

# EMPLOYER TDM APPLICATION

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 worksites. 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. Please complete the following application as carefully and completely as you can. In addition, a TDM narrative/plan is required as an attachment to this application. The narrative/plan should outline the elements included in the program. You may visit [www.bocatmi.com](http://www.bocatmi.com) for additional information on the City's TDM program.

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#) \_\_\_\_\_

3. Company Name \_\_\_\_\_

4. Worksite Physical Address \_\_\_\_\_

## **WORKSITE DESCRIPTION**

5. Is this worksite located within the City of Boca Raton Downtown CRA?  Yes  No

6. Is this worksite:  Existing  Redevelopment  New Development

7. Is this worksite part of a mixed-use development?  Yes  No

8. What is the total square feet of the building(s)? \_\_\_\_\_

9. What is the primary business at this worksite?

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 \_\_\_\_\_

## **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 the TDM program. The ETC also serves as the main contact for the City of Boca Raton TMI and other regional transportation agencies.

10. ETC Name \_\_\_\_\_

11. ETC Title \_\_\_\_\_

12. Company \_\_\_\_\_

13. Mailing Address (if different than above) \_\_\_\_\_

14. ETC Phone Number \_\_\_\_\_

15. ETC Fax Number \_\_\_\_\_

16. ETC Email Address \_\_\_\_\_

Company Name: \_\_\_\_\_ PCN #: \_\_\_\_\_

17. Where will the ETC's name and contact information be displayed at the worksite for employees to view?

\_\_\_\_\_

**EMPLOYEE INFORMATION**

18. How many total employees are located or will be located at the worksite? \_\_\_\_\_

19. Is or will your TDM program offered to all employees?  Yes  No

20. Do your employees have multiple shifts?  Yes  No

a. If yes, please describe: \_\_\_\_\_

**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 (Company or City Operated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Shuttle (Tri-Rail Operated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Car/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, will it be administered:  Internally  by SFCS

a. Please describe your long-term bicycle parking: \_\_\_\_\_

\_\_\_\_\_

23. Does your company 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

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)

Company Name: \_\_\_\_\_ PCN #: \_\_\_\_\_

**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 property have a shared parking agreement with another site?  Yes  No

a. If yes, provide:

Property Name: \_\_\_\_\_

Property Control Number (PCN): \_\_\_\_\_

27. Do you charge your employees for parking?  Yes  No

a. If yes, on average how much do employee's pay? \_\_\_\_\_

b. Will any of the proceeds from your parking charges go to your TDM program?  Yes  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 HOV (High Occupancy Vehicle: Carpool or Vanpool) parking spaces are provided?

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

32. How will the administration of your HOV parking spaces be handled:  Internally  by SFCS

If you will be handling the HOV parking internally, please include a brief description in your TDM narrative/summary on how your program will work.

33. Briefly explain how the HOV parking will be monitored: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

34. Are parking spaces available within 3 blocks of the worksite which employees can use?  Yes  No

**ALTERNATIVE WORK PROGRAMS**

35. Does your company 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: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ PCN #: \_\_\_\_\_

37. Does your company allow employees to telework?  Yes  No

a. If yes, is this a formal or informal teleworking program? \_\_\_\_\_

**SUBSIDIES AND INCENTIVES**

**Financial Subsidies & Incentives:**

38. Has your company provided a contribution to the City of Boca Raton to operate shuttle service?  Yes  No

a. If yes, how much was your initial contribution? \$\_\_\_\_\_

b. If your company will be providing an annual contribution, how much will it be? \$\_\_\_\_\_

39. Does your company provide privately operated shuttle service for employees?  Yes  No

40. Will you offer any of the following:

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

**Non-Financial Incentives:**

40. Has your company enrolled in any regional transit discount programs?  Yes  No

a. If yes, which programs \_\_\_\_\_

41. What type of non-financial incentives will be offered to alternative mode users in the company? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Commuter Tax Benefit Program:**

42. Does or will 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**

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

	Yes	No
a. Install a transportation kiosk If yes, how many? _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide transportation literature to new hire employees	<input type="checkbox"/>	<input type="checkbox"/>

Company Name: \_\_\_\_\_ PCN #: \_\_\_\_\_

	Yes	No
c. Promote SFCS' ridematching program to employees	<input type="checkbox"/>	<input type="checkbox"/>
d. Promote SFCS' Emergency Ride Home program to employees	<input type="checkbox"/>	<input type="checkbox"/>
e. Promote Tri-Rail's Employer Discount Program	<input type="checkbox"/>	<input type="checkbox"/>
f. Distribute a transportation survey to employees	<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"/>
h. Coordinate TDM presentations (such as lunch & learns) for commuters	<input type="checkbox"/>	<input type="checkbox"/>
i. Conduct transportation events/fairs	<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"/>
k. Promote regional and national transportation promotions and/or campaigns	<input type="checkbox"/>	<input type="checkbox"/>
l. Distribute electronic messages about TDM program	<input type="checkbox"/>	<input type="checkbox"/>
m. Publish TDM articles in newsletters/correspondence	<input type="checkbox"/>	<input type="checkbox"/>
n. Provide links on company website to transportation providers	<input type="checkbox"/>	<input type="checkbox"/>
o. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

44. If you are installing transportation kiosk(s), where will the kiosk(s) be located at the worksite? \_\_\_\_\_

45. Have you included 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 company 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 company.

46. Attach TDM narrative/summary outlining the company'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.

**TDM STATUS**

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

47. 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

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

Company Name: \_\_\_\_\_ PCN #: \_\_\_\_\_

**REPORT PREPARATION**

Identify the individual responsible for completing the TDM Application:

_____	_____	
49. Name	50. Title	
_____	_____	
51. Organization	52. Mailing Address	
_____	_____	
53. Phone Number	54. Fax Number	55. 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 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 15<sup>th</sup>.

_____	_____	
56. Name	57. Title	
_____	_____	
58. Company/Organization	59. Mailing Address	
_____	_____	
60. Phone Number	61. Fax Number	62. Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date