



**Travel Reduction Program**

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Maricopa.gov/AQ  
CleanAirMakeMore.com



Revised – Valid from 07/01/2019

**Travel Reduction Plan**

Email to: [TRPPlans@maricopa.gov](mailto:TRPPlans@maricopa.gov)

Organization: \_\_\_\_\_ Employee Count: \_\_\_\_\_ Student Count: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Highest Ranking Local Official (HRLO): \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Frequency	# of Drawings	Prize Value	Annual Value*
Monthly [12] x	_____ x	\$ _____ =	\$ _____
Bi-Monthly [6] x	_____ x	\$ _____ =	\$ _____
Quarterly [4] x	_____ x	\$ _____ =	\$ _____
Semi-Annual [2] x	_____ x	\$ _____ =	\$ _____
Annually [1] x	_____ x	\$ _____ =	\$ _____

**2) Other AMU Incentives:**

	Frequency	Prize Value	Annual Value*
All AMUs awarded	_____	\$ _____	\$ _____
Best AMU	_____	\$ _____	\$ _____
Fuel After Dark	_____	\$ _____	\$ _____
High Pollution Advisory (HPA)	_____	\$ _____	\$ _____
New AMU/ move closer	_____	\$ _____	\$ _____
Point Program	_____	\$ _____	\$ _____
Walk/Bike	_____	\$ _____	\$ _____

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

- Ride provided by:  Company vehicle  
 Co-worker, mileage paid  
 Taxi/Ride service

**Annual Value\***  
\$ \_\_\_\_\_

↓ Complete next page

**4) TRP Activity:**

	Frequency	Annual Value*
AMU parties	_____	\$ _____
Bike/Rideshare Month participation awards	_____	\$ _____
Survey incentive	Yearly	\$ _____
TRP fair	_____	\$ _____

- Offer internal zip code (rideshare) matching  
 Valley Metro TC webinar participation  
 Valley Metro 'Intro to TRP' training  
 Completed \_\_\_\_\_ (Date)  Will complete \_\_\_\_\_ (Date)

**5) Van/Carpool Parking:**

Total spaces (for all employer sites) permanently marked for registered participants: \_\_\_\_\_

Are these spaces covered?  All  Some  None

Select at least one:

- Provide name/license plate number **Annual Value\***  
 \$ \_\_\_\_\_  
 Display dash/hang tag (TC keeps list of users issued a tag)

**6) Transportation Subsidy:**

Type(s)	Subsidy	Frequency	Annual Value*
Bus/Rail	_____	_____	\$ _____
Carpool	_____	_____	\$ _____
Vanpool	_____	_____	\$ _____

Check here if annual value includes all marked subsidies

\*Do not include labor costs

**7) Comments/Other TRP Activities**

**Physical Amenities:**  On-site Daycare  Shower  Bike Parking  Free Parking Available  All pay to park \$ \_\_\_\_\_/ \_\_\_\_\_  
 Electric Vehicle Charging Stations (EVCS): Total number of stations: \_\_\_\_\_ Annual Value/Costs\* \$ \_\_\_\_\_  
 \*If monetary credit for EVCS requested on plan, documentation will be requested at plan review.

**Alternative Work Schedules:** The numbers reported must be verifiable from company records (DO NOT use the TRP survey analysis).

**Telecommute:**

Number of employees that routinely telecommute from home at least two days per month: \_\_\_\_\_

**Compressed Workweek:**

Schedules must be documented for six 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 two methods** to promote your incentives to all employees at least quarterly.

- Bulletin Boards  Company Newsletter  Custom Sub-site at Valley Metro's ShareTheRide  Electronic Bulletin Board  
 Email  Employee Meetings (with agenda and sign-in sheet)  Internal webpage/Intranet  Social Media

**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. Select at least one:

- Digital Presentation  Handbook  Memo  New Hire Packet  Webpage

**Statement of Participation**

As the HRLO and TC for this organization, I have reviewed this plan and submit it for approval to the Maricopa County Travel Reduction Program Task Force. I understand that our organization must implement this plan within 30 days of submitting this plan. Our organization will notify the Maricopa County Travel Reduction Program within 14 days if the Transportation Coordinator (listed on the previous page) changes. I also understand our organization shall maintain 36 months of documentation that verifies all incentives, drawings, subsidies and related activities are being implemented and promoted as outlined in Maricopa County Ordinance P-7. **I further understand that all values indicated on this plan must be expended within the plan year.** (Failure to appoint a TC or implement and document this plan may lead to civil penalties of up to \$300 a day.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Highest Ranking Local Official

Total Plan Budget

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation Coordinator

The qualifications/values for each measure should encourage employee alternative mode usage throughout the entire plan year and take into consideration all mandatory sites. Call (602) 506-6750 for assistance.

For Maricopa County Ordinance P-7 and specific information about the documentation you will be required to provide, please visit the TRP webpage: [maricopa.gov/2388/Travel-Reduction-Program](http://maricopa.gov/2388/Travel-Reduction-Program). For assistance with plan implementation and documentation after plan approval, please contact your Valley Metro Commute Solutions Coordinator at (602) 262-7433.