

# Worksite Transportation Plan (WTP)

**For plans due: July 1, thru June 30,**

Forms and Instructions



**Creating A Better Community**

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

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

(Updated on 6/04/12)

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## 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 fillable “pdf” and “Word” format, can also be found at:**

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

**Two copies** 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 Management Plan (TMP) Ordinance requirements and be approved by the City of Santa Monica.

1. Read the City of Santa Monica's TMP Ordinance Summary, “10-49 Employees”.
2. Designate an On-Site Contact Person and that person can contact me for assistance or training. Transportation Management Specialist, Luis A. Morris, 310.458.8957
3. Have the On-Site Contact Person read the City of Santa Monica's TMP Ordinance, “10-49 Employees”.
4. Educate and inform employees about the City of Santa Monica's TMP Ordinance.
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.
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.

- 1 Worksite Transportation Plan, Pages 1 through 7

# Transportation Impact Fee Filing Form

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

In Column 1 (Business License #), 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 = \$16.68 PER EMPLOYEE:**

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 ETRP.

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, Transportation Engineering & Management 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 Transportation Engineering & Management Division at:

**Luis Morris: 310.458.8957, [luis.morris@smgov.net](mailto:luis.morris@smgov.net) or**

**Jacquilyne Brooks de Camarillo: 310.458.8956, [jacquilyne.brooks@smgov.net](mailto:jacquilyne.brooks@smgov.net)**

**COMPANY NAME:** \_\_\_\_\_

COLUMN 1 Business Lic. #	COLUMN 2 Site Address/Zip Code	COLUMN 3 # of Employees	COLUMN 4 Amount Due
<b>TOTAL FEES &amp; CHECK #:</b>			\$

## 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 \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ 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) _____

Signed \_\_\_\_\_ DATE \_\_\_\_\_  
(or type initials)

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.

SITE ID. #: \_\_\_\_\_ YEAR 2012-2013

(Typing your Site ID and Year above will populate these fields in all subsequent pages)

# Management Commitment Letter

Date

\_\_\_\_\_  
Company/Worksite Name Business License #

City of Santa Monica  
Planning & Community Development Department  
Transportation Engineering and Management 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 MSERCP 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 (or type initials) of Official in Charge

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Email Address

## 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 - IMPORTANT**

\_\_\_\_\_  
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 - IMPORTANT**

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

**E. On-Site Contact:**

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

\_\_\_\_\_  
**E-mail Address - IMPORTANT**

\_\_\_\_\_  
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: State Parking Cash-Out Law/Program

This section to be completed only by employers with **50 or more employees**

### Parking Cash-Out Program

STATE OF CALIFORNIA HEALTH AND SAFETY CODE SECTION 43845,  
PART 5. VEHICULAR AIR POLLUTION CONTROL,  
CHAPTER 4. MISCELLANEOUS, Article 5. Employee Parking:

"Parking Cash-Out" requires employers that lease employee parking and subsidize any or all employees parking costs, must allow their employees the option of either accepting the employer subsidized parking or receive the parking space's cash value in lieu of the parking space.

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

How many of your parking spaces are leased? \_\_\_\_\_

### Do you provide employee a "Parking Cash-Out" Program?

**Yes**, complete below. **The following employees are eligible for this program.**

\_\_\_\_\_ all employees that are eligible to drive to the worksite and park in the employer's leased parking

Employer Parking Fee Per Space

Minimum \_\_\_\_\_ Daily Rate **OR** \_\_\_\_\_ Monthly Rate

Maximum \_\_\_\_\_ Daily Rate **OR** \_\_\_\_\_ Monthly Rate

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

\_\_\_\_\_ How many employees are currently participating?

**No**, complete below. **Parking Cash-Out Exemption:**

Our organization is exempt from Parking-Out because:

- We own 100% of our parking spaces.
- All our employees are charged 100% of the leased parking costs. Complete "Direct Strategy #21"
- The cost of 100% of our leased parking spaces are "bundled" in with our building lease.  
**Include copy of Parking Attachment**
- We cannot reduce the amount of parking spaces we lease without incurring lease/financial penalties.  
**Include copy of Lease Attachment**

**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 3<sup>rd</sup> 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](http://www.bikesantamonica.org)

**C. Worksite Services / Amenities Inventory:**

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

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

Santa Monica Bike Center: Ron Durgin, (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...

## Section IV: Mandatory On-site Information Requirements

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

\_\_\_\_\_ **1. RIDESHARING INFORMATION KIOSK OF 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 and pages 6, 7(C) 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”** 223 Broadway, just west of the 3<sup>rd</sup> St. Promenade

Schedules, Maps, Bus Passes/Tokens and other information

**Metro:** .....800.COMMUTE (266.6883)

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, 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 Transportation Engineering & Management 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, Red, Blue & Green light-rail lines, and freeway conditions.

Los Angeles 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)

## SECTION VII: EDUCATIONAL INFORMATION & POSTERS

<b>Metro Commute Services, Valerie Rader (ridesharing services)</b> .....	<b>213.922.2535</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) .....	800.COMMUTE (266.6883)

### USEFUL INTERNET ADDRESSES

City of Santa Monica Transportation Engineering and Management Division .....	<a href="http://www.smgov.net/TMO">http://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>
Expo Line Light Rail .....	<a href="http://www.buildexpo.org">www.buildexpo.org</a> , <a href="http://www.friends4expo.org">www.friends4expo.org</a>
Metrolink .....	<a href="http://www.metrolinktrains.com">www.metrolinktrains.com</a>
Metro (formerly Metropolitan Transit Authority or MTA) .....	<a href="http://www.metro.net">www.metro.net</a>
Metro Rideshare: .....	<a href="http://www.metro.net/riding_metro/commute_services/default.htm">http://www.metro.net/riding_metro/commute_services/default.htm</a> 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 .....	<a href="http://www.labikecoalition.org">www.labikecoalition.org</a>
California Bicycle Coalition .....	<a href="http://www.calbike.org">www.calbike.org</a>
Bike Link .....	<a href="http://www.bikelink.com">www.bikelink.com</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://angeles2.sierraclub.org">http://angeles2.sierraclub.org</a>
Association for Commuter Transportation(ACT) Southern California Chapter .....	<a href="http://www.act-southernca.org">www.act-southernca.org</a>
AAA - Automobile Club of Southern California .....	<a href="http://www.aaa-calif.com">www.aaa-calif.com</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">http://www.arb.ca.gov</a>
Southern California Association of Governments (SCAG) .....	<a href="http://www.scag.ca.gov">www.scag.ca.gov</a>
Sigalert.com .....	<a href="http://www.sigalert.com">www.sigalert.com</a>

# Employer Exemption Request Form - 10

WTP, Exemption Request  
Transportation Engineering & Management 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

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

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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

**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.