

# Welcome to the 2020 CTR Program Report!



**Seattle**  
Department of  
Transportation

The Commute Trip Reduction (CTR) Program Report is a requirement for all CTR-affected employers to demonstrate compliance with State and City law. This report collects current information on employee transportation programs, policies, and benefits.

This Program Report is due no later than Thursday, October 1, 2020, and covers the 2019-2020 period. Satisfactory completion of this form and submission of any required attachments will facilitate compliance with the biennial CTR Program Report requirement for this property. Commute Seattle will review the report for completeness before submitting it to the City of Seattle.

This Report contains short answer and multiple-choice questions. Some research into your worksite and company benefits will be required. We recommend that you preview the questions [online here](#) and prepare your responses in advance. We anticipate that once you have prepared your information, the report will take about 15 minutes to complete.

Questions regarding CTR or the Program Report can be directed to your Commute Seattle account manager, or [CTR@commuteseattle.com](mailto:CTR@commuteseattle.com):

- Olivia Holden - [oliviah@commuteseattle.com](mailto:oliviah@commuteseattle.com)
- Dylan Jouliot - [dylanj@commuteseattle.com](mailto:dylanj@commuteseattle.com)
- Sarah Udelhofen - [sarahu@commuteseattle.com](mailto:sarahu@commuteseattle.com)

In an update to the Seattle Municipal Code, program requirements have been updated and clarified since the 2018 program report cycle. [View the requirements here](#).

We understand that due to COVID-19 your worksite may be seeing lower occupancy and/or utilizing altered operational protocols and transportation programs. Please accurately fill out the survey based on transportation elements currently offered.

## Survey Outline:

- Company Information
- Employee Communication and Amenities
- Subsidies and Modal Support
- Parking Management
- Administration and Engagement
- (Optional) Program Summary
- Certification

Notice: We do not share this information publicly unless requested. However, information provided in this survey is considered a public record and may be subject to public disclosure. For more information, see the Public Records Act, RCW Chapter 42.56. To learn more about how we manage your information, see our [Privacy Statement](#) or ask your Commute Seattle Transportation Specialist.

## Company Information

\* 1. Select your organization name and E-Code from the drop down list:

### \* 2. ETC Contact information

First and Last  
Name

Job title

Mailing Address

Mailing Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

### \* 3. Program Manager (or alternate ETC contact)

Name

Job title

Mailing Address

Mailing Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

#### \* 4. Highest Ranking On-Site Official

(Note: this contact is required and will be CCed on official program notices)

Name

Title

Email Address

Phone Number

#### \* 5. Please provide a current count of employees at your workplace, using the following definitions:

- **Total employees:** The total number of full-time\* employees employed by your workplace.
- **CTR affected employees:** Full-time\* employees who begin their regular work day at an affected employer's worksite between 6:00 a.m. and 9:00 a.m. (inclusive) on two or more weekdays for at least twelve continuous months, who are not independent contractors.
  - **Note:** due to the pandemic, many employees are not going to worksites. Please give an estimate of how many employees **WOULD THEORETICALLY BE** going into the worksite if the pandemic was not currently happening. An estimate will suffice.
  - Or, you can think of this as "how many employees are beginning work (*from any location*) between 6:00 - 9:00 am (inclusive) on two or more weekdays for at least 12 continuous months, who are not independent contractors"

*\* A full-time employee means an employee scheduled to be employed on a continuous basis for fifty-two (52) weeks for an average of at least thirty-five (35) hours per week.*

Total employees

CTR affected  
employees

**\* 6. As of today, what percent (%) of your employees are working in the physical office space?**

Please note this will not impact the City's assessment of the 2020 CTR Program Report submission.

**\* 7. Does your worksite plan to move or consolidate locations in the next 18 months?**

☐ No

☐ Yes - enter details below:

## Category A: Employee Communications and Amenities

The City of Seattle Municipal Code requires the regular distribution of ETC contact information and transportation program information to employees.

**\* 8. In what ways is ETC contact information readily available to your employees?**

**(Check all that apply)**

- ☐ Online employee website
- ☐ Break room poster
- ☐ Transit display or kiosk
- ☐ ETC contact information is not readily available
- ☐ Other (please specify)

**\* 9. In what ways is commute information distributed to your employees? (Check all that apply)**

- ☐ An intranet
- ☐ Information board or kiosk (digital or physical display)
- ☐ Employee newsletter or email
- ☐ Other (please specify)

**\* 10. Employers are required to distribute information on commuter programs to all employees at least twice per year. Have you done so?**

- ☐ No
- ☐ Yes

**\* 11. How do you provide transportation program information to new hires?**

**(Check all that apply)**

- ☐ A new employee orientation
- ☐ Hiring packet
- ☐ New hire online modules
- ☐ Transportation program information is not provided to new hires
- ☐ Other (please specify)

**\* 12. Do you offer the following to employees at this worksite?**

	Yes	No, but plan to in the next 6 months	No
Telework or remote work options to avoid or shift time of a commute trip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flex time so employees' start and end times can vary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compressed work week scheduling (i.e. working 40 hours in 4 days or 80 hours in a 9 day period)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees may work at different worksites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. Do you offer a guaranteed ride home to employees who do not drive and must take an unplanned trip?**

- ☐ No
- ☐ Yes, through ORCA
- ☐ Other (please specify)

**\* 14. Are the following available to employees at your worksite?**

	Yes	No, but plan to in next 6 months	No
Employer-provided shuttle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal circulator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer-provided cars for employees to travel to off-site business appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer-provided bikes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 15. Do you provide any of the following carpool services? (Check all that apply)**

	Yes	No, but plan to in the next 6 months	No
Internal carpool ride matching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal Vanpool/vanshare program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rideshare Online or other 3rd party rideshare matching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\* 16. Does your worksite have corporate accounts or discounts for employee use of the following?**

	Yes	No, but plan to in the next 6 months	No
Zipcar or other carshare platform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lyft, Uber, Taxi, or other rideshare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bikeshare or Scootershare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waze, iCarpool, Scoop, or other carpool app	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 17. Do you offer the following active transportation amenities at your worksite? (Check all that apply)**

	Yes, for our employees only	Yes, shared with other building tenants	No, but plan to in the next 6 months	No
Showers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lockers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike cage or secure bike room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Covered bike racks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncovered bike racks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycle maintenance or repair on site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Category B: Subsidies and Modal Support (ORCA)

The City of Seattle Municipal Code emphasizes the importance of investing in subsidies and other support for non-drive-alone commutes.

Please note: There is "skip logic" applied to this question (meaning: based on your answer, you might be skipped forward to a future question).

- ORCA Business Passport - sent to Question 19
- ORCA Business Choice - sent to Question 21
- Neither - sent to Question 24

**\* 18. Which King County Metro Business ORCA Programs does your workplace offer your employees?**

- ☐ ORCA Business Passport
- ☐ ORCA Business Choice
- ☐ Neither

## Category B: Subsidies and Modal Support (ORCA Passport)

Please note: There is "skip logic" applied to this question (meaning: based on your answer, you might be skipped forward to a future question).

- Unknown - sent to Question 23
- Percentage - sent to Question 24

**\* 19. What percentage does your employer pay towards each individual's ORCA Business Passport?**

- ☐ Unknown
- ☐ Percentage:

**\* 20. Approximately how many employees use your ORCA program?**

## Category B: Subsidies and Modal Support (ORCA Choice)

Please note: There is "skip logic" applied to this question (meaning: based on your answer, you might be skipped forward to a future question).

- Unknown - sent to Question 23
- Dollar amount - sent to Question 24

**\* 21. What dollar amount does your employer pay towards each individual's ORCA Business Choice per month?**

☐ Unknown

☐ Dollar amount:

**\* 22. Approximately how many employees use your ORCA program?**

**Category B: Subsidies and Modal Support (Amount paid towards ORCA program unknown)**

**\* 23. What is the cost of your annual ORCA Contract at this workplace?**

☐ Unknown

☐ Cost:

## Category B: Subsidies and Modal Support (General Transportation Subsidies)

\* 24. Do you offer employees a general transportation subsidy?

☐ No

☐ Yes, dollar amount per month:

Please note: There is "skip logic" applied to this question (meaning: based on your answer, you might be skipped forward to a future question).

- No - sent to Question 29
- Yes - sent to Question 26

\* 25. Do you offer [Vanpool](#) and/or [Vanshare](#)?

☐ No

☐ Yes

## Category B: Subsidies and Modal Support (Vanpool/Vanshare)

**26. Do employees using Vanpool/Vanshare receive a subsidy towards it?**

☐ No

☐ Yes, dollar amount per month:

**27. Do employees using Vanpool/Vanshare receive parking benefits?**

☐ No

☐ Yes, free parking

☐ Yes, subsidized parking (please write in amount and whether it is per day/month/year)

**28. How many employees, in total, use the Vanpool and Vanshare benefit?**

## Category B: Subsidies and Modal Support (Carpool)

Please note: There is "skip logic" applied to this question (meaning: based on your answer, you might be skipped forward to a future question).

- No - sent to Question 33
- Yes - sent to Question 30

\* 29. Do you provide or promote carpool matching (via an internal site or a partner like [Rideshare Online](#))?

- ☐ No
- ☐ Yes

## Category B: Subsidies and Modal Support (Carpool)

**30. Do employees who carpool receive parking benefits?**

- ☐ No
- ☐ Yes, free parking
- ☐ Yes, subsidized parking (please write in amount and whether it is per day/month/year)

**31. Do employees who carpool receive a subsidy towards their carpool (other than a parking benefit)?**

- ☐ No
- ☐ Yes (please specify amount)

**32. How many employees participate in active carpools?**

## Category B: Subsidies and Modal Support (Active Transportation)

Please note: There is "skip logic" applied to this question (meaning: based on your answer, you might be skipped forward to a future question).

- No - sent to Question 36
- Yes - sent to Question 34

**\* 33. Do you offer active transportation subsidies? (for biking, scootering, running, walking, etc)**

- ☐ No
- ☐ Yes

## Category B: Subsidies and Modal Support (Active Transportation)

**34. Please fill in details for any of the active transportation subsidies you offer. (e.g. "Reimbursement - \$20/month")**

Reimbursement

Subsidy

Discount on gear

Maintenance

Other

**35. How many employees utilize these active transportation subsidies?**

## Category B: Subsidies and Modal Support (Pre-Tax)

- \* 36. Do you allow employees to set aside a portion of their pre-tax income (known as Pre-tax Transportation Benefit) to purchase a transit pass or Vanpool/Vanshare?

([Summary of Section 132\(f\) of the Internal Revenue Code](#))?

☐ No

☐ Yes

- \* 37. Do you allow employees to use pre-tax income to pay for parking costs?

☐ No

☐ Yes

- \* 38. Are you aware of the Pre-Tax [Commuter Benefits Ordinance](#) and its requirements?

(Went [into effect January 1, 2020](#); [Office of Labor Standards Rules](#))

☐ No

☐ Yes

## Category C: Parking Management

The City of Seattle Municipal Code emphasizes the need for workplaces to manage and price parking, and/or reserve parking space specifically for sustainable uses (e.g. HOV, bicycle parking).

Please note: There is "skip logic" applied to this question (meaning: based on your answer, you might be skipped forward to a future question).

- None of the above - sent to Question 45
- All other choices - sent to Question 40

**\* 39. Which of the following benefits do you offer to employees who drive alone? (check all that apply)**

- ☐ Free parking
- ☐ Parking subsidy or reimbursement
- ☐ General transportation subsidy or stipend
- ☐ None of the above
- ☐ Other

## Category C: Parking Management (Parking Benefits)

- \* 40. How many employees receive the benefits you selected in the previous question?

- \* 41. Of the parking spaces at your worksite, fill in how many are reserved for the following uses:

Please enter a whole number. Enter "0" if no spaces are allotted.

Monthly Reserved  
Spaces

ADA Reserved

Reserved for  
Building/Employer  
Fleet

Reserved for  
Carshare

Reserved for  
Electric Vehicle  
Charging (Separate  
from Parking  
Reserved for Fleet  
Vehicles)

Reserved for  
Carpools

Reserved for  
Vanpools

Reserved for Short  
Term Parking /  
Visitors

Other Reserved

**\* 42. Do you have any off-site parking reserved for employees?**

☐ No

☐ Yes, please describe below, including location and number of vehicle spaces:

**\* 43. What is the rate at which you lease the spots from your property or parking management company? (Please write in amount and whether it is per day/month/year - or other arrangement)**

**\* 44. Do you offer the following parking options to individuals? For each, please describe (e.g. "50 monthly passes at \$100")**

Monthly parking

Weekly parking

Daily parking

Parking cash out

Other

N/A

## Administration and Engagement

**\* 45. What was the estimated direct cost to your organization over the past 12 months to implement the transportation program?**

**Please record a yearly monetary cost estimate for each of the categories below.**

Meeting CTR  
program  
requirements &  
promoting your  
program to  
employees,  
including ETC /staff  
time, overhead,  
materials, other  
costs integral to  
the administration  
of the program

Financial  
incentives &  
subsidies paid to  
employees (all  
program costs,  
including ORCA,  
parking etc.)

Facilities such as  
bike racks, bus  
shelters, lockers,  
etc.

Any other costs not  
covered above

Please explain  
"other costs"

\* 46. Has your employer applied for [state tax credits](#) for its expenditures supporting employee's commute alternatives?

☐ Yes

☐ No

\* 47. Do you forward the Weekly E-blast to employees?

☐ Yes, always

☐ Yes, sometimes

☐ Yes, I share select parts of the E-blast

☐ No

☐ I don't receive the e-blast

\* 48. Does your company leadership demonstrate support for transportation programs, particularly regarding options other than driving alone?

☐ No

☐ Yes. Provide a noteworthy example:

\* 49. What are your worksite's top three transportation program priorities for the next 18 months?

1

2

3

\* 50. How has the COVID-19 pandemic impacted the commuter programs and benefits the worksite offers to employees?

## Program Summary (optional)

Submit your best and most comprehensive communications piece, previously known as the Program Summary. Show us how you display your most recent commuting data, summarize your key achievements, or communicate the CTR program to others. **We will collect noteworthy submissions to be featured as best practices (anonymized at your request) and/or highlighted at our annual Champions Awards event.**

Examples could include a PDF copy of a flyer, or screenshot of an intranet site. Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported. If you would like to submit another file type, please [email it directly to your Commute Seattle specialist](#).

Want to create a new example? Feel free to use our [program summary template](#) as-is or as inspiration for creating your own communication piece.

Our most successful CTR-Affected worksites tend to have the following information included in their key communications pieces:

- Mission statement and call to action to encourage the reduction of drive alone rates
- Mode-split and statistics to provide context for how employees get to work
- Exact subsidy amounts and how to apply for, retrieve, or use subsidies
- Detailed instructions for accessing on-site amenities such as bike lockers, showers, or HOV parking spaces
- Links to online tools and resources such as agency websites and Google Maps
- Link to ETC contact information

### 51. Upload your Program Summary using the file upload function

Choose File

Choose File

No file chosen

- \* 52. Anything you feel like we didn't cover here? Let us know about any benefit, amenity or program that you think we didn't capture in this survey.

# Employer Certification

## Employer Commitment

I understand that my worksite is required to submit information on the transportation program described above to comply with Washington State's CTR law. The program as described represents a good faith effort to meet the minimum requirements as outlined in that law and local ordinance. I will notify my Commute Seattle Transportation Specialist or CTR@commuteseattle.com with any substantive changes to this information.

By entering my name below I confirm that I am designated by my worksite's highest ranking official to commit to the implementation of the program, and I have shared this report with that official.

**\* 53. Please enter your name and job title below.**

Name (this serves  
as your signature)

Job Title