

Application Form

Follow these simple steps today:

1. Read and complete this Application Form. For more information, see the Additional Application Information available on line at <http://www.bwc.gov/pdf/agreement_particulars.pdf> or contact us at 888 856-3131 or <bwc@epa.gov>.
2. Mail the Application Form to: Best Workplaces for CommutersSM, U.S. Environmental Protection Agency-(6406J), 1200 Pennsylvania Avenue, NW, Washington, DC 20460. You can also fax it to us at 202 343-2803.

Do We Qualify?

In order to qualify as one of the Best Workplaces for Commuters, your organization must offer at least one of the following primary benefits:

- At least \$30 per month towards a transit pass or vanpool pass (or the full cost of a pass if it is less than \$30) to each employee who commutes using transit or a vanpool.
- A significant telework program that reduces by at least 6 percent the number of commuting trips employees make.
- At least \$30 per month (in lieu of providing a parking spot) to each employee who leaves their car at home and commutes another way.
- An equivalent benefit that provides similar value to employees, reduces traffic and air pollution, and is agreed to by the BWC team.

Your organization must also offer access to an Emergency Ride Home program and 3 supporting benefits, such as carpool matching, shuttles and on-site amenities (e.g., cafeteria, dry cleaners). If you have fewer than 20 employees, you need only provide one supporting benefit.

Application Date _____

Employer Information

Employer Name (as you would like it to appear): _____

Nature of Business: _____

Is your company a FORTUNE 500 company or owned by a FORTUNE 500 company?

Yes No

Approximate number of employees in the U.S. _____

Your organization's Web site address: _____

How did you hear about us?

Organization that talked to you about applying for EPA's Best Workplaces for Commuters: _____

Worksite-specific Information

(for worksites covered by this application)

This application should cover worksites that:

1. are located in the same metropolitan area AND
2. offer the same primary commuter benefit AND
3. have the same primary contact

If you have additional worksites that do not meet these conditions, please include them on a separate application.

Number of worksites covered by this application: _____

Approximate number of employees at these worksites (combined): _____

Approximate number of employees at these worksites who are offered commuter benefits
(even if they are not using them): _____

Does your organization have other worksites in this metropolitan area that are not included on this application?

- Yes (please list) _____
- No
- Not Sure

Does your organization have worksites in other metropolitan areas that offer commuter benefits?

- Yes (please provide additional information) _____
- No
- Not Sure

Please provide the information below for each worksite included on this application. List the primary worksite first.

Worksite Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Approximate number of employees at this worksite: _____

Approximate number of employees at this worksite who are eligible for commuter benefits: _____

If you have additional worksites to be included on this application, please submit the information on a separate sheet.

Contact Information

Primary Contact

(Person with day-to-day responsibility for commuter benefits program)

Name: _____

Title: _____

Dept: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

Manager

(Person who oversees administration of commuter benefits program)

Same as above

Name: _____

Title: _____

Dept: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

Media Contact

Same as Manager

Same as Primary Contact

Name: _____

Title: _____

Dept: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

Primary Benefits

We offer at least one of the following primary benefits to our employees:

(Please check all that apply – if you have questions about how to do the calculations, please contact us):

- We offer to pay at least \$30 per month towards a transit pass (or the full cost of a pass if it is less than \$30) to each employee who commutes using transit.
- We pay \$___ per month on average for each transit user

OR

- We offer to pay at least \$30 per month towards a vanpool pass (or the full cost of a pass if it is less than \$30) to each employee who commutes in a vanpool.
- We pay \$___ per month on average for each vanpool rider

OR

- We offer a significant telework program that reduces by at least 6 percent the number of commuting trips our employees make.
- We estimate ___ % of our employees' commute trips are eliminated by telework

OR

- We offer to pay at least \$30 per month (in lieu of providing a parking spot) to each employee who leaves their car at home and commutes another way.
- We pay \$___ per month for each parking spot given up

OR

- We offer an equivalent benefit that provides similar value to our employees, reduces traffic and air pollution, and is agreed to by EPA.
- Please attach your proposed benefit option to this application. For more information about Employer Proposals, please visit <http://www.ergweb.com/projects/ccli/enroll/askccli.htm>.

Supporting Benefits

We offer at least three of the following supporting benefits to our employees (you need to provide only one if you have fewer than 20 employees):

(Please check all that apply)

- Active membership in a Transportation Management Association (TMA) or participation in a voluntary regional air quality program (e.g., Spare the Air, Air Awareness, SEQL, Clean Air Coalition) or another employer-based commuter program
- Active membership in a local ozone awareness program, in which you agree to notify employees of expected poor air quality and suggest ways that they might minimize polluting behaviors
- Ridesharing or carpool matching, either in-house or through an outside organization
- Pre-tax transit subsidy deducted from employee paycheck
- Pre-tax vanpool subsidy deducted from employee paycheck
- Transit benefits of less than \$30 per month (or less than the full cost if less than \$30)
- Vanpool benefits of less than \$30 per month (or less than the full cost if less than \$30)
- Cash in lieu of an employer-provided parking spot in an amount less than \$30 per month (or less than 75 percent of the actual parking benefit)
- Shuttles from transit stations, either employer-provided or through a local TMA or similar service provider
- Parking at park-and-ride lots or vanpool staging areas
- Provision of real-time (i.e., intelligent) commuting information
- Preferred parking for carpools and vanpools
- Reduced parking costs for carpools and vanpools
- Employer-supported vanpools - provided in-house
- Employer-supported vanpools - provided by an outside organization
- Employer-provided membership in a car sharing program (visit www.carsharing.net to learn more)
- Secure bicycle parking, showers, and lockers
- Electric bicycle recharging stations
- Employee commuting awards programs
- Discounts and coupons for bicycles for bicyclists or shoes for walkers
- Compressed work schedules
- Telework that reduces commute trips by less than 6 percent
- Lunchtime shuttle
- Proximate commute (where employees work at locations closer to their homes)
- Incentives to encourage employees to live closer to work
- Incentives to encourage employees to use alternative transportation (e.g., additional vacation time)
- On-site amenities (e.g., convenience mart, dry cleaning, etc.)
- Concierge services
- Other options that you may propose

Describe proposed option:

Other Provisions

- Our employees have access to an Emergency Ride Home (ERH) program.
 - provided in-house
 - provided by an outside organization

Please provide the name of the outside organization: _____

- We have a central point of contact in charge of commuter benefits.
- We keep information on commuter benefits in a centralized location.
- We actively promote our commuter benefits to employees.
- We agree to look for opportunities to use EPA's Best Workplaces for Commuters name and logo to promote our designation (e.g., Web sites, press releases, job ads, newsletters, annual reports, etc.)
- We commit to ensuring that within 18 months of acceptance into the program at least 14 percent of our employees will not be driving alone to work.
- We agree to provide EPA a brief annual update on our commuter program.

Media Recognition

We would like to help you publicize your designation as one of EPA's Best Workplaces for Commuters.

May we list your organization as one of EPA's Best Workplaces for Commuters in media releases or other publicity?

- Yes
- No

May we use your logo on our Web site or in other publicity?

- Yes
- No

If yes, please e-mail your logo and any use specifications to **bwc@epa.gov**

May we share contact information for your commuter benefits program coordinator?

- Yes
- No

Do you have any additional questions or comments?