

Bicycle Friendly Business Application Questions

Business Profile

 Name of Business Has the business applied to the Bicycle Friendly Business program before? □Yes □No
What was the result of the businesses last application? No Award Honorable Mention Silver Gold Platinum
What year was your business awarded a Bronze designation or higher?
2. Name of CEO or Director
3. Contact First Name
3a. Contact Last Name
4. Position
5. Address
5a. Address line 2
6. City
7. State
8. Zip
9. Phone
10. Contact Email
11. Company Website



12. Type of business/organization
☐ Accounting/Finance/Insurance
☐ Agriculture/Farming
☐ Biotech/R&D/Science
☐ Building Construction/Skilled Trades
☐ Creative/Design
□ Education
□ Engineering
□ Entertainment
☐ Food Service/Hospitality
☐ Installation/Maintenance/Repair
☐ IT/Software Development
☐ Manufacturing/Production
□ Marketing
☐ Medical/Health
□ Non-Profit
□ Public Relations
□ Sales/Retail
☐ Transportation
☐ Other Please list
12a. If other, please describe
13. Number of business/office locations.
□ 1 □ 2-5
□ 2-5
□ 2-5 □ 6-25
□ 2-5
□ 2-5□ 6-25□ More than 25
 □ 2-5 □ 6-25 □ More than 25 14. Location of applying location
 □ 2-5 □ 6-25 □ More than 25 14. Location of applying location □ Urban
 □ 2-5 □ 6-25 □ More than 25 14. Location of applying location □ Urban □ Suburban
 □ 2-5 □ 6-25 □ More than 25 14. Location of applying location □ Urban
 □ 2-5 □ 6-25 □ More than 25 14. Location of applying location □ Urban □ Suburban
 □ 2-5 □ 6-25 □ More than 25 14. Location of applying location □ Urban □ Suburban □ Rural 15. Number of employees at the applying location
 □ 2-5 □ 6-25 □ More than 25 14. Location of applying location □ Urban □ Suburban □ Rural
 □ 2-5 □ 6-25 □ More than 25 14. Location of applying location □ Urban □ Suburban □ Rural 15. Number of employees at the applying location 15a. Total number of employees including all locations
 2-5 6-25 More than 25 14. Location of applying location Urban Suburban Rural 15. Number of employees at the applying location 15a. Total number of employees including all locations 16. What are the top three reasons your company has made bicycling a priority? Click
 2-5 6-25 More than 25 14. Location of applying location Urban Suburban Rural 15. Number of employees at the applying location 15a. Total number of employees including all locations



 □ Corporate Social Responsibility plan □ Employee productivity □ Environmental issues □ Health □ Recruitment □ Reduce carbon footprint □ Transportation options for employees □ Other please list
Encouragement 17. Which of the following transportation-related benefits are provided to your employees Click all that apply. Commuter tax benefit for bicyclists (effective January 1, 2009) link to http://www.bikeleague.org/news/100708adv.php Commuter tax benefit for transit Commuter tax benefit for parking Other cash incentives for bicycle commuters Free secure bike parking Free or subsidized car parking Guaranteed ride home Other please describe (text box 250 words)
17a. Describe your cash incentives for bicycle commuters.
18. Does your business promote Bike to Work Day? ☐ Yes ☐ No If yes, click all that apply.
 □ Provide commuters with breakfast □ Participate in a week long or one day commuter challenge □ Offer prizes to commuters □ Sponsor a bike commuter pit stop open to all community □ Host a CEO led ride □ Other please describe (text box 100 words)
19 . As an average of the past three years, what percentage of employees commute by bike on Bike to Work Day? □ 0 □ 1-5% □ 6-15% □ 16-30% □ 31-50% □ 51-75%



groups? Click all that apply.

□ 75 – 90% □ 91 - 100%
20. Does your business promote National Bike Month? Click all that apply. ☐ Yes ☐ No
20a. If yes, click all that apply ☐ Arrange social rides ☐ Host maintenance clinics ☐ Distribute bicycling information ☐ Sponsor a community bike month event ☐ Participate in the National Bike Challenge or a similar month long or longer challenge ☐ Provide a guide to Bike Month events ☐ Other please describe (text box 100 words)
21. Do you provide reimbursement toward an employee's purchase of a bicycle or bicycling equipment through means other than the Commuter Tax Benefit for Bicyclists? ☐ Yes If yes, please describe (text box, 200 word limit). ☐ No
22. Do you provide a company fleet of bicycles for employee use? ☐ Yes ☐ No
21a. If yes, how many? □ 1 □ 2-5 □ 6-25 □ More than 25
23. Does your company promote bicycling for means other than commuting? Click all that apply. □ Employee bike club □ Sponsor a bike team or club □ Use local bicycle couriers □ Organize rides □ Sponsor individual riders for charity rides or races □ Provide free or subsidized bike share membership □ Other please describe
24. Is your business a sponsor, partner, or member of any of the following bicycle advocacy



 □ Local (for a list of local bicycle advocacy groups click here. link to http://www.thunderheadalliance.org/site/index.php/site/index) □ State (for a list of state-wide bicycle advocacy groups click here. link to http://www.thunderheadalliance.org/site/index.php/site/index
□ National (i.e. International Mountain Bike Association link to http://www.imba.com/ ; The League of American Bicyclists, link to http://www.bikeleague.org/ , Adventure Cycling, link to)
25. Does your top management commute to work by bicycle? ☐ Yes ☐ No
Additional comments (text box, 200 word limit)
26. What other encouragement efforts does your business provide that you would like to tell us about?
Engineering 27. Do you provide bicycle parking for employees? ☐ Yes ☐ No
27a. If yes, click all that apply. ☐ Covered ☐ Uncovered ☐ Secured area (keycard access, keypad access or similar) ☐ Bicycle locker ☐ Employees have the option of parking their bike in their work space
28. Do you provide bicycle parking for guests? ☐ Yes ☐ No
28a. If yes, click all that apply. ☐ Covered ☐ Uncovered ☐ Secured area (keycard access, keypad access or similar) ☐ Bicycle locker
☐ Visitor have the option of parking a bike inside
29. Does your bike parking meet the security and convenience guidelines recommended by the Association of Pedestrian and Bicycle Professionals (APBP)? http://www.bfbc.org/issues/parking/apbp-bikeparking.pdf All



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 ☐ Most ☐ Some ☐ Few ☐ None 	
30. What percentage of employees (whether they ride to work or not) does your bike parking accommodate? ☐ less than 5% ☐ 6-15% ☐ 16-30% ☐ 31-50% ☐ more than 50% ☐ no bike parking available	
31. What percentage of employees (whether they drive to work or not) does your car parking accommodate? ☐ less than 5% ☐ 6-15% ☐ 16-30% ☐ 31-50% ☐ more than 50% ☐ no car parking available	
32. The bike parking is □more □equal □less convenient than the closest car parking?	
33. Does your business provide any of the following for bicyclists? Click all that apply. □ Locker room without charge □ Shower facility without charge □ Shower and locker room included in an on-site gym membership paid by the employ □ Discounted off-site gym membership □ Bicycle workstand □ Maintenance supplies such as tools, pumps, and tubes □ Dedicated bike maintenance person □ None of the above	
34. Is your business located in a Bicycle Friendly Community (BFC) (link to http://www.bikeleague.org/programs/bicyclefriendlyamerica/communities/) □ Yes □ No	
35. How is your workplace accessible by bike? Click all that apply. □ Direct access by trail □ Adjoining streets have bike lanes	



 □ Located on a bike route system □ Located on a low traffic street □ Is not conveniently accessible by bike □ Other please describe
36. Did bike accessibility influence your decision to locate your business in this area? ☐ Yes ☐ No Additional comments (text box 250 words)
37. Are you working with local government or advocacy groups to improve conditions for bicyclists? ☐ Yes ☐ No
37a. ☐ Attend public meetings such as town hall meetings, committee meetings, or community meetings on behalf of bicyclists ☐ Directly correspond with elected representatives on behalf of bicyclists ☐ Donate property/provide easements to improve the public trail network ☐ Donate to the construction of bicycle amenities e.g. trail, velodrome, pump track ☐ Other Describe
38. What other engineering facilities does your business provide that you would like to tell us about?
Education 39. What type of educational classes does your business offer on bicycling? Click all that apply. Safe riding skills Maintenance Driver safety on how to share the road with bicyclists Other please describe None
40. Who teaches these classes? Click all that apply ☐ League Cycling Instructor (link to http://www.bikeleague.org/programs/education/seminars.php) ☐ Bike shop employee ☐ Knowledgeable staff member ☐ Local bicycle advocate ☐ No classes offered



41. How often do you offer these classes? ☐ Monthly ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ No classes offered ☐ Other, please describe
42. Which of the following educational tools outside of classes and clinics does your company provide to employees? Click all that apply. ☐ Information on safe bicycling ☐ Help finding bike routes to work ☐ Information on proper riding equipment ☐ Information on safe driving and sharing the road with bicyclists ☐ Calendar of local bicycling events ☐ Other please describe (text box 250 words)
43. How does the company provide bicycling information other than classes/clinics? Click all that apply. ☐ Company website or intranet ☐ Newsletter ☐ Company orientation program ☐ New hire packet ☐ Vehicle safety guidelines ☐ Other please describe
44. What other innovative educational programs or policies do you have that have not been covered?
Evaluation 45. What percentage of employees commute to work by bike more than twice a week in the spring, summer and fall months? □ 0 □ less than 5% □ 6-15% □ 16-30% □ 31-50% □ 51-75% □ more than 75%
45a. In the winter months? □ 0 □ less than 5%



□ 6-15% □ 16-30% □ 31-50% □ 51-75% □ more than 75
46. Have goals been set for business-wide bike use? ☐ Yes ☐ No
46a. If yes, what are they?
47. Is there a bike coordinator for your business? ☐ Yes ☐ No
47a. □ Full time, paid coordinator □ Part time, paid coordinator □ Volunteer coordinator
48. Have you distributed a commuter survey with the past 2 years to help the business better manage transportation demands? \Box Yes \Box No
48a. How were the results used to improve bicycling as a transportation option? (text box 250 words)
49. What type of bike-related data does the business regularly collect? ☐ Number of bike commuters ☐ Hours biked ☐ Miles traveled by bike ☐ Emissions saved ☐ Sick days reduced ☐ Cost (maintenance/parking/etc.) reduced ☐ Other, Please describe ☐ No data collected

50. What other unique and innovative things does your business do to promote bicycling that

have not been covered in this application? (text box, limit 500 words)



- 51. What has been your business's most significant investment for bicycling? (Text box, 500 word limit.)
- 52. Please list any plans you have for the coming year to improve your company's bicycle friendliness. (text box, 500 word limit)
- 53. Briefly describe the most positive outcome of your company's support for bicycling. (text box 500 words)
- 54. List three reasons your business should be recognized as a Bicycle Friendly Business. (three comment boxes, limit 200 words each)
- 55. List three aspects of the business that need to improve to become more bicycle friendly. (three comment boxes, limit 200 words each)