



Grant Program Evaluation Form

In an effort to continually assess and enhance the Go Redmond program for the benefit of Redmond employers, we appreciate you answering the following questions. This evaluation is an important part of the program and is one of the conditions agreed to in the Go Redmond grant Memorandum of Understanding with the City of Redmond.

COMPANY INFORMATION:

1. Company Name _____

2. Street Address _____

City Redmond State WA Zip 98052

3. Contact Person _____

Phone Number _____ Fax: _____ Email _____

4. What is the primary business or activity at this site? _____

5. How many employees are currently at your worksite? _____

PROGRAM INFORMATION:

6. Program Title _____

7. Has the description of the program contained in your Go Redmond application changed?

☐ No

☐ Yes. Please provide a revised program description (attach additional sheets, if necessary)

8. What are the start and end dates of your program?

Start _____ End _____

9. Was this program offered to all employees at this worksite?

☐ Yes. Total number _____

☐ No. Please describe how eligibility for the program was identified.

10. How did you inform employees of the new program? (check all that apply)

☐ Sent out e-mail announcements

☐ Distributed promotional flyers

☐ Held a transportation fair or event

☐ Included program description as part of company's commute trip reduction info brochure

☐ Word of mouth

☐ Other- please specify: _____

11. In your Go Redmond application, you identified factors you planned to use to assess the success of the program. Please identify the specific factor(s) you used (check all that apply) and note the result(s).

Evaluation Factor	Result
<input type="checkbox"/> # of people participating in program	_____
<input type="checkbox"/> # of commute trips reduced	_____
<input type="checkbox"/> # carpools formed	_____
<input type="checkbox"/> # vanpools formed	_____
<input type="checkbox"/> # new bicyclists	_____
<input type="checkbox"/> # new walkers	_____
<input type="checkbox"/> # new teleworkers	_____
<input type="checkbox"/> cost-effectiveness (please specify)	_____
<input type="checkbox"/> participant satisfaction (please specify)	_____
<input type="checkbox"/> other (please specify)	_____

12. In your Go Redmond application, you identified a budget for this program, as well as a request for Go Redmond funding. Please confirm the following information:

Proposed program budget \$ _____

Amount spent to date on program \$ _____

Amount funded or reimbursed by Go Redmond to date \$ _____

Extension requested ☐ YES ☐ NO

13. How did Go Redmond affect your decision to try a new commute trip reduction program?
(Please check one regarding the role of Go Redmond in your decision.)

- ☐ Would have implemented the program anyway
- ☐ Was a small factor in deciding to implement the program
- ☐ Was a large factor in deciding to implement the program
- ☐ Would not have implemented the program without R-TRIP funding or assistance

14. Do you plan to continue this program once Go Redmond funding ends?

- ☐ Yes
- ☐ Yes, if additional funds made available
- ☐ No. If no, please describe below
- ☐ Don't know. Please describe factors that will help make this decision.

15. Do you plan to apply to Go Redmond for funding or assistance for another commute trip reduction program?

- ☐ Yes. If yes, please briefly describe the program you are considering.
- ☐ No. If no, please describe why
- ☐ Don't know

16. Is there anything else you'd like to report about your program? _____

GO REDMOND INFORMATION:

To assist us in evaluating Go Redmond overall, including the incentives we offer directly to employees we would appreciate it if you could answer the following questions about the program.

1. How easy did you find the application process?

- ☐ Very Easy
- ☐ Somewhat Easy
- ☐ Somewhat Difficult
- ☐ Very Difficult

Is there something you would like to recommend that could improve this process?

2. Please rate the following elements of the Go Redmond program (1 being poor and 5 being excellent)

	Go Redmond Program Element	Poor — Fair — Excellent					
a.	Personalized outreach and assistance in developing Go Redmond program ideas and filling out the Go Redmond application	1	2	3	4	5	NA
b.	Small Business Assistance	1	2	3	4	5	NA
c.	New Vanpooler Incentive (\$50 per month for six months for employees)	1	2	3	4	5	NA
d.	\$50 Go Redmond incentive (\$50 reward after 50 alternative commutes logged on GOrtrip.com)	1	2	3	4	5	NA
e.	Free one-month transit pass for new transit riders.	1	2	3	4	5	NA
f.	Parking Administration	1	2	3	4	5	NA
g.	Materials explaining program and resources	1	2	3	4	5	NA
h.	Transportation Events	1	2	3	4	5	NA
i.	Commute Services Representative – Free personalized transportation assistance	1	2	3	4	5	NA

3. Are there any programs or services that you would like to see offered through the Go Redmond program that are not currently available? (Please specify)
