

District Rule 9410 eTRIP Measure Submittal Form

A. Applicant Information

Employer Name:		Date:	
Mailing Address:	City:	State:	Zip:
Contact Name:	Title:		
Phone:	Email:		

B. Measure Description

Please describe, in detail, the proposed eTRIP measure:

C. Expected Effectiveness

Please describe the expected effectiveness of the proposed eTRIP measure in terms of facilitating employee usage of ridesharing and alternative transportation:

D. Expected Effort - Cost

Please describe the expected effort, in terms of **cost**, to implement and maintain the proposed eTRIP measure:

E. Expected Effort - Hours

Please describe the expected effort, in terms of **work-hours**, to implement and maintain the proposed eTRIP measure:

FOR SJVAPCD USE ONLY

Project #: _____	Date Received: _____
Strategy Category: _____	Date Approved: _____
Point Value: _____	