The Atlanta Regional Commission is conducting this survey to find out about your experience with the products and services provided by [TMA/GCO]. [TMA/GCO] helps employers implement employee commute services at their worksite to help employees reduce drive alone commuting. The survey will take 10-20 minutes to complete and your responses will remain confidential. Please complete the survey and click on the “SUBMIT” button at the end. If you need to stop before you have finished the survey, your answers will be saved and you may come back and complete the remaining questions at a later time. Once you complete the survey and hit “SUBMIT” you will be unable to edit responses. Just click the link sent in your email to re-enter the survey.

We request that you, or another designated staff at your organization complete this survey once. Thank you for your participation.

**Please provide your name and contact information**

**Name:**

**Email:**

**Company Profile**

1. Which of the following best describes your organization type?
   - State or local government agency
   - Federal government agency
   - Private or publicly traded company
   - Non-profit organization or association
   - Other:__________________

2. Which of the following best describes the kind of work conducted by your organization?
   - Government/public administration
   - Computer hardware/software
   - Business or personnel services, professional consulting
   - Medical/ health services
   - Education
   - Wholesale trade, warehousing
   - Banking, finance, insurance, or real estate
   - Public utilities, telecommunications
   - Non profit advocacy, trade association
   - Construction
   - Legal, accounting, architecture, engineering
   - Hospitality, restaurant or hotel
   - Manufacturing
   - Retail trade
   - Research and development
   - Transportation/delivery
   - Other:__________________

3. Approximately how many people are employed at the worksite or worksites for which you administer or manage employee commute options programs?
   - 1-25
If your organization has more than 1,000 employees, please enter the approximate number in the space provided: _________ employees

Don't know, prefer not to answer

GCO Program Awareness

4. Management of benefits through the Georgia Commute Options (GCO) Program is led by GCO and seven Transportation Management Associations and GCO for the rest of the Atlanta Region. Is your organization still located within the [TMA/GCO]?
   - Yes (SKIP to Q6)
   - No (to Q5)

5. If your organization has moved to a new location since 2014 please select that location in the drop down menu.

6. Do you recall requesting or receiving assistance from [TMA/GCO] to help with your organization’s employee commute options program?
   - Yes (SKIP to Q4)
   - No
   - Don't know

7. Do you recall requesting or receiving assistance with your organization’s employee commute options program, which may include any commuter related service such as transit passes, guaranteed ride home, carpool matching, or general commuter assistance, among other services, from any organization?
   - Yes (to 7a)
   - No (SKIP to 8)
   - Don’t know (SKIP to 8)

7a. What organization provided this assistance?
   - __________________
   - Don’t know

8. [TMA/GCO] provided your name as the contact for your organization’s employees commute options program. Are you the contact or is it possible that someone else in your organization received assistance from [TMA/GCO]?
   - Yes, I am the contact. (SKIP to 10)
   - Someone else is the contact. (To 9)
   - Don’t know (SKIP to End)

9. Can you provide the contact? (SKIP to End)

10. How long have you been involved with or responsible for managing or delivering these services at your worksite(s)?
   1. Less than 1 year
   2. More than 1 year, but less than 2 years
   3. 2-3 years
   4. More than 3 years
9. Don’t know

11. Which of the following best reflects your responsibility overseeing commute options services? It is…
   1. My primary job responsibility
   2. An assignment in addition to my other job responsibilities
   9. Don’t know

12. How much do you feel you are acknowledged by your employer for your involvement in delivering services to your employees that help with their travel to work?
   Not at all                      Somewhat                   Very Acknowledged     Don’t know
   Acknowledged
   1  2  3  4  5  9

13. Shown below are benefits employers might receive from offering commute options programs to employees. Please rate the level of benefit your organization has received in each benefit area using the following scale.

**ROTATE RESPONSES**

<table>
<thead>
<tr>
<th>Possible Benefits to Organization</th>
<th>No benefit</th>
<th>Some benefit</th>
<th>Great benefit</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Enhancing employee recruitment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Reducing need for parking, reduced parking-related costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Attracting more qualified employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Enhancing employee morale</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5 Reducing absenteeism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Increasing employee productivity</td>
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<td></td>
</tr>
</tbody>
</table>

**Management Support**

14. How supportive is senior management in the following aspects of your organization’s commute options programs? Please rate the level of support using the following scale.

**ROTATE RESPONSES**

<table>
<thead>
<tr>
<th></th>
<th>Not at all supportive</th>
<th>Somewhat supportive</th>
<th>Very supportive</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Considering offering new commute services</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2 Recognizing and rewarding employees participating in successful commute options programs</td>
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<tr>
<td>3 Willing to give employees schedule flexibility to make it easier to use commute alternatives</td>
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</tr>
</tbody>
</table>
4. Encouraging employee feedback and suggestions regarding commute options services

5. Investing staff time and financial resources in commute options programs

6. Setting goals for employee commute options programs’ achievement

15. If you have any suggestions for assistance [TMA/CAC] might provide to help you increase senior management’s support of employee commute options programs at your organization, please enter them below.

Commute Options Program

16. Next, please review the following list of services available from [TMA/GCO] to help plan or manage an employee commute options program, inform employees about commute options and services, and support employees’ use of non-drive alone commute options. For each service please indicate if you are aware of this service being offered and if your organization has used it.

<table>
<thead>
<tr>
<th>Service</th>
<th>Aware this service is being offered (Y/N)</th>
<th>Organization current or recent use of service (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program consultations to develop commute option plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance on telework, compressed work week or flexible work hour programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports that document your organization’s program results (e.g. vehicle miles of travel reduced)</td>
<td></td>
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<tr>
<td>Employee surveys to identify how employees travel to work and their interest in commute options</td>
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<td></td>
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<tr>
<td>Map that shows employees’ home locations to identify carpool/vanpool matching potential</td>
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<td></td>
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<tr>
<td>Onsite informational events and presentations to employees on commute topics</td>
<td></td>
<td></td>
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<tr>
<td>Customized employee communication (e.g., internal newsletter articles) on your organization’s commute program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance when an employer moves, to inform employees of commute options at the new worksite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition for organizations’ commute option programs achievements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A customized website for employees to log their commutes, learn the impact of their travel choices, and receive incentives and win prizes

| Financial incentives offered to employees for using a commute alternative (Commuter Rewards program) |
| Online ridematching to help commuters find carpool, vanpool, or bicycle partners |
| Help to set up programs for employees to use pre-tax dollars to pay for cost of vanpool, transit |

17. For the services your organization is using, which have been the most useful and why?

Open Response__________

18. For the services you are not aware of, are you interested in receiving more information from [TMA/GCO]?

Yes or No

18a. If Yes, which services are you interested in learning more about?

Select multiple from Drop Down list including options in table for Q16

19. What other services or assistance might [TMA/GCO] provide that would be helpful in managing or administering your organization’s commute options programs?

Open Response______________________________________________________

9. Don’t know

Next, please answer the following questions about specific services and benefits available to employees at your organization. For each service / benefit, please indicate if your organization offers it to employees at your worksite (s).

20. Are employees at your organization offered the following work schedule options?

<table>
<thead>
<tr>
<th>Schedule</th>
<th>(1) Yes</th>
<th>(2) No</th>
<th>(3) Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Formal Telework – employees are schedule for specific days/times to telework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Informal Telework – employees are given the flexibility to telework on an as needed basis</td>
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<td></td>
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</tr>
<tr>
<td>b Compressed work schedule - employees work a full-time schedule in fewer than five days per week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Flex time- work schedules - employees have flexibility to set their work start and end times, so long as they work the required number of hours</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
21. Are employees at your organization offered the following information, incentives, or accommodations for commuting by alternative modes?

<table>
<thead>
<tr>
<th>Services and Benefits</th>
<th>(1) Available</th>
<th>(2) Not Available</th>
<th>(9) Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Transit schedules/maps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Information on transportation options employees could use to reach your worksite or individualized commute planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Bicycle locker or racks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d On-site shower and/or locker facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Reserved or preferential parking for carpool/ and vanpool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Discounted transit pass or other financial benefit for employees who ride MARTA or an express bus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Pre-tax accounts employees can use to pay transit and vanpool costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Access to a shared vehicle for business or personal errands for employees who use a commute alternative to get to work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Employee shuttle to bus stops or MARTA train stations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Company-owned or leased vehicles for vanpooling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k Other (Please specify):____________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF Q21f="available", ask Q21a

Q21a. What type of discount or financial benefit do employees riding MARTA or express bus receive?

9. Don’t know

22. How do employees become aware of these commute services and benefit options (select any that apply)?
   1. Through employee orientation materials.
   2. Through commuter events sponsored by [TMA/GCO].
   3. Through regular internal meetings.
   4. Through materials available upon request at the worksite.
   5. Other
   6. Don’t know

23. Why did your organization decide to provide these services? Select up to the five most important reasons.

   1 Organization was relocating to new worksite
   2 Help recruit or retain employees, reduce turnover
   3 Reduce absenteeism
   4 Improve productivity
   5 Reduce operating costs
   6 Relieve parking shortage, reduce spill-over parking to neighborhood
   7 Make parking available for customers, clients
24. What best describes your company’s arrangement for employee parking?
   1. Parking is included in our lease, and does not affect the lease cost
   2. Parking is included with the lease, at a rate negotiated based on the number of spaces used
   3. Parking is not included in the lease; employees and/or the company pay every time a parking space is used
   4. Some parking is included in the lease, but we use additional parking on a pay-per-use basis
   5. Do not know or not my responsibility

25. If employees pay to park, how do they pay?
   1. All employees pay to park through regular paycheck deductions or a commuter benefits account (or equivalent).
   2. Some employees pay to park through regular paycheck deductions or a commuter benefits account (or equivalent).
   3. Employees pay out of pocket for parking on a regular basis depending on use.
   4. Employees do not pay to park, parking is free.
   5. Don’t know

TMA/GCO Relationship and Services

26. Overall, how satisfied are you with the services you have received from [TMA/GCO]? Please use a scale of 1 to 5, where “1” means “not at all satisfied” and “5” means “very satisfied.

<table>
<thead>
<tr>
<th>Not at all satisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

IF Q26 = 3, 4, 5, or 9, SKIP TO Q27
IF Q26 = 1 or 2, TO 26a

26a. Please explain or provide examples of why you are not satisfied with the services received from [TMA/GCO].

   __________________
   9. Don’t know

27. When did your organization first have contact with a representative from [TMA/GCO]? 
   1. Within the past year
   2. More than 1 year, but less than 2 years ago
   3. 2-3 years ago
   4. More than 3 years ago
   5. Don’t know

28. How did you first learn about [TMA/GCO]?
   ______________
9. Don’t know

29. How likely are you to recommend [TMA/GCO]'s services to other organizations?
   1. Very likely
   2. Somewhat likely
   3. Neither likely nor unlikely
   4. Somewhat unlikely
   5. Very unlikely
   9. Don’t know

IF Q30 = 1,2,3,9, SKIP TO Q31
IF Q31 = 4 or 5, TO 30a

30a. Why would you be unlikely to recommend [TMA/GCO]'s services to another organization?

9. Don’t know

30. Are you aware of the Partnership Program your organization participates in?
   1. Yes
   2. No
   9. Don’t know

31. The Partnership Program is two-tiered with participants being designated either a Partner or Platinum Partner. Do you know your organization's current partnership level?
   1. Platinum Partner
   2. Partner
   9. Don’t know

32. How important is this Partnership Program to your organization? Please use a scale of 1 to 5, with 5 being very important and 1 being not important at all.

<table>
<thead>
<tr>
<th>Not at all Important</th>
<th>Very Important</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

**TMA/CAC Representative Satisfaction**

Please answer the following questions about your [TMA/GCO] representative.

33. Do you know who your primary contact at the TMA/GCO is?
   Yes / No

34. In the past year, how often did you communicate with or hear from your [TMA/GCO] representative?
   1. A few times per month
   2. About once per month
   3. A few times during the year
   4. Once during the year
   5. Less than once per year
   6. Have not had any communication with my rep in the past year
   7. Don’t know
35. How would you rate the level of contact you’ve received in the past year?
   1. Much more than I want
   2. Somewhat more than I want
   3. About right
   4. Somewhat less than I want
   5. Much less than I want
   9. Don’t know

36. What form of communication do you prefer most between you and your [TMA/CAC] representative?
   1. Email
   2. Personal phone call
   3. Personal visit
   4. Postal mail
   5. Other: __________________
   9. Don’t know

37. How long has your organization offered information or other services to help employees with their travel to work?
   1. Less than 1 year
   2. More than 1 year, but less than 2 years
   3. 2-3 years
   4. More than 3 years
   9. Don’t know

DEMOGRAPHICS

The following questions are for classification purposes only. They will not be used to identify you in any way.

38. Which of the following best describes your role or function in your organization? (choose multiple)
   1. Human Resources
   2. General Admin/Office Management
   3. Professional (e.g. commute options are not your primary responsibility)
   4. Information Technology (IT)
   5. Facilities Management
   6. Financial Management, Accounting
   7. Senior Management (e.g. managing partner, owner, CEO)
   8. Sustainability Office (or similar)
   9. Other: __________________

39. Are you male or female?
   1   Male
   2   Female
   9 Prefer not to answer

Thank you very much for your time and cooperation!