

ANNUAL PROPERTY OWNER TDM REPORT

June 2009



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

Properties 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. Property owners affected by the TDM program must submit an Annual Property Owner TDM Report form for each affected property. Please complete the following report as carefully and completely as you can. In addition, a TDM narrative/summary is required as an attachment to this application. The narrative/summary 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#) _____

PROPERTY DESCRIPTION

3. Property/Project Name _____

4. Property/Project Physical Address _____

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

If yes, please describe: _____

6. What is the total square feet of the property/project? _____

Note: If this property is a mixed-use development containing a residential component which you are responsible for, an Annual Residential TDM Report must also be submitted.

TRANSPORTATION COORDINATOR (TC) INFORMATION

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

7. TC Name _____

8. TC Title _____

9. Company/Organization _____

10. Mailing Address (if different than above) _____

11. TC Phone Number _____

12. TC Fax Number _____

13. TC Email Address _____

14. Is the TC identified above an employee of the: Developer/Owner Property Management Company

Property Name: _____ PCN #: _____

15. Where is the TC's name and contact information displayed at the property? _____

16. Over the last year, has the TC participated in any transportation training sessions and/or workshops? Yes No

a. If yes, please list: _____

TENANT INFORMATION

17. How many tenants are located within the property? _____ (please attach a list of the names of the tenants)

18. How many total employees are located within the property? _____

19. Do the tenants have multiple shifts? Yes No

If yes, please describe: _____

20. What are the primary businesses at this property?

- Finance, insurance, real estate
- Professional/office services
- Info services, software, technical
- Entertainment
- Restaurant
- Retail/trade
- Manufacturing
- Health care
- Public utilities
- Military
- Construction
- Transportation
- Government
- Education
- Other _____

21. Does your tenant lease(s) include a verbiage requiring the individual tenants to actively participate and promote your properties TDM program? Yes No

PROPERTY CHARACTERISTICS

22. Are any of the following facilities located on site or within 3 blocks of the property and accessible to tenants?

	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 (lockers, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Short Term Bicycle Parking (racks)	<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 Pathways	<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"/>	

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

24. Does your property provide vehicles for any of the following purposes for use by your tenants:

- a. Guaranteed/Emergency Ride Home Yes No
- b. Vanpooling Yes No

Property Name: _____ PCN #: _____

- c. Work-related business trips Yes No
- d. Non-Work related errands/trips Yes No

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

PARKING INFORMATION AND PARKING MANAGEMENT

26. Has your property received a reduction in the code required number of parking spaces? Yes No
- a. If yes, how much of a reduction did you receive? _____

27. Does your property have a shared parking agreement with another site? Yes No

28. Does your property currently charge for parking (outside lease agreement)? Yes No

- a. If yes, on average how much do tenants pay for parking space? _____
- b. If yes, do you provide a discount for HOV (High Occupancy Vehicle: Carpool or Vanpool) users?
 Yes, How much: _____
 No

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

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

35. 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.

36. Briefly explain how the HOV parking is monitored to avoid violations: _____

ALTERNATIVE WORK PROGRAMS

37. Do your tenants offer any of the following Compressed Work Week Schedules:
 a. 3/36 Yes No
 b. 4/40 Yes No
 c. 9/80 Yes No
 d. Other, please explain: _____
38. Do your tenants allow their employees flexible arrival and departure times? Yes No
39. Do your tenants allow employees to telework? Yes No

SUBSIDIES AND INCENTIVES

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

40. Does your property 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? \$ _____
41. Does your property provide privately operated shuttle service for tenants? Yes No
42. 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.

43. What type of non-financial incentives will be offered next year to alternative mode users at the property? _____

Commuter Tax Benefit Program:

44. Do any of your tenants participate in the Federal Commuter Tax Benefit program which allows their employees to pre-tax their monthly transit or vanpool costs? Yes No

PROGRAM ACTIVITIES, STRATEGIES, MARKETING, AND PROMOTION

45. On average, how many participants would you estimate 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	

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

	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 tenants as they move into the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Promote SFCS' ridematching program to tenants/employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Promote SFCS' Emergency Ride Home program to tenants/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 tenants/employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Distribute literature or a summary on the property's TDM program to tenants/employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Coordinate TDM presentations to tenant representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Coordinate TDM presentations (such as lunch & learns) for commuters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Conduct transportation events/fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Invite transportation vendors to participate in events/fairs held by the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Promote regional and national transportation promotions and/or campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Distribute electronic messages about TDM program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Publish TDM articles in newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Provide links on property website to transportation providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Will you be including any additional activities, strategies, etc. being offered at the property 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 property and demonstrate that reasonable and practicable 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.

48. Attach TDM narrative/summary outlining the property'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 the Development Order. Please include a description of the TDM activities, campaigns, promotions, subsidies, and incentives your property 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.

Property Name: _____ PCN #: _____

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 tenants, construction, changes in shuttle service, sale of property, etc.

TDM STATUS

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

49. 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

50. 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:

51. Name 52. Title

53. Organization 54. Mailing Address

55. Phone Number 56. Fax Number 57. Email Address

PROPERTY COMMITMENT

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

I understand that our property 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.

58. Name 59. Title

60. Company/Organization 61. Mailing Address

62. Phone Number 63. Fax Number 64. Email Address

Signature Date