



PROGRAM APPLICATION

Please return your completed application to 36 Commuting Solutions by:
Mail: 36 Commuting Solutions, 350 Interlocken Blvd, Suite 250,
Broomfield, CO 80021
Fax: 303-466-4481
Email: natalie@36commutingsolutions.org

Please fill out application completely. All information is required. Thank you.

APPLICANT INFORMATION

Date: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Gender (mark one): () Male () Female Age (mark one): () Under 18 () 18-24 () 25-34 () 35-44 () 45-54 () 55+

Length of work commute, one way: _____ miles

How did you hear about 36 Commuter CASH? (mark one):

() Media Coverage () Referral () Employer event () Poster/Flyer Other: _____

WORK CONTACT INFORMATION (All program communication will be sent to your work address, email, etc.)

Employer: _____ Position Title: _____

Mailing Address: _____

Suite/Dept./Floor: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

SUPERVISOR INFORMATION (Information to be completed by applicant's supervisor)

Supervisor Name- First: _____ Last: _____

Position Title: _____

Work Mailing Address: _____ Suite/Dept./Floor: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

By signing on page 2, I verify I have read and agree to the following statements:

- I verify the above applicant is an employee of this organization.
- I have read the Program Requirements and Program Guidelines pages for 36 Commuter CASH on 36commutingsolutions.org and verify the applicant is eligible to participate.
- I understand if the applicant is accepted into the 36 Commuter CASH program, I will be required to sign a printed Commute Report at the end of a 90-day period, verifying his/her commute log.



I UNDERSTAND AND AGREE TO THE FOLLOWING STATEMENTS:

- I have provided a verifiable and accurate work mailing address and email and understand all program communication will be sent to my work contact information.
- I have read and understand the Program Requirements and Program Guidelines pages on 36commutingsolutions.org governing the 36 Commuter CASH program and certify I am eligible to participate and receive the incentives provided by 36 Commuting Solutions.
- I agree it is my obligation to supply information that is correct, current and complete and 36 Commuting Solutions has the right to refuse my participation in this program and withhold incentives if I do not meet this obligation.
- I understand the incentives offered through this program are provided to applicants on a first-come, first-served basis and 36 Commuting Solutions reserves the right to terminate this program at any time.
- If a dispute arises regarding any aspect of the 36 Commuter CASH program, including but not limited to, the interpretation of the Program Requirements, accuracy of the information, or my eligibility to participate, 36 Commuting Solutions' Executive Director shall be the final decision maker regarding such disputes.
- Any incentives I receive from 36 Commuting Solutions are subject to federal and state taxes and any tax liability that may result is solely my responsibility.
- By providing information on this application, I understand it may be used by 36 Commuting Solutions to contact me via mail, email or phone regarding my interest in additional financial incentives, additional programs or services or for information related to my experience using alternative modes of transportation. If I do not wish to be contacted for these reasons, I have indicated such by initialing here: _____
- By initialing here, I confirm I currently drive to work alone: _____
- **Note:** Federal funding for the program stipulates all funds for 36 Commuter CASH must be used to encourage drive-alone commuters to start using a commute alternative such as carpooling, vanpooling, riding transit, teleworking, bicycling or walking. Current users of commute alternatives that knowingly provide misleading or incorrect information are committing fraud and knowingly abusing the use of federal grant dollars.

Supervisor Signature (Required): _____ Date: _____

Supervisor Name (Printed): _____

By signing below, I confirm I have read, understand and agree to the above statements:

Applicant Signature (Required): _____ Date: _____

Applicant Name (Printed): _____

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THANK YOU for your application. After your application has been accepted by 36 Commuting Solutions you will receive a Welcome email which contains the starting and ending dates of your 90-day pledge period and a web link (URL) to the 36 Commuter CASH online tracking tool. Click on this link to register and to log your commutes. Please remember to log your commute each day of your 90-day pledge period. Visit 36commutingsolutions.org for more information.

<u>Office Use Only:</u>			
Program Start Date: _____	Program End Date: _____	# of Alternative Commute Days: _____	
Payment Amount: _____	Signed Commute Log Received: ()Y ()N	Date Commute Log Received: _____	
Gift Card #: _____	Payment Pick-up Date: _____		