



**2008 REGIONAL COMMUTER CHOICE AWARDS
NOMINATION FORM**

Employer Name: _____

Street Address: _____

City _____ State: _____ Zip: _____

Employer Web site: _____

Employer contact name/phone/e-mail:

Nominating individual name/organization/phone/e-mail:

Description of employer:

- Private or public company
- Not-for-Profit organization
- Government Agency Federal State Local
- Environmental organization
- Other

Size of employer:

- 49 employees or fewer
- 50-100 employees
- 101-500 employees
- 501 or more employees

Award category entering:

- Outstanding Achievement
- Innovator

1. Commuter benefits provided: (check all that apply)

- Vanpools
- Carpools
- Ride matching program
- Preferred parking for van/carpool
- Parking cash out
- Bicycling (subsidies for bike purchases and/or gear, onsite showers, lockers, etc.)
- Emergency Ride Home
- Employer paid pre-tax transit benefit (full coverage)
- Employer paid pre-tax transit benefit (partial coverage)
- Fare discounts
- Telecommuting
- Flexible scheduling/compressed workweeks
- Free shuttle (explain) _____
- Other (explain) _____

2. Program goals and objectives: (please number in order of importance to employer)

- Payroll tax savings
- Increase transit ridership
- Improve employee morale
- Increase employee recruitment
- Reduce demand for on-site parking
- Reduce single occupant vehicle trips
- Reduce vehicle emissions
- Other _____

3. How do you market the program to your employees? (check all that apply, samples may be included with application):

- Flyers
- Posters
- Paycheck stuffers
- Transportation fairs/orientations/luncheons
- Web site announcements
- E-mail messages
- Voicemail messages
- Cash, gift cards, prizes or other incentives
- Enrollment periods
- Other _____

4. Employee participation:

- Less than 15%
- 15 – 25%
- 26 – 40%

- 41 – 50%
- Greater than 50%

5. Program evaluation: (check all that apply)

Formal evaluation with quantifiable data (explain and/or attach evaluation)

Informal survey(s) showing some results (explain and/or attach survey)

Other (please explain and/or attach documentation)

No data has been collected at this time

6. Trip reductions and gas savings:

How many single occupancy vehicle trips per week does the commuter program save?
(Use the formula below to calculate figure.)

(# of participants) x (2 trips per day) x (5 days per week) = total trips saved per week

() x () x () = _____

BONUS: How many vehicle miles traveled (VMT) per week does the commuter program save? (Use the formula below to calculate figure. Repeat for each participant for a total VMT saved.)

(participant) x (2 trips per day) x (5 days per week) x (miles in a one-way trip) = VMT

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TOTAL VMT SAVED: _____

All entries must be submitted by April 8, 2008

Send completed application to: Jan Khan, New York Metropolitan Transportation Council, 199 Water St., 22nd Fl., New York, NY 10038-3534 Tel: (212) 383-7251