declare that, in accordance with Ordinance 1604, 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

Email Address

Exemption Request Form - 250

This form must be completed by, **only**, employers with **250 or more employees**.

FAX: (310) 576-9170

Strategic Transportation & Planning Division

City of Santa Monica

1685 Main St., Room 115

P.O. Box 2200

Santa Monica, C90407-2200

- A. I write to request that the employer named in this letter be exempted from the need to file the SCAQMD's Rule 2202 on the grounds that the employer will be complying with the City's TMP Ordinance.

- B. I write to request that the employer named in this letter be exempted from the need to file the City's TMP Ordinance on the grounds that the employer will be complying with the SCAQMD's Rule 2202 as part of a multi-site plan, as per Assembly Bill 1336.

Employer Name

Number, Street and Suite

Signature of Highest Ranking Official Date

Print Name of Highest Ranking Official Title

DO NOT WRITE BELOW THIS LINE - FOR TEAM DIVISION STAFF ONLY

Section I: Employer Profile

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

Check box if this information is UNCHANGED since your last plan and go to B.

Employer Name

Number, Street and Suite

B. Contact Person:

All correspondence regarding this program will go to the person and address shown here.

Name, Title and Department

Number, Street and Suite

City, State and Zip Code + 4

Phone, Extension, Fax and E-mail Address (IMPORTANT)

C. Type of Business: (explain briefly)

D. Highest ranking official at this Site:

Name, Title

Phone, Extension, Fax and E-mail Address (IMPORTANT)

E. Certified On-Site Coordinator: (check applicable)

ETC On-site Coordinator Senior/Corporate ETC Consultant ETC

Name, Title and E-mail Address (IMPORTANT)

Department, Phone, Extension and Fax

CERTIFICATION TRAINER: SCAQMD, Melinda Sue Norin, Cara Rice, OTHER

LAST CERTIFICATION TRAINING DATE: _____

F. Other ETC: (check applicable)

ETC, On-site Coordinator, Senior/Corporate ETC, Consultant ETC
Please attach a copy of initial training certificate.

Name, Title and **E-mail Address (IMPORTANT)**

Company Name

Address, Suite, City

State, Zip Code, Phone, Fax

Check here if also Plan Preparer.

CERTIFICATION TRAINER: _____

LAST CERTIFICATION TRAINING DATE: _____

G. Is your organization a member of the Association of Commuter Transportation (ACT)?

Yes No

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

Check box if this information is UNCHANGED since your last plan and leave blank.

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

Number, Street Name, City, Zip Code

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

Number, Street Name, City, Zip Code

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

Number, Street Name, City, Zip Code

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

Number, Street Name, City, Zip Code

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

Number, Street Name, City, 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, 223 Broadway west of the 3rd St. Promenade, Schedules, Maps, Bus Passes/Tokens and other information

1 2 3 / Rapid 3 4 5 6 7 / Rapid
 8 9 10 11 14 Sunset Ride Cross Town Ride

Metro: 4 (24 hr.) / 704 20 / 720 Rapid / 920 33 (24 hr.) / 333 534

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

Santa Monica Bike Center: Ron Durgin, (310) 656-8500, 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...

C. Worksite Services / Amenities Inventory:

Indicate which of the following services / amenities, WITHIN ¼ MILE, that are available to your employees.

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

D. Parking Cash-Out Program – Must be completed by all employers.

The State of California, Health and Safety Code Section 43845, and the City of Santa Monica TMP Ordinance 1604 requires all employers with 50 or more employees, who provide subsidized parking for their employees to offer a cash allowance in lieu of a parking space. For additional information on Parking Cash-Out, including applicability, please visit CARB’s web page: www.arb.ca.gov/planning/tsaq/cashout/cashout.htm.

A Parking Cash-Out Program encourages ridesharing by offering the employee the option of accepting the entire cost of the parking subsidy in exchange for giving up their parking space.

ETRPs not complying with this regulation will be disapproved and will be considered in violation of TMP Ordinance 1604.

Number of parking spaces leased at your worksite? _____,

Monthly cost per space (range) \$ _____

Number of parking spaces leased at outside your worksite? _____

Monthly cost per space (range) \$ _____

Do you provide a “Parking Cash-Out” Program for your employees? Yes No

IF YES, complete below

Parking Cash-Out Program - The following employees are eligible for this program.

The employer will give an option to **ALL** eligible employees either to utilize the parking space or receive the subsidized value of the parking space in lieu of that parking space.

_____ How many employees are currently participating?

IF NO, complete below.

Parking Cash-Out Exemption:

Our organization is exempt from Parking-Out because (check all that apply):

- We own all of our parking spaces and do not lease additional spaces anywhere in the city.
- All our employees are charged the full cost of the leased parking spaces. Complete “Direct Strategy #21”
- The entire cost of our leased parking spaces is “bundled” into our building lease.
Include copy of Parking Attachment
- We cannot reduce the amount of parking spaces we have in our lease agreement/s.
Include copy of Lease Attachment/s

Date/s Current Lease/s Expire: _____

Section III: Employee Data By Worksite

A. Employee geographic location data - Total number and percentage of employees residing within the City of Santa Monica (Zip Codes 90401, 90402, 90403, 90404 and 90405)

TOTAL NUMBER S.M. EMPLOYEES _____ divide by TOTAL NUMBER ALL EMPLOYEES _____ multiply PERCENTAGE OF by 100 = S.M. EMPLOYEES _____

B. Employee Work Profile Data

The City of Santa Monica ETRP has TWO PEAK AVR Windows. Use the five-day period when the majority of employees arrive to and depart from work in the A.M. AVR WINDOW.

1. Current total number of employees

REPORTING TO AND DEPARTING FROM

work within the **A.M. AVR WINDOW** during the survey period. _____
Include every employee who reports to or leaves work between 6 am and 10 am, even once a week.

2. Current total number of employees

REPORTING TO AND DEPARTING FROM

work within the **P.M. AVR WINDOW** during the survey period. _____
Include every employee who reports to or leaves work between 3 pm and 7 pm, even once a week.

C. If an outside organization prepared and/or administered your survey complete this section:

Metro Rideshare CommuteSM.com Other, complete below

 Organization Name

D. Survey Response Rate:

A.M. AVR Window

Number of Surveys Received from employees reporting to and departing from work within the A.M. AVR Window

Total Number of Employees reporting to and departing from work within the A.M. AVR Window

Survey Response Rate

_____ divided by _____ multiply by 100 = _____ %

P.M. AVR Window

Number of Surveys Received from employees reporting to and departing from work within the P.M. AVR Window

Total Number of Employees reporting to and departing from work within the P.M. AVR Window

Survey Response Rate

_____ divided by _____ multiply by 100 = _____ %

Note: A minimum response rate of 75% is required, but if your survey response rate is 90% or better, you DO NOT calculate your “No Survey Response” in your AVR calculations.

E. Period Survey Was Administered: (5 consecutive busiest days. Provide dates).

 Survey Start Day & Date

 Survey End Day & Date

Average Vehicle Ridership (AVR) Survey Form

Employee Information (Please Print)

Name	Home	Zip Code
Miles to Work Site from Home (one way)	Employee I.D. #	Department/Section

Phone Ext. Signature & Date

Instructions:

Please complete the **Arrivals/Departure for: 6a.m.-10a.m. and 3p.m.-7p.m.** Fill in the correct letters from the **Transportation Modes Legend**, for each day indicating how you arrived at and departed from work during the indicated week.

Example: Survey Week: from Monday, 11/1 to Friday, 11/4

Indicate days >>>>>>>> Monday Tuesday Wednesday Thursday Friday

1. Fill in the transportation mode from legend here (letter A-CC)	A A C C C C			
---	--------------------	--	--	--

Transportation Modes Legend

- | | | |
|--------------------------|---|---|
| A. Drive Alone | L. 11 Persons in Vehicle | V. Telecommute |
| B. Motorcycle | M. 12 Persons in Vehicle | (reduction of more than 50% of trip) |
| C. 2 Persons in Vehicle | N. 13 Persons in Vehicle | W. Noncommuting |
| D. 3 Persons in Vehicle | O. 14 Persons in Vehicle | |
| E. 4 Persons in Vehicle | P. 15 Persons in Vehicle | Compressed Work Week Day (S) Off |
| F. 5 Persons in Vehicle | Q. Bus | X. 3/36 work week days off (2 days) |
| G. 6 Persons in Vehicle | R. Rail/Plane | Y. 4/40 work week day off (1 day) |
| H. 7 Persons in Vehicle | S. Walk | Z. 9/80 work week day off (1 day) |
| I. 8 Persons in Vehicle | T. Bicycle | |
| J. 9 Persons in Vehicle | U. Electric Vehicle/
Zero Emission Vehicle/
NO HYBRIDS | All Other Days Off |
| K. 10 Persons in Vehicle | | AA. Vacation |
| | | BB. Sick |
| | | CC. Other Days Off... |

Survey Week: from _____ **to** _____

Arrivals/Departures for: 6a.m.-10a.m.

If you did not arrive/depart between 6a.m.-10a.m fill in with: (CC)

Indicate days >>>>>>>>>

1. Fill in transportation mode from legend here (letters A-CC)				
--	--	--	--	--

Arrivals/Departures for: 3p.m.-7p.m.

If you did not arrive/depart between 3p.m.-7p.m. fill in with: (CC)

2. Fill in transportation mode from legend here (letters A-CC)				
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Thank you for your cooperation!

INSTRUCTIONS FOR WEEKLY EMPLOYEE SURVEY FORM

1. Please be sure you complete the **entire survey**. If you arrive to and depart from your worksite during the same 4 hour commute window, use your arrival transportation mode.
2. **Carpool:** You are a carpooler if you ride to work with one or more people who are also going to work. It does not matter if the other person or persons work at your company or at another company. Children count as carpool passengers (one per adult), when being dropped off within one mile of your worksite.

Write the correct letter in the appropriate column for each day that you carpool. For example, if you ride with one other employee on Monday and Tuesday, write "C," for a 2 person carpool in those columns. If, however, you ride with two other employees on Wednesday, Thursday and Friday, you should write "D," for a 3 person carpool for those columns. If you ride to work with three other people during the survey week, you should write "E" for a 4 person carpool for those days and so on for "F" through "P".

3. **Bus:** Write **"Q"** for days that you take a public bus or rail to and/or from work.
4. **Rail / Plane:** Write **"R"** for days that you take a public bus or rail to and/or from work.
5. **Walk:** Write **"S"** for every day that you walked, jogged or skated to and/or from work.
6. **Bicycle:** Write **"T"** for every day that you rode your bike to and/or from work.
7. **Electric Vehicle:** Write **"U"** for every day that you drove an electric vehicle to and/or from work. No Hybrids.
8. **Telecommute:** Write **"V"** for the day/s you telecommuted by working at home the entire day or if you commuted to a satellite work station (resulting in a reduction of at least 51% of your commute distance between home and the worksite) by driving alone. You may utilize "V" only if your company has a formal telecommuting policy.
9. **Noncommuting:** Write **"W"** on the days you are either outside the counties of Riverside, Orange, Los Angeles and San Bernardino to complete work assignments or you generate no vehicle trips associated with arriving at or leaving the worksite (e.g. hospital employees, fire fighters, airline employees...).

10. Compressed Work Week Days Off: Write **"X - Z"** on the days you had off.

11. **Other Days Off:** Write **"AA"**-Vacation, **"BB"**-Sick or **"CC"**-on all other days you had off or outside the time windows.

If you have any questions regarding the survey form, ask your ETC.

Examen Forma de Medio Paseo en Vehiculo

(Por favor, escribe con letras de imprenta) Nombre

Codigo Postal de Su Casa

Millas al Trabajo Cada Vuelta

Empleado I.D. #

Departamento

Telefono/Extensión

Firma y Fecha

Instrucciones: Por favor indique cuando que **reporta y sale del trabajo de 6a.m.-10a.m. y 3p.m-7p.m.** Indique el modo de transportacion en la casilla apropiado como viaje al trabajo o la razon por dia(s) de descanso cada dia de la semana indicada.

Ejemplo: Semana Examen: de Lunes, 11/1 a Viernes, 11/4

Indique los dias >>>>>>>>>>
Indique el modo de transportacion para cada dia aqui, (A-CC)

	Lunes	Martes	Miercoles	Jueves	Viernes
	A A C C C C				

Leyenda de los Modos de Transportacion

- A. Maneja sólo
- B. Motocicleta
- C. En auto con 2 personas
- D. En auto con 3 personas
- E. En auto con 4 personas
- F. En auto con 5 personas
- G. En auto con 6 personas
- H. En auto con 7 personas
- I. En auto con 8 personas
- J. En auto con 9 personas
- K. En auto con 10 personas

- L. En auto con 11 personas
- M. En auto con 12 personas
- N. En auto con 13 personas
- O. En auto con 14 personas
- P. En auto con 15 personas
- Q. Transportes Publico
- R. Tren / Avion
- S. Camine
- T. Bicicleta
- U. Auto de electrico
- NO INCLUIR HIBRIDOS**

- V. Trabaje en casa
- W. Sin Viajar

Semana de Trabajo Condesada

- X. 3/36, 2 mas dias de decanso de semana
- Y. 4/40, 1 mas dias de decanso de semana
- Z. 9/80, 1 mas dias de decanso de 2 semanas

Dias de Descanso

- AA. Vacaciones
- BB. Enfermo
- CC. Otros dias de descanso,

Semana Examen: de _____ a _____

Reporta/Sale del trabajo de: 6a.m.-10a.m.

Si usted no reporta o sale del trabajo entre 6a.m. y 10a.m., indique: **(CC)**

Indique los dias >>>>>>>>>>

Indique el modo de transportacion para cada dia aqui, (A-CC)

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Reporta/Sale del trabajo de: 3p.m.-7p.m.

Si usted no reporta o sale del trabajo entre 3p.m. y 7p.m., indique: **(CC)**

Indique el modo de transportacion para cada dia aqui, (A-CC).

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Gracias por su cooperacion

Instrucciones Para El Semanal Empleado Encuentra Forma

1. Termine por favor el semanal empleado encuentra forma. Si llega a y parte de su lugar de trabajo durante la misma 4 ventana de viaje diario de hora, utiliza su modo de transporte de llegada.
2. Si usted maneje al trabajo en auto con 2 or mas personas, escribe la letra correcta (**Letras C de P**) en la columna apropiada para cada día maneje al trabajo en auto con 2 or mas personas.

Consideran a los niños los pasajeros si su escuela está a una milla de su trabajo.
3. Transportes Publico (Autobus o Carril Ligero): Escribe la letra **Q** para cada día que usted viajó al trabajo sobre un tren o autobus.
4. Transportes en tren o avion: Escribe la letra **R** para cada día que usted viajó al trabajo sobre en tren or avion.
5. Camine: Escribe la letra **S** para cada día que usted caminó para trabajo.
6. 5. Bicicleta: Escriba la letra **T** para cada día que usted montó en bicicleta para tabajar.
7. Auto de Eléctrico: Escribe la letra **U** para cada día que usted maneje un auto de eléctrico al trabajo.
8. Trabaje en Casa: Escribe la letra **V** para cada día que usted trabaje en casa. Escribe la letra **U** solamente si su compañía tiene una politica escribe de la trabaje en casa.
9. Sin Viajar: Escribe la letra **W** para cada día que usted no trabajar en los condados de Riverside, Orange, Los Angeles, o San Bernardino o usted no dejó el trabajo por 24 hours.
10. Dias de Descanso de Semana de Trabajo Condesada: Escribe la letra correcta (**Letras X de Z**) para cada día de descanso.
11. Dias de Descanso: Escribe las letras **CC** para cada días de descanso, días de vacaciones, días de enfermedad, o otra días usted no trabajo.
12. Si usted hace que las preguntas con respecto a la forma pidan su Coordinador del Transporte del Empleados.

INSTRUCTIONS FOR NEXT 3 FORMS

Weekly Employee Survey Summary Form - A.M. AVR Window

1. Separate the employee surveys that are within the A.M. AVR Window from the employee surveys reporting outside of the A.M. AVR Window. Use only those surveys for employees reporting to and departing from work within the A.M. AVR Window to calculate your AVR.
2. From your employee surveys, total the number of responses for arrivals and departures within each mode by day inside the A.M. AVR Window. If an employee arrives and departs from the worksite during the same window, only report the employee's arrival. Enter the daily total in the appropriate box.
3. For each line, add columns 1 through 5 and enter total in column 6.
4. Total the daily "No Survey Response" category and enter the number in row NSR, or if you had a 90% or better response rate enter the number in row DD1.
5. Column Totals: When you total each daily column (columns 1-5) in the Weekly Employee Summary Form, they should each have the same sum; if not, a mistake has been made and your calculations will be incorrect. If you total column 6, then divide it by 5, it should also be the same. These sums are also the total amount of employees reported in the A.M. AVR Window on B., Line 1.

Weekly Employee / Vehicle Calculation - Morning Peak Period AVR

1. Transfer the weekly totals from column 6 to the corresponding category in column 1 of the Weekly Employee / Vehicle Calculation.
2. Perform the operations indicated and enter the results in column 2. For example: Total number of drive alone employee trips should be divided by 1; total number of employee trips made in 3 person carpools should be divided by 3: etc.
3. Add lines A1 through W1 from column 1 and enter total in box ET1 in column 1. Add lines in Column 2 and enter in box TV1 of column 2. This number represents the adjusted total weekly vehicle trips.
4. Add ET1 - DD1 and enter result in box EE1, column 1.
5. Enter the number of employees from B., line 1 in box FF1, multiply by 5, and enter result in box GG1.
6. The numbers in boxes GG1 and EE1 should be equal; if not, a mistake has been made and your calculations will be incorrect.

Current Worksite AVR - Morning

1. Transfer the Total Employee Trips (ET1) and Total Vehicle Trips (TV1) to the Current Worksite AVR form, lines 1 and 2, respectively.
2. Complete the Current Worksite AVR - Morning form by following steps on the form to calculate the daily vehicle reduction necessary to reach your target AVR.

Weekly Employee Summary Form - A.M. AVR WINDOW.

Fill in Days >>>>

MODE

NSR. No Response

A1. Drive Alone

B1. Motorcycle

C1. 2 person carpool

D1. 3 person carpool

E1. 4 person carpool

F1. 5 person carpool

G1. 6 person carpool

H1. 7 person carpool

I1. 8 person carpool

J1. 9 person carpool

K1. 10 person

L1. 11 person

M1. 12 person

N1. 13 person

O1. 14 person

P1. 15 person

Q1. Bus

R1. Rail / Plane

S1. Walk

T1. Bicycle

U1. Electric Vehicle

V1. Telecommute

W1. Noncommuting

Compressed Work Week Days/s Off

X1. 3/36 work week

Y1. 4/40 work week

Z1. 9/80 work week

Other Days Off

AA1. Vacation

BB1. Sick

CC1. Other

DD1. Other NSR,

COLUMN TOTALS

	1	2	3	4	5	Total
						6
NSR. No Response						
A1. Drive Alone						
B1. Motorcycle						
C1. 2 person carpool						
D1. 3 person carpool						
E1. 4 person carpool						
F1. 5 person carpool						
G1. 6 person carpool						
H1. 7 person carpool						
I1. 8 person carpool						
J1. 9 person carpool						
K1. 10 person						
L1. 11 person						
M1. 12 person						
N1. 13 person						
O1. 14 person						
P1. 15 person						
Q1. Bus						
R1. Rail / Plane						
S1. Walk						
T1. Bicycle						
U1. Electric Vehicle						
V1. Telecommute						
W1. Noncommuting						
Compressed Work Week Days/s Off						
X1. 3/36 work week						
Y1. 4/40 work week						
Z1. 9/80 work week						
Other Days Off						
AA1. Vacation						
BB1. Sick						
CC1. Other						
DD1. Other NSR,						
COLUMN TOTALS						

Columns 1,2,3,4,5, when added separately should equal each other and (Section III: Employee Data By Worksite, B., Line 1.).
When the totals of Columns 1,2,3,4,& 5 are added together, they should equal column 6 total.

Weekly Employee/Vehicle Calculations - Morning Peak Period AVR WINDOW

COMMUTE MODES	Column 1		Column 2
NSR1. No Survey Response 75%-89%		NSR1. divided by 1	
A1. Drive Alone		A1. divided by 1	
B1. Motorcycle		B1. divided by 1	
C1. 2 person carpool		C1. divided by 2	
D1. 3 person carpool		D1. divided by 3	
E1. 4 person carpool		E1. divided by 4	
F1. 5 person carpool		F1. divided by 5	
G1. 6 person carpool		G1. divided by 6	
H1. 7 person carpool		H1. divided by 7	
I1. 8 person carpool		I1. divided by 8	
J1. 9 person carpool		J1. divided by 9	
K1. 10 person carpool		K1. divided by 10	
L1. 11 person carpool		L1. divided by 11	
M1. 12 person carpool		M1. divided by 12	
N1. 13 person carpool		N1. divided by 13	
O1. 14 person carpool		O1. divided by 14	
P1. 15 person carpool		P1. divided by 15	
Q1. Bus			
R1. Rail / Plane			
S1. Walk			
T1. Bicycle			
U1. Electric Vehicle			
V1. Telecommute			
W1. Noncommuting			
Compressed Work Week Days/s Off			
X1. 3/36 work week			
Y1. 4/40 work week			
Z1. 9/80 work week			
ET1.		TV1. Total Vehicles, NSR1-P1	
AA1. Vacation			
BB1. Sick			
CC1. Other			
DD1. Other NSR, 90%			
EE1. Total ET1. - DD1.		This number should equal number in GG1.	
FF1. Number of employees in window			
GG1. Multiply box FF1. by 5			

Current Worksite AVR - Morning

1. Total employee trips generated, five day period,
within A.M. AVR Window inclusive (ET1, Column 1,) 1. _____

2. Total vehicles arriving at and leaving the worksite for the
five day period within the A.M. AVR Window.
Use (TV1., Column 2). 2. _____

3. Divide line #1 by line #2 for current morning AVR. 3. _____

4. Morning AVR target. 4. 1.50

5. Prior year morning AVR (leave blank if filing for first year). 5. _____
(Fill in last year's AVR if filed with AQMD.)

6. Divide line #1 by line #4 to compute your Transportation
Ordinance allowable vehicles. 6. _____

7. Subtract line #6 from line #2. This is your necessary
weekly vehicle reduction to reach your target morning AVR. 7. _____

8. Divide line #7 by the averaging period of five days
to calculate the necessary daily vehicle reduction to
reach your target morning AVR. 8. _____

INSTRUCTIONS FOR NEXT 3 FORMS

Weekly Employee Survey Summary Form - P.M. AVR Window

1. Separate the employee surveys that are within the P.M. AVR Window from the employee surveys reporting outside of the P.M. AVR Window. Use only those surveys for employees reporting to and departing from work within the P.M. AVR Window to calculate your AVR.
2. From your employee surveys, total the number of responses for arrivals and departures within each mode by day inside the P.M. AVR Window. If an employee arrives and departs from the worksite during the same window, only report the employee's arrival. Enter the daily total in the appropriate box.
3. For each line, add columns 1 through 5 and enter total in column 6.
4. Total the daily "No Survey Response" category and enter the number in row NSR, or if you had a 90% or better response rate enter the number in row DD2.
5. Column Totals: When you total each daily column (columns 1-5) in the Weekly Employee Summary Form, they should each have the same sum; if not, a mistake has been made and your calculations will be incorrect. If you total column 6, then divide it by 5, it should also be the same. These sums are also the total amount of employees reported in the P.M. AVR Window, B., Line 2.

Weekly Employee / Vehicle Calculation - Evening Peak Period AVR (3pm to 7pm)

1. Transfer the weekly totals from column to the corresponding category in column 1 of the Weekly Employee / Vehicle Calculation.
2. Perform the operations indicated and enter the results in column 2. For example: Total number of drive alone employee trips should be divided by 1; total number of employee trips made in 3 person carpools should be divided by 3; etc.
3. Add lines A2 through W2 from column 1 and enter total in box ET2 in column 1. Add lines in Column 2 and enter in box TV2 of column 2. This number represents the adjusted total weekly vehicle trips.
4. Add ET2 - DD2 and enter result in box EE2, column 1.
5. Enter the number of employees from B., line 1 in box FF2, multiply by 5, and enter result in box GG2.
6. The numbers in boxes GG2 and EE2 should be equal; if not, a mistake has been made and your calculations will be incorrect.

Current Worksite AVR - Evening

1. Transfer the Total Employee Trips (ET2) and Total Vehicle Trips (TV2) to the Current Worksite, lines 1 and 2, respectively.
2. Complete the Current Worksite AVR - Evening form by following steps on the form to calculate the daily vehicle reduction necessary to reach your target AVR.

Weekly Employee/Vehicle Calculations - Evening Peak Period AVR (3pm to 7pm)

COMMUTE MODES

Column 1

Column 2

NSR2. No Survey Response If 75-89%

A2. Drive alone

B2. Motorcycle

C2. 2 person carpool

D2. 3 person carpool

E2. 4 person carpool

F2. 5 person carpool

G2. 6 person carpool

H2. 7 person carpool

I2. 8 person carpool

J2. 9 person carpool

K2. 10 person carpool

L2. 11 person carpool

M2. 12 person carpool

N2. 13 person carpool

O2. 14 person carpool

P2. 15 person carpool

Q2. Bus

R2. Rail / Plane

S2. Walk

T2. Bicycle

U2. Electric Vehicle

V2. Telecommute

W2. Noncommuting

Compressed Work Week Days/s Off

X2. 3/36 work week

Y2. 4/40 work week

Z2. 9/80 work week

ET2.

AA2. Vacation

BB2. Sick

CC2. Other

DD2. Other NSR, 90%+

EE2. Total ET2. - DD2.

FF2. Number of employees in window

GG2. Multiply box FF2 by 5

NSR2. divided by 1

A2. divided by 1

B2. divided by 1

C2. divided by 2

D2. divided by 3

E2. divided by 4

F2. divided by 5

G2. divided by 6

H2. divided by 7

I2. divided by 8

J2. divided by 9

K2. divided by 10

L2. divided by 11

M2. divided by 12

N2. divided by 13

O2. divided by 14

P2. divided by 15

TV2. Total Vehicles,

This number should equal number in **GG2.**

Current Worksite AVR - Evening

1. Total employee trips generated for a five day period between 3:00 p.m. and 7:00 p.m., inclusive (ET2, Column 1). 1. _____

2. Total vehicles arriving at and leaving the worksite for a five day period between 3:00 p.m. and 7:00 p.m.; use (TV2, Column 2). 2. _____

3. Divide line #1 by line #2 for current evening AVR. 3. _____

4. Evening AVR target. 4. _____ **1.50**

5. Prior year evening AVR (leave blank if filing for first year). 5. _____

6. Divide line #1 by line #4 to compute your Transportation Ordinance allowable vehicles. 6. _____

7. Subtract line #6 from line #2. This is your necessary weekly vehicle reduction to reach your target evening AVR. 7. _____

8. Divide line #7 by the averaging period of five days to calculate necessary daily vehicle reduction to reach your target evening AVR. 8. _____

Section V: Status/Update of Existing Program

A. Did you attain your AVR target? (Check all that apply)

Yes, all employers must still complete Marketing, Basic/Support & Direct Strategy pages that are being implemented.

ALL Employers must:

Implement a minimum of

“Marketing Strategies” from “Section VI-1”,

#1 - Rideshare Bulletin Board, Kiosk or Display Racks

#2 - New Employee Orientation

“Basic/Support Strategies”;

#1- Guaranteed/Emergency Return Trip

No: If no, check below. If your AVR has not increased, your strategies must be enhanced and/or changed or your TRP will NOT be approved.

ALL Employers, to demonstrate a “Good Faith” effort, must:

Implement a minimum of;

five (5) “Marketing Strategies” from “Section VI-1”,

five (5) “ Basic/Support Strategies” and

five (5) “ Direct Strategies” from “Section VI-2”.

What changes have you made to this year ETRP that will entice ridesharing amongst your employees? (Input strategies number below)

“Marketing Strategies” revised _____

“Marketing Strategies” added _____

“ Basic/Support Strategies” revised _____

“ Basic/Support Strategies” _____

“Direct Strategies” revised _____

“Direct Strategies” added _____

Section VI-1: Marketing Strategy / Employee Education

To be completed by all employers.

All employers, **who have not attained the target AVR, of 1.5**, must implement **three (3)** of the elements and **mandatory elements #1 & #2** below, (mandatory 5 element minimum).

Frequency codes:

W = Weekly **BW** = Bi-weekly (every other week) **M** = Monthly **BM** = Bi-monthly (every other month)
Q = Quarterly (once every 3 months) **S** = Semi-annually (twice per year) **A** = Annually **N** = As-Needed

Frequency	Minimum Required Frequency	Element All strategies must start within 2 months of ETRP submittal
N		#1 MANDATORY for all employers: Rideshare Bulletin Board, Kiosk or Display Racks
N		#2 MANDATORY for all employers: New Employee Orientation
A		#3 Attendance at a Certified Marketing Class MANDATORY for employers, with 250 or more employees who have not attained the target AVR Optional to employers with 50 to 249 employees
A		#4 BIKE CENTER, BIKE: Ron Durgin, (310) 656-8500, info@smbikecenter.com Rent a bike to keep and use for your employees' use.
Q		#5 Articles in Company/Rideshare Newsletter OR Website
Q		#6 Flyers, Announcements, Memos Paycheck Stuffers...
A		#7 Employer Rideshare Fair Event
A		#8 Rideshare Promotion or Awards at Company Event/s
A		#9 Company Recognition
A		#10 Direct Communication (written) by CEO
A		#11 ETC Attends Metro Network Meetings (employers with 50 to 249 employees)
S		#12 Focus Groups or Rideshare Meetings
		Other (describe):

Section VI-2: Basic/Support and Direct Strategies Summary (Check all that apply)

All employers, that have not attained the target AVR must select and complete the corresponding pages for a minimum of at least **five (5)** Basic/Support and **five (5)** Direct Strategies that the worksite will be implementing from the following menu, **mandatory minimum**:

Basic/Support Strategies (BSS) - All strategies must start within 2 months of ETRP submittal			
X	#1-Guaranteed/Emergency Return Trip MANDATORY - ALL EMPLOYERS	<input type="checkbox"/>	#5 – Flexible Hours
<input type="checkbox"/>	#2 - Commuter Choice Programs	<input type="checkbox"/>	#6 - Personalized Commute Assistance
<input type="checkbox"/>	#3 - Rideshare Matching Service	<input type="checkbox"/>	#7 – Transit Information Center
<input type="checkbox"/>	#4 - Preferential Parking	<input type="checkbox"/>	#8 - Public Transit - Free Introductory Pass
<input type="checkbox"/>	#9 – Other	<input type="checkbox"/>	#9 – Other
Direct Strategies (DS) - All strategies must start within 2 months of ETRP submittal			
<input type="checkbox"/>	#10 - Vanpool Program	<input type="checkbox"/>	#19 – Compressed Work Week
<input type="checkbox"/>	#11 - Prize Drawings	<input type="checkbox"/>	#20 - Telecommuting
<input type="checkbox"/>	#12 - Gift/Service/Certificate/Card	<input type="checkbox"/>	#21 - Parking Charge
<input type="checkbox"/>	#13 - Company Vehicles	<input type="checkbox"/>	#22 – Transportation Allowance
<input type="checkbox"/>	#14 - Free Meals	<input type="checkbox"/>	#23 – Other
<input type="checkbox"/>	#15 - Time Off With Pay	<input type="checkbox"/>	#23 – Other
<input type="checkbox"/>	#16 - Point Program	<input type="checkbox"/>	#23 – Other
<input type="checkbox"/>	#17 - Direct Cash Subsidy, separates	<input type="checkbox"/>	#23 – Other
<input type="checkbox"/>	#18 - Auto Services	<input type="checkbox"/>	#23 – Other

Employer Clean Fleet Vehicle Purchase/Lease Program

Check this program and complete **Appendix G**, if applicable, or write N/A in this box (Please note that Government fleets that are subject to Rule 1191 but have 4-14 vehicles must also comply with this provision. (See ECRP Guidelines for applicability requirements).

Mobile Source Diesel PM/NOx Emission Minimization Plan

Check this program and complete **Appendix H**, if applicable, or write N/A in this box (See ECRP Guidelines for applicability requirements).

Strategies - FORM INFORMATION& INSTRUCTIONS

Information:

Given the unique nature of employee work situations, the strategies offered at a worksite will largely depend on:

- The number of daily trips that need to be reduced;
- Employee demographics;
- The employee involvement process
- Mode split/strategies and objectives ;
- Worksite characteristics; and

The following is only a partial list of possible strategies for employees that may be used to increase AVR:

- Direct financial strategies for ridesharing;
- Establishment of carpool, buspool, or vanpool programs;
- Partial or full subsidization of parking for ridesharing employees;
- Full or partial subsidization of carpools, vanpools, buspools, shuttles, or use of public transit;
- Allowing employees to utilize company-owned fleet vehicles for ridesharing purposes;
- Preferential parking for vehicles used for ridesharing;
- Facility improvements which provide preferential access and/or egress for ridesharing employees;
- Facility improvements to encourage use of bicycles (showers, bike racks, etc.);
- Active use of a computerized rideshare matching service. To qualify as a strategy, ridematching information (employee data) must be updated annually.
- Compressed work week programs, such as 4/40, 9/80, or 3/36 work schedules, where employees work 40 hours (or a full work week) in fewer than 5 days in one week, or 80 hours in fewer than 10 days in two weeks;
- Flexible work hours that facilitate employee ridesharing;
- Telecommuting or work at home;
- Establishing a guaranteed ride home program for ridesharing employees;
- Changing or charging parking fees for single occupancy vehicles;
- Use of clean fuel vehicles for commuting;
- Transportation allowances;
- Parking Cash-out Program;
- Accrual of paid time-off for ridesharing;
- On-site car wash service at cost;
- On-site car detailing service at cost;
- Executive car washes (mgmt. washes participant's car);
- Work shift preference;
- On-site fuel purchase at cost;
- Dry cleaning / laundry services at cost;
- Express entrance and exit privileges;
- Quit early on Fridays (with or a without pay option);
- Cafeteria express lane service;
- Poster contest for children;
- Casual dress days;
- Teachers offered class room / track choice;
- Pick -up or on-site auto service / oil change, etc.;
- Limousine to company function;
- Audio / Video library;
- Your company's products or services for free or low rate;
- Other company's products or services, acquired through exchange or purchase, for free or low rate

Strategies

SITE ID. #: _____ YEAR 2015-2016

The following Strategies contain the most popularly used strategies. They are designed to make your task less labor intensive and give you some insight into what the majority of companies are currently utilizing to make their ETRPs more effective. Please review the strategy forms before completing them.

Only submit the designated strategy forms that you will be using in your ETRP. They are numbered so submit them in ascending numerical order, e.g., #1, #2, #3, etc.

Basic/Support Strategy #9 & Direct Strategy #23 – “Other”: If you have a strategy that is **NOT** covered by one of the designated Strategy Forms, use Form #9 and/or #23 "Other". Provide a **brief detailed** description of each strategy to include marketing, monitoring and evaluation strategies.

PLEASE NOTE THE FOLLOWING DEFINITIONS WHILE COMPLETING THE STRATEGY PAGES:

Minimum Eligibility – the minimum one-way ridesharing trips an employee needs to receive credit.
All minimum eligibilities must be stated in one-way trips.

Frequency codes:

- W** = Weekly
- M** = Monthly
- Q** = Quarterly (once every 3 months)
- A** = Annually
- BW** = Bi-weekly (every other week)
- BM** = Bi-monthly (every other month)
- S** = Semi-annually (twice per year)
- N** = As-Needed

Basic/Support Strategies - <Check all strategy boxes that apply



#1 Basic Support Strategy - (MANDATORY) Guaranteed/Emergency Return Trip
Employer provides eligible employees a return trip (or up to the point of commute origin), when a need for a return trip is created.

Employees who use the following modes are eligible for this strategy.

- Carpooling
- Transit
- Walking
- Vanpooling
- Bicycling

In the event of:

- Personal Emergency Situation
- Unplanned Overtime
- Planned Overtime

Inclement Weather (Walking & Bicycling)

Vehicle Mechanical Problem (return trip only) Other _____

This will be accomplished by utilizing one or more of the following transportation modes or options:

- Company Vehicle
- Rental Car
- Taxi
- Mass Transit _____
- TMA / TEAM DIVISION Provided
- Supervisor or Co-worker
- Other _____

#2 Basic Support Strategy - Commuter Choice Program - A monthly transportation fringe benefit used exclusively for regular direct commutes by public transit or vanpools from home to work, and does not exceed the average monthly commuting cost based on a 20-day month. Employers can pay for their employees to commute by transit or vanpool, up to a limit of \$105/month and get a tax deduction for the expense, or employers can allow employees to set aside up to \$105/month of pre-tax income to pay for transit or vanpooling. This amount of an employee's salary is not subject to income tax.

More detailed explanation, with charts and examples, for this strategy can be found at:

http://www.bestworkplaces.org/pdf/taxbenes_07.pdf

#3 Basic Support Strategy - Rideshare Matching Service - Consists of registration of employees, including new hires, and provision of matchlists on a prescribed basis.

Employer provides rideshare matching service to all employees using at least one of the following methods:

Employer Based System (using internal records to generate matchlists).
 Metro Rideshare CommuteSM.com Other _____

How and when do you match people:

During New Hire Orientation – Frequency _____
 On Demand– Frequency _____
 As part of a Company (or site) Wide Survey– Frequency ____
 Other _____ – Frequency ____

#4 Basic Support Strategy - Preferential Parking

Employer provides AM, PM, ALL eligible employees with preferential parking spaces to park their vehicles as follows (complete and/or check all that apply):

These spaces are clearly **posted or marked** _____ Number of Preferential Parking Spaces

ELIGIBILITY

_____ Minimum Number of Participants
 No, Yes, Eligibility requires that at least 2 participants are company employees
 _____ Minimum Number of Trips per **Week**, or **Month** to be eligible

Method of Vehicle Identification:

Hang Tag Stickers License Plate Other _____

#5 Basic Support Strategy - Flexible Hours (BH)

Employer provides AM, PM, ALL eligible employees' flexible start and leave times.

Employees who use the following modes are eligible for this strategy:

- Carpooling Transit Walking Vanpooling Bicycling

A.M. Employees Minutes within start of shift _____ end of shift _____

Employees allowed to start and/or leave at their discretion.

P.M. Employees Minutes within start of shift _____ end of shift _____

Employees allowed to start and/or leave at their discretion.

#6 Basic Support Strategy - Personalized Commute Assistance – The employer provides personalized assistance such as transit itineraries, carpool matching and personal follow-up to employees.

Check all that apply:

- Organize Focus Group(s) or Task Force(s)
- Coordinate the Formation of Carpools/Vanpools
- Assist in Identifying Park & Ride Lots
- Assist in Identifying Bicycle and Pedestrian Routes
- Assist in Providing Personalized Transit Routes and Schedule Information
- Provide Personalized Follow-up Assistance to Maintain Participation in the Commute Program

#7 Basic Support Strategy - Transit Information Center - The employer provides a transit information center that makes available general transit information (updated at least quarterly), and/or the on-site sale of public transit passes to the worksite employees.

Yes No: Employer provides on-site sale of transit passes or tokens.

#8 Basic Support Strategy – Mass Transit FREE INTRODUCTORY PASS –

The employer provides FREE INTRODUCTORY PASS ___ 1 R/T ___ 1 WK. ___ 2 WKS. ___ 3 WKS. MO.

#9 Basic Support Strategy - Other

Employees who use the following modes are eligible for this strategy.

- Carpooling Transit Walking Vanpooling Bicycling

Description:

Direct Strategies - <Check all strategy boxes that apply

#10 Direct Strategy - Vanpool Program

Employer provides AM, PM, ALL employees with a vanpool program, as follows:

Owned/leased and operated by: Employer, Employee, Third-party.

Employer provides:

Insurance, Maintenance, Fuel, Cash Subsidy (if checked also complete strategy #17)

The employer charges employees for use of employer van \$ _____ per month

The employer will subsidize the empty seats _____ for _____
percentage weeks months other

#11 Direct Strategy - *Prize Drawings

(This strategy cannot be combined with any other strategy)

***Minimum drawings allowed to utilize this strategy are 4 drawings, 4 per drawing, totaling no less than \$800.00 per year.**

Employer provides prize drawings for AM, PM, ALL employees that participate

Employees who use the following modes are eligible for this strategy:

Carpooling Transit Walking Vanpooling Bicycling Only Drive Alones

PRIZE (description)	RETAIL VALUE	QTY. OF PRIZES	DRAWING FREQ.
#1			
#2			
#3			

PRIZE	MINIMUM TRIPS	PER WEEK	PER MONTH	PER YEAR
#1	MINIMUM TRIPS			
#2	MINIMUM TRIPS			
#3	MINIMUM TRIPS			

#12 Direct Strategy – Gift/Service/Certificate/Card

>Minimum allowance of \$120 per employee, per year,

Employer provides gifts, services, gift certificates or gift cards to AM, PM, ALL employees that participate.

Employees who use the following modes are eligible for this strategy.

Carpooling Transit Walking Vanpooling Bicycling All

CERTIFICATE/CARD/GIFT/SERVICE (Description)	AVERAGE DOLLAR RETAIL VALUE / GIFT	DISBURSEMENT FREQUENCY
#1		
#2		
#3		

GIFT/SERVICE	MINIMUM TRIPS	PER WEEK	PER MONTH	PER YEAR
#1	MINIMUM TRIPS			
#2	MINIMUM TRIPS			
#3	MINIMUM TRIPS			

#13 Direct Strategy - Company Vehicles for Car/Vanpools

Employer provides AM, PM, ALL eligible employees with company vehicles for use of ridesharing (carpooling) purposes, as follows (complete and/or check all that applies):

____ Minimum number of carpoolers per vehicle Only company employees

Yes No: Participation requires at least 2 company employees to be eligible

Minimum rideshare participation level: _____ days per _____ week or _____ month

Employer provides; Insurance Fuel

The employer charges employees for use of company car:

\$ _____ amt. per mile or \$ _____ amt. per month

#14 Direct Strategy - Free Meals

(This strategy can only be used by employers that offer **free meals to only ridesharing employees***.)

*For example, if the employer is a hotel or a restaurant that gives all of their employees a free employee meal, this strategy cannot be used and the appropriate line in "Section 2, F. Worksite Services/Amenities Inventory" should be checked.

>Minimum allowance of \$120 per employee, per year.

Employer provides free meals for AM, PM, ALL employees that participate

Employees who use the following modes are eligible for this strategy.

Carpooling Transit Walking Vanpooling Bicycling

MEAL - COMPANY/VENDOR	RETAIL VALUE / MEAL	DISBURSEMENT FREQUENCY
#1		
#2		

MEAL	PER WEEK	PER MONTH	PER YEAR
1. MINIMUM TRIPS			
2. MINIMUM TRIPS			

#15 Direct Strategy - Time Off With Pay

(This strategy can not be combined with any other strategy)

Employer provides AM, PM, ALL eligible employees additional time off with pay for participation

Employees who use the following modes are eligible for this strategy.

Carpooling Transit Walking Vanpooling Bicycling

Complete all that apply.

PARTICIPATION RATE	EARNED TIME OFF
TOTAL TRIP/S _____	PER DAY =: ____ Minute/s, ____ Hour/s, ____ Day/s
TOTAL TRIP/S _____	PER WEEK =: ____ Minute/s, ____ Hour/s, ____ Day/s
TOTAL TRIP/S _____	PER MONTH =: ____ Minute/s, ____ Hour/s, ____ Day/s
TOTAL TRIP/S _____	PER 3 MONTH =: ____ Minute/s, ____ Hour/s, ____ Day/s
TOTAL TRIP/S _____	PER 6 MONTH =: ____ Minute/s, ____ Hour/s, ____ Day/s
TOTAL TRIP/S _____	PER YEAR =: ____ Minute/s, ____ Hour/s, ____ Day/s

Is there a limited amount of earned time within a specified time period?

No Yes, how many ____ Hour/s, ____ Day/s PER Week, Month Year

#16 Direct Strategy - Points Program

>Minimum allowance of \$120 per employee, per year.

Employer provides AM, PM, ALL eligible employees a point or credit earning program for participation

Each employee will receive points or credits as follows:

___ How many bonus points are given for recruitment?

1. POINTS _____ PER TRIP DAY WK. MO. -FREQUENCY DISBURSED _____

ELIGIBILITY: MINIMUM TRIPS - _____ PER WEEK _____ PER MONTH _____ PER YEAR

2. Dollar Value of Points: \$ _____ PER POINT/S (how many?)

3. Points Can be Used Towards: Cash Time Off Gift Certificates/Cards Travel
 Merchandise/Services Company Merchandise/Services Other _____

#17 Direct Strategy - Direct Cash Subsidies

>Minimum allowance of \$120 per employee, per year.

Employer provides AM, PM, ALL eligible employees cash subsidies for employee participation

Each employee will receive a subsidy as follows:

MODE	DOLLAR AMT.	PER				FREQUENCY DISBURSED
1. 2 person carpool	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____
2. 3 person carpool	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____
3. 4 person carpool	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____
4. 5 person carpool	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____
5. 6 person carpool	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____
6. Vanpool	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____
7. Mass Transit	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____
Mass Transit	_____ %	PERCENTAGE				_____
Minimum 25% per month						_____
8. Walk	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____
9. Bicycle	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____
10. Telecommuting	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____
11. Other _____	_____	<input type="checkbox"/> TRIP	<input type="checkbox"/> DAY	<input type="checkbox"/> WK.	<input type="checkbox"/> MO.	_____

ELIGIBILITY: MINIMUM TRIPS - _____ PER WEEK _____ PER MONTH _____ PER YEAR

#18 Direct Strategy - Auto Services

>Minimum allowance of \$120 per employee, per year.

Employer provides AM, PM, ALL eligible employees with auto services for participation

Employees who use the following modes are eligible for this strategy.

- Carpooling Transit Walking Vanpooling Bicycling All

X	MODE	DOLLAR VALUE	FREQUENCY ISBURSED
F			
C			
T	e-Up		
F	air Certificate		
C	Wash		
C	er		

MODE	PER WEEK	PER MONTH	PER YEAR
MINIMUM	TRIPS		
MINIMUM	TRIPS		
MINIMUM	TRIPS		

#19 Direct Strategy - Compressed Work Week (CCW) - Applies to employee(s) who, as an alternative to completing the basic work requirement in five eight-hours days in one week or ten eight-hour workdays in two weeks, are scheduled in a manner which reduces vehicle trips to the work site.

Compressed Work Week (CWW)

Check here to confirm that your company **DOES** have a **written policy** regarding eligibility, participation and administration of the compressed work week program.

Check here to confirm that your company **DOES NOT** have a **written policy**. On bottom of page, list participating department groups, work functions, employees, etc.

Program Participants: Please enter the number of employees in each type of CWW used:

Current	Projected	(Current + Additional)
___ 3/36 CWW	_____	_____
___ 4/40 CWW	_____	_____
___ 9/80 CWW	_____	_____
Total	_____	_____

#20 Direct Strategy - Telecommuting - Employee (s) working at home or at a satellite work center (SWC) provided the SWC reduces an employee (s) work trip by 50% or more of the commute distance between home and the worksite and the employee works at the SWC for an entire day. Manager / supervisor will identify department (s) and / or employee (s) who will conduct such work activities.

Check (X) each element that applies,

- Have a Written Policy Conduct Orientation / Training Sessions
- Work at Home, _____ days per week (or) _____ to _____ range of days per week
- Work at SWC, _____ days per week (or) _____ to _____ range of days per week
- Other (Explain) _____

Program Participants:	Current	Projected	(Current + Additional)
Work at Home	_____	_____	_____
Work at SWC	_____	_____	_____
Total	_____	_____	_____

#21 Direct Strategy - Parking Charge
 (This strategy can not be combined with any other strategy)

Description of strategy:

The employer charges or allows a parking fee to be charged to ALL employees who drive to the worksite and park in the employer's owned / leased parking facility:

Employer Parking Fee Per Space (Range):

Minimum _____ Daily Rate **OR** _____ Monthly Rate

Maximum _____ Daily Rate **OR** _____ Monthly Rate

Th employer **DOES NOT subsidize or reduce** (partially or fully) the parking fee.

Th employer **WILL / DOES subsidize or reduce** the parking fee
 for AM, PM, ALL employees who carpool or vanpool.

#22 Direct Strategy - Transportation Allowance

B. Transportation Allowance (not associated with parking cash-out)

The following employees are eligible for this strategy.

Motor vehicle owners, Employees that drive to work, All, Other _____

The employer disburses to AM, PM, ALL employees a transportation allowance in lieu of parking.

The employees transportation allowance is (Range): \$ _____ **AMOUNT**

Daily, Weekly, Bi-Weekly, Monthly, Bi-Monthly, Semi-Annually, Annually

#23 Direct Strategy - Other - AM, PM, ALL eligible employees.

Employees who use the following modes are eligible for this strategy.

Carpooling Transit Walking Vanpooling Bicycling All

Description: (include dollar value, frequency, minimum eligibility)

RULE 2202 – REGISTRATION FORM



APPENDIX G - Employer Clean Fleet Vehicle Purchase/Lease Program Survey Form

Rule 2202 Employee Commute Reduction Guidelines Section II-F(4) requires employers who have not attained the target AVR and who are purchasing, or leasing, passenger cars or light-duty or medium-duty trucks owned, or leased by the employer, to acquire Ultra Low Emission Vehicles (ULEV) passenger cars or light-duty trucks or better, or Super Ultra Low Emission Vehicles (SULEV) medium-duty or better, as long as they have four (4) or more vehicles for company operations in the AQMD jurisdiction. To meet this requirement, please complete the information below.

Section I – Existing Fleet Information

Are you replacing any vehicles or increasing your fleet during your program compliance year?

YES NO DON'T KNOW

If NO, STOP here.

If YES, please provide the information below:

How many fleet vehicles does your worksite have on-site?

____ Passenger Cars ____ Light Duty Trucks ____ Medium Duty Trucks

How many vehicles are being added?

____ Passenger Cars ____ Light Duty Trucks ____ Medium Duty Trucks

What is the disposition of the replaced vehicle(s)?

Sold Scrapped Transferred to Another Location Outside AQMD
 Transferred to Another Location Inside AQMD End of Lease
 Other (Please Explain Below): _____

How many vehicles are being replaced?

____ Passenger Cars ____ Light Duty Trucks ____ Medium Duty Trucks

If you Don't Know, please complete and submit Section II of this Appendix for review by AQMD prior to purchasing or leasing the new vehicles. The new vehicles must meet either the ULEV or SULEV Standards specified in Rule 2202 ECRP Guidelines, Section II-F(4). This also applies if you know that you are replacing/increasing your fleet during your program compliance year, but you don't know at the time of submittal the type of vehicles to be purchased/leased.

Signature of Highest Ranking Official or individual responsible for allocating program resources:

_____ Date: _____

Print Name: _____ Title: _____

APPENDIX G - Employer Clean Fleet Vehicle Purchase/Lease Program

Section II – Vehicles to be Replaced or Purchased/Leased: Beginning January 1, 2005, fleet operators of 4 or more vehicles when adding or replacing vehicles to their vehicle fleet. For additional information, please refer to Employee Commute Reduction Program Guidelines

To verify if the vehicles being purchased meet the required ULEV or SULEV Certification Standards, visit the California Air Resources (ARB) website at: www.arb.ca.gov/msprog/ccvl/ccv/.htm or www.arb.ca.gov/msprog/onroad/cert/cert.php, or directly call the ARB at (800) 242-4450.

General Information

Employer Name: _____

Contact Name: _____ Title: _____

Telephone: _____ Email: _____

Please list the vehicles being purchased or leased (Use additional sheets if necessary):

Vehicles Being Purchased/Leased

Vehicle Manufacturer	Fuel Type*	Engine family**	Vehicle Model	Model Year

Vehicle Replaced (if applicable)

Vehicle Manufacturer	Fuel Type*	Engine family**	Vehicle Model	Model Year

*DED = Dedicated/Dual Fuel

EV = Electric Vehicle

N/A = Not Applicable

FF = Flexible Fuel

HYB = Hybrid

CNG + Compressed Natural Gas

Gas = Gasoline

**Engine Family name is an 11 or 12 character alphanumeric identifier located on every engine via a durable label (for example, 3NVXL0365AFA). Occasionally, a character might be a period (such as 3SZXL03.1YNB).

RULE 2202 – REGISTRATION FORM

APPENDIX H – Mobile Source Diesel PM/NOx Emission Minimization Plan

Rule 2202 Employee Commute Reduction Guidelines Section II-F(5) requires the submittal of a mobile source diesel PM/NOx emission minimization plan. To meet this requirement, complete the information below and the attached equipment inventory. These forms must be submitted every (3) three years on your established Employee Commute Reduction Program (ECRP) due date. A copy of this form must be maintained at the worksite.

Section I - General Information

Employer Name: _____

Contact Name: _____ Title: _____

Telephone: _____ Email: _____

Section II – 1,000 or More Window Employees

As of the date of this submittal, this worksite has 1000 or more window employees. The total number of window employees at this worksite is _____.

Section III – On-Site Diesel Equipment Audit

This worksite does not operate any mobile diesel equipment at this location.

This worksite generates emissions from on-site, mobile diesel engines. A diesel engine equipment audit has been completed and is attached. Note: AQMD staff will review the audit information and may require the implementation of diesel PM/NOx reduction strategies that are found technically feasible and meets the cost schedule provided on the reverse side of this form.

This worksite had previously submitted a Mobile Source Diesel Emission Minimization Plan. Date _____

Signature of Highest Ranking Official or individual responsible for allocating program resources:

_____ Date: _____

Print Name: _____ Title: _____

Diesel Emissions Minimization Plan – Cost Schedule

Number of Employees	Maximum Cost
1,000-1,499 \$9,000	
1,500-1,999 \$13,400	
2,000-2,499 \$17,900	
2,500-2,999 \$22,400	
3,000-3,499 \$26,900	
3,500-3,999 \$31,400	
4,000-4,499 \$35,800	
4,500-4,999 \$40,300	
5,000-5,499 \$44,800	
5,500-5,999 \$49,300	
6,000-6,499 \$53,800	
6,500-6,999 \$58,200	
7,000-7,499 \$62,700	
7,500-7,999 \$67,200	
8,000-8,499 \$71,700	
8,500-8,999 \$76,200	
9,000-9,499 \$80,700	
9,500-9,999 \$85,100	
10,000 and up	\$89,600

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 50-249 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

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>

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

TRANSPORTATION MANAGEMENT ASSOCIATION:

Commute SM
Ride Amigos
www.commutesm.com
516.473.1096
evan@rideamigos.com, jeff@rideamigos.com

(Note: Employers joining a City-certified TMA receive a 25% reduction in their Annual Impact Fees)

We recommend that you call to compare services and prices.

EDUCATIONAL INFORMATION & POSTERS

Metro Commute Services, Valerie Rader (ridesharing services) **213.922.2535**

Santa Monica BIG BLUE BUS

310.451.5444
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) 800.COMMUTE (266.6883)

USEFUL INTERNET ADDRESSES

City of Santa Monica Strategic Transportation & Planning Division <http://www.smgov.net/TMO>

Bike Santa Monica www.bikesantamonica.org

City of Santa Monica www.smgov.net

Santa Monica BIG BLUE BUS www.bigbluebus.com

Santa Monica Bike Center www.smbikecenter.com

Santa Monica Spoke, S.M Cycling Outreach Organization www.smspoke.org

Sustainable Streets www.sustainablestreets.org

Expo Line Light Rail www.buildexpo.org, www.friends4expo.org

Metrolink www.metrolinktrains.com

Metro (formerly Metropolitan Transit Authority or MTA) www.metro.net

Metro Rideshare: 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, Red, Blue & Green light rail lines, and freeway conditions.

Los Angeles Bicycle Coalition www.labikecoalition.org

California Bicycle Coalition www.calbike.org

Bike Link www.bikelink.com

Caltrans - California freeway conditions. www.dot.ca.gov

American Lung Association www.lung.org

Sierra Club <http://angeles2.sierraclub.org/>

Association for Commuter Transportation (ACT) Southern California Chapter www.act-southernca.org

AAA - Automobile Club of Southern California www.aaa-calif.com

Ride Amigos (Carpool Matching Service) www.rideamigos.com

South Coast Air Quality Management District (SCAQMD) www.aqmd.gov

California Air Resources Board <http://www.arb.ca.gov>

Southern California Association of Governments (SCAG) www.scag.ca.gov

Sigalert.com www.sigalert.com

com