



Travel Reduction Program (TRP)
 Phone: 602-506-6750
 Email: TRPPlans@maricopa.gov

Maricopa.gov/AQ
 CleanAirMakeMore.com



Travel Reduction Plan

Organization: _____ Plan Year: _____ Employee Count: _____ Student Count: _____
 Operating Hours: _____ AM _____ PM Days: _____ Number of Participating Site(s): _____
 Survey Method: Minimum 60% Response Rate Stratified Statistically Significant Random Response Rate
 Equivalent Emission Reduction (EER) Credit: Yes Electrical Vehicle Charging Station (EVCS) Credit: Yes
 Current SOV Rate: _____ Current SOVMT Rate: _____ Previous SOV Rate: _____ Previous SOVMT Rate: _____
 Transportation Coordinator (TC): _____ Phone: _____ Cell: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Intro to TRP Training Completed Yes
 Highest Ranking Local Official (HRLO): _____ Phone: _____ Cell: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____

Communication Methods (select at least two):
 Bulletin Board Company Newsletter Valley Metro ShareTheRide Email
 Electronic Bulletin Social Media Emp Meetings Intranet Memo

New Hire Communication Methods (select at least one):
 Digital Presentation Handbook Intranet New Hire Packet Memo

Drawings: Measure(s) used in the last plan? Yes No
 AMU Annual Value \$ _____
 Monthly Bi-monthly Quarterly Semi-annual Annual
 Other AMU Annual Value \$ _____
 All Awarded Best AMU HPA Point Program New User Walk/Bike
 Alternative Refueling Annual Value \$ _____
 Fuel After Dark Alternative Fuel Vehicle
 Move Closer Annual Value \$ _____
 Survey Incentive Annual Value \$ _____

Physical Amenities: Measure(s) used in the last plan? Yes No
 Bike Rack, Locker, and Shower
 Construct Unloading/Loading Facility for Transit and Van/Carpool
 On Site Amenities to Reduce Commute Trips
 Commuter Matching Service to Facilitate Ridesharing
 Construct Sidewalks and Bike Lanes to Site
 Work with Valley Metro to Create Additional Bus Services to Site
 Alternative Mode Information Center
 Pay-to-Park
 Preferential Van/Carpool Parking
 Total Spaces _____ Annual Value \$ _____

Subsidies: Measure(s) used in the last plan? Yes No
 Bus Annual Value \$ _____
 Carpool Annual Value \$ _____
 Vanpool Annual Value \$ _____
 Guaranteed Ride Home Annual Value \$ _____
 No Parking Incentive Annual Value \$ _____
 Company Van/Car Annual Value \$ _____

TRP Activities: Measure(s) used in the last plan? Yes No
 Annual TRP Training and 12 Valley Metro Webinars
 TRP Participation Event Annual Value \$ _____
 AMU Party TRP Fair Bike/Rideshare/Telework Month Event
 Other Activity _____

EVCS Credit: Measure(s) used in the last plan? Yes No

Location	Date In Service	EVCS Type	Annual Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Work Schedules: Measure(s) used in the last plan? Yes No
 Compressed Work Week Total Employees _____
 Telework Total Employees _____
 Staggered Work Hours Total Employees _____

EER Credit: Measure(s) used in the last plan? Yes No

Measure	SOV/MT Credit	Annual Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Statement of Participation

I have reviewed this plan and submit it for approval to the Maricopa County TRP Regional Task Force. I understand that our organization must implement this plan within 30 days of submission and follow all the requirements of the [ARS § 49-581 et seq.](#) and the [Maricopa County Ordinance P-7](#). Failure to do so may result in civil penalties of up to \$300 per day out of compliance.

Signature: _____ Date: _____
 Transportation Coordinator

Signature: _____ Date: _____
 Highest Ranking Local Official