

LEAGUE OF AMERICAN BICYCLISTS

Bicycle Friendly Business Application

Business Profile

* 1. Name of Business

* 2. Name of CEO or Director

* 3. Contact Name

* 4. Position

* 5. Address

5. a. Address 2

* 6. City

* 7. State

* 8. Zipcode

* 9. Phone

* 10. Contact Email

* 11. Company Website

* 12. Number of employees

* 13. 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**
- Legal**
- Manufacturing/Production**
- Marketing**
- Medical/Health**
- Non-Profit**
- Public Relations**
- Sales/Retail**
- Transportation**
- Other Please list**

13. a. Other business type

* 14. Number of business/office locations. If more than one, please list the city/state of each.

- 1**
- 2-5**
- 6-25**
- more than 25**

14. a. Please list the locations.

14. b. Please list locations or provide a link to a business location directory.

* 15. Location of business(es). Click all that apply if multiple business locations exist.

- urban**
- suburban**
- rural**

* 16. What are the top three reasons your company has made bicycling a priority? Click only three.

- Company moral**

- Corporate Social Responsibility plan**
- Employee productivity**
- Environmental issues**
- Health**
- Recruitment**
- Reduce carbon footprint**
- Transportation options for employees**
- Other please list**

16. a. Please list other reasons.

Encouragement

* 17. Which of the following transportation-related benefits are provided to your employees? Click all that apply.

- [Commuter tax benefit for bicyclists \(effective January 1, 2009\)](#)
- 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**

17. a. Please describe.

* 18. Does your business promote Bike to Work Day?

- Yes**
- No**

18. a. If yes, click all that apply.

- Provide commuters with breakfast**
- Hold a commuter challenge**
- Offer prizes**
- Host a CEO led ride**
- Other please describe**

18. b. Please describe.

* 19. Does your business promote National Bike Month?

- Yes**
- No**

19. a. If yes, click all that apply.

- Arrange social rides**
- Host maintenance clinics**
- Distribute bicycling information**
- Sponsor a community bike month event**
- Other please describe**

19. b. Please describe.

* 20. Do you provide reimbursement toward an employee's purchase of a bicycle or bicycling equipment?

Yes

No

20. a. If yes, please describe.

* 21. Do you provide a company fleet of bicycles for employee use?

Yes

No

21. a. If yes, how many?

1

2-5

6-25

More than 25

21. b. Do you track use of the bike fleet?

Yes

No

If yes, what percentage of employees use them?

less than 10%

11%-25%

26% - 50%

51%-75%

more than 75%

21. c. Additional information and statistics on the use of the company fleet of bicycles.

* 22. 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 or encourage participation in charity rides**
- Other please describe**

22. a. Please describe.

* 23. Does your business sponsor or partner with any of the following bicycle advocacy groups? Click all that apply.

- Local (for a list of local bicycle advocacy groups [click here.](#))**
- State (for a list of state-wide bicycle advocacy groups [click here.](#))**
- National (i.e. [Bikes Belong](#), [International Mountain Bike Association](#), [The League of American Bicyclists](#))**

* 24. Does your top management commute to work by bicycle?

- Yes**
- No**

24. a. Additional comments.

Engineering

* 25. Do you provide bicycle parking for employees?

Yes

No

25. a. If yes, click all that apply.

Covered

Uncovered

Secured area

Bicycle locker

Employees can park their bikes in their work space

* 26. Do you provide bicycle parking for guests?

Yes

No

26. a. If yes, click all that apply.

Covered

Uncovered

Secured area

Bicycle locker

Visitors can park bikes inside

* 27. Does your bike parking meet the security and convenience guidelines recommended by the [Association of Pedestrian and Bicycle Professionals \(APBP\)](#)?

All

Most

Some

Few

None

* 28. How many bike parking spots do you have?

* 29. How many car parking spots do you have?

* 30. Is the bike parking ____ convenient than the closest car parking?

more

equal

less

* 31. Does your business provide any of the following for bicyclists? Click all that apply.

Locker room

Shower facility

Discounted or complimentary gym membership

Bicycle repair station

Maintenance supplies such as tools, pumps, and tubes

Dedicated bike maintenance person

None of the above

* 32. Is your business located in a [Bicycle Friendly Community \(BFC\)](#)?

Yes

No

* 33. 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

It is not accessible by bike

Other please describe

33. a. Please describe.

* 34. Did bike accessibility influence your decision to locate your business in this area?

Yes

No

Don't know

34. a. Additional comments.

* 35. Are you working with local government or advocacy groups to improve conditions for bicyclists?

Yes

No

35. a. If yes, please describe.

Education

* 36. 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**

36. a. Please describe.

* 37. Who teaches these classes? Click all that apply.

- [League Cycling Instructor](#)
- Bike shop employee**
- Knowledgeable staff member**
- Local bicycle advocate**
- No classes offered**

* 38. How often do you offer these classes?

- Monthly**
- Annually**
- As needed**
- No classes offered**
- Other please describe**

38. a. Please describe.

* 39. Is there a mentorship program at your organization that teams experienced bicycle commuters with newcomers?

- Yes**
- No**

39. a. If yes, please describe.

* 40. Does your company provide any of the following educational tools to employees outside of classes/clinics? 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**
- None provided**
- Other please describe**

40. a. Please describe.

* 41. How does the company provide bicycling information other than classes/clinics? Click all that apply.

- Company website or intranet**
- Newsletter or new hire packet**
- Company orientation program**
- Vehicle safety guidelines**
- None provided**
- Other please describe**

41. a. Please describe.

Evaluation

42. How many of your employees commute to work by bike more than twice a week?

* Summer

* Winter

* 43. Have goals been set for business-wide bike use?

Yes

No

43. a. If yes, what are they?

* 44. Is there a bike coordinator for your business?

Yes

No

44. a. If yes, which?

Full time, paid coordinator

Part time, paid coordinator

Volunteer coordinator

* 45. Are there other unique and innovative things that your business does to promote bicycling that have not been covered in this application?

* 46. What has been your business's most significant investment for bicycling?

* 47. Please list any plans you have for the coming year to improve your company's bicycle friendliness.

* 48. Briefly describe the most positive outcome of your company's support for bicycling. (i.e. improved employee health, increased productivity, moral boost, reduced parking/maintenance cost, etc.)

* 49. a. List three reasons your business should be recognized as a Bicycle Friendly Business.

* 49. b.

* 49. c.

* 50. a. List three areas of bicycle friendliness that you need to improve.

* 50. b.

* 50. c.

