

# City of Pasadena Transportation Demand Management (TDM) Annual Status Report

|                 | Reporting               | Period              |  |
|-----------------|-------------------------|---------------------|--|
| From (mm/yy):   | 1                       | o (mm/yy):          |  |
| Work site:      |                         |                     |  |
|                 |                         |                     |  |
|                 | oy:                     |                     |  |
|                 |                         |                     |  |
| Owner's Name: _ |                         |                     |  |
|                 |                         |                     |  |
|                 | king official on site): |                     |  |
| Address:        |                         |                     |  |
|                 | State:                  |                     |  |
| Tel No.:        | Email:                  |                     |  |
|                 | Name of person comp     | leting this report: |  |
|                 |                         |                     |  |
| Name            |                         | Title               |  |

Transit Bicycle

| Transportation Coordinator Information:  |   |                                  |                          |                      |                                      |         |
|--|---|----------------------------------|--------------------------|----------------------|--------------------------------------|---------|
|  |   |                                  |                          |                      |                                      |         |
| Name   |   | Discus None                      | . l / 🗀                  | -:I A -I -I          |                                      |         |
| Name   |   | Phone Nun                        | nber/E-ma                | ali Addi             | ress                                 |         |
| On Site Office   | Location:                               |                                  |                          |                      |                                      |         |
| Date of Trainin  | g Certification:                        |                                  |                          |                      |                                      |         |
| Date of Training   | ig Certification.                       | (Please attach training certif   |                          |                      |                                      |         |
| Training Progr   | am Provider: _                          |                                  |                          |                      |                                      |         |
|  |   | week Transportang the program of |                          |                      |                                      |         |
| A. EMPLOYE   | EE INFORMATIO                           | N                                |                          |                      |                                      |         |
| owners/develop<br>parking attenda<br><b>Total Number</b> of<br>If this is a multi-<br>last page. | pers must include<br>ints, and other pe | (inc<br>complete Form A          | neir emplo<br>ees at the | yees (i.<br>work sit | e., office,<br>te).<br>ees, if appli | retail, |
| Date of last Life  | iipioyee Sui vey.                       | ·                                |                          |                      |                                      |         |
|  |   | No. of Employ<br>Respondin       |                          |                      | rcent of To<br>Employees             | tal     |
| Draviana Banania   | an Daviada                              |                                  | <del></del> 1            |                      |                                      | 1       |
| Previous Reporting Current Reporting   |   |                                  |                          |                      |                                      |         |
| Carrent Reporting  | g i ciiou.                              |                                  |                          |                      |                                      |         |
| Employee Means of Transportation   |   |                                  |                          |                      |                                      |         |
|  | Previous Reporti                        | ng Period                        | Current R                | eporting             | Period                               |         |
|  | # - C F 1                               | 64                               | <b>" - 6</b> =           |                      | 6.1                                  |         |
| Solo Drivers   | # of Employees                          | %                                | # of Emp                 | loyees               | %                                    |         |
| Carpool of 2   |   |                                  |                          |                      |                                      |         |
| Carpool of 3   |   |                                  |                          |                      |                                      |         |
| Vanpool  |   |                                  |                          |                      |                                      |         |

|  | T   |                                    |          |                     |
|--|---|------------------------------------|----------|---------------------|
| Walk   |   |                                    |          |                     |
| Non-Respond  | 4000/   |                                    |          | 4000/               |
| Totals:  | 100%  |                                    |          | 100%                |
| Work hours:  |   |                                    |          |                     |
| Number of E  | mployees R  | eporting to W                      | orksite  |                     |
| Between 7 AM and 9 AM  | E   | Setween 4 PM                       | and 7 F  | РМ                  |
| B. AVERAGE VEHICLE RID   | ERSHIP (A   | /R) CALCULA                        | TIONS    |                     |
| AVR =Total Employees Divide  | ed by Total   | Vehicles Drive                     | en by tl | nese Employees      |
| AVR =Total Employees Divide  NOTE: AVR Calculations approved be substituted for this section – attach with the section is a section with the section is a section of the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section in the section in the section is a section in the section in t | by the South Co   | oast Air Quality M                 |          |                     |
| NOTE: AVR Calculations approved b  | by the South Co   | oast Air Quality M                 |          |                     |
| NOTE: AVR Calculations approved but substituted for this section – attach will No. of Employ   | by the South Co   | oast Air Quality M<br>oval letter. | anageme  | ent District can be |
| NOTE: AVR Calculations approved be substituted for this section – attach with the section of Employ Solo Drivers  Carpool of 2   | by the South Coith AQMD approves X X X                                  | oast Air Quality M<br>oval letter. | anageme  | ent District can be |
| NOTE: AVR Calculations approved be substituted for this section – attach with the section of Employ Solo Drivers  Carpool of 2   | oy the South Coith AQMD approvees X X X X X                             | oast Air Quality M<br>oval letter. | anageme  | ent District can be |
| NOTE: AVR Calculations approved be substituted for this section – attach with the section of Employ Solo Drivers Carpool of 2 Carpool of 3+  | oy the South Corith AQMD approves X X X X X X                           | oast Air Quality M<br>oval letter. | anageme  | ent District can be |
| NOTE: AVR Calculations approved be substituted for this section – attach with the section of Employ Solo Drivers Carpool of 2 Carpool of 3+ Vanpool Transit  | oy the South Coith AQMD approves X X X X X X X X                        | oast Air Quality M<br>oval letter. | anageme  | ent District can be |
| NOTE: AVR Calculations approved be substituted for this section – attach with the section of Employ Solo Drivers Carpool of 2 Carpool of 3+ Vanpool Transit  | by the South Coith AQMD approves X X X X X X X X X X X X X X X X X X    | oast Air Quality M<br>oval letter. | anageme  | ent District can be |
| NOTE: AVR Calculations approved be substituted for this section – attach with the section of Employ Solo Drivers Carpool of 2 Carpool of 3+ Vanpool Transit Bicycle Walk   | oy the South Corith AQMD approves X X X X X X X X X X X X X X X X X X X | oast Air Quality M<br>oval letter. | anageme  | ent District can be |
| NOTE: AVR Calculations approved be substituted for this section – attach with the substituted for the sub | oy the South Corith AQMD approves X X X X X X X X X X X X X X X X X X X | oast Air Quality M<br>oval letter. | anageme  | ent District can be |
| Solo Drivers Carpool of 2 Carpool of 3+ Vanpool Transit Bicycle Walk   | oy the South Corith AQMD approves X X X X X X X X X X X X X X X X X X X | oast Air Quality M<br>oval letter. | anageme  |                     |

## C. VEHICLE COUNTS

Peak Period Trip Reduction:

**AVR** for previous reporting period:

"Peak period trips" are defined as all commuter trips arriving between the hours of 7:00 AM TO 9:00 AM and departing between the hours of 4:00 PM and 7 P.M. Monday through Friday.

Trips leaving the site during the AM peak (i.e. night shift workers) or arriving during the PM peak must be counted as one half (1/2) of a peak period trip.

|    |                                    | PEAK PERIOD TRIPS |        |  |
|----|------------------------------------|-------------------|--------|--|
|    |                                    | Goal              | Actual |  |
| a. | Previous Reporting Period          |                   |        |  |
| b. | Current Reporting Period           |                   |        |  |
|    | Actual Peak Period Trips Reduced   |                   |        |  |
| C. | During current report period (a-b) |                   |        |  |

What method was used to count vehicles (i.e. manual counts, electronic parking system reports, etc.).

### D. ALTERNATIVE WORK SCHEDULES

Indicate below the type of work schedules that exist at the worksite.

| No. of Employees |
|------------------|
|                  |
|                  |
|                  |
|                  |
|                  |
|                  |

Describe any other alternative work schedule programs that are practiced at the worksite (i.e. flextime, staggered work hours, etc.).

### E. TRANSPORTATION MANAGEMENT ASSOCIATION/METRO

1e Participation/Attendance/Workshops attended during reporting period

Describe any involvement your organization has in supporting the operations of a transportation management association (host bi-monthly meetings; meeting location; refreshments).

| Total number of TMA Bi-Monthly meetings attended:  Total number of Metro Commute Services workshops attended:  Number of certifications received (i.e. Marketing, Vanpool):   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| F. COMMUTER INCENTIVES  |  |  |  |  |  |  |
| 1f. Parking Facilities  |  |  |  |  |  |  |
| Do you charge employees a parking fee? Yes No   |  |  |  |  |  |  |
| If employees are charged to park what is the monthly parking fee?  Total Number of Employee Parking Spaces (on and off site)  Number of Carpool spaces signed and stenciled on-site  Number of Carpool spaces assigned/sold at time of this report  Number of Vanpool spaces signed and stenciled on-site  Number of Vanpool spaces assigned during this report |  |  |  |  |  |  |
| 2f. Ridematching Services   |  |  |  |  |  |  |
| Indicate below the method used to provide ridematching information to employees:  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Other:  |  |  |  |  |  |  |
| Describe the effectiveness of the ridematching activities during this reporting period in terms of number of employee requests, matchlists distributed, follow-up calls made by the Coordinator, employees placed in ridesharing arrangements, etc.   |  |  |  |  |  |  |
| 3f. Carpool Activities  |  |  |  |  |  |  |
| Number of carpool groups formed during this reporting period:   |  |  |  |  |  |  |
| Total number of carpool groups formed to date:  |  |  |  |  |  |  |
| Total number of employees participating in these carpools:  |  |  |  |  |  |  |

| Describe the carpool activities employee meetings held, pers | s offered at the worksite (i.e. number of sonal assistance offered, etc.):   |   |
|--|--|---|
| <u> </u>   | es that were provided during this report period nges, car washes, cash incentives, free or                         |   |
| Employee parking fee – per m                                 | onth: \$   |   |
| 4f. Vanpool Activities                                       |  |   |
| Number of vanpool groups for                                 | rmed during this reporting period:   |   |
| Total Number of vanpool grou                                 | ps formed to date:   | _ |
| Total number of employees pa                                 | articipating in these vanpools   |   |
|  | nat were provided during this report (i.e. free or erwriting the cost of empty seats, parking fee programs, etc.): |   |
| <u>-</u>   | s offered at the worksite (i.e. number of rsonal assistance offered, etc.):  |   |
| 5f. Transit Activities                                       |  |   |
| Number of transit passes or other report period:             | er bus fare media sold at the worksite during the  |   |
| Per month:   | Total for this reporting period:   |   |

Explain if other than a monthly transit pass (ARTS coupons, 10 tokens, etc.):

Describe any fare subsidies that were provided during this report period (i.e. free or discounted monthly transit pass, etc.):

Describe the transit activities offered at the worksite (i.e. number of employee meetings held, personal assistance offered, etc.)

### 6f. Bicycle Commuting Activities

|                                   | Number | Average Daily Use |
|-----------------------------------|--------|-------------------|
| Bicycle Parking spaces available  |        |                   |
| Bicycle storage lockers available |        |                   |

Describe other bicycle commuter facilities provided at the worksite (i.e. showers, clothes lockers, etc.):

Describe the bicycle commuter incentives offered at the worksite (i.e. number of employees meetings held, personal assistance offered, cash incentives, etc.); Bike to Work Week event:

#### 7f. Walker Activities

Describe any walking commuter incentives offered at the worksite (i.e. number of employee meetings held, personal assistance offered, cash incentives, etc.):

# 8f. Guaranteed Ride Home **Agency Providing Guaranteed Ride Home Program: Emergency transportation provided to program participants during this** reporting period: Number of rides provided during the last months. Type of transportation provided: taxi rental car company vehicle other 9f. Marketing Promotional Activities (Include examples of marketing materials – pictures of bulletin boards) Events - Describe any special events that took place at the worksite during this reporting period (i.e. transportation fair, seminars, raffles, etc.): **Employee Meetings - Describe the type and number of employee meetings** conducted during this reporting period (i.e. new-hire orientation, carpool matches, and vanpool group information meetings): Describe any other marketing activities that were conducted at the worksite (i.e. commuter clubs, awards and recognition):

## 10f. Other employee transportation services

Describe any additional activities that were conducted during this reporting period. Attach additional pages if necessary:

# **Annual Budget Summary**

|                          | Amount Allocated | <b>Amount Requested</b> |
|--------------------------|------------------|-------------------------|
|                          |                  |                         |
| 1. Personnel             | \$               | \$                      |
| 2. Marketing             | \$               | \$                      |
| 3. Carpool Incentives    | \$               | \$                      |
| 4. Vanpool Incentives    | \$               | \$                      |
| 5. Transit               | \$               | \$                      |
| 6. Bicycle Commuting     | \$               | \$                      |
| 7. Walking               | \$               | \$                      |
| 8. Facility Improvements | \$               | \$                      |
| 9. Other                 | \$               | \$                      |
| Total                    | \$               | \$                      |

# Tenant Supplemental Form A

|    | <b>Tenant Name</b> | <b>Move-in Date</b> | No. of Employees |
|----|--------------------|---------------------|------------------|
| 1. |                    |                     |                  |
| 2. |                    |                     |                  |
| 3. |                    |                     |                  |
| 4. |                    |                     |                  |
| 5. |                    |                     |                  |

# **Reallocation Assistance:**

| Tenants | and | employe | ees that r | elocated | to the | worksite | during th | nis rep | orting |
|---------|-----|---------|------------|----------|--------|----------|-----------|---------|--------|
| period: |     |         |            |          |        |          | _         | _       |        |
|         |     |         |            |          |        |          |           |         |        |

| Number of tenants: | No. of employee | s: |
|--------------------|-----------------|----|
|                    |                 |    |

Describe the relocation services provided to these tenants and employees (i.e. employee meetings, match list distribution, follow-up calls, etc.):