



**Travel Reduction Plan**

**Fax to: 602-506-6669**

Organization: \_\_\_\_\_ Total Employee Count \_\_\_\_\_

Business operates \_\_\_\_\_ days per week, starting at \_\_\_\_\_ AM / PM and ending at \_\_\_\_\_ AM / PM or 24 hours

Transportation Coordinator (TC): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ 'Intro to TRP' online training module completed? Yes No

Effective Travel Reduction Strategies/Projected Expenses – **Select the measures to be implemented within 30 days of submitting this plan. The qualifications/budget for each measure should encourage employee alternate mode usage throughout the entire plan year and take into consideration all mandatory sites.** Call (602) 506-6750 for assistance.

**1) Alternate Mode User (AMU) Drawings:**

Frequency	Prize Value	Annual Value*
<input type="checkbox"/> Monthly <b>[12]</b> x	\$ _____ =	\$ _____
<input type="checkbox"/> Bi-Monthly <b>[6]</b> x	\$ _____ =	\$ _____
<input type="checkbox"/> Quarterly <b>[4]</b> x	\$ _____ =	\$ _____
<input type="checkbox"/> Semi-Annual <b>[2]</b> x	\$ _____ =	\$ _____
<input type="checkbox"/> Annually <b>[1]</b> x	\$ _____ =	\$ _____

**2) Other AMU Incentives:**

	Prize Value	Annual Value*
<input type="checkbox"/> New AMU/Move Closer	\$ _____	\$ _____
Award Frequency: _____		
<input type="checkbox"/> Best AMU	\$ _____	\$ _____
Award Frequency: _____		
<input type="checkbox"/> Point Program	\$ _____	\$ _____
_____ Points earned = \$ _____ prize value.		
<input type="checkbox"/> All AMU's awarded	\$ _____	\$ _____
Award Frequency: _____		

**3) Guaranteed Ride Home:** Free Ride Home for AMU's in the event of emergency.

Ride provided by:  Taxi/Ride Service **3) Annual Budget\***

Company vehicle \$ \_\_\_\_\_

Co-worker, mileage paid

**4) TRP Activity:**

	Annual Budget*
<input type="checkbox"/> Valley Metro TC Webinar Participation	\$ _____
<input type="checkbox"/> AMU parties → Freq: _____	\$ _____
<input type="checkbox"/> Valley Metro 'Intro to TRP' Training	\$ _____
<input type="checkbox"/> TRP Fair → Freq: _____	\$ _____
<input type="checkbox"/> Bike/Rideshare Month Participation Awards	\$ _____
<input type="checkbox"/> High Pollution Advisories (HPA): Prizes	\$ _____
<input type="checkbox"/> Awards for rideshare matching at ShareTheRide	\$ _____
<input type="checkbox"/> Offer internal zip code (rideshare) matching	\$ _____

**5) Van/Carpool Parking:** Total spaces (for all employer sites) permanently marked for registered participants: \_\_\_\_\_

Are these spaces covered?  All  Some

Each user must (select at least one):

Provide name/license plate number **5) Annual Budget\*** \$ \_\_\_\_\_

Display dash/hang tag (TC keeps list of users issued a tag)

**6) Transportation Subsidy:**

Type(s)	Subsidy	Pay/Frequency	Annual Budget*
<input type="checkbox"/> Walk	_____	_____	\$ _____
<input type="checkbox"/> Bike	_____	_____	\$ _____
<input type="checkbox"/> Carpool	_____	_____	\$ _____
<input type="checkbox"/> Vanpool	_____	_____	\$ _____
<input type="checkbox"/> Bus/Rail	_____	_____	\$ _____

↳  Platinum Cards  Reimburse  Co. buys/distributes passes

\* Don't include labor costs

7) Other TRP Activities

Budget \$ \_\_\_\_\_

- Physical Amenities** – Check all that apply.  On-site daycare  Men’s Shower  Women’s Shower  Bike rack
- Indoor bike parking  Employer Alternative Fuel Vehicle  All pay to park \$\_\_\_\_\_/month  Free parking available

**Alternate Work Schedules** – The numbers reported must be verifiable from company records (**DO NOT** use the TRP Survey Analysis)

**Telecommute:**

Number of employees that, on a regular basis\*\*, telecommute from home: \_\_\_\_\_

\*\*An employee working from home at least 2 days per month is considered “regular”

**Compressed Workweek:**

Schedules must be documented for 6 months or more of the plan year

9/80 (Work 9 days 80 hours): Total number of employees: \_\_\_\_\_

4/10 (Work 4 days 40 hours): Total number of employees: \_\_\_\_\_

3/12 (Work 3 or 4 days 36+ hours): Total number of employees: \_\_\_\_\_

**Communication Methods:** select at least 2 methods to promote your incentives to all employees on at least a quarterly basis.

- Email  Payroll Stuffers  WebPages  Messages on paychecks  Memos  Message System
- Bulletin Boards  Employee Meetings (documented)  Company Newsletter
- Custom Sub-site at ValleyMetro’s ShareTheRide → If selected, what % \_\_\_\_\_ of employees have computer access at work?

**Required information to be provided to New Hires and Driving Age Students:** Indicate how the employer will provide information on all employer TRP program incentives to New Employees and Driving Age Students. (Select 1 or more as needed)

- Memo  New Hire Packet  Orientation presentation (documented)  Student Handbook/WebPage

**Statement of Participation**

As the highest-ranking local official for this organization, I have reviewed this plan and submit it for approval by the Maricopa County Travel Reduction Program Task Force. Our organization will notify Maricopa County Travel Reduction Program within 30 days if the Transportation Coordinator (listed above) changes. I also understand our organization shall maintain 12 months of documentation\* that verifies all incentives, drawings, subsidies and related activities are being implemented and promoted throughout the plan year.

Failure to appoint a Transportation Coordinator or implement/document this plan may lead to civil penalties of up to \$300 a day.

Highest Ranking Local Official’s Name: \_\_\_\_\_ (Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Highest Ranking Local Official (HRLO)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Transportation Coordinator (TC)

\* Examples of documentation are, but not limited to:

- Prize receipts and/or copies of gift cards awarded, recipient verification signatures
- Logs signed/initialed by recipients if you are awarding internal/donated/purchased merchandise
- Completed entry forms for drawing winners
- Registration forms used for reimbursements, subsidies and/or new enrollment awards
- Copies of TRP-related newsletters, emails, memos, pay stuffers, meeting minutes and/or “winner” announcements
- Carpool/Vanpool parking registration log (employee/vehicle information)
- Payroll/Human Resource reports that substantiate compressed workweek/telecommute participation
- Transit bills and expense reports showing amounts paid to/collected from employees

The Transportation Coordinator should contact the assigned Valley Metro Commute Solutions Coordinator at (602) 262-7433 after plan approval for implementation assistance and to review what documentation you will need to successfully complete a future employer program audit.