

ANNUAL RESIDENTIAL TDM REPORT

June 2009



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

Residential developments 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 Residential 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#) _____

DEVELOPMENT DESCRIPTION

3. Residential Development Name _____

4. Residential Development 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 development(s)? _____

7. Total number of units: _____

8. Is this residential part of a mixed-use development? Yes No

a. If yes, does your organization oversee or serve as the Property Manager for the non-residential development?

Yes No

If yes, you must also complete and submit an Annual Property Owner Report.

b. If yes, what are the commercial/retail businesses at the property:

Finance, insurance, real estate

Retail/trade

Construction

Professional/office services

Manufacturing

Transportation

Info services, software, technical

Health care

Government

Entertainment

Public utilities

Education

Restaurant

Military

Other _____

TRANSPORTATION COORDINATOR (TC) INFORMATION

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

Property Name: _____ PCN #: _____

9. TC Name _____

10. TC Title _____

11. Company _____

12. Mailing Address (if different than above) _____

13. TC Phone Number _____

14. TC Fax Number _____

15. TC Email Address _____

16. Where will the TC's name and contact information be displayed at the development for residents and employees to view?

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

If yes, please describe: _____

RESIDENTIAL EMPLOYEE INFORMATION

18. How many total individuals are employed at/by the development (including daily contract services such as valet, housekeeping, ground maintenance)? _____

19. Do your employees have multiple shifts? Yes No

If yes, please describe: _____

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

DEVELOPMENT CHARACTERISTICS

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

	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 (company 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 (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 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. Fitness Center/Gym	<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

PARKING INFORMATION AND PARKING MANAGEMENT

23. Has your development received a reduction in the code required number of parking spaces? Yes No

a. If yes, how much of a reduction did you received? _____

24. Does your development have a shared parking agreement with another site? Yes No

25. How many total parking spaces does this development have for residential use?

26. If the residential parking spaces are leased from another organization, how much does your organization pay per month per parking space?

27. How many parking spaces are provided per unit?

28. How many handicapped parking spaces are provided?

On-Site	Off-Site
#	#
\$	\$
#	#
#	#

29. Do your residents pay (outside of their lease/purchase agreement) for parking? Yes No

a. If yes, on average how much do resident’s pay per month? _____

b. Will any of the proceeds from your parking charges go to your TDM program? Yes No

30. Does your development offer valet parking for residents? Yes No

31. Are parking spaces other than those provided by the developer (such as off-street parking, municipal parking lot, commercial parking garage, etc.) available within 3 blocks? Yes No

32. Are on-site parking spaces available for the residential development employees? Yes No

a. Briefly describe the parking arrangements for employees:

SUBSIDIES AND INCENTIVES

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

33. Does your development 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? \$ _____

34. Do you offer any of the following to your residents:

	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	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
b. Tri-Rail Subsidy	<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	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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.

35. What type of non-financial incentives will be offered to alternative mode users at the development? _____

Employee Incentives:

36. Briefly describe any subsidies or incentives provided to employees that utilize alternative modes: _____

PROGRAM ACTIVITIES, STRATEGIES, MARKETING, AND PROMOTION

37. Were/will any of the following program activities, strategies, etc. be offered at the development?

	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 residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Promote SFCS' ridematching program to residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Promote SFCS' Emergency Ride Home program to residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Distribute a transportation survey to residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Distribute literature or a summary on the development's TDM program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Invite transportation vendors to participate in events held by the development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Promote regional and national transportation promotions and/or campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Distribute electronic messages about TDM program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Publish TDM articles in newsletters/correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Property Name: _____ PCN #: _____

38. 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 development and demonstrate that reasonable and practicable actions will be taken in conjunction with and over the life of the development that will produce a reduction in traffic and related impacts of the development.

39. Attach TDM narrative/summary outlining the development’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 company plans to conduct to support your TDM program.

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 development, etc.

TDM STATUS

Please complete the following information if this is new construction or the redevelopment of an existing development.

40. 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
41. 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 Application:

42. Name

43. Title

44. Organization

45. Mailing Address

46. Phone Number

47. Fax Number

48. Email Address

Property Name: _____ PCN #: _____

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.

47. Name

48. Title

49. Company/Organization

50. Mailing Address

51. Phone Number

52. Fax Number

53. Email Address

Signature

Date