

**U.S. Department of Commerce
Transit Benefits 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

The Federal Employees Clean Air Act, enacted in 1993 and codified at 5 U.S.C. § 7905, 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. 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 (26 U.S.C. § 132) in 2009.

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 human-powered vehicle that is operated 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. **Participant.** A Federal employee, including a NOAA Corps Officer, and a student appointed and providing services under 5 U.S.C. § 2105. It does not include contractor personnel.
6. **Commuting Cost.** Bicycle, accessories, maintenance, parts, rental storage/parking and repairs.

Section 4. Policy

1. DOC will reimburse participants who regularly using a non-motorized bicycle for a substantial portion of travel between their residence and the worksite, up to \$20 per month, not to exceed \$240 per calendar year, toward bicycle commuting expenses. Bicycle commuting costs under this program may include the purchase of a bicycle, lock, parking/storage, parts, rentals, repairs, and general maintenance.
2. Each Operating Unit or office will determine the schedule for cash reimbursement.
3. 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.
4. Participants are required to maintain receipts for items for which reimbursement is sought under the bicycle benefit program.
5. All participants must adhere to the policy and rules of the building and/or garage for safeguarding a bicycle on DOC owned or leased property.
6. Participants may not combine the bicycle benefit with other DOC commuter benefits, e.g. mass transit, vanpool, or parking in the same month.
7. 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

Participants

- Understand the scope and limitations of the Bicycle Benefit Program.
- Prepare and submit requests for reimbursement (per the form at Attachment A) to their respective [Transit Benefit Coordinator, along with a SF-1164 Claim for Reimbursement for Expenditures on Official Business](#) and receipts.
- Ensure their claim reimbursements are accurate and that they do not receive any other Federal employee transit or parking benefit during the month the bicycle benefit is claimed.

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.

Departmental Transit Program Coordinators

- 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.

Section 6. Frequently Asked Questions

Question	Answer
What is the bicycle benefit?	<i>An employer-provided reimbursement intended for the purpose of defraying some of the costs a bicycle commuter may incur.</i>
Who is eligible?	<i>Federal employees, NOAA Corps Officers, and students appointed and providing services under 5 U.S.C. § 2105. Contractor personnel are not eligible to receive benefits.</i>
Do participants have to commute via bicycle every day in order 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 \$20 per month, not to exceed \$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 combine the bicycle benefit with other DOC commuter benefits, e.g. mass transit, vanpool, or parking in the same month.</i>
A participant bought a bicycle helmet for \$50 this month. Will he/she only receive a \$20 reimbursement for the helmet?	<i>No. A qualified bicycle reimbursement may be claimed over more than one month, not to exceed 12 months within the calendar year of the purchase.</i>
A participant enrolled in the program in December and bought a bicycle that month for \$1,000. Can the participant claim \$240?	<i>No. For that calendar year the employee may only receive \$20.</i>

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

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__:

s

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. Supporting Documentation

Attach [SF-1164, Claim for Reimbursement for Expenditures on Official Business](#) and receipts.

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

IV. Signatures

Participant

Date

Participant's Supervisor

Date

Transit Benefit Coordinator

Date

Purpose: This form is used to collect data from DOC employees applying for bicycle benefits under the Bicycle Benefit Program.

Authorities: the Federal Employees Clean Air Incentives Act (section 2(a) of Public Law 103-172 (codified at 5 U.S.C. § 7905)), and Executive Order 13150.

Uses: The information is used to facilitate timely processing of your request, determine your eligibility, and prevent misuse of the funds involved. It also is used to ensure that you are not listed as a holder of a worksite parking permit with, and do not receive transit benefits from, DOC or any other Federal agency. The information may be disclosed: to appropriate Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions; to the Office of Personnel Management or the Government Accountability Office for evaluation of the program; to a Member of Congress or staff in response to a request for assistance by the employee of record; to another Federal agency or to a court under judicial proceedings, and to an expert, consultant, or contractor of DOC when needed to further the implementation and operation of this program.

Disclosure of information: Furnishing the information on this form is voluntary. Without this information, however, your request for Bicycle Benefits cannot be approved.