



National Institutes of Health

Transhare Program Application Commuting Cost Declaration

Employee Transportation Office | Bldg 31, Room 1A11 | 301-496-5050 | nihparkingoffice@ors.od.nih.gov

Application Status* Enroll Change in Benefits Annual Re-Certification Terminate

Name Last, First, Middle Initial

NIH ID

Home Address

Apt. No.

City

State

Zip

Calculation: It is required that NIH Transhare Program participants calculate their monthly transit commuting costs to the nearest dollar. This worksheet must be completed and submitted in order to receive benefits. Note: Parking fees cannot be calculated into your commuting costs. If you are a person with a disability, a senior citizen, or receiving reduced transit rates, you must use the reduced rate. If your schedule of hours in the office changes, or you go on extended leave, contact the NIH Transhare Program office.

Document Monthly or Daily Costs If you have a monthly expense enter it below and proceed to page 2, otherwise go to Daily Expense section.

Enter your type of monthly pass and amount – OR – Calculate your one way trip. Is your return trip the same? Is your commute route the same every day?

Supply mode of transportation, specific route, and costs below as well as any variations: Metro Bus, RideOn, MetroRail, MARC, VRE, Vanpool, etc.

DAILY EXPENSE TYPE

Trip Route	Local Bus #, Metro Rail Stop, etc	From Location – To Location	Total Trip Cost
EXAMPLE: To Work	Bus 991	Shady Grove to Medical Center	= \$ <u>5.40</u>
EXAMPLE: From Work	Bus 990	Medical Center to Shady Grove	= \$ <u>5.40</u>
To Work			= \$ <u> . </u>
Other			= \$ <u> . </u>
From Work			= \$ <u> . </u>
Other			= \$ <u> . </u>
Total Daily Cost			= \$ <u> . </u>

Specify any other details:

Total Monthly Declared Expense Multiply total daily costs by travel days up to 20 days, not including Home Telework or AWS days.

Total Daily Cost \$. X Travel Days = Total Monthly Expenses \$.

OR **MONTHLY EXPENSE TYPE** Vanpool Communter Direct Other _____ Total Cost \$.



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Privacy Act Statement:

AUTHORITY: 5 USC § 301 Departmental Regulations; 5 USC § 7905, Programs to Encourage Commuting by Means other than Single Occupancy Motor Vehicles; E.O. 12191, Federal Facility Ride Sharing Program; E.O. 13150, Federal Workplace Transportation.

PRINCIPAL PURPOSE(S): To manage the NIH Transhare program including, but not limited to, evaluation and distribution of benefits to participants, to track allocated funds in support of the program and prevent misuse of those funds.

ROUTINE USE(S): Internal Division pursuant to principal purposes. Additionally as requested by official investigations & inquiries.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in disapproval of the NIH Transhare Program application. An applicant's NIH ID number and home address is used to retrieve and verify personal information.

Statement & Certification:

My signature certifies that I am a National Institutes of Health (NIH) employee, fellow, summer student, or volunteer; I will be using the Transhare subsidy for my daily commute to and/or from work; I will not transfer the subsidy to anyone else; I understand that I must surrender all NIH parking permits, and/or all off-campus parking access and /or permits to participate in the NIH Transhare Program; I am not currently a member of the NIH Bicycle Subsidy Program. I understand that I cannot be a participant in the Transhare Program and have on or off-campus parking permits; I understand that I cannot have parking privileges and/or a reserved space at on or off-campus facilities (i.e., all parking permits and privileges MUST be surrendered in order to participate in the NIH Transhare Program); and to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. A false, fictitious, or fraudulent certification will render me subject to criminal prosecution under U.S. Code, Title 18, Section 1001, include a fine and imprisonment for up to five (5) years; a civil penalty, action for providing for administrative recoveries of up to \$5,000 per violation; and/or agency disciplinary actions up to and including dismissal, as well as repayment of Transhare funds to the agency and/or suspension of up to six months from both the NIH Transhare and Parking Programs at the NIH and/or revocation from the NIH Transhare program. I agree to notify the NIH Employee Transportation Service Office if there are changes in my commuter benefits by completing this application and checking the "Change in Benefits" box. As an NIH Transhare Program participant, I will be sent a courtesy reminder email to remind me during my renewal month of the requirement to annual recertify commuter subsidy benefits. Failure to adhere to these regulations and those in NIH Policy Manual Chapter 1470 will result in the suspension or revocation of the NIH Transhare Benefits.

Employee Signature

Date mm/dd/yy

NIH ID

NIH IC

I need a SMARTTRIP Card

I own a SMARTTRIP Card - Number Last 20 Digits -

For Transportation Office Staff Use Only:

\$ - - - - . - - - -

Approved Benefit Amount

Date mm/dd/yy

Notations

SMARTTRIP Number Last 20 Digits -