



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 [12] x	\$ _____ =	\$ _____
<input type="checkbox"/> Bi-Monthly [6] x	\$ _____ =	\$ _____
<input type="checkbox"/> Quarterly [4] x	\$ _____ =	\$ _____
<input type="checkbox"/> Semi-Annual [2] x	\$ _____ =	\$ _____
<input type="checkbox"/> Annually [1] 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):

<input type="checkbox"/> Provide name/license plate number	\$ _____	5) Annual Budget*
<input type="checkbox"/> 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.