

Emission Reduction Plan

For ERPs due January 1, 2016 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 04/04/2016)

Emission Reduction Plan (ERP) Guidelines

IMPORTANT, PLEASE READ BELOW:

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 The updated ordinance went into effect on July 24, 2015 and as such Chapter 9.16 has been replaced by Chapter 9.53.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

Chapter 9.53 TRANSPORTATION DEMAND MANAGEMENT

AVR Targets by District – After January 1, 2016 Employers shall strive to achieve (and Developers shall achieve) an AVR target between 1.6 and 2.2, depending on the proximity to transit. See AVR Target Map for more detailed information.

The regulation requires that you:

Submit your **Emission Reduction Plan (ERP)** and the appropriate filing fee by your annual ERP due date,

Designate an **Employee Transportation Coordinator (ETC)**, to be trained and certified by the City and/or SCAQMD approved training provider, responsible for preparing, implementing and monitoring the ERP or utilize the services of a Certified Consultant.

All employers with 30 or more employees at a worksite must develop and implement an ERP for each site in the City. The plan must meet Emission Reduction Targets (ERT) established SMMC Chapter 9.53. The plan must indicate the method/s the employer chooses to meet the ERT.

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

General Information

The City of Santa Monica ERP consists of forms that must be completed and returned to the City of Santa Monica's Mobility Division on or before your plan due date. This will document the employer's ERP, which will be reasonably likely to result in the attainment of the Average Vehicle Ridership (AVR) Target for your area.

Please review the instructions included in the plan and these guidelines. If you need further assistance contact the Mobility Division at 310.458.8956, 310.458.8957 OR 310.458.2201 x2344.

The plan forms that follow are to be completed in order to properly file your ERP. 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 30-249 employees should contact one of the City-certified trainers listed in 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.

The Survey must represent a normal/typical work week which is a representative of year-round operations and no additional strategies may be utilized during the survey period.

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 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.

SMMC Chapter 9.53 requires all employers subject to Parking Cash-Out to include Parking Cash-Out as a part of their ERP. 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 ERP.

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: www.arb.ca.gov/planning/tsaq/cashout/cashout.htm

Plan Submission

Submit **one** unbound copy of your ERP, 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, or 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 ERP.

Your ERP 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 Transportation Management Office (TMO) for discount approval **before** you submit your plan. Plans submitted with unauthorized discounts may be disapproved.

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Plan Assistance

For plan assistance please contact the Mobility Division:

Jacquilyne Brooks de Camarillo	jacquilyne.brooks@smgov.net	310.458.8956
Luis Morris	luis.morris@smgov.net	310.458.8957
Jack Moreau	jack.moreau@smgov.net	310.458.2201 x2344

DO NOT SUBMIT THIS PAGE

Employer Annual Transportation Fee Filing Form/Invoice

Use this Emission Reduction Plan (ERP) for implementing Employee Trip Reduction or 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 Mobility Division at:
Luis Morris 310.458.8957, luis.morris@smgov.net or
Jacquilyne Brooks de Camarillo 310.458.8956, jacquilyne.brooks@smgov.net
Jack Moreau 310.458.2201 x2344, jacl.moreau@smgov.net

COMPANY NAME: _____

Site ID #	Site - Street Address	# of Employees	Amount Due
LATE FEE 25%	Includes loss of AVR Attainment Discount		
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		TOTAL FEES	

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: ERP, MOBILITY DIVISION, CITY OF SANTA MONICA, 1685 MAIN STREET, ROOM 115, P.O. BOX 2200, SANTA MONICA, CA 90407-2200

FOR COURIER/SHIPPING SERVICE: ERP, MOBILITY DIVISION, CITY OF SANTA MONICA, 1685 MAIN STREET, ROOM 115, SANTA MONICA, CA 90401

For Electronic Submission Email To: 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 Mobility Division.



**PLANNING & COMMUNITY DEVELOPMENT
MOBILITY DIVISION**
1685 Main Street Room 115
Santa Monica, CA 90401
Tel: (310) 458-8291 • Fax: (310) 576-9170

One-Time Credit Card Payment Authorization Form

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

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

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

SIGNATURE _____ DATE _____

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

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

Management Commitment Letter

Date

Company/Worksite Name

Site ID #

City of Santa Monica
Planning & Community Development Department
Mobility Division
1685 Main St., Room 115
P.O. Box 2200
Santa Monica, 90407-2200

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

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

Sincerely,

Signature of Official in Charge

Print or type name

Title

Telephone Number

Email Address (MANDATORY)

Exemption Request Form - 250

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

FAX: (310) 576-9170

Mobility Division

City of Santa Monica

1685 Main St., Room 115

P.O. Box 2200

Santa Monica, CA 90407-2200

- 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 MOBILITY 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 (MANDATORY)

C. Type of Business: (explain briefly)

D. Highest ranking official at this Site:

Name, Title

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

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

ETC On-site Coordinator Senior/Corporate ETC Consultant ETC

Name, Title and E-mail Address (MANDATORY)

Department, Phone, Extension and Fax

CERTIFICATION TRAINER:

SCAQMD, Melinda Sue Norin, Cara Rice, RideLinks, Inc. OTHER

LAST CERTIFICATION TRAINING DATE: _____

SITE ID. #: _____ YEAR 01/01/2016 - 06/30/2016

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 (MANDATORY)

Company Name

Address, Suite, City

State, Zip Code, Phone, Fax

Check here if also Plan Preparer.

CERTIFICATION TRAINER:

SCAQMD, Melinda Sue Norin, Cara Rice, RideLinks, Inc. OTHER

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

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

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

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

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

B. Bike Santa Monica:

There are many bike ways and facilities expanding throughout the City of Santa Monica. For your most up to date information go to – www.bikesantamonica.org

BREEZE BIKESHARE

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

SANTA MONICA BIKE CENTER: 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, free employee loaner bikes, free urban cycling safety class information and more...

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

C. Worksite Services / Amenities Inventory:

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

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

SITE ID. #: _____ YEAR 01/01/2016 - 06/30/2016

D. Parking Cash-Out Program – Must be completed by all employers with 50 employees or more.

The State of California, Health and Safety Code Section 43845, and the City of Santa Monica SMMC Chapter 9.53 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.

ERPs not complying with this regulation will be disapproved and will be considered in violation of SMMC Chapter 9.53.

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: _____

SITE ID. #: _____ YEAR 01/01/2016 - 06/30/2016

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 by 100 = PERCENTAGE OF S.M. EMPLOYEES _____

B. Employee Work Profile Data

The City of Santa Monica ERP has TWO PEAK AVR Windows. Use the five-day period when the majority of employees arrive to and depart from work in the 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 it will not calculated in 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

DO NOT SUBMIT THIS PAGE

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	CC
--	----------	----------	----------	----------	-----------

Transportation Modes Legend

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

--	--	--	--	--	--

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 "J," for a 2 person carpool in those columns. If, however, you ride with two other employees on Wednesday, Thursday and Friday, you should write "K," for a 3 person carpool for those columns. If you ride to work with three other people during the survey week, you should write "L" for a 4 person carpool for those days and so on.

3. **Bus:** Write "**B**" for days that you take a public bus or rail to and/or from work.
4. **Rail / Plane:** Write "**C**" for days that you take a public bus or rail to and/or from work.
5. **Walk:** Write "**D**" for every day that you walked, jogged or skated to and/or from work.
6. **Bicycle:** Write "**E**" for every day that you rode your bike to and/or from work.
7. **Electric/Zero Emission Vehicle:** Write "**A**" for every day that you drove an electric vehicle to and/or from work. No Hybrids.
8. **Telecommute:** Write "**F**" 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 "**G**" 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 días >>>>>>>>

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

	Lunes	Martes	Miercoles	Jueves	Viernes
	A	A	C	C	CC

Leyenda de los Modos de Transportacion

- A.** Auto de Electrico
NO INCLUIR HIBRIDOS
- B.** Autobús
- C.** Tren / Avion
- D.** Camine
- E.** Bicicleta
- F.** Teletrabajo
- G.** Sin Viajar
- H.** Maneja sólo
- I.** Motocicleta
- J.** En auto con 2 personas
- K.** En auto con 3 personas

- L.** En auto con 4 personas
- M.** En auto con 5 personas
- N.** En auto con 6 personas
- O.** En auto con 7 personas
- P.** En auto con 8 personas
- Q.** En auto con 9 personas
- R.** En auto con 10 personas
- S.** En auto con 11 personas
- T.** En auto con 12 personas
- U.** En auto con 13 personas

- V.** En auto con 14 personas
- W.** En auto con 15 personas

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 días >>>>>>>>

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

--	--	--	--	--

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).

--	--	--	--	--

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 J de W**) en la columna apropiada para cada dia 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 **B** para cada dia que usted viajó al trabajo sobre un tren o autobus.
4. Transportes en tren o avion: Escribe la letra **C** para cada dia que usted viajó al trabajo sobre en tren or avion.
5. Camine: Escribe la letra **D** para cada dia que usted caminó para trabajo.
6. Bicicleta: Escriba la letra **E** para cada dia que usted montó en bicicleta para tabajar.
7. Auto de Eléctrico: Escribe la letra **A** para cada dia que usted maneje un auto de eléctrico al trabajo. No Hybrids
8. Teletrabajo: Escribe la letra **F** para cada dia 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 **G** para cada dia 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 dia de descanso.
11. Dias de Descanso: Escribe las letras **CC** para cada dias de descanso, dias de vacaciones, dias de enfermedad, o otra dias 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 Z1 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 >>>>

	1	2	3	4	5	Total
MODE						
NSR. No Response 75-89%						
A1. Zero Emission Vehicle						
B1. Bus						
C1. Rail/Plane						
D1. Walk						
E1. Bicycle						
F1. Telecommute						
G1. Noncommuting						
H1. Drive Alone						
I1. Motorcycle						
J1. 2 person carpool						
K1. 3 person carpool						
L1. 4 person carpool						
M1. 5 person carpool						
N1. 6 person carpool						
O1. 7 person carpool						
P1. 8 person carpool						
Q1. 9 person carpool						
R1. 10 person carpool						
S1. 11 person carpool						
T1. 12 person carpool						
U1. 13 person carpool						
V1. 14 person carpool						
W1. 15 person carpool						
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, 90%+						
COLUMN TOTALS						
Each day should match						

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
NSR. No Response 75-89%		NSR1. divided by 1 =	
A1. Zero Emission Vehicle		A1. Zero Emission Vehicle	0
B1. Bus		B1. Bus	0
C1. Rail/Plane		C1. Rail/Plane	0
D1. Walk		D1. Walk	0
E1. Bicycle		E1. Bicycle	0
F1. Telecommute		F1. Telecommute	0
G1. Noncommuting		G1. Noncommuting	0
H1. Drive Alone		H1. divided by 1 =	
I1. Motorcycle		I1. divided by 1 =	
J1. 2 person carpool		J1. divided by 2 =	
K1. 3 person carpool		K1. divided by 3 =	
L1. 4 person carpool		L1. divided by 4 =	
M1. 5 person carpool		M1. divided by 5 =	
N1. 6 person carpool		N1. divided by 6 =	
O1. 7 person carpool		O1. divided by 7 =	
P1. 8 person carpool		P1. divided by 8 =	
Q1. 9 person carpool		Q1. divided by 9 =	
R1. 10 person carpool		R1. divided by 10 =	
S1. 11 person carpool		S1. divided by 11 =	
T1. 12 person carpool		T1. divided by 12 =	
U1. 13 person carpool		U1. divided by 13 =	
V1. 14 person carpool		V1. divided by 14 =	
W1. 15 person carpool		W1. divided by 15 =	
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. Enter your Morning AVR target here. 4. _____
You can find your AVR Target map here or you can call us:
www.smgov.net/Departments/PCD/Transportation/Employers/Documents-and-Forms

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 Z2 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 Summary Form - A.M. AVR WINDOW

Fill in Days >>>>

	1	2	3	4	5	Total
MODE						
NSR. No Response 75-89%						
A2. Zero Emission Vehicle						
B2. Bus						
C2. Rail/Plane						
D2. Walk						
E2. Bicycle						
F2. Telecommute						
G2. Noncommuting						
H2. Drive Alone						
I2. Motorcycle						
J2. 2 person carpool						
K2. 3 person carpool						
L2. 4 person carpool						
M2. 5 person carpool						
N2. 6 person carpool						
O2. 7 person carpool						
P2. 8 person carpool						
Q2. 9 person carpool						
R2. 10 person carpool						
S2. 11 person carpool						
T2. 12 person carpool						
U2. 13 person carpool						
V2. 14 person carpool						
W2. 15 person carpool						
Compressed Work Week Days/s Off						
X2. 3/36 work week						
Y2. 4/40 work week						
Z. 9/80 work week						
Other Days Off						
AA2. Vacation						
BB2. Sick						
CC2. Other						
DD2. Other NSR, 90%+						
COLUMN TOTALS						
Each day should match						

Columns 1,2,3,4,5, when added separately should equal each other and (Section III: Employee Data By Worksite, B., Line 2)..

When the totals of Columns 1,2,3,4,& 5 are added together, they should equal column 6 total.

Weekly Employee/Vehicle Calculations - Evening Peak Period AVR WINDOW

COMMUTE MODES	Column 1		Column 2
NSR. No Response 75-89%		NSR1. divided by 1 =	
A2. Zero Emission Vehicle		A2. Zero Emission Vehicle	0
B2. Bus		B2. Bus	0
C2. Rail/Plane		C2. Rail/Plane	0
D2. Walk		D2. Walk	0
E2. Bicycle		E2. Bicycle	0
F2. Telecommute		F2. Telecommute	0
G2. Noncommuting		G2. Noncommuting	0
H2. Drive Alone		H2. divided by 1 =	
I2. Motorcycle		I2. divided by 1 =	
J2. 2 person carpool		J2. divided by 2 =	
K2. 3 person carpool		K2. divided by 3 =	
L2. 4 person carpool		L2. divided by 4 =	
M2. 5 person carpool		M2. divided by 5 =	
N2. 6 person carpool		N2. divided by 6 =	
O2. 7 person carpool		O2. divided by 7 =	
P2. 8 person carpool		P2. divided by 8 =	
Q2. 9 person carpool		Q2. divided by 9 =	
R2. 10 person carpool		R2. divided by 10 =	
S2. 11 person carpool		S2. divided by 11 =	
T2. 12 person carpool		T2. divided by 12 =	
U2. 13 person carpool		U2. divided by 13 =	
V2. 14 person carpool		V2. divided by 14 =	
W2. 15 person carpool		W2. divided by 15 =	
Compressed Work Week Days/s Off			
X2. 3/36 work week			
Y2. 4/40 work week			
Z2. 9/80 work week			
ET2.		TV2. Total Vehicles, NSR1-P1	
AA2. Vacation			
BB2. Sick			
CC2. Other			
DD2. Other NSR, 90%			
EE2. Total ET1. - DD1.		This number should equal number in GG2.	
FF2. Number of employees in window			
GG2. Multiply box FF2. by 5			

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. Enter your evening AVR target. 4. _____
You can find your AVR Target map here or you can call us:
www.smgov.net/Departments/PCD/Transportation/Employers/Documents-and-Forms

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

Did you attain your AVR target?

A. 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

B. No: I will purchase and complete the MSERC sections of this plan listed below.

1. Section VI-1: Marketing Strategy / Employee Education

2. #1 Basic Support Strategy - (MANDATORY) Guaranteed/Emergency Return Trip

3. Section VII: MOBILE SOURCE EMISSION REDUCTION CREDITS PLAN

Section V: Status/Update of Existing Program (continued)

C.____ **No: I will complete the ERP “Good Faith” effort section of this plan.**

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 ERP 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 their target AVR** 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 ERP submittal
	N	#1 MANDATORY for all employers: Rideshare Bulletin Board, Kiosk or Display Racks
N	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
	N	#4 BIKE CENTER, BIKE: (310) 656-8500, info@smbikecenter.com Rent a bike to keep and use for your employees' use.
	N	#6 Company Bike: Employer owns a bicycle/s for employee use.
	Q	#7 Articles in Company/Rideshare Newsletter OR Website
	Q	#8 Flyers, Announcements, Memos Paycheck Stuffers...
	A	#9 Employer Rideshare Fair Event
	A	#10 Rideshare Promotion or Awards at Company Event/s
	A	#11 Company Recognition
	A	#12 Direct Communication (written) by CEO
	A	#13 ETC Attends Metro Network Meetings (employers with 50 to 249 employees)
	S	#14 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 (BSS) and **five (5)** Direct Strategies (DS) that the worksite will be implementing from the following menu, **mandatory minimum**.

DS: **Column 1 codes**; "C"-Current, see column 2, "R" Revised, see column 2, "N"-New, "D"-Deleted,
 If "C" or "R", in **Column 2**, input total current employee monthly participation

Basic/Support Strategies (BSS) - All strategies must start within 2 months of ERP submittal					
X		#1-Guaranteed/Emergency Return Trip MANDATORY - ALL EMPLOYERS			#6 – Personalized Commute Assistance
		#2 - Commuter Choice Programs			#7 – Transit Information Center
		#3 - Rideshare Matching Service			#8 - Public Transit - Free Introductory Pass
		#4 - Preferential Parking			#9 – Other
		#5 – Flexible Hours			#9 – Other
Direct Strategies (DS) - All strategies must start within 2 months of ERP submittal					
1	2	1 Selection, 2 Current Employee Participation	1	2	1 Selection, 2 Current Employee Participation
		#10 - Vanpool Program			#19 – Compressed Work Week
		#11 - Prize Drawings			#20 - Telecommuting
		#12 - Gift/Service/Certificate/Card			#21 - Parking Charge
		#13 - Company Vehicles			#22 – Transportation Allowance
		#14 - Free Meals			#23 – Bicycle Program
		#15 - Time Off With Pay			#24 – Breeze Bike Program
		#16 - Point Program			#25 – Other
		#17 - Direct Cash Subsidy, separates			#25 – Other
		#18 - Auto Services			#25 – Other

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;
- Mode split/strategies and objectives ;
- Employee demographics;
- Worksite characteristics; and
- The employee involvement process

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 an emergency/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

#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 \$130/month and get a tax deduction for the expense, or employers can allow employees to set aside up to \$130/month of pre-tax income to pay for transit or vanpooling. This amount of an employee's salary is not subject to income tax. \$20/month for qualified bicycle commuting costs.

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

www.nctr.usf.edu/programs/clearinghouse/commutebenefits

#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		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:

\$_____ amount per mile or \$_____ amount 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	_____	___ TRIP ___ DAY ___ WK. ___ MO.	_____
2. 3 person carpool	_____	___ TRIP ___ DAY ___ WK. ___ MO.	_____
3. 4 person carpool	_____	___ TRIP ___ DAY ___ WK. ___ MO.	_____
4. 5 person carpool	_____	___ TRIP ___ DAY ___ WK. ___ MO.	_____
5. 6 person carpool	_____	___ TRIP ___ DAY ___ WK. ___ MO.	_____
6. Vanpool	_____	___ TRIP ___ DAY ___ WK. ___ MO.	_____
7. Mass Transit	_____	___ TRIP ___ DAY ___ WK. ___ MO.	_____
Mass Transit	_____ %	PERCENTAGE	_____
	Minimum 25% per month		
8. Walk	_____	___ TRIP ___ DAY ___ WK. ___ MO.	_____
9. Bicycle	_____	___ TRIP ___ DAY ___ WK. ___ MO.	_____
10. Telecommuting	_____	___ TRIP ___ DAY ___ WK. ___ MO.	_____
11. Other _____	_____	___ TRIP ___ DAY ___ WK. ___ 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 DISBURSED
	Fuel		
	Oil		
	Tune-Up		
	Repair Certificate		
	Car Wash		
	Other		

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.

(Compress Work Week and Telecommuting Strategies are high producers of less stress, high productivity and employee loyalty)

Compressed Work Week (CWW)

___ Check here to confirm that your company **DOES** have a **written policy** regarding eligibilty, 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.

(Compress Work Week and Telecommuting Strategies are high producers of less stress, high productivity and employee loyalty)

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 cannot 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

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

The 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 - Bicycle Program

>Minimum allowance of \$120 per employee, per year or the installation of a secure bicycle parking cage.

The employer provides eligible employees, who commute by bicycles, unique incentives and tools only available to cyclists and not offered elsewhere in the plan..

X	MODE	DOLLAR VALUE	FREQUENCY DISBURSED
	Bicycle Shop Gift Card		
	Tune-Up		
	Repair Service		
	Bike Cage	Secure, locked, covered cage to park bikes, includes racks, tools, air pump and flat repair kit	

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

#24 Direct Strategy – Breeze Bike Share

___ AM, ___ PM, ___ ALL eligible employees.

For Information Contact:

Kyle Kozar, Bike Share Coordinator, 310.458.2201 x5769, kyle.kozar@smgov.net

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

___ Carpooling ___ Transit ___ Walking ___ Vanpooling ___ Bicycling

___ All Employees

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

#25 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)

(DO NOT SUBMIT THIS PAGE)

MSERCP Calculation Form Instructions:

Section VII:

1. Enter total employees at the site (full time and part-time).
2. Enter average daily number of employees commuting to and from work during the peak window (6am to 10am) or (3pm to 7pm) for a typical five day period. Indicate which window you choose. You must choose the window where the majority of the employees have commute trips. For most employers this will be the a.m. window.
3. Enter the actual AVR/Commute Vehicle Reductions (CVR) from the AVR Window with the highest population from line (2.) above from your survey calculations.
4. Enter the Employee Emission Reduction Factor for the appropriate year. This is located on chart 1.
5. Multiply line 2 and line 4 and enter the results.
6. Enter the Emission Factors for Vehicle Trip Emission Credits for the appropriate year. This is located on chart 2.
7. Multiply line 3 and line 6. This is your Vehicle Trip Emission Credits calculated from your CVR Credit listed in line 3.
8. Subtract line 7 from line 5 and enter the results. This is your emission reduction target (ERT). You must meet the ERT in order to have your plan approved. If this number is zero or less, you have already met your ERT and you do not have to proceed. If you have met your ERT, you have the option to file an Employee Trip Reduction Plan. Employers who meet their required emission goals for a.m. and p.m. peak windows are eligible for Employer Annual Transportation Fee discounts
9. Complete the Strategies Summary. All employers must offer a Guaranteed Ride Home Program to any employee who rideshares.

VOC – Volatile Organic Compound

NOx – Nitrogen Oxide

CO – Carbon Monoxide

SITE ID. #: _____ YEAR 01/01/2016 - 06/30/2016

Section VII: MOBILE SOURCE EMISSION REDUCTION CREDITS PLAN

Site Information			
1. Enter the total number of employees at this worksite (including full and part-time employees)			
2. Enter the, 5 day, daily average of worksite employees reporting/departing during the AM/PM Windows. Enter the highest population in the far right column.	AM		
	PM		
3. Enter the number of Creditable Commute Vehicle Reductions in the Peak Window from Step 2 of the Supplemental Worksheet OR enter 0, if you did not calculate surveys			
Emission Reduction Target (ERT) Calculations	VOC	NOx	CO
4. Enter the Employee Emission Reduction Factors for the appropriate year (See Chart #1)			
5. Multiply line 2 times line 4, and enter the results			
6. Enter the Emission Factors for Vehicle Trip Emission Credits (See Chart #2)			
7. Multiply line 3 times line 6 and enter the results. This is your VTEC calculated from your CVR Credit			
8. Subtract line 7 from line 5 and enter the results. This is your ERT. Enter zero if this amount is zero or less.			

SUPPLEMENTAL WORKSHEETS

By using the AVR survey results with the highest employee population, the peak CCVR is determined by the daily average of commute vehicle reductions based on the AVR.

Step 1: Enter in the table below the weekly employee trips from the data. Do the same for the weekly vehicle trips.

	Weekly Total Employee Trips (Line 1 of the Current Worksite AVR Form)	Weekly Total Vehicle Trips (Line 2 of the Current Worksite AVR Form)	
ET			TV

Step2: Using the table below, subtract the Weekly Total Vehicle Trips (TV) from the Weekly Total Employee Trips and divide the result by 5 to obtain the daily amount of Creditable Commute vehicle Reductions (CCVR). **[ET-TV] / 5 = CCVR**

ET	
TV	
[ET-TV] ÷ 5 = CCVR	

Step 3: Enter this number (CCVR) on line 3, Section V of the MSERCP.

(DO NOT SUBMIT THIS PAGE)

Chart 1: Employee Emission Reduction Factors for 2.20 AVR

(For City of Santa Monica Use Only)

(Pounds per year per employee)

Emission Year	VOC	NOx	CO
2016	1.5	1.51	16.44
2017	1.36	1.36	14.88
2018	1.24	1.24	13.54
2019	1.15	1.14	12.47
2020	1.09	1.07	11.71
2021	1.05	1.01	11.12
2022	1.01	0.96	10.60
2023	0.97	0.91	10.13
2024	0.93	0.88	9.75
2025	0.91	0.85	9.45

Note: The factors are subject to change upon EPA approval of the 2014 EMFAC model.

Chart 2: Emission Factors for Vehicle Trip Emission Credit (VTEC)

(Pounds per year per daily commute vehicle)

Emission Year	VOC	NOx	CO
2015	3.02	3.07	33.29
2016	2.75	2.77	30.14
2017	2.49	2.50	27.28
2018	2.27	2.27	24.82
2019	2.11	2.09	22.86
2020	2.00	1.95	21.47

VOC – Volatile Organic Compound

NOx – Nitrogen Oxide

CO – Carbon Monoxide

SCAQMD List of Emission Credit Vendors Where to buy emission

credits NOTE: The vendors are listed alphabetically. Listing of a vendor here **does not** constitute an endorsement, warranty or guarantee by the SCAQMD. All emission credits are subject to approval by the SCAQMD.

AIR QUALITY MANAGEMENT SERVICES

2001 S. Barrington Avenue, Suite 319
Los Angeles, CA 90025
Contact: Mike Heydari
Phone: (310) 478-6699
Fax: (310) 478-6009
Cell: (310) 710-9299
Email: mheydari@aqms.com
mheydari@aol.com

BCG Environmental Brokerage Services, L.P.

199 Water St., Floor 19, New York, NY 10038
Contact: Paul Tansy, Cell (646) 346-6899
Email: ptansey@bgcpartners.com

E3 Solutions, LLC

PO Box 3220, Sausalito, CA 94966
Contact: Mike Hammond
Phone: (415) 271-9575
Email: mike@e3sf.com

EARTHGUARD ENVIRONMENTAL SERVICES

P.O. Box 3220, Manhattan Beach, CA 90266
Contact: Richard Friedman Phone: (310) 796-9905
Email: ricfriedman@aol.com

EARTHGUARD 2201, LLC

P.O. Box 3265, Manhattan Beach, CA 90266
Contact: Jonathon Parsons, Phone (424) 254-8108
Fax: (310) 693-8019
Email: info@earthguard2202.com

ELEMENT MARKETS, LLC

3555 Timmons Ln., Suite 900, Houston, TX 77027
Contact: Mike Taylor, Phone: (281) 207-7207
Fax: (281) 207-7211
Email: mtaylor@emelementmarkets.com

EVOLUTION MARKETS LLC

27801 Golden Ridge Ln., San Juan Capistrano, CA 92675
Contact: Christie Stoker, Phone: (949) 496-8008
Fax: (949) 496-3673, Email: cstoker@evomarkets.com

GREENWOOD ENVIRONMENTAL

4209 Apricot Dr., Irvine, CA 92618
Contact: Jayne Adams, Phone: (949) 484-3074
Email: jayne@greenwoodenv.com

IXO

P.O. Box 821 La Canada, CA 91012
Contact: David Haupt Phone: (310) 863-2688
Email: dhaupt@ixoinc.com

LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY (METRO)

One Gateway Plaza Los Angeles, CA 90012-2952
Contact: Stacy Alameida, Phone: (213) 922-7414
Fax: (213) 922-2868 Email: alameidas@metro.net

MARKET-BASED SOLUTIONS

427 W. Colorado Street, Suite 203 Glendale, CA 91204
Contact: Sally Thompson, Phone: (818) 543-5925 x111
Fax: (818) 548-5740
Email: thompson@mbsmail.com

PICK YOUR PART AUTO WRECKING

2931 E. White Star Ave., Anaheim, CA 92806
Contact: Jun Mendez Phone : (877) 900-
JUNK
(877) 900-5865 Fax: (714) 978-5947
Email: axmendez@lkqcorp.com

RIDELINKS, INC.

1 South Fair Oaks Ave., Suite 302, Pasadena, CA 91105
Contact: Rashmi Bansal, Phone: (626) 440-9933
Email: rashmi@ridelinks.com

April 4, 2016

Section VIII: Educational Information & Posters (do not submit this page)

Metro Commute Services, Valerie Rader (vanpool services).....**213.922.2535**
Metro Commute Services, Mary Ann Garcia, (ridesharing services)..... **213.922.6226**
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

Breeze Bike Share www.breezebikeshare.com
City of Santa Monica Mobility Division 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
Metrolink..... www.metrolinktrains.com
Metro www.metro.net
 Maps for “Park & Ride” lots, English and Spanish information of carpools, vanpools, bicycling, telecommuting,
 other bus lines, Red, Blue, Green, Gold, Expo light rail lines, and freeway conditions.
Los Angeles County Bicycle Coalition www.labikecoalition.org
California Bicycle Coalition www.calbike.org
Caltrans - California freeway conditions www.dot.ca.gov
American Lung Association www.lung.org
Sierra Club..... angeles.sierraclub.org
Association for Commuter Transportation (ACT) Southern California Chapter..... www.socalact.org
AAA - Automobile Club of Southern California www.calif.aaa.com/home.html
Ride Amigos (Carpool Matching Service)..... www.rideamigos.com
South Coast Air Quality Management District (SCAQMD)..... www.aqmd.gov
California Air Resources Board www.arb.ca.gov
Sigalert.com..... www.sigalert.com

Section IX: Certification Trainers and Consultants (do not submit this page)

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

EMPLOYERS WITH 30-249 EMPLOYEES

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

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

We recommend that you call to compare services and prices.