



Travel Reduction Program

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Maricopa.gov/AQ

CleanAirMakeMore.com



## Maricopa County Travel Reduction Program (TRP) Telework Plan

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

### Organization Information

Organization: \_\_\_\_\_ Employee Count: \_\_\_\_\_ Teleworker Count: \_\_\_\_\_

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

Number of Participating Site(s): \_\_\_\_\_ If multi-site:  Plan Measures Cover ALL Site(s)

Survey Option:  Stratified Statistically Significant Random Response Rate (Documentation Attached)

Equivalent Emissions Credit:  Documentation Attached

### Contact Information

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

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

Email: \_\_\_\_\_ Date 'Intro to TRP' completed: \_\_\_\_\_

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

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

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

### Communication Methods: *Select a minimum of two (2) continuous communication methods.*

Company Newsletter  Valley Metro's ShareTheRide  Electronic Bulletin Board  Email  Social Media

Internal webpage/Intranet

### Program information provided to new hires and driving age students: *Select a minimum of one (1) method*

Digital Presentation  Handbook  Memo  New Hire Packet  Webpage

### Measures (Must Complete All Measures):

Survey Incentive Drawing. Was this measure used in the last plan?  Yes  No

<u>Drawing</u>	<u>Frequency</u>	<u># of Drawings</u>	<u>Prize Value</u>	<u>Annual Value</u>
Survey Incentive	Annual	_____ X	\$ _____	= \$ _____

Alternative Mode Drawing. Was this measure used in the last plan?  Yes  No

<u>Frequency</u>	<u># of Drawings</u>	<u>Prize Value</u>	<u>Annual Value</u>
Monthly [12]	X _____	X \$ _____	= \$ _____

Telework Subsidy (Select at least one) Was this measure used in the last plan?  Yes  No

Employee Subsidy  Employer Set-up Expense  Employer Expense

Employee Subsidy. Monthly stipend given to employees to offset expense or promote continued telecommuting.

<u>Subsidy Amount</u>	<u>Frequency</u>	<u>Payment Method</u>	<u>Annual Value</u>
\$ _____	Monthly	_____	\$ _____

Employer Set-up Expense. One time charge(s) paid by the employer to set-up employees with equipment to telework. Attach spreadsheet.

Annual Value on Spreadsheet \$ \_\_\_\_\_

Employer Expense. Monthly expense(s) paid by the employer to allow the employee to telework. Attach Spreadsheet.

<u>Amount</u>	<u>Frequency</u>	<u>Annual Value on Spreadsheet</u>
\$ _____	Monthly	\$ _____

### 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

#### Employer Set-up Expense Itemized Documentation

ITEM	UNIT COST	AMOUNT PURCHASED	TOTAL COST	TYPE OF DOCUMENTATION SUBMITTED
Computer/Laptop				
Tablet				
Computer Bag				
Monitor				
Cell Phone				
Cell Phone Case				
Cell Phone/Tablet Screen Protector				
Webcam				
Ergonomic Desk				
Ergonomic Chair				
Printer with Scanner/Fax/Copier/All-in-One				
Total Annual Value				

#### Employer Expense Itemized Documentation

ITEM	UNIT COST	AMOUNT PURCHASED	TOTAL COST	TYPE OF DOCUMENTATION SUBMITTED
Cell Phone Fees with Hotspot				
Internet Service				
Video Conferencing Fees				
Total Annual Value				

For assistance and specific information about the documentation you are required to provide, please call (602) 506-6750 or 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.