

Green Bike Project 2.0 Employer Application



I. Organization Information

Company/Organization Name:	Worksite Address: City, State, ZIP:
Workplace Phone Number: ()	Total number of employees at your workplace:

II. Support Information

<p>Please provide the name, title/position, and contact information for the person at your organization who will help assist Green Bike participants.</p> <p>Name:</p> <p>Title/Position:</p> <p>Phone:</p> <p>Email:</p>	<p>Is your organization able to release those employees participating in the Green Bike Project for lunchtime or weekend classes?</p>
<p>Describe what facilities at your workplace are available for Green Bike participants (e.g. changing rooms, bike parking):</p>	

