

**U.S. Department of Commerce
Transit Benefits Incentive for Bicyclists**

Section 1. Purpose

This document states the guidelines and procedures for the U.S. Department of Commerce (DOC) Bicycle Benefit Program.

Section 2. Background

In 1993, Congress enacted the Federal Employees Clean Air Act, Pub. L. No. 103-172, 107 Stat. 1995 (Dec 2, 1993), codified as 5 U.S.C. § 7905, which authorizes each Agency head to establish a program to encourage employees to use means other than single occupancy motor vehicles to commute to and from work. On January 1, 2009, the qualified bicycle commuting reimbursement was added to the list of qualified transportation fringe benefits covered in section 132 (f) of the Internal Revenue Service Code.

Section 3. Definitions

1. **Daily commute to and/or from work.** The daily bicycle trip to and from the participant's residence and place of employment.
2. **Substantial Portion of Travel.** Using a non-motorized bicycle for a portion of travel (50 percent or greater) when commuting to and from work during each month.
3. **Non-motorized bicycle.** A bicycle is a human-powered vehicle designed to transport by the act of pedaling.
4. **False Claim.** Knowingly presenting or knowingly causing to be presented to the Federal Government an untrue statement to obtain payment or funds from the Federal Government.
5. **Qualified participant.** A Federal employee and students providing services under United States Code, Title 5, Government Organization and Employees (5 U.S.C. § 2105). It does not include contractor personnel.
6. **Commuting Cost.** Bike, accessories, maintenance, parts, rental storage/parking and repairs
7. **Valid Participant** A qualified participant that has initiated and completed a request for a Bicycle Commuter Incentive prior to occurring any cost/charges under the Bicycle Incentive.

Section 4. Policy

1. A qualified participant who receive the bicycle benefit may not also collect any other DOC commuter benefits, e.g., mass transit, vanpool, and parking.
2. A qualified participate must complete the Request for Bicycle Commuter Incentive (attachment A) form to become a valid participant and to receive reimbursement upon proof of receipts. Reimbursements cannot be made to the commuter for costs incurred prior to enrollment. Forms must be completed and sent to the Transit Benefit coordinator before any claims can be honored.
3. DOC will reimburse participants who regularly using a non-motorized bicycle for a substantial (50 percent or greater) portion of travel between their residence and the worksite, up to \$20 per month, not to exceed \$240 per calendar year commuting. Bicycle commuting costs under this program may include the purchase of a bicycle, lock, parking/storage, parts, rentals, repairs, and general maintenance.
4. Each Operating Unit or office will determine the schedule for cash reimbursement.
5. Participants may claim reimbursement for an item that costs more than \$20 only in the calendar year of the purchase. Participants must follow the procedures for submitting claims for reimbursement as directed by their respective Operating Unit or office.
6. Participants are required to maintain receipts for items which reimbursement is sought under the bicycle benefit program.
7. All bicycle benefit participants must adhere to the policy and rules of the building and/or garage for safeguarding a bicycle on DOC owned or leased property.
8. Participants may have their bicycle benefit canceled if found to have abused or misused the benefits. In addition, violations of this policy may be grounds for disciplinary action.

Section 5. Roles and Responsibilities

Departmental Transit Program Coordinators

- I. Provide policy advice to Operating Unit and Office Transit Program Coordinators
 - Administer the Bicycle Benefit Program for the Office of the Secretary
 - Establish and monitor internal controls for managing the payment of benefits
 - Ensure supervisors and/or appropriate persons approve the SF 1164

Operating Unit and Office Transit Program Coordinators

- Administer the Bicycle Benefit Program for their respective organization
- Establish and monitor internal controls for managing the payment of the benefit
- Ensure a supervisor and/or appropriate persons approve requests for reimbursement

Participants

- Understand the scope and limitations of the Bicycle Benefit Program
- Prepare and submit requests for reimbursement to their respective Transit Benefit

- Coordinator using form provided at Attachment B.
- Ensure their claim reimbursements are accurate and do not receive any other Federal employee transit or parking benefit during the month the bicycle benefit is claimed.

Section 6. Frequently Asked Questions

Question	Answer
What is the bicycle benefit?	<i>An employer-provided reimbursement intended to defray some of the costs a bicycle commuter may incur.</i>
Who is eligible?	<i>DOC government employees and students/interns who regularly use non-motorized bicycle for a substantial (50 percent or greater) portion of travel between the participant's residence and the worksite <u>AND</u> do not receive any other Federal employee transportation benefit such as transit and/or parking. Contractor personnel are not eligible to receive benefits.</i>
Do participants have to commute via bicycle every day to qualify for the benefit?	<i>No. Participants must use a non-motorized bicycle for a substantial (50 percent or greater) portion of travel when commuting to and from work each month.</i>
Is the bicycle benefit taxable?	<i>No.</i>
What is the maximum reimbursement amount?	<i>A participant may receive \$240 per calendar year.</i>
What costs are covered?	<i>Bicycle, accessories, maintenance, parts, rental storage/parking, and repairs.</i>
Can a participant who uses mass transit and rides a bike receive both benefits?	<i>No. An employee cannot receive both the transit benefit and bicycle benefit in the same month.</i>
An individual purchases a bike in December and wants to be reimbursed but has not completed the request Bicycle Commuter Incentive Valid participant. Can they claim a refund?	<i>No. A qualified participant must complete the request for Bicycle Commuter Incentive Form to indicate appropriate months he/she will be participating, and receipts should be with-in the calendar year of participation per form signed.</i>

**U.S. Department of Commerce
Request for Bicycle Commuter Incentive
Yearly Recertification**

Employee Name: _____

Organization: _____

Phone Number: _____

Email Address: _____

I. I certify that I will ride my bike to and from work for a minimum of 50% of my commute during the following months in calendar year 20__:

Check appropriate months

____ January	____ February	____ March	____ April
____ May	____ June	____ July	____ August
____ September	____ October	____ November	____ December

II. Certifications and Informed Consent Waiver (You must initial all statements)

____ I certify that I am employed by the U.S. Department of Commerce.

____ I certify that I am not a recipient of the federally subsidized transit benefit or workplace parking from the U.S. Department of the Commerce or any other federal agency.

____ I understand it is a violation of law to provide false or fraudulent information to the federal government to obtain the bicycle benefit.

____ I wish to participate in the Department of Commerce Bicycle Subsidy Program. I agree to abide by the Department's rules and regulations and understand that violation of the rules will result in withdrawal of the tax-free subsidy available to me.

____ I realize that there are inherent dangers whenever one engages in physical activity. I therefore accept all responsibility and assume the risk of injury or damage to my person that may arise, whether directly or indirectly, as a result of bicycle riding.

____ I hereby release and hold harmless from any liability whatsoever the Department of Commerce, as well as its supervisors and representatives.

III. Signatures

Participant

Date

Participant's Supervisor

Date

Transit Benefit Coordinator

Date

**U.S. Department of Commerce
Bicycle Commuter Request for Reimbursement**

Employee Name: _____

Organization: _____

Phone Number: _____

Email Address: _____

- I. I certify that I rode my bike to and from work for a minimum of 50% of my commute during the following months in calendar year 20__:

Check appropriate months

____ January	____ February	____ March	____ April
____ May	____ June	____ July	____ August
____ September	____ October	____ November	____ December

- II. Expense Incurred.

____ January	____ February	____ March	____ April
____ May	____ June	____ July	____ August
____ September	____ October	____ November	____ December

- III. Attach receipts and SF-1164 Claim for reimbursement for Expenditures on official Business

Participant

Date

Participant's Supervisor

Date