

Mobile Source Emission Reduction Credit Plan (MSERCPC)

For MSERCPCs Due July 1, 2015 thru June 30, 2016

Forms and Instructions



Creating A Better Community

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

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

(updated 04/24/2015)

(DO NOT SUBMIT THIS PAGE)

Guidelines for Mobile Source Emission Reduction Credits Plan (MSERCP)

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

General Information

The City of Santa Monica MSERCP consists of forms that must be completed and returned to the City of Santa Monica's Strategic Transportation & Planning Division on or before your plan due date.

Please review the instructions included in the plan and these guidelines. If you need further assistance contact the Strategic Transportation & Planning Division at 310-458-8956 or 310-458-8957.

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

Plan Preparation

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

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

Complete the necessary ETC training. Employers with 50-249 employees should contact one of the City-certified trainers listed on page 28 of these plan forms. Employers with 250 or more employees are required to attend the SCAQMD training. For SCAQMD training information please go to their website at: www.aqmd.gov/trans/traing.html

Contact Metro Commute Services for assistance with your survey and no cost incentive and marketing strategies. Account Executive: Valerie Rader 213-922-2535.

All employers must conduct an employee Average Vehicle Ridership Survey. Employers filing MSERCPs will no longer be allowed to forgo the survey and claim a default AVR of 1.0.

Employee AVR Survey

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

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

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

Mobile Source Emission Reduction Credits (MSERCs)

Use your AVR data to calculate your total worksite mobile source emissions and enter the information in Section V of the plan.

Contact an SCAQMD-certified MSERC broker to purchase the necessary credits. A list of brokers is provided at the end of this plan.

The appropriate credits must be transferred to the City's account no later than 180 days after your plan due date. You must include a check made out to the SCAQMD for the cost of SCAQMD Emission Reduction Credit Transfer Fee (listed under Rule 308 Other Rule Fees in the SCAQMD fee schedule).

Please check the SCAQMD website for current fees at: http://www.aqmd.gov/trans/doc/fees_b.pdf

Failure to include a check made out to the SCAQMD for Emission Reduction Credit Transfer Fee will result in a MSERCP being disapproved.

Parking Cash Out

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

The City of Santa Monica's Ordinance 1604 requires all employers subject to Parking Cash-Out to include Parking Cash-Out as a part of their MSERCP. 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 MSERCP.

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

If you do not subsidize any employee parking, or if you own your own parking, you are exempt from Parking Cash-Out requirements. For more information please visit the California Air Resources Board website at:

<http://www.arb.ca.gov/planning/tsaq/cashout/cashout.htm>

Plan Submission

Submit **one** unbound copy of your ETRP, via mail, courier, shipping service or electronic email as well as:

- A copy of the training certificate for ETC, Consultant ETC and/or Sr. ETC if applicable
- A check made out to the SCAQMD for Emission Reduction Credit Transfer Fees
- 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.

Your MSERP 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, including the Management Commitment Letter and the Strategies page, 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.**

Plan Assistance

For plan assistance please contact the Strategic Transportation & Planning Division:

Jacquilyne Brooks de Camarillo	jacquilyne.brooks@smgov.net	310.458.8956
Luis Morris	luis.morris@smgov.net	310.458.8957

Table of Contents

Forms

Employer Annual Transportation Fee Filing Form	1
Section I: Introduction: Employer Profile.....	6
Section II: Worksite Analysis	8
Parking Cash-Out Program – all employers with 50 or more employees	
Section III: Marketing Strategy / Employee Education	10
Section IV: Employee Data by Worksite, Survey Forms, Methodology, AVR Calculation	
(Do not submit or complete Section IV, if you not going to survey and will be taking the default AVR of 1.0)	11
Section V: MSERCP Calculations	25
Section VI: Basic/Support and Direct Strategies Summary	28
Section VII: Trainers, Consultants, Educational Information and Posters	

Employer Annual Transportation Fee Filing Form/Invoice

Please, only use this Mobile Source Emission Reduction Credits Plan (MSERCP) if you plan on purchasing Mobile Source Emission Reduction Credits (MSERC) from MSERC Brokers.

Your Employer Annual Transportation Fee: \$14.72 per employee

Employers with multiple sites may use additional pages if necessary.

If you have any questions regarding this form please call the Strategic Transportation & Planning Division at:

**Luis Morris 310.458.8957, luis.morris@smgov.net or
Jacquilyne Brooks de Camarillo 310.458.8956, jacquilyne.brooks@smgov.net**

COMPANY NAME: _____

Site ID #	Site - Street Address	# of Employees	Amount Due
Subtotal			
CHECK #: _____			\$
TOTAL FEES – PLEASE PAY THIS AMOUNT			

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

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

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

For Electronic Submission: email teamplans@smgov.net

DO NOT send the check separately.



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

One-Time Credit Card Payment Authorization Form

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

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

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

Business License #

City of Santa Monica
Planning & Community Development Department
Strategic Transportation & Planning Division 1685
Main St., Room 115
P.O. Box 2200
Santa Monica, C 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 **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 of Official in Charge

Print or type name

Title

Telephone Number

Exemption Request Form - 250

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

FAX: (310) 576-9170

Strategic Transportation & Planning Division
City of Santa Monica
1685 Main St., Room 115
P.O. Box 2200
Santa Monica, 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 TMO STAFF ONLY

DO NOT SUBMIT THIS PAGE

Section I: Employer Profile

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

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

Employer Name

Number, Street and Suite

B. Contact Person:

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

Name, Title and Department

Number, Street and Suite

City, State and Zip Code + 4

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

C. Type of Business: (explain briefly)

D. Highest ranking official at this Site:

Name, Title

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

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

ETC On-site Coordinator Senior/Corporate ETC Consultant ETC

Name, Title and E-mail Address (IMPORTANT)

Department, Phone, Extension and Fax

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

LAST CERTIFICATION TRAINING DATE: _____

F. Other ETC: (check applicable)

ETC, On-site Coordinator, Senior/Corporate ETC, Consultant ETC

Please attach a copy of initial training certificate.

Name, Title and E-mail Address (IMPORTANT)

Company Name

Address, Suite, City

State, Zip Code, Phone, Fax

Check here if also Plan Preparer.

CERTIFICATION TRAINER: _____

LAST CERTIFICATION TRAINING DATE: _____

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

Yes No

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

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

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

Number, Street Name, City, Zip Code

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

Number, Street Name, City, Zip Code

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

Number, Street Name, City, Zip Code

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

Number, Street Name, City, Zip Code

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

Number, Street Name, City, Zip Code

Section II: Worksite Analysis

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

Big Blue Bus: “Blue – The Transit Store”, 310.451.5444, 1444 4th St.

west of the 3rd St. Promenade, Schedules, Maps, Bus Passes/Tokens and other information

_____1 _____2 _____3 / Rapid 3 _____4 _____5 _____6 _____7 / Rapid
 _____8 _____9 _____10 _____11 _____14 _____Sunset Ride _____Cross Town Ride

Metro: _____4 (24 hr.) / 704 _____20 / 720 Rapid / 920 _____33 (24 hr.) / 333 _____534

B. Bike Santa Monica:

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

Santa Monica Bike Center: Ron Durgin, (310) 656-8500, info@smbikecenter.com

Learn how to be ranked as a "Bike Friendly Business".

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

C. Worksite Services / Amenities Inventory:

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

_____ 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) _____

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

The State of California and the City of Santa Monica require all employers with 50 or more employees, who lease any of their parking, and provide a parking subsidy to any employee to implement a Parking Cash-Out Program at their worksite. 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.

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

How many of your parking spaces are leased? _____, Cost per Space \$ _____

How many City Garage parking spaces are leased from the City? _____, Cost per Space \$ _____

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.

Employer Parking Fee per Space (Range):

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

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

_____ How many employees are currently participating?

IF NO, complete below.

Parking Cash-Out Exemption:

Our organization is exempt from Parking-Out because:

- 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 lease without incurring financial penalties.
Include copy of Lease Attachment

Date Current Lease Expires: _____

Section III: Marketing Strategy / Employee Education

To be completed by all employers.

All employers must implement **mandatory elements #1 & #2 below**, in addition to 3 elements of their choice, totaling **5 elements minimum**.

Frequency codes:

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

Frequency	Minimum Required Frequency	Element
All strategies must start within 2 months of ETRP submittal		
	N	#1 MANDATORY for all employers: Rideshare Bulletin Board, Kiosk or Display Racks
N	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/A	#4 BIKE CENTER, BIKE: Ron Durgin, (310) 656-8500, info@smbikecenter.com Rent a bike to keep and use for your employees' use. Bike safety classes
	Q	#5 Articles in Company/Rideshare Newsletter OR Website
	Q	#6 Flyers, Announcements, Memos Paycheck Stuffers, Etc
	A	#7 Employer Rideshare Fair Event
	A	#8 Rideshare Promotion or Awards at Company Event/s
	A	#9 Company Recognition
	A	#10 Direct Communication (written) by CEO
	A	#11 ETC Attends Metro Network Meetings (employers with 50 to 249 employees)
	S	#12 Focus Groups or Rideshare Meetings
		Other (describe):

Section IV: Employee Data By Worksite

Must be completed and submitted by all employers to determine the amount of MSERC they must purchase to meet plan requirements.

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

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

B. Employee Work Profile Data

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

1. Current total number of employees
REPORTING TO AND DEPARTING FROM
 work within the **A.M. AVR WINDOW** during the survey period. _____
Include every employee who reports to or leaves work between 6 am and 10 am, even once a week.

2. Current total number of employees
REPORTING TO AND DEPARTING FROM
 work within the **P.M. AVR WINDOW** during the survey period. _____
Include every employee who reports to or leaves work between 3 pm and 7 pm, even once a week.

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

- Metro Rideshare CommuteSM.com Other, complete below

 Organization Name

D. Survey Response Rate:

A.M. AVR Window

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

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

Survey Response Rate

_____ divided by _____ multiply by 100 = _____ %

P.M. AVR Window

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

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

Survey Response Rate

_____ divided by _____ multiply by 100 = _____ %

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

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

 Survey Start Day & Date

 Survey End Day & Date

Average Vehicle Ridership (AVR) Survey Form

Employee Information (Please Print)

Name _____ Home Zip Code _____

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

Phone Ext. _____ Signature & Date _____

Instructions:

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

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

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

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

	A	A	C	C	CC
--	---	---	---	---	----

Transportation Modes Legend

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

Survey Week: from _____ **to** _____

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

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

Indicate days >>>>>>>>>

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

--	--	--	--	--

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

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

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

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Thank you for your cooperation!

INSTRUCTIONS FOR WEEKLY EMPLOYEE SURVEY FORM

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

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

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

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

Examen Forma de Medio Paseo en Vehiculo

(Por favor, escribe con letras de imprenta) Nombre

Codigo Postal de Su Casa

Millas al Trabajo Cada Vuelta

Empleado I.D. #

Departamento

Telefono/Extensión

Firma y Fecha

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

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

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

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

- V.** Trabaje en casa
- W.** Sin Viajar

Semana de Trabajo Condesada

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

Dias de Descanso

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

Semana Examen: de _____ a _____

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

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

Indique los días >>>>>>>>>

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

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

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

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

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Gracias por su cooperacion

Instrucciones Para El Semanal Empleado Encuentra Forma

1. Termine por favor el semanal empleado encuentra forma. Si llega a y parte de su lugar de trabajo durante la misma 4 ventana de viaje diario de hora, utiliza su modo de transporte de llegada.
2. Si usted maneje al trabajo en auto con 2 or mas personas, escribe la letra correcta (**Letras C de P**) en la columna apropiada para cada 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 **Q** para cada dia que usted viajó al trabajo sobre un tren o autobus.
4. Transportes en tren o avion: Escribe la letra **R** para cada dia que usted viajó al trabajo sobre en tren or avion.
5. Camine: Escribe la letra **S** para cada dia que usted caminó para trabajo.
6. 5. Bicicleta: Escriba la letra **T** para cada dia que usted montó en bicicleta para tabajar.
7. Auto de Eléctrico: Escribe la letra **U** para cada dia que usted maneje un auto de eléctrico al trabajo.
8. Trabaje en Casa: Escribe la letra **V** 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 **W** 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.

(DO NOT SUBMIT THIS PAGE)

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.
5. Column Totals: When you total each daily column (columns 1-5) in the Weekly Employee Summary Form, they should each have the same sum; if not, a mistake has been made and your calculations will be incorrect. If you total column 6, then divide it by 5, it should also be the same. These sums are also the total amount of employees reported in the A.M. AVR Window on B., Line 1.

Weekly Employee / Vehicle Calculation - Morning Peak Period AVR

1. Transfer the weekly totals from column 6 to the corresponding category in column 1 of the Weekly Employee / Vehicle Calculation.
2. Perform the operations indicated and enter the results in column 2. For example: Total number of drive alone employee trips should be divided by 1; total number of employee trips made in 3 person carpools should be divided by 3: etc.
3. Add lines A1 through W1 from column 1 and enter total in box ET1 in column 1. Add lines in Column 2 and enter in box TV1 of column 2. This number represents the adjusted total weekly vehicle trips.
4. Add ET1 + CC1 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/Vehicle Calculations - Morning Peak Period AVR WINDOW

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

Current Worksite AVR - Morning

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

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

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

4. Morning AVR target. 4. 1.50

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

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

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

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

INSTRUCTIONS FOR NEXT 3 FORMS

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

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

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

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

Current Worksite AVR - Evening

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

Weekly Employee/Vehicle Calculations - Evening Peak Period AVR

COMMUTE MODES	Column 1		Column 2
NSR2. No Survey Response If 75-89%		NSR2. divided by 1	
A2. Drive alone		A2. divided by 1	
B2. Motorcycle		B2. divided by 1	
C2. 2 person carpool		C2. divided by 2	
D2. 3 person carpool		D2. divided by 3	
E2. 4 person carpool		E2. divided by 4	
F2. 5 person carpool		F2. divided by 5	
G2. 6 person carpool		G2. divided by 6	
H2. 7 person carpool		H2. divided by 7	
I2. 8 person carpool		I2. divided by 8	
J2. 9 person carpool		J2. divided by 9	
K2. 10 person carpool		K2. divided by 10	
L2. 11 person carpool		L2. divided by 11	
M2. 12 person carpool		M2. divided by 12	
N2. 13 person carpool		N2. divided by 13	
O2. 14 person carpool		O2. divided by 14	
P2. 15 person carpool		P2. divided by 15	
Q2. Bus			
R2. Rail / Plane			
S2. Walk			
T2. Bicycle			
U2. Electric Vehicle			
V2. Telecommute			
W2. Noncommuting			
Compressed Work Week Days/s Off			
X2. 3/36 work week			
Y2. 4/40 work week			
Z2. 9/80 work week			
ET2.		TV2. Total Vehicles,	
AA2. Vacation			
BB2. Sick			
CC2. Other			
DD2. Other NSR, 90%+			
EE2. Total ET2. - DD2.		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. Evening AVR target. 4. _____ **1.50**

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

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

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

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

(DO NOT SUBMIT THIS PAGE)**MSERCP Calculation Form Instructions:**

Section V:

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 you 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.

Section V: EMISSION REDUCTION 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 1 times line 4, if you did not survey and enter the results or Multiply line 2 times line 4, if you did survey 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

(Pounds per year per employee)

Emission Year	VOC	NOx	CO
2015	1.01	1.02	11.10
2016	0.92	0.92	10.05
2017	0.83	0.83	9.09
2018	0.76	0.76	8.27
2019	0.70	0.70	7.62
2020	0.67	0.65	7.16

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

Section VI: Basic/Support and Direct Strategies Summary

(Check all that apply)

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

Section VII: TRAINERS & 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 50-249 EMPLOYEES

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

TRAINERS & CONSULTANTS:

Melinda Sue Norin

Melinda Sue Norin & Associates

11271 Huston St.

W. Toluca Lake, CA 91601-4408

818.766.4044

melindasu@hotmail.com

Cara Rice

800 South Pacific Coast Highway,

Suite 8-344

Redondo Beach, CA 90277-4778

310.493.9336

facerice@aol.com

Rashmi Bansal

RideLinks, Inc.

1 S. Fair Oaks Ave., Suite 302

Pasadena, CA 91105

626.440.9933

rashmi@ridelinks.com

www.ridelinks.com

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

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

SCAQMD

21865 E. Copley Drive

Diamond Bar, CA 91765

(909) 396-3271, <http://www.aqmd.gov/trans/training.html>

CONSULTANTS ONLY:

Linda Paradise

Paradise Consulting

2425 Olympic Bl., 4060W

Santa Monica, CA 90404

310.453.1714

paradiseconsulting@sbcglobal.net

Carolyn DeVinny

The DeVinny Group

3760 Motor Ave.

Los Angeles, CA 90034

310.559.8575

devgrp@earthlink.net

Peter Valk

Transportation Management Services

236 N. Chester Ave., Suite 200

Pasadena, CA 91106

626-796-3384 (phone) Ext 238 -- 626-796-2425 (fax) valk@tms85.com - www.tms85.com

We recommend that you call around about services and prices.

Section VII: EDUCATIONAL INFORMATION & POSTERS

Metro Commute Services, Valerie Rader (ridesharing services)	213.922.2535
Santa Monica BIG BLUE BUS	310.451.5444
Los Angeles Bicycle Coalition	213.629.2142
California Bicycle Coalition	916.446.7292
Caltrans, direct telephone line for California freeway conditions	800.427.ROAD (427.7623)
American Lung Association	800.LUNG USA (586.4872)
Sierra Club	213.387.4287
Association for Commuter Transportation	202.393.3497
Coalition for Clean Air	310.441.1544
California Air Resources Board (CARB)	800.242.4450
Metro (formerly MTA/Metropolitan Transit Authority)	800.COMMUTE (266.6883)

USEFUL INTERNET ADDRESSES

City of Santa Monica Strategic Transportation & Planning Division	http://www.smgov.net/TMO
Bike Santa Monica	www.bikesantamonica.org
City of Santa Monica	www.smgov.net
Santa Monica BIG BLUE BUS	www.bigbluebus.com
Santa Monica Bike Center	www.smbikecenter.com
Santa Monica Spoke, S.M Cycling Outreach Organization	www.smspoke.org
Sustainable Streets	www.sustainablestreets.org
Expo Line Light Rail	www.buildexpo.org , www.friends4expo.org
Metrolink	www.metrolinktrains.com
Metro (formerly Metropolitan Transit Authority or MTA)	www.metro.net
Metro Rideshare:	http://www.metro.net/riding_metro/commute_services/default.htm
Maps for "Park & Ride" lots, English and Spanish information of carpools, vanpools, bicycling, telecommuting, other bus lines, Red, Blue & Green light rail lines, and freeway conditions.	
Los Angeles Bicycle Coalition	www.labikecoalition.org
California Bicycle Coalition	www.calbike.org
Bike Link	www.bikelink.com
Caltrans - California freeway conditions.	www.dot.ca.gov
American Lung Association	www.lung.org
Sierra Club	http://angeles2.sierraclub.org/
Association for Commuter Transportation (ACT) Southern California Chapter	www.act-southernca.org
AAA - Automobile Club of Southern California	www.aaa-calif.com
Ride Amigos (TMA & Carpool Matching Service)	www.rideamigos.com
South Coast Air Quality Management District (SCAQMD)	www.aqmd.gov
California Air Resources Board	http://www.arb.ca.gov
Southern California Association of Governments (SCAG)	www.scag.ca.gov
Sigalert.com	www.sigalert.com