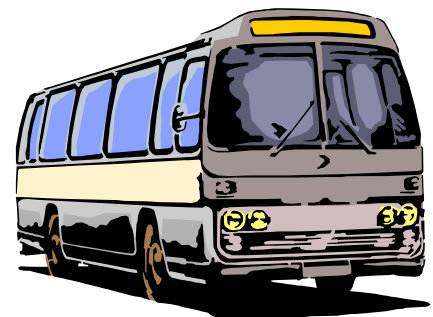


# HANDOUTS

from previous meeting

April 15, 2008



# Draft

## Conformity Statement through March 31, 2008

\*\*maintenance totals from when new goals were established in June 2006  
 \*\*\*includes new plus maintenance companies

### Employers with 100 or more employees

	July 1, 2005 through March 31, 2008 Level 3 Employers	July 1, 2005 through March 31, 2008 Level 4 Employers	July 1, 2005 through March 31, 2008 Levels 3 & 4 <100 Employers	Confirmed to Date including <100 Employers for Levels 3 & 4 (through 3-31-08)	Amount Needed to Attain Goal for Levels 3 & 4	Goal to attain	Maintenance totals** (through 6-30-06)	Total Goals***
Alexandria	3	0	2	5	5	10	11	21
Arlington	7	1	2	10	2	12	81	93
DC	4	3	3	10	0	10	105	115
Fairfax	11	4	1	16	4	20	41	61
Frederick	0	0	0	0	1	1	4	5
Loudoun	6	2	0	8	1	9	8	17
Montgomery	12	6	2	20	2	22	150	172
Prince George's	2	0	0	2	2	4	24	28
PRTC	2	0	0	2	5	7	8	15
Tri-County	0	0	0	0	1	1	3	4
<b>Total</b>	<b>47</b>	<b>16</b>	<b>10</b>	<b>73</b>	<b>22</b>	<b>96</b>	<b>435</b>	<b>531</b>

## Conformity Statement through March 31, 2008

### Employers with less than 100 employees\*

	Level 3 Employers	Level 3 # of employees	Level 4 Employers	Level 4 # of employees	Counted toward Conformity
Alexandria	11	240	0	0	2
Arlington	7	209	0	0	2
DC	6	249	1	44	3
Fairfax	4	108	0	0	1
Frederick	0	0	0	0	0
Loudoun	0	0	0	0	0
Montgomery	25	230	0	0	2
Prince George's	1	88	0	0	0
PRTC	0	0	0	0	0
Tri-County	0	0	0	0	0
<b>Total</b>	<b>54</b>	<b>1124</b>	<b>1</b>	<b>44</b>	<b>10</b>

\* Companies that have less than 100 employees are added with other companies until the total is 100. This means that the number of employees is the determining factor, not the number of employers, but rather the number of employees.

# Final

## Conformity Statement through December 31, 2007

### Employers with 100 or more employees

	Level 3 Employers	Level 4 Employers	Levels 3 & 4 <100 Employers	Confirmed to Date including <100 Employers for Levels 3 & 4 (through 12-31-07)	Amount Needed to Attain Goal for Levels 3 & 4	Goal to attain	Maintenance totals** (through 6-30-06)	** these totals show those totals at the end of FY06
Alexandria	3	0	2	5	5	10	11	
Arlington	6	1	2	9	3	12	81	
DC	3	3	3	9	1	10	105	
Fairfax	13	4	1	18	2	20	41	
Frederick	0	0	0	0	1	1	4	
Loudoun	6	2	0	8	1	9	8	
Montgomery	19	6	4	29	0	22	150	
Prince George's	2	0	0	2	2	4	24	
PRTC	2	0	0	2	5	7	8	
Tri-County	0	0	0	0	1	1	3	
<b>Total</b>	<b>54</b>	<b>16</b>	<b>12</b>	<b>82</b>	<b>21</b>	<b>96</b>	<b>435</b>	

## Conformity Statement through December 31, 2007

### Employers with less than 100 employees\*

	Level 3 Employers	Level 3 # of employees	Level 4 Employers	Level 4 # of employees	Counted toward Conformity
Alexandria	11	240	0	0	2
Arlington	7	209	0	0	2
DC	6	249	1	44	3
Fairfax	4	108	0	0	1
Frederick	0	0	0	0	0
Loudoun	0	0	0	0	0
Montgomery	30	436	0	0	4
Prince George's	1	88	0	0	0
PRTC	0	0	0	0	0
Tri-County	0	0	0	0	0
<b>Total</b>	<b>59</b>	<b>1330</b>	<b>1</b>	<b>44</b>	<b>12</b>

\* Companies that have less than 100 employees are added with other companies until the total is 100. This means that the number of employees is the determining factor, not the number of employees, but rather the number of employees.



## Part I

- What is the name of the company or organization you work for and what is the address?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What were your work site arrival and departure times yesterday? (or what is your usual time)  
 Arrival time: \_\_\_\_\_ AM or \_\_\_\_\_ PM  
 Departure time: \_\_\_\_\_ AM or \_\_\_\_\_ PM
- How do you typically get TO work each day?  
 For each day you worked at your regular work location, check the box in Section A, "How I traveled to work" for the type of transportation you used that day. If you used more than one type on any day, e.g., you walked to a bus stop then rode the bus, check ONLY the box for the type you used for the longest distance part of your trip. For each day you did not work or did not work at this location, check one box in Section B, "Why I was not at my regular work location." For any day you are not scheduled to work (e.g., Sunday), check "Regular day off."

Section A How I travel TO work	Days regularly worked						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Drove Alone in car, truck, or SUV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drove myself and others (car/vanpool/Slug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rode with others (car/vanpool/Slug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metrobus or other bus (transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metrorail, MARC, Amtrak, VRE train (transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walked or bicycled (entire trip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section B Why I was NOT at work	Days NOT at work						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Compressed schedule (e.g. 9/80 schedule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular day off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teleworked, worked at home or telework center all day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting out of office, sick, vacation, or holiday all day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Including yourself, how many persons were in the carpool/vanpool? \_\_\_\_\_  
 Were you:  
 driver  
 passenger  
 dropped off

- How far do you live from your worksite (in miles)?  
 0-9     10-19     20-29  
 30-39     40-49     50 or more
- What is your home zip code? \_\_\_\_\_
- What is the closest intersection to your home? (List street names e.g. Kings Park Dr. and Braddock Rd.)  
 \_\_\_\_\_  
 \_\_\_\_\_
- Listed below are services that could help you travel to work by carpool, vanpool, public transit, or bicycle.  
 For each Commuting Service listed on the left, please check if the service would encourage you to use the type of transportation noted. For example, check "Yes," for "Monthly subsidy for transit," if that service would encourage you to use transit.  
 If you already use the type of service noted, check the box "Use."

Commuting Service	Yes	Maybe	No	Use
Assistance to form a car/vanpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free parking for car/vanpools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly subsidy for vanpools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly subsidy for transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Route schedule information for transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride in case of emergency for car/vanpool, transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure locker or other storage for bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How much do you pay each **month** to park at your worksite?  
 \_\_\_\_\_
- How much do you pay for your transit, carpool, vanpool, bicycling, or walking commuting expenses each **month**?  
 \$0     \$1-20     \$21-40  
 \$41-60     \$61-80     \$81-100  
 \$100+

Your comments regarding your commute to work:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for completing this survey.

Please give the completed form to your company's survey coordinator.

\*Glossary of terms on back



## Part II

This portion of the survey is optional.

**Complete Part II only if you would like a free carpool or vanpool matchlist, transit schedules, or other information on alternatives to driving alone, or to register for the free Guaranteed Ride Home (GRH) Program.**

### No Membership Fees! No Commitments! Free and Easy Service!

To register, simply fill out and mail the following application, apply online at [www.commuterconnections.org](http://www.commuterconnections.org), or call **1-800-745-RIDE**.

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Phone Number \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Employer/Agency \_\_\_\_\_

Work Address \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County of Workplace \_\_\_\_\_

Work Phone Number \_\_\_\_\_

#### Information Required for Rideshare Matchlist:

I start work at \_\_\_\_\_ a.m. and stop work at \_\_\_\_\_ p.m.

If interested in a carpool, would you prefer to:  
 Drive only     Ride only     Share driving

If interested in a vanpool, would you prefer to:  
 Drive only     Ride only     Share driving

I can arrive \_\_\_\_\_ minutes before or \_\_\_\_\_ minutes after my normal work time.

I can leave \_\_\_\_\_ minutes before or \_\_\_\_\_ minutes after my normal work time.

#### Information required for Guaranteed Ride Home registration:

How many miles is it from home to work one way? \_\_\_\_\_

Which of the following do you use to get to work? (check all that apply).

- Drive Alone
- Carpool
- Vanpool
- Bicycle
- Walk
- Bus (specify bus system and route #—ex. Metrobus Route 9A) \_\_\_\_\_
- Metrorail (circle all that apply): Blue Green Orange Red Yellow
- MARC (circle train line): Brunswick Camden Penn
- VRE (circle train line): Manassas Fredericksburg
- Other (specify): \_\_\_\_\_

How many days per week do you use the above mode(s) to travel to work? \_\_\_\_\_

Supervisor's Name\*\* \_\_\_\_\_

Supervisor's Phone Number\*\* \_\_\_\_\_

\*\*Necessary for verification of unscheduled overtime.

#### Information and Schedules — Please send me information about:

- Metrorail/Bus Information     MTA Transit
- Metrocheck     Commuter Rail (VRE/MARC)
- Local Bus Transit     Bicycling
- Telework/Telecommute     HOV Lanes

Detach, fold, and mail to Commuter Connections



## About this survey

Thank you for completing this survey. Your employer is working with a local representative of Commuter Connections to assess commuting habits and preferences. Your input on this survey is very important. Your answers will be kept confidential. This survey should be completed during your regular work week. Please give completed forms to your company's survey coordinator.

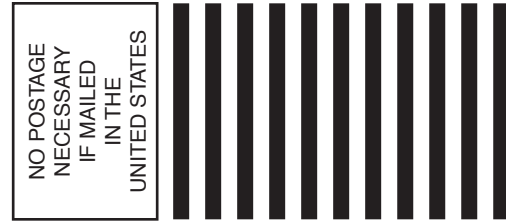
Part II of this survey is optional. Complete Part II if you would like a free carpool/vanpool matchlist, transit schedules, information on alternatives to driving alone, or to register for Commuter Connections' Guaranteed Ride Home (GRH) program. Part II can be detached and mailed to Commuter Connections or given to your company's survey coordinator.



## Employer Services Group

- Alexandria Rideshare
- Arlington County Commuter Services
- Bethesda Transportation Solutions
- District of Columbia Department of Transportation
- Dulles Area Transportation Association
- Fairfax County RideSources — Employer Services
- Loudoun County Commuter Services
- Maryland Transit Administration Commuter Assistance Office
- Metropolitan Washington Council of Governments
- Montgomery County Commuter Services
- North Bethesda Transportation Center
- Prince George's County Office of Transportation
- PRTC OmniRide
- TransIT Services of Frederick County
- Tri-County Council for Southern Maryland

**1-800-745-RIDE**  
www.commuterconnections.org



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 10532 WASHINGTON, DC

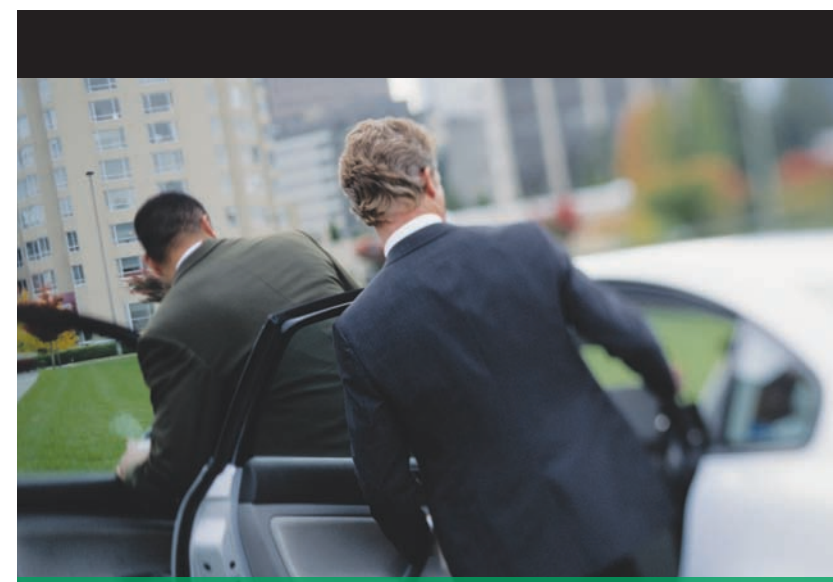
POSTAGE WILL BE PAID BY ADDRESSEE

**COMMUTER CONNECTIONS**  
METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS  
777 NORTH CAPITOL ST NE STE 300  
WASHINGTON DC 20077-0637



## Glossary of Terms >>>>>>>>>>

- Drive Alone**  
You drive alone if you travel from your home to work by driving your car, motorcycle, or moped without a passenger.
- Carpool**  
You carpool if you arrive at your worksite by automobile with 2 to 6 occupants and your carpool has a regular arrangement between the occupants. May also include occupants that are being dropped off at other worksites or companies.
- Casual Carpool/Slug**  
You are considered a casual carpooler or slug if you do not have a pre-arranged carpool and you get a ride with someone with whom you do not have a regular carpool arrangement.
- Vanpool**  
7 or more occupants commuting to and from work by automobile or van. May also include occupants that are being dropped off at other worksites or companies.
- Transit**  
You are a transit commuter if you ride a local or commuter bus, (Metrobus, The Bus, Ride-On, Fairfax Connector, OmniRide, OmniLink, DASH or any other public or private bus), June 2008 commuter rail (MARC, Virginia Railway Express), Amtrak, Metrorail, to get to work.
- Bicycle**  
You bicycle to work if you ride a bicycle the entire way from your home to your office. For this survey, if you bicycle to a transit station and take the train to work, you do not bicycle to work.
- Compressed Work Week**  
A regular work schedule where an employee is scheduled to work one of the following work schedules:  
3/36 = work 3 days/12 hours each day, 2 days off  
4/40 = work 4 days,/10 hours each day, 1 day off
- Telework**  
You telework or telecommute if during your entire work day, you work at your home, telework center, or a satellite office rather than traveling to your regular worksite.



## Commuter Survey



**1-800-745-RIDE**  
www.commuterconnections.org

**MEMORANDUM**

**TO :** Employer Outreach Committee  
**FROM:** Nicholas Ramfos, Director  
Alternative Commute Programs  
**SUBJECT:** Employer Outreach TERM Data Records Verification  
**DATE:** April 15, 2008

---

As part of the Employer Outreach TERM analysis, COG/TPB staff hired an outside survey firm to contact all new Level 3 & 4 employers that were reported by each of the jurisdictions from July 1, 2005 until January 31, 2008. A questionnaire was developed to verify the employer information as well as TDM programs that were documented as having been implemented at the employers' sites in the ACT! database.

The biggest obstacles to completing the update were voice automated systems where the survey firm could not get a person to call back after leaving a message, or that the person was not in the automated directory and perhaps was no longer with the company, or that the receptionist named the right person but that person would never pick up the phone or return a message. There were 44 instances where this occurred.

The rest of the results are as follow:

90 – Complete (These employers will be counted as part of the TERM Analysis Draft Report for 2008 reporting purposes)

44 - Answering machine or voice message, left 1-800#, but no one called back

17 - The individual is no longer with the company and could not get a replacement individual identified.

12 – Telephone was busy or a fax tone or no answer or telephone number not in service

10 – Wrong number

5 – Call back (general with no specific new contact name or call back time) or respondent never available.

6 - Refused to participate in the update

184 total sample

Between February 12 – March 20, 2008, 975 calls were made to these 184 sites with an average of 11 calls per complete; an average of 5.3 calls per sample point ranging from 1 call to 17 calls.

Local jurisdictions will be receiving a list of those employers (both new and in maintenance) from COG/TPB staff which will be counted towards that jurisdiction's adopted Employer Outreach goals and which will be used in the TERM Analysis. Those employer's that have dropped out of the maintenance category for the jurisdiction (offices moved, company closed, benefits changed and company is no longer at a Level 3 or 4) will be replaced by new companies that were verified by COG/TPB staff. These changes will be reflected in the final tallies for the TERM goals by jurisdiction and collectively.

Local jurisdictions will also be receiving a list of those employers which the survey firm was unable to verify for purposes of the TERM Evaluation. The jurisdiction may contact that employer and update the information as needed. All updated records will then be reviewed by COG/TPB staff and verified and included in the Final TERM Analysis report. Jurisdictions have until June 30, 2008 to provide the updated records to COG/TPB staff along with any "new" employers that have been added to the program between February 1 and June 30, 2008.

Should you have further questions or need additional information regarding this matter, please contact Mark Hersey of my staff at [mhersey@mwcoq.org](mailto:mhersey@mwcoq.org) or on (202)962-3383.

**COG Employer Update 2008 – Project #832**

This is \_\_\_\_\_ calling on behalf of the Commuter Connections project for the Metropolitan Washington Council of Governments. I'm calling to verify information about your company's participation in regional transportation programs. The update will take only a few minutes of your time to complete. Is now a good time?

Q1. I have your company located at <ADDRESS, ADDRESS2>.[IF NOT CORRECT, ENTER NEW]  
Address: \_\_\_\_\_ Address2: \_\_\_\_\_

Q2. And our records show that <# OF EMPLOYEES> employees work for your organization at this location. Is that still correct?

Yes [CONTINUE]

No How many employees work at this location? \_\_\_\_\_

[ASK BEFORE Q3:] Our records show that your company offers the following commuter benefits at your work site.

Q3. [IF <TRANSIT BENEFIT>] Are you still offering a transit benefit program?

No [SKIP TO Q4]

Yes [CONTINUE:] Please provided (or verify) the following information:

Q3a. When did your company start providing the transit benefit? \_\_\_\_\_

Q3b. How many employees participate in the program? \_\_\_\_\_

Q3c. What type of benefit is offered? [CHECK ONE]

1 Subsidy

2 Pre-tax benefit

3 Combination of subsidy and pre-tax

Q3d. What is the amount of the benefit per month? \_\_\_\_\_

Q4. [IF <TELEWORK PROGRAM>] Are you still offering a telework program?

No [SKIP TO Q5]

Yes [CONTINUE:] Please provided (or verify) the following information:

Q4a. When did your company start telework program? \_\_\_\_\_

Q4b. How many employees participate in the telework program? \_\_\_\_\_

Q5. Does your company own or lease parking for employees' use?

No [SKIP TO Q6]

Yes [CONTINUE:]

1 Own all of the parking

2 Lease all of the parking

3 Own some and lease some of the parking

Q5a. Does the company charge employees for parking?

1 Yes

2 No

Q6. And finally, I'm going to read you a list of Commuter Benefits. Are you currently offering any of the following?

Preferential parking: 1 Yes 2 No If yes, what year? \_\_\_\_\_

Guaranteed Ride Home: 1 Yes 2 No If yes, what year? \_\_\_\_\_

Outreach/marketing of Commuter Benefit Programs: 1 Yes 2 No If yes, what year? \_\_\_\_\_

Bicycle Racks: 1 Yes 2 No If yes, what year? \_\_\_\_\_

Bicycle Lockers: 1 Yes 2 No If yes, what year? \_\_\_\_\_

Showers: 1 Yes 2 No If yes, what year? \_\_\_\_\_

Provide vans for employees to vanpool: 1 Yes 2 No If yes, what year? \_\_\_\_\_

Provide shuttle to and from transit station: 1 Yes 2 No If yes, what year? \_\_\_\_\_

Carpool/Walk/or Bicycle Financial Incentive: 1 Yes 2 No If yes, what year? \_\_\_\_\_

Compressed Work Week: 1 Yes 2 No If yes, what year? \_\_\_\_\_

Those are all of my questions. Thank you very much for your time!



**EMPLOYER SERVICES PARTICIPATION LEVELS**  
**FINAL CHANGES (EFFECTIVE JULY 1, 2008)**  
**APRIL 15, 2008**

**SUPPORT STRATEGIES**

**Likely range of trip reduction 0%**

- Expresses Interest and/or distributes/displays information on Air Quality Action Days
- Employer provides information to conduct a density plot map
- Employer promotes and organizes carsharing program

**LEVEL 1 (BRONZE)**

**Likely range of trip reduction 0% to 1%**

- Expresses interest in telework, transit benefits, Smart Benefits, or other TDM strategy,
- Conducts Commuter Survey
- Distributes alternative commute info to employees
- Posts alternative commute information, on employee bulletin board(s), intranet sites, newsletter or e-mail

**LEVEL 2 (SILVER) – Implements two or more of the following strategies**

**Likely range of trip reduction 0% to 3% without Telework/Compressed Work Schedules**  
**0% to 9% with Telework/Compressed Work Schedules**

- Installs a permanent display case or brochure holders and stock with alternative commute information
- Provides preferential parking for carpools and vanpools
- Implements a telework program with 1-20% of employees participating
- Facilitates car/vanpool formation meetings
- Hosts/sponsors an alternative commute day or transportation fair
- Implements flex-time or staggered work schedule
- Implements compressed work week for 1-20% of employees
- Installs bicycle racks or lockers
- Installs shower facilities for bicyclists and walkers
- Establishes an ETC who regularly provides alternative commute information to employees
- Becomes a Commuter Connections member and provides on-site ridematching
- Supplements GRH program with payment for additional trips or own program

**LEVEL 3 (GOLD)**

**Implements at least one of the following (in addition to the two or more Level 2 strategies):**

**Likely range of trip reduction**    **2% to 5% without financial incentive/disincentive**  
**Telework/Compressed Work Schedules**  
**5% to 20% with financial incentive/disincentive,**  
**Telework/Compressed Work Schedules**

- Implements a telework program with more than 20% of employees participating
- Implements compressed work week for 21%+ of employees
- Implements a transit/vanpool benefit, Smart Benefits, or parking "cash out" program
- Implements a carpool/bicycle/walk financial benefit
- Provides free or significantly reduced fee parking for carpools and vanpools (valid only for companies where employees pay for parking)
- Implements a parking fee (valid only for companies that previously did not charge for parking)
- Provides employee shuttle service to transit stations
- Provides company vanpools for employees' commute to work
- Implements a comprehensive Bicycle/Walking program (includes installation of showers bicycle racks/lockers, and financial incentives for bicycling and/or walking)

**LEVEL 4 (PLATINUM)**

**Likely range of trip reduction**    **2% to 8% without financial incentive,**  
**Telework/Compressed Work Schedules**  
**5% to 30% with financial incentive, Telework/Compressed**  
**Work Schedules**

- **Implements two or more of the Level 3 TDM programs (in addition to the 2 or more Level 2 strategies) and actively promotes these programs and alternative commuting**