

FFAS-13 (02-11-03)	U.S. DEPARTMENT OF AGRICULTURE Foreign Agricultural Services	1. Agency	2. Pay Period
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METROPOLITAN TRANSIT PROMOTION PROGRAM APPLICATION *(See Reverse for Privacy Act)*

The Metropolitan Transit Promotion Program is open to all FAS employees located in the Washington Metropolitan Area. If at any time during your participation in the program, you no longer meet eligibility requirements, you must notify FAS Metrochek Coordinator. If your mode of transportation changes, you must complete another application and submit it to FAS Metrochek Coordinator. The maximum Metrochek benefit per eligible employee will be \$100.00 per month or the amount that is equal to the actual cost, if less, in the National Capital Region.

PART A - EMPLOYEE INFORMATION

3. Name and Home Address of Employee		4. Social Security Number	5. Badge No.
		6. Room Number	7. Mail Stop
8. Program Area/Division/Office	9. Grade	10. Telephone Number (Area Code)	11. Fax Number (Area Code)

PART B - GENERAL INFORMATION

12. Are you named on a worksite parking permit with USDA or any other Federal agency. <i>(Please Check)</i>		Yes <input type="checkbox"/> 1/	No <input type="checkbox"/>	
13. How do you commute to work? <i>(Check all that apply)</i>		14. Please indicate below how many trips taken per average week.		
		MORNING	EVENING	
		Carpool		
		Vanpool <u>2/</u> - Please provide name of Vanpool Company <u>y</u>		
		Commuter Bus <u>2/</u>		
		Commuter Train <u>2/</u>		
		Metrorail		
Metrobus				
Other <u>y</u>				
15. What is your current Total Monthly Fare Cost <i>(Do not include parking fees in calculating fare).</i>		16. What is your Monthly Parking Cost?		
\$		\$		
17. Name and Location of Parking Facility		18. Which Commuter Station do you depart from?		

PART C - BENEFITS REQUESTED

19. Metrochek <i>(Per month)</i>	20. Tax Free Transit Benefit <i>(Per Pay Period)</i> <u>3/</u>	21. Tax Free Parking Benefit <i>(Per Pay Period)</i> <u>3/</u>
\$	\$	\$

PART D - EMPLOYEE CERTIFICATION

I hereby certify that I am employed by The Department of Agriculture, Foreign Agricultural Service and am not named on a worksite carpool parking permit with USDA or any other federal agency. I will use this benefit for my regular daily commute to and/or from work, and will not transfer it to anyone else. In addition, I certify that the monthly transit benefit I am receiving does not exceed my average monthly commuting cost (based on a 20 day month commute). This certification concerns a matter within the jurisdiction of an agency of the United States and making false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, civil penalty action providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.

22. Employee Signature _____ Date _____	PLEASE RETURN YOUR APPLICATION TO: Gloria Abbott FAS Metrochek Coordinator Room 6083-S
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PART E - AGENCY USE ONLY

23. Signature of Approving Official _____	Date _____
24. Type of Action <i>(See reverse)</i>	25. Application Status
<input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <i>(See reverse)</i>

1/ If you are named on a worksite carpool parking permit with USDA or any other federal agency you cannot participate in this program.

2/ This commuting method must be a member of the WMATA.

3/ Tax free transit and parking benefits must be converted from per month to per pay period basis by multiplying the monthly amount by 12 and then dividing that amount by 26. For example, the computation for an employee eligible for \$40.00 per month tax free transit benefit would be: (\$40.00 X 12 = \$480.00 - 26 = \$18.46). \$18.46 is the amount for block 20. A similar computation is done in block 21 to convert the parking benefit from a per month to per pay period basis.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

26. Reason for Stop or Change

27. Reason for Disapproval

NOTE: *This information is solicited under authority of Public Law 103-172 and 105-178. Furnishing the information on this form is voluntary, but failure to do so, may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool participant or a holder of any other form of worksite carpool parking permit with USDA or any other Federal agency.*