

# TRANSPORTATION DEMAND MANAGEMENT (TDM) FORM



Boca Raton's Transportation Demand Management (TDM) program requires properties to implement programs that encourage alternatives to drive-alone and peak period commuting to their property. 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. **Properties affected by the TDM program must submit:**

- A carefully **completed** TDM Form (this form).
- A TDM narrative/summary including an outline of the TDM activities, campaigns, promotions, subsidies, and incentives of the site's current TDM plan, and, if filing an Annual Report, a recap of the successes and failures of the **reporting (previous) year's plan (see box 9A)**.

TDM Annual Reports are due to the City of Boca Raton on **January 15<sup>th</sup> of the year following the reporting year**. Please mail completed TDM Forms to **Boca Raton TMI Administrator, Municipal Services Department, 201 W. Palmetto Park Rd., Boca Raton, FL 33432**. If you have any questions on how to complete this form, please contact the City's TMI Administrator at [kkosirog@myboca.us](mailto:kkosirog@myboca.us) or 561-416-3837, or visit us on the web at <http://tdm.bocatmi.com>.

i. Indicate form type <input type="checkbox"/> Application <input type="checkbox"/> Annual Report	ii. If box i is marked "Annual Report", please indicate the reporting year. <b>Reporting Year 20</b> ___ ___	iii. Date Submitted
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## 1. PROPERTY DESCRIPTION

A. Property Control # (PCN)		B. Development Approval # (IDA#, SPA#, CA#)		C. Property/Worksite/Development Name	
D. Property/Worksite/Development Physical Street Address			E. Total Building Square Footage	F. Total Number of Units	G. Property is Mixed-Use <input type="checkbox"/> Yes <input type="checkbox"/> No
H. Type of Development <input type="checkbox"/> Worksite/School <input type="checkbox"/> Retail/Restaurant <input type="checkbox"/> Residential		I. This property is: <input type="checkbox"/> Within Downtown Area <input type="checkbox"/> Planned Mobility <input type="checkbox"/> Other		J. This property is: <input type="checkbox"/> Existing <input type="checkbox"/> New Development <input type="checkbox"/> Redevelopment	
K. If filing an Annual Report, briefly describe any site/building modifications made to the property within the past year.					

## 2. 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.

A. TC Name		B. TC Title		C. TC Company/Organization	
D. TC Mailing Address (If different from box 1D): _____ City _____ State _____ Zip _____					
E. TC Phone Number		F. TC Fax Number		G. TC Email Address	
H. The TC identified in box 2A is an employee of <input type="checkbox"/> Developer/Owner <input type="checkbox"/> Property Management Company				I. Location where TC name and contact information is displayed on the property	
J. If filing an Annual Report, please list any TDM-related training sessions and/or workshops the TC has participated in over the past year. If there was no participation, write "None".					

## 3. TENANT/EMPLOYEE INFORMATION

A. Total number of tenants/residents on property		B. Total number of employees on property		C. Tenant lease(s) require tenants to actively participate and promote the property's TDM program. <input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Tenants/employees have multiple shifts. <input type="checkbox"/> Yes <input type="checkbox"/> No		E. If box 3D is marked "Yes", please describe.		F. The TDM program is/will be offered to all employees/residents. <input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Indicate the primary businesses at this property.					
<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Education	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Professional, Office	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Health Care	<input type="checkbox"/> Government	<input type="checkbox"/> Public Utilities	
<input type="checkbox"/> IT, Software, Technical	<input type="checkbox"/> Retail	<input type="checkbox"/> Construction	<input type="checkbox"/> Military	<input type="checkbox"/> Other: _____	

## 4. PROPERTY CHARACTERISTICS

A. Indicate which purposes the property provides vehicles for tenants/employees. <input type="checkbox"/> Emergency Ride Home <input type="checkbox"/> Carpool/Vanpool <input type="checkbox"/> Work-Related Business Trips <input type="checkbox"/> Non-Work-Related Errands/Trips					
B. Indicate which services are available at the property for tenants/employees/residents. <input type="checkbox"/> Bicycles/Bike Share <input type="checkbox"/> Internal Ride-matching Service <input type="checkbox"/> Car-sharing program (provided by outside vendor)			C. If you have long-term bicycle parking, indicate how it is/will be administered. <input type="checkbox"/> Internally <input type="checkbox"/> Through South Florida Commuter Services		

D. Indicate **how many** of the following facilities are located on-site or within 3 blocks of the property and accessible to tenants/employees/residents.

	Onsite	3 Blocks
i. Transit Shelter		
ii. PalmTran Bus Stop		
iii. Tri-Rail Station		
iv. Shuttle (Property or City operated)		
v. Shuttle (Tri-Rail operated)		
vi. Carpool/Vanpool Loading Zone		
vii. Bike Lane/Shared-Use Path		
viii. Long-Term Bicycle Parking (lockers, etc)		
ix. Short-Term Bicycle Parking (racks)		

	Onsite	3 Blocks
x. Shower & Locker Facilities		
xi. Sidewalk or Pathways		
xii. Retail		
xiii. Restaurants/Cafeteria		
xiv. Daycare/Child Care Facility		
xv. Bank/ATM		
xvi. Fitness Center/Gym		
xvii. Other:		

### 5. PARKING MANAGEMENT AND INFORMATION

A. Indicate whether the property received a reduction in code-required number of parking spaces.  Yes, reduction amount: \_\_\_\_\_  No

B. Indicate whether the property has a shared parking agreement with another site.  Yes, site: \_\_\_\_\_  No

C. Indicate whether tenants/employees/residents are charged for parking (outside lease agreement).  Yes, average cost: \_\_\_\_\_/month  No

D. If box 5C is marked "Yes", indicate if a discount is provided for HOV/Carpool users.  Yes, discount amount: \_\_\_\_\_  No

E. Indicate whether the proceeds from parking charges will be put toward the property's TDM program.  Yes, average amount: \_\_\_\_\_/month  No

F. Indicate whether parking is available on-site for employees.  Yes  No

G. Briefly describe the parking arrangement for employees.

H. Please indicate the number of parking spaces on-site and off-site (within 3 blocks) for each of the following.

	# On-site	# Off-site
i. Total property-controlled parking spaces		
ii. Amount of total leased to tenants		
iii. Amount of total reserved (non-code required)		
iv. ADA accessible parking spaces		

	# On-site	# Off-site
v. Additional usable spaces (within 3 blocks)		
vi. HOV/Carpool Parking Spaces		
vii. Amount of total for residential use		
viii. Number of spaces per residential unit		

I. Indicate whether valet parking is offered for tenants/residents.  Yes  No

J. Indicate who administers HOV parking at the site.  Internally  South Florida Commuter Services

K. If box 5J is marked "Internally", please describe how the site's program works/will work.

L. Please explain how the HOV parking is/will be monitored to avoid violations.

### 6. ALTERNATIVE WORK PROGRAMS

A. Indicate which of the following compressed work week schedules are offered at the site.  3 days/36 hours  4 days/40 hours  9 days/80 hours  Other: \_\_\_\_\_

B. Indicate whether tenants/employees allow/are allowed flexible arrival and departure times.  Yes  No

C. Indicate whether tenants/employees allow/are allowed to telework (offsite/at home).  Yes  No

### 7. SUBSIDIES AND INCENTIVES

A. The property provided/provides an initial/annual contribution to Boca Raton to operate shuttle service.  Yes, initial amount: \_\_\_\_\_  No

Yes, annual amount: \_\_\_\_\_/year

B. The property provides a privately-operated shuttle service for tenants/employees/residents.  Yes  No

C. The property/tenants participate in the Federal Commuter Tax Benefit program (employees are able to use pre-tax dollars toward monthly transit/vanpool costs).  Yes  No

D. Indicate which transit discount programs the property is enrolled in.  Tri-Rail Employer Discount Program  Miami-Dade Corporate Discount Program

E. Please list which non-financial incentives will be offered next year to alternative mode users at the property.

F. Indicate **which and how much** of the following subsidies are provided to tenants/employees/residents.

	Last Year			Next Year		
	Yes	No	Amount per User per Month	Yes	No	Amount per User per month
i. Palm Tran						
ii. Tri-Rail						
iii. Carpool/Vanpool						

	Last Year			Next Year		
	Yes	No	Amount per User per Month	Yes	No	Amount per User per month
iv. Bicycling						
v. Walking						
vi. Other						

### 8. PROGRAM STRATEGIES AND PROMOTION

A. If filing an Annual Report, indicate the estimated number of participants utilizing the following modes.

Tri-Rail: \_\_\_\_\_ PalmTran: \_\_\_\_\_ Carpoled: \_\_\_\_\_ Vanpooled: \_\_\_\_\_ Walked: \_\_\_\_\_ Biked: \_\_\_\_\_

B. Indicate whether the following activities, strategies, and marketing programs are offered and promoted at the property to **tenants/employees/residents (t/e/r)**.

	Last Year		This Year			Last Year		This Year	
	Yes	No	Yes	No		Yes	No	Yes	No
i. Install/display a transportation kiosk					ix. Coordinate TDM presentations for t/e/r				
ii. Provide transportation info to new t/e/r					x. Conduct on-site transportation events/fairs for t/e/r				
iii. Promote SFCS's ride-matching program to t/e/r					xi. Invite transportation vendors to on-site events and fairs				
iv. Promote SFCS's Emergency Ride Home program to t/e/r					xii. Promote regional/national transportation campaigns				
v. Promote Tri-Rail's Employer Discount Program to t/e/r					xiii. Distribute electronic TDM-related messages				
vi. Distribute a transportation survey to t/e/r					xiv. Publish TDM articles in newsletters				
vii. Distribute summary of site's TDM program to t/e/r					xv. Link to transportation providers on property website				
viii. Coordinate TDM presentations for t/e/r					xvi. Other:				

C. Please indicate whether any additional activities, strategies, ect. offered at the property are included in the attached TDM narrative.

Yes  No

### 9. TDM NARRATIVE/SUMMARY

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.

A. 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. If filing an Annual Report, the narrative/summary should also include a recap of the successes and failures of last year's 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 tenants/residents, construction, changes in shuttle service, sale of property, etc.

The required TDM Summary is attached to this TDM form.

### 10. TDM STATUS

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

A. 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

B. Is the traffic impact study prepared, signed and sealed by a professional engineer registered in the State of Florida?

Yes  No

### 11. TDM FORM PREPARATION

Identify the individual responsible for completing the TDM Form.

A. Name		B. Title		C. Company/Organization	
D. Mailing Address					
		City		State Zip	
E. Phone Number		F. Fax Number		G. Email Address	

### 12. PROPERTY COMMITMENT

**The completion of this TDM Form requires the signature of the CEO or highest ranking official responsible for the property/worksite.**

I understand that our property is required by the City of Boca Raton to submit a TDM 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 the TDM Plan 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 must be submitted no later than January 15<sup>th</sup> of every year.

A. Name		B. Title		C. Company/Organization	
D. Mailing Address					
		City		State Zip	
E. Phone Number		F. Fax Number		G. Email Address	
H. Signature					I. Date
<p><b>X</b> _____</p>					