



TDM Annual Status Report

The City of Bloomington's Transportation Demand Management (TDM) ordinance requires certain large developments and redevelopments to implement programs that encourage employees to reduce single occupancy vehicle trips to help relieve traffic congestion, allow parking flexibility and reduce air pollution.

Developers/property owners affected by the TDM ordinance must submit an Annual Status Report form each year for a minimum of 2 years from the Initial TDM Plan Implementation Date. The information is used by the City of Bloomington to determine if the developer/property owner has put forth a good faith effort to implement the TDM strategies in their approved TDM plan.

Please complete the following report as carefully and completely as you can. Specific instructions are included in sections requiring detailed answers. If you would like to provide more information about your TDM program, attach additional pages.

Worksite Description

Date Submitted: _____ Case File Number: _____

Property ID No.: _____

1 worksite name

2 site address

3 city, state

4 zip

5 TDM contact name

6 title

7 phone

8 TDM contact mailing address

9 email address

10 fax

Employee Information

11 total number of building employees: _____

12 total occupied square feet of building (s): _____

13 Is your TDM program offered to all employees/tenants?

yes no

14 Does this worksite have multiple shifts?

yes no

If yes, describe: _____

Worksite Name: _____

Address: _____

TDM Coordinator Information

15 Is there a TDM Coordinator for the property? yes no

If so, please provide their contact information: same as above

15a. name

15b. title

15c. phone

15d. mailing Address

15e. email address

15f. fax

16 Is the TDM Coordinator's name, location and telephone number prominently displayed at this worksite? yes no N/A

If so, where? _____

17 Has the TDM Coordinator researched other TDM programs? yes no N/A

18 What month and year did this person begin serving as the TDM Coordinator? N/A

Month: _____ Year: _____

19 On average, how many hours per week does the TDM Coordinator spend on TDM activities? _____ Hours N/A

20 Does the TDM Coordinator have an active worksite committee to assist with the TDM Program? yes no N/A

Program Information and Promotion

<i>Does your worksite...</i>	Yes	No
21 Distribute a summary of your worksite's TDM program to employees?	<input type="checkbox"/>	<input type="checkbox"/>
22 Provide information about the worksite TDM program during new employee orientations or in hiring packets?	<input type="checkbox"/>	<input type="checkbox"/>
23 Provide information via a commuter information center?	<input type="checkbox"/>	<input type="checkbox"/>
24 Post TDM promotional materials for employees	<input type="checkbox"/>	<input type="checkbox"/>
25 Give TDM presentations to managers?	<input type="checkbox"/>	<input type="checkbox"/>
26 Give TDM presentations to current employees, on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
27 Conduct transportation events/fairs and/or participate in city/county/state TDM promotions/campaigns?	<input type="checkbox"/>	<input type="checkbox"/>
28 Send electronic mail messages about the TDM program?	<input type="checkbox"/>	<input type="checkbox"/>
29 Publish TDM articles in employee or building newsletters?	<input type="checkbox"/>	<input type="checkbox"/>
30 Distribute TDM information with employee paychecks?	<input type="checkbox"/>	<input type="checkbox"/>
31 Conduct an employee ride match campaign?	<input type="checkbox"/>	<input type="checkbox"/>

Worksite Name: _____

Address: _____

32 Publish and update an employee TDM website?

33 What changes to program information and/or promotion, if any, are anticipated in the next 12 months? (Attach additional sheets, if necessary)

Worksite Characteristics

34 What is the primary business at this worksite? Check all that apply if multi-tenant development.

- | | | |
|--|---|---|
| <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 |

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

	No	Onsite	Within 3 blocks
35 Metro Transit Bus Stop(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 BE Line Bus Stop(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 LRT Station(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Shuttle System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Bike trail or lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Bike Rack(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Sidewalks or pedestrian trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 Restaurants/Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 ATM machine/bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Worksite Name: _____

Address: _____

Worksite Parking Information and Parking Management

Parking costs include items such as leasing costs, security, maintenance and signage.

	Onsite	Off site
46 How many total parking spaces does this worksite have for employee use that are controlled by the employer?	#	#
47 How many of the total parking spaces identified above are leased?	#	#
48 How many of the total parking spaces identified above are reserved for HOV (carpool/vanpool) parking?	#	#
49 If you charge for parking, how much do your employees pay on average, per month for an employer <u>owned</u> parking space?	\$	\$
50 If you charge for parking, how much do your employees pay on average, per month for an employer <u>leased</u> parking space?	\$	\$
51 How much does your worksite pay per month per leased parking space (estimated)?	\$	\$

52 Are spaces, other than those provided by the employer, available within 3 blocks of the worksite? yes no

53 If you charge for parking, do any of the proceeds from your parking go to your TDM program? yes no N/A

How much do you charge Employees for...

54 Reserved or priority parking for carpools? \$ _____

55 Reserved or priority parking spaces for vanpools? \$ _____

56 How many single occupancy vehicle (SOV) spaces were converted to priority carpool or vanpool spaces in the past 12 months? # _____

57 Briefly explain how you manage and monitor your worksite parking program below or attach additional sheets if necessary.

58 What changes to parking information and management, if any, are anticipated in the next 12 months?

Worksite Name: _____

Address: _____

Financial Incentives and Subsidies

Attach additional sheets describing in detail any incentive programs, including amounts spent and employee/tenant participation.

	Do you offer?		How many employees using?
	Yes	No	
59 Transit Pass subsidy (Metro Transit Bus, LRT, Be Line)	<input type="checkbox"/>	<input type="checkbox"/>	
60 Shuttle System	<input type="checkbox"/>	<input type="checkbox"/>	
61 Vanpool subsidy	<input type="checkbox"/>	<input type="checkbox"/>	
62 Carpool subsidy/incentive	<input type="checkbox"/>	<input type="checkbox"/>	
63 Walking subsidy/incentive	<input type="checkbox"/>	<input type="checkbox"/>	
64 Bicycling subsidy/incentive	<input type="checkbox"/>	<input type="checkbox"/>	
65 Other transportation allowance/stipend	<input type="checkbox"/>	<input type="checkbox"/>	
66 Opportunity for TDM participants to receive cash or prizes, paid leave, other incentives	<input type="checkbox"/>	<input type="checkbox"/>	
67 Other	<input type="checkbox"/>	<input type="checkbox"/>	

If other, please explain: _____

	Yes	No
68 Has this property owner or any tenants received a tax credit for transit, vanpooling, bicycle commuting or parking subsidies?	<input type="checkbox"/>	<input type="checkbox"/>
69 Do your employees/tenants take advantage of IRS tax code section 132(f), which allows for pre-tax expenditures on transit passes, vanpooling and parking?	<input type="checkbox"/>	<input type="checkbox"/>

70 What changes to incentives and subsidy programs, if any, are anticipated in the next 12 months:

Worksite Name: _____

Address: _____

Site Amenities

<i>Do you offer?</i>	Yes	No	How Many Offered?	How many used?
71 Long term bicycle parking (lockers, office, garage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
72 Short term bicycle parking (racks)	<input type="checkbox"/>	<input type="checkbox"/>		
73 Shower and clothes lockers	<input type="checkbox"/>	<input type="checkbox"/>		
74 On site daycare	<input type="checkbox"/>	<input type="checkbox"/>		N/A
75 On site cafeteria	<input type="checkbox"/>	<input type="checkbox"/>		N/A
76 On site loading/unloading zones or shelters for non-SOVs	<input type="checkbox"/>	<input type="checkbox"/>		
77 On site kiosks that display information on TDM	<input type="checkbox"/>	<input type="checkbox"/>		
78 Commercial nodes within walking distance	<input type="checkbox"/>	<input type="checkbox"/>		
79 What changes in site amenities, if any, are anticipated in the next 12 months:				

Work Schedules and Schedule Changes

Compressed Work Week

80 Does your worksite offer compressed work week schedules used to support your TDM program?	Schedule (days/hours)	Yes	No
	3/36	<input type="checkbox"/>	<input type="checkbox"/>
	4/40	<input type="checkbox"/>	<input type="checkbox"/>
	9/80	<input type="checkbox"/>	<input type="checkbox"/>
	other	<input type="checkbox"/>	<input type="checkbox"/>

If other, please explain: _____

Flex Time and Telework

	Yes	No
81 Does your worksite offer flex time (allow employees to vary their start and end times outside of the peak period, 7-9AM & 4-6PM)?	<input type="checkbox"/>	<input type="checkbox"/>
82 Does your worksite allow employees to eliminate a commute trip by working	<input type="checkbox"/>	<input type="checkbox"/>

Worksite Name: _____

Address: _____

at home, a telework center or satellite office?

Schedule Changes

83 Has your worksite modified required work schedules so that some or all employees who formerly arrived at work between 7 and 9 AM are now scheduled to begin work outside the 7 to 9 AM commute window?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, when did the shift change(s) occur? _____

If yes, how many employees' schedules were changed? _____

84 Was the required shift change identified as an element of the worksite's approved TDM plan?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

85 Did the shift change occur because of impacts directly associated with the City of Bloomington's TDM ordinance

86 Do you plan to modify some or all employee's work schedules within the next 12 months?

If yes, please explain: _____

Other Programs

Fleet Vehicles

87 Does your worksite offer employer provided vehicles for any of these purposes?

Yes **No**

- a) Guaranteed/emergency ride home
- b) Vanpooling
- c) Carpooling
- d) Work-related business trips
- e) Non-work related errands

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other Services Available at the Worksite

88 Are the following services available at your worksite?

Yes **No**

- a) Employer-provided shuttle or custom bus or van
- b) Guaranteed/emergency ride home program in addition to the four taxi ride reimbursements per year (up to \$25 each time) offered by the Met Council
- c) Employer-provided bicycles
- d) Internal ridematch services
- e) Flexcar or other shared car program

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Worksite Name:

Address:

89 What changes to other programs, if any, are anticipated in the next 12 months?

Other TDM Activities or Program Elements

Please provide a brief summary of your TDM Plan, how it is working, how you are monitoring it and what, if anything, needs to be done to improve or modify the existing plan to meet the goals set in your original plan. Attach additional sheets, as necessary.

Report Preparation

90 Identify the individual responsible for completing this TDM Annual Status Report

TDM Coordinator

Other:

If other, please provide the following information:

name

title

worksite

telephone

fax

email address

Worksite Name:

Address:

Worksite Commitment

I understand that our worksite is required by the City of Bloomington to submit an Annual TDM Status Report to implement the program it describes. These actions comply with the City of Bloomington TDM Ordinance.

I am aware that the goals of the program are to promote more efficient utilization of existing transportation facilities, reduce traffic congestion and mobile source pollution and to ensure that worksites are design to maximize the potential for alternative transportation usage.

I have reviewed the referenced document and commit to the implementation of all the elements listed and submitted for your approval. I will ensure that the City of Bloomington is notified if information in the document changes.

91 Identify the highest ranking official at the worksite

signature of highest ranking official at the worksite

date

name (please print)

worksite name

mailing address of person who signed this form

telephone

fax

email address

Please return this completed form to:

City of Bloomington
Engineering Development Coordinator
1700 West 98th Street
Bloomington, MN 55431