



### METRO COMMUTE SERVICES (MCS) ANNUAL SERVICE AGREEMENT

Client Designation (please check) Rideshare \_\_\_\_\_ B-TAP \_\_\_\_\_ A-TAP \_\_\_\_\_ MetroMail \_\_\_\_\_ Other \_\_\_\_\_

Total Employees at Worksite\*  SCAQMD Rule 2202 Plan Due Date (if applicable) \_\_\_\_\_ Site # \_\_\_\_\_

Business Name (i.e. L.A. County Health Services) \_\_\_\_\_

Worksite Name (if applicable; i.e. Alhambra Health Center) \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer Representative (+Alt.) \_\_\_\_\_ Tel. # (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Email \_\_\_\_\_ Tel. # (\_\_\_\_) \_\_\_\_\_

1) Initial here \_\_\_\_\_ to enroll in Metro Rewards. Your initials indicate that you have received and read the Requirements, will keep records for three years and agree to the terms. Please select the method this worksite will use to enroll employees.

- Paper Application
- MS Excel Spreadsheet Application

2) Initial here \_\_\_\_\_ to enroll in the Guaranteed Ride Home program. Your initials indicate that you have received and read both the GRH Guidelines and Employer Participation Requirements, and agree to the terms.

3) For each of the Commute Services your company has agreed to provide as listed on the reverse side of this form, please indicate whether the Service is *Current*, new, or an *Enhancement* to an existing service .

4) Will you need Metro Commute Services AVR/Commuter Transportation Surveys? YES  NO

If your answer is NO, please provide the following information for your worksite:

# of transit riders \_\_\_\_\_ #of carpoolers \_\_\_\_\_ # of vanpoolers \_\_\_\_\_

If YES, initial here \_\_\_\_\_ to authorize MCS to process your worksite's annual AVR/Commuter Transportation Surveys. Metro will assess \$1.50 per employee surveyed or a minimum of \$500 for AVR calculation. Metro Commute Services will provide Transportation Demand Management (TDM) and marketing assistance in support of this effort. **The fee will be waived if at least one of the following criteria is met:**

- Employer subscribes to a Metro Employer Pass Program Yes  No
- Employer selects electronic survey (may include a combination of electronic and paper surveys) Yes  No

Employer and employee participation in these programs is voluntary. Metro assumes no responsibility or liability for claims arising from participation in these programs. By participating in these programs, the employer agrees to defend, indemnify and hold Metro, its officials, employees, agents and contractors free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury, in law or equity, arising out of or incident to employer's or employees' participation in these rideshare programs or services.

Employer Representative Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Office Use: AE hand initial under your typed initials

JF    LA    RW    HM    TM    RL    VR

**Fax both pages/sides of this form to: 213-922-5640**

\* For companies (or building managers) choosing to enroll multiple worksites under this Service Agreement, please attach a list of worksites, addresses, contact names, telephone numbers and number of employees for each site.

		Current			Enhanced			New		
	Promotion & Incentive Programs	Yes ✓	Quantity	Amount	Quantity	Amount	Yes ✓	Quantity	Amount	
	<b>Direct Strategies to Encourage Ridesharing</b>									
A	B-TAP		yr	total\$ yr	yr	\$		yr	total\$ yr	
	A-TAP		yr	total\$ yr	yr	\$		yr	total\$ yr	
	Pass-by-Mail/Online		mo	total\$ mo	mo	\$		mo	total\$ mo	
	Metrolink Pass-by Mail		mo	total\$ mo	mo	\$		mo	total\$ mo	
	Transit Chek / Wage Works		mo	total\$ mo	mo	\$		mo	total\$ mo	
	Commuter Benefits		mo		mo			mo		
	Transit/Rail Subsidy*		mo	\$ or %		\$ or %		mo	\$ or %	
	Bike/Walk Subsidy*		mo	\$ or %		\$ or %		mo	\$ or %	
	Carpool Subsidy*		mo	\$ or %		\$ or %		mo	\$ or %	
	Metro Vanpool Subsidy*		mo	\$ or %		\$ or %		mo	\$ or %	
	Metrolink Subsidy*		mo	\$ or %		\$ or %		mo	\$ or %	
	Vanpools (no-subsidy)		yr		yr			yr		
	Muni Transit Pass									
B	Go to Work Free Pass									
	Metro Rewards									
	Option/Advantage									
	Bike-To-Work Event									
	Lockers/Racks/Showers									
	Zip Car									
	Telework									
	Employees Pay to Park			\$ or %		\$ or %			\$ or %	
	Time Off With Pay									
	Start up Incentive			\$ or %		\$ or %			\$ or %	
	Gift Cards/Drawings			\$ mo		\$ or %			\$ mo	
	Points Program									
	Off-peak surveys									
	Compressed Work Week		mo		mo			mo		
	Discounted/Free Meals		mo	\$ mo	mo	\$ mo		mo	\$ mo	
	Auto Service Discount									
	<b>Basic Support Strategies to Encourage Ridesharing</b>									
C	Flex Time		mo		mo			mo		
	Regional GRH									
	Personalized Assistance									
	Preferential Parking		spaces		spaces			spaces		
	Ridematching									
	Rideshare Info Brochure									
	Transit Info Center									
	<b>Marketing Strategies</b>									
D	Marketing Workshop									
	CEO Communications									
	Newsletter/Web site									
	Rideshare Events									
	Letters, Memos and Flyers									
	New Hire Orientation									
	Rideshare Bulletin Board									

\* = \$ or %amount/employeemonth

Office Use

New Client?  Yes  No Employer Name \_\_\_\_\_

Comments \_\_\_\_\_