

ANNUAL EMPLOYER TDM REPORT

June 2009



Boca Raton's Transportation Demand Management (TDM) program requires employers to implement programs that encourage alternatives to drive-alone and peak period commuting to their worksite. Reducing commute trips helps improve air quality, reduce traffic congestion, and decrease the use of petroleum fuels.

Employers may be required to participate in the City's program to comply with Section 23-243 through 23-250 of the City Code of Ordinances or conditions placed on their Development Order. Employers affected by the TDM program must submit an Annual Employer TDM Report form each year. Please complete the following report as carefully and completely as you can. In addition, a TDM plan/narrative is required as an attachment to this application. The plan/narrative should outline the elements included in the previous year's program as well as outline the elements, strategies, and incentives of this year's program. Annual TDM Reports are to be submitted to the City of Boca Raton Transportation Management Initiative (TMI) no later than January 15th.

If you have any questions on how to complete this form, please contact the City's Transportation Management Initiative (TMI) Administrator at 561-416-3375. If, after filing the application, your organization determines that you want to modify the TDM plan, contact the City's TMI Administrator to amend your program.

Date Submitted (Mo/Yr): _____

1. Property Control Number (PCN): _____

2. Development Approval # (IDA#, SPA#, CA#) _____

WORKSITE DESCRIPTION

3. Worksite/Company Name _____

4. Worksite/Company Physical Address _____

5. Over the last year have there been any structural or infrastructure changes to the worksite? Yes No

If yes, please describe: _____

6. What is the total square feet of the worksite? _____

7. What is the primary business at this worksite?

- | | | |
|---|---|---|
| <input type="checkbox"/> Finance, insurance, real estate | <input type="checkbox"/> Retail/trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Professional/office services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Info services, software, technical | <input type="checkbox"/> Health care | <input type="checkbox"/> Government |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Public utilities | <input type="checkbox"/> Education |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Military | <input type="checkbox"/> Other _____ |

8. Are you a government or non-profit organization? Yes No

EMPLOYEE TRANSPORTATION COORDINATOR (ETC) INFORMATION

The City of Boca Raton requires your organization to appoint an Employee Transportation Coordinator (ETC) for the worksite. The responsibilities of the ETC are to oversee the TDM program developed for the worksite including program development, distribution of information to commuters, and implementation of TDM program. The ETC also serves as the main contact for the City of Boca Raton TMI and other regional transportation agencies.

9. ETC Name _____

10. ETC Title _____

Property Name: _____ PCN #: _____

11. Organization _____ 12. Mailing Address (if different than above) _____

13. ETC Phone Number _____ 14. ETC Fax Number _____ 15. ETC Email Address _____

16. Where is the ETC's name and contact information displayed at the worksite? _____

17. Over the last year, has the ETC participated in any transportation training sessions or workshops? Yes No

If yes, please describe: _____

EMPLOYEE INFORMATION

18. How many total employees are located at the worksite? _____

19. Do employees have multiple shifts? Yes No

a. If yes, please describe: _____

20. Is your worksites TDM program offered to all employees? Yes No

WORKSITE CHARACTERISTICS

21. Are any of the following facilities located on site or within 3 blocks of the worksite and accessible to employees?

	No	Onsite	Within 3 Blocks	How Many
a. Transit Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Palm Tran Bus Stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Tri-Rail Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Shuttle (property or City operated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Shuttle (Tri-Rail provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Carpool/Vanpool loading/unloading Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Bike Lane or Shared Use Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Long Term Bicycle Parking (locker, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Short Term Bicycle Parking (rack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Shower & Locker Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Sidewalk or Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Restaurants/Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n. Child Care Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o. Bank/ATM Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

22. If you have long-term bicycle parking, is it administered: Internally by SFCS

23. Does your worksite provide vehicles for any of the following purposes for use by your employees:

- a. Guaranteed/Emergency Ride Home Yes No
- b. Vanpooling Yes No
- c. Work-related business trips Yes No
- d. Non-Work related errands/trips Yes No

Property Name: _____ PCN #: _____

24. Are the following services available at your worksite?
- a. Bicycles Yes No
 - b. Internal ridematching services Yes No
 - c. Car-sharing programs Yes No
(provided by an outside vendor)

PARKING INFORMATION AND PARKING MANAGEMENT

25. Has your worksite received a reduction in the code required number of parking spaces? Yes No
- a. If yes, how much of a reduction did you receive? _____
26. Does your worksite have a shared parking agreement with another site? Yes No
27. Does your worksite currently charge for parking? Yes No
- a. If yes, on average how much do employees pay for parking space? _____
- b. If yes, does your company provide a discount for HOV (High Occupancy Vehicle: Carpool or Vanpool) users?
 Yes, How much: _____
 No

28. How many total parking spaces does this worksite have that are controlled by the employer?
29. How many of the total parking spaces identified above are reserved (non-code required)?
30. How many handicapped parking spaces are provided?
31. How many additional spaces are available within 3 blocks of the worksite which employees can use?
32. How many HOV (High Occupancy Vehicle: Carpool or Vanpool) parking spaces are provided?

On-Site	Off-Site
#	#
#	#
#	#
██████████	#
#	#

33. Is the administration of your HOV parking spaces handled: Internally by SFCS
If you handle the HOV parking internally, please include a brief description in your TDM narrative on how your program will work.
34. Briefly explain how the HOV parking is monitored to avoid violations: _____

ALTERNATIVE WORK PROGRAMS

35. Does your company offer any of the following Compressed Work Week Schedules to employees:
- a. 3/36 Yes No
 - b. 4/40 Yes No
 - c. 9/80 Yes No
 - d. Other, please explain: _____

Property Name: _____ PCN #: _____

36. Does your company allow employees flexible arrival and departure times? Yes No
37. Does your company allow employees to telework? Yes No

SUBSIDIES, INCENTIVES, and BENEFITS

Financial Subsidies & Incentives: Identify the monthly subsidies that will be provided to alternative mode users at your worksite.

38. Does your worksite provide an annual contribution to the City of Boca Raton to operate shuttle service? Yes No
- a. If yes, how much is your annual contribution? \$ _____
39. Does your worksite provide privately operated shuttle service for employees? Yes No
40. Did/Will you offer any of the following:

	Last Year			Next Year		
	Yes	No	Average monthly subsidy/incentive provided per user	Yes	No	Average monthly subsidy/incentive provided per user
a. Palm Tran Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
b. Tri-Rail Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
c. Carpool Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
d. Vanpool Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
e. Bicycling Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
f. Walking Subsidy / Incentive						
g. Other Transportation Allowance / Stipend	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Non-Financial Incentives: Identify the incentives that will be provided to alternative mode users.

41. Which, if any, of the following regional transit discount programs has your company enrolled in?
- Tri-Rail Employer Discount Program (EDP)
 - Miami-Dade Transit Discount Program
42. What type of non-financial incentives will be offered next year to alternative mode users at the worksite? _____
- _____
- _____

Commuter Tax Benefit Program:

43. Does your company participate in the Federal Commuter Tax Benefit Program which allows your employees to pre-tax their monthly transit or vanpool costs? Yes No

PROGRAM ACTIVITIES, STRATEGIES, MARKETING, AND PROMOTION

44. On average, how many participants would you say utilized the following modes to commute to the site each month:

	#
a. Carpooled	
b. Rode Tri-Rail	
c. Rode Palm Tran	
d. Vanpooled	
e. Bicycled	
f. Walked	

45. Were/Will any of the following program activities, strategies, etc. be offered at the worksite?

	Last Year		Next Year	
	Yes	No	Yes	No
a. Install/display a transportation kiosk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide transportation literature to new hire employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Promote SFCS' ridematching program to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Promote SFCS' Emergency Ride Home program to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Promote Tri-Rail's Employer Discount Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Distribute a transportation survey to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Distribute literature or a summary on the company's TDM program to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Coordinate TDM presentations (such as lunch & learns) for commuters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Conduct transportation events/fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Invite transportation vendors to participate in events/fairs held by the company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Promote regional and national transportation promotions and/or campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Distribute electronic messages about TDM program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Publish TDM articles in newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Provide links on company website to transportation providers or develop a company specific transportation website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Provide links on company website to transportation providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Will you be including any additional activities, strategies, etc. being offered at the worksite in the attached TDM narrative?
 Yes No

TDM ACTIVITIES AND PROGRAM ELEMENTS

The TDM plan should include a reasonable and effective combination of TDM strategies identified in the City's TDM Program including but not limited to what is listed in Section 23-243 through 23-250 of the City Code of Ordinances and/or the Development Order. The TDM plan should be appropriate to the size, scale, and location of the worksite and demonstrate that reasonable and practicable actions will be taken in conjunction with and over the life of the worksite that will produce a reduction in traffic and related impacts of the worksite.

47. Attach TDM narrative/summary outlining the worksite's overall TDM plan in accordance with the City's TDM Program including but not limited to TDM strategies listed in Section 23-243 through 23-250 of the City Code of Ordinances and/or Development Order. Please include a description of the TDM activities, campaigns, promotions, subsidies, and incentives your worksite plans to conduct to support your TDM program. The narrative/summary should also include a recap of the successes and failures of last years plan.

If you anticipate any changes in the next 12 months that will affect your TDM program make sure to include this information in your narrative. This could include decrease in employees, construction, changes in shuttle service, etc.

Property Name: _____ PCN #: _____

TDM STATUS

Please complete this section if this worksite has participated in redevelopment of the existing property.

- 48. Have you submitted a traffic impact study of the proposed development that shall be in conformance with Sections 23-86, 23-187, 23-188, 23-190, 23-191, and 23-192, Code of Ordinances, and the guidelines for access/impacts reports adopted by the City Traffic Engineer? Yes No

- 49. Is the traffic impact study prepared, signed and sealed by a professional engineer registered in the State of Florida? Yes No

REPORT PREPARATION

Identify the individual responsible for completing the TDM Report:

_____	_____	
48. Name	49. Title	
_____	_____	
50. Organization	51. Mailing Address	
_____	_____	
52. Phone Number	53. Fax Number	54. Email Address

EMPLOYER COMMITMENT

The completion of this report requires the signature of the CEO or highest ranking official responsible for the worksite.

I understand that our worksite is required by the City of Boca Raton to submit a TDM Application & Plan and to implement the program it describes. These actions comply with the City of Boca Raton TDM program including Section 23-243 through 23-250 of the City Code of Ordinances and/or the Development Order. I am aware that the goal of this program is to reduce our Peak Period Vehicle Trip (PPVTR) and Vehicle Employee Ration (VER) to this property.

I have reviewed the referenced document and believe the TDM Plan is appropriate to the size, scale, and location of the property and demonstrates that reasonable and practical actions will be taken in conjunction with and over the life of the property that will produce a reduction in traffic and related impacts of the property.

I commit to the implementation of all the elements listed and submitted for your approval. I will ensure that the City of Boca Raton is notified if information in the document changes. I understand a TDM Annual Report is to be submitted no later than January 15th.

_____	_____	
55. Name	56. Title	
_____	_____	
57. Company/Organization	58. Mailing Address	
_____	_____	
59. Phone Number	60. Fax Number	61. Email Address

Signature _____
Date