



“BUCKS FOR BIKES” COMMUTER BICYCLE INCENTIVE APPLICATION

Policy and Procedure Statement

This program is designed to promote and increase bicycle commuting in Solano County. Solano Napa Commuter Information (SNCI) will fund new commuter bicycles for 60 percent of their cost, up to a maximum of \$100 per bicycle. The commuter will track commute usage and document the results.

Program Guidelines

1. Any Solano resident or employee 18 years of age or older may apply to receive an incentive under this program.
2. Qualified applicants will be selected based on a review of the application. Those most likely to use the bicycle for commuting will be given preference.
3. Each person that receives a bicycle subsidy will agree to keep a commute log and submit periodic reports, on request, showing approximately how much the bicycle is used for commuting to work in or from Solano County.
4. Incentives are limited to one per individual in any one calendar year.
5. Bicycles must be new; no two-party agreements will be reimbursed.
6. Applicants will visit a Solano bicycle retailer and obtain a quote for the bicycle they intend to purchase. (Internet quotes will not be accepted since a visit to a bike retailer is educational and necessary to determine bike size and features).
7. Applicant submits this quote to Solano Napa Commuter Information.
8. If selected to receive a subsidy, the applicant may purchase a different bicycle than the one submitted for the quote, however the subsidy will not be more than the budgeted amount, which was determined by the quote that was submitted. The subsidy will be 60% of the price (up to \$100) of the bicycle purchased, but cannot be more than what was budgeted.
9. Call **1-800-535-6883** with any questions.

Incentive Amounts (whichever is less to Solano Napa Commuter Information)
60% of the cost of the bicycle and approved helmet.
Up to \$100 per bicycle and approved helmet, whichever is less to SNCI.
Rebate does not apply to taxes or other fees.



To Apply for the SNCI “Bucks for Bikes” Commuter Bicycle Incentive:

1. Visit a Solano bicycle retailer and select the bicycle you plan to purchase. (Internet quotes will not be accepted since a visit to a bike retailer is educational and necessary to determine bike size and features.)
2. You can purchase the bicycle (although there is no guarantee that you will receive an incentive unless you are notified that your application was selected); or you can get the bicycle vendor to write a quote for the bicycle you select. You can include a new bicycle helmet in the quote.
3. Complete the Bicycle Incentive Application.
4. Return the application and quote to:

**Commuter Bicycle Incentive Program
Solano Napa Commuter Information
One Harbor Center, Suite 130
Suisun City, CA 94585**

If selected to receive a subsidy, you may purchase a different bicycle than the one submitted for the quote, however the subsidy will not be more than the budgeted amount, which was determined by the quote that was submitted. The subsidy will be 60% of the price (up to \$100) of the bicycle purchased, but cannot be more than what was budgeted. Reimbursement will be for the bicycle or bicycle and helmet, not for sales tax or accessories.

5. After you receive a letter of approval from SNCI, purchase the bicycle and mail or fax a copy of your receipt of purchase to SNCI.
6. Within a month of receiving your receipt, SNCI will mail the incentive check to you at your home address.
7. Follow-up surveys will be sent via US Postal Service or email.





“Bucks for Bikes” Commuter Bicycle Incentive Program Application and Usage Agreement

Submit this application to SNCI by mailing to:
**Commuter Bicycle Incentive Program, Solano Napa Commuter Information,
One Harbor Center, Suite 130, Suisun City, CA 94585
Tel. 800-535-6883**

The undersigned purchaser listed below, a qualified applicant, applies for the bicycle cash incentive program administered by SNCI and attaches a quote for the bicycle that will be purchased if this application is selected for subsidy. (A bicycle helmet may be included in the quote). The undersigned declares that they are at least 18 years of age or older and that the bicycle will be used for commuting to work.

If selected, the applicant will purchase a bicycle and submit documentation verifying the purchase. The incentive will be awarded when the appropriate documentation verifying the purchase is received by SNCI. Documentation of purchase must be received within two months of qualification to guarantee awarding of the incentive.

The purchaser agrees to complete a Usage Survey at the end of 3 months, 6 months, and 12 months to document usage. Purchaser agrees to notify SNCI if their residential address changes.

To be completed by the purchaser:

Name (please print): _____

Employer: _____

Employer Street Address: _____

City/State/Zip: _____

Applicant's Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Email address: _____

Name of bicycle retailer you will be purchasing from: _____

Bicycle Retailer Street Address: _____

City/State/Zip: _____

Solano Bicycle Retailer Phone: _____

Type of Bike: _____ Cost of Bike: \$ _____
(not including tax)



“Bucks for Bikes” Commuter Bicycle Incentive Program Application, continued

•Will this new bike replace an old commute bike or are you a new bicycle commuter? (Check one)

Replace Old Bike _____ New Bike Commuter _____

•**Currently, how do you usually commute to work?** (Check one or more if you combine several modes or use different modes on different days of the week): ___ Carpool ___ Vanpool ___ Transit ___ Walk ___ Bicycle ___ Telecommute ___ Drive Alone

•One way distance in miles between your home and workplace: _____

After you have purchased your new commuter bicycle, how do you plan to commute to work?

Number of days per week (approximately) you plan on commuting by bike: _____

___ When I bike, I plan to use my bike the entire commute

___ When I bike, I plan to use my bike for part of my commute: Bike _____ miles + other (transit, carpool, vanpool, drive alone) _____ miles

Total one-way miles each day should add up to the same as the one-way mileage between your home and work.

Briefly explain why you are interested in biking to work, how you plan to make bike commuting work for you, and benefits that could be realized as a result of commuting by bike:

I understand that the Commuter Bicycle Incentive Program shall terminate upon depletion of program funding or by a decision of Solano Napa Commuter Information. SNCI shall be under no obligation to honor requests received following the depletion of program funding or termination of the program.

The purchaser agrees to complete a Usage Survey at the end of 3 months, 6 months and 12 months, after the incentive has been awarded. Purchaser acknowledges that if any of these terms are not met, the incentive shall be returned to SNCI.

The purchaser agrees to defend, indemnify and hold harmless the Solano Transportation Authority (STA), Solano Napa Commuter Information, or their respective officers, agents, employees and volunteers from any and all losses, costs, damages, fines or expenses (including attorney fees, court costs and expert fees) or liability of any kind or character, whether for personal injury or death, property damage, or business, commercial or contractual loss of any kind to any person or property arising from, or alleged to arise from, any breach of the responsibilities required of the participant by this Agreement or which are related in any way to the bicycle for which financial assistance or other incentives are received.

Name of Purchaser (printed): _____

Purchaser's Signature: _____ Date: _____

SNCI Representative: _____ Date: _____



“Bucks for Bikes” Commuter Bicycle Incentive Program
Bicycle Usage Survey
Survey #1 – Three Months

This survey is to be filled out three times: 3 months, 6 months and one year after purchasing the bicycle. Mail each completed usage survey form to:

**Commuter Bicycle Incentive Program, Solano Napa Commuter Information,
One Harbor Center, Suite 130, Suisun City, CA 94585**

Name (please print): _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Email address: _____

•Approximate number of days you rode your new bike to commute to work during the past three months: _____

•Approx. total number of miles you rode your new bike to commute to work during the past three months: _____

___ When I bike, I use my bike the entire commute.

___ When I bike, I use my bike for part of my commute: Bike _____ miles + other (transit, carpool, vanpool, drive alone) _____ miles.

Total one-way miles each day should add up to the same as the one-way mileage between your home and work.

•Approx. total number of miles you rode your new bike for recreational and other trips during the past three months: _____

•How has your new bike impacted your commute?

(Additional comments may be provided on back of survey sheet)



**“Bucks for Bikes” Commuter Bicycle Incentive Program
Bicycle Usage Survey
Survey #2 – Six Months**

This survey is to be filled out three times: 3 months, 6 months and one year after purchasing the bicycle. Mail each completed usage survey form to:

**Commuter Bicycle Incentive Program, Solano Napa Commuter Information,
One Harbor Center, Suite 130, Suisun City, CA 94585**

Name (please print): _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Email address: _____

•Approximate number of days you rode your new bike to commute to work during the past three months: _____

•Approx. total number of miles you rode your new bike to commute to work during the past three months: _____

___ When I bike, I use my bike the entire commute.

___ When I bike, I use my bike for part of my commute: Bike _____ miles + other (transit, carpool, vanpool, drive alone) _____ miles.

Total one-way miles each day should add up to the same as the one-way mileage between your home and work.

•Approx. total number of miles you rode your new bike for recreational and other trips during the past three months: _____

•How has your new bike impacted your commute?

(Additional comments may be provided on back of survey sheet)



“Bucks for Bikes” Commuter Bicycle Incentive Program
Bicycle Usage Survey
Survey #3 – One Year

This survey is to be filled out three times: 3 months, 6 months and one year after purchasing the bicycle. Mail each completed usage survey form to:

**Commuter Bicycle Incentive Program, Solano Napa Commuter Information,
One Harbor Center, Suite 130, Suisun City, CA 94585**

Name (please print): _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Email address: _____

• Approximate number of days you rode your new bike to commute to work during the past six months: _____

• Approx. total number of miles you rode your new bike to commute to work during the past six months: _____

___ When I bike, I use my bike the entire commute.

___ When I bike, I use my bike for part of my commute: Bike _____ miles + other (transit, carpool, vanpool, drive alone) _____ miles.

Total one-way miles each day should add up to the same as the one-way mileage between your home and work.

• Approx. total number of miles you rode your new bike for recreational and other trips during the past six months: _____

• How has your new bike impacted your commute?

(Additional comments may be provided on back of survey sheet)