

APPENDIX TO SECTION 2

City-wide Comprehensive Traffic Management Plan

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Project Location

GENERAL PROJECT INFORMATION	
Date:	
Type of Project:	
Project Advocate:	
Project Limits:	
Functional Classification:	
Jurisdiction:	
Needs/Issues/Project Description:	

This worksheet will be completed by the Proponent and reviewed by City of Norwalk staff in accordance with the City's TMP to identify the need for potential projects.

GOAL 1: SAFETY	
Criterion 1.1: Crash Ratio*	
Ratio	# Points
<0.50	0
0.50 - 0.75	2
0.75 - 1.00	5
>1.00	7
Criterion 1.2: Fatal Crashes*	
# of Fatal Crashes	# Points
0	0
1 or more	7
Criterion 1.3: SLOSS List*	
On SLOSS List?	# Points
No	0
Yes	7
Criterion 1.4: Ped/Bike Crashes*	
# of Ped/Bike Crashes	# Points
0	0
1 or more	7
Criterion 1.5: Vehicular Speeds	
85th % Speeds	# Points
< Posted Speed	0
≤ Posted + 5 mph	2
≤ Posted + 10 mph	5
> Posted + 10 mph	7
Goal 1 Score	
35	

* Pursuant to Title 23 United States Code Section 409, this data is not admissible and not discoverable in any federal or state court proceeding, and cannot be considered for any other purpose in any action for damages arising from an occurrence at a location

GOAL 2: PED/BIKE	
Criterion 2.1 Ped Facilities**	
Condition	# Points
Good	0
Fair	1
Poor	2
None	3
Criterion 2.2 Ped Volumes**	
Volumes	# Points
None	0
Low/Light	1
Moderate	2
High/Heavy	3
Criterion 2.3 Bike Facilities**	
Facility	# Points
Bike Lane	0
Sharrow	1
Shoulder	2
None	3
Criterion 2.4 Bike Volumes**	
Volumes	# Points
None	0
Few	1
Some	2
Many	3
Criterion 2.5: Ped/Bike Corridor**	
Corridor	# Points
No	0
Yes	3
Criterion 2.6 Transit Access	
Access	# Points
No	0
Yes	3
Criterion 2.7 Activity Center Access	
Access	# Points
No	0
Yes	3
Goal 2 Score	
21	

** Source: Norwalk Pedestrian and Bikeway Transportation Plan

GOAL 3: VEHICLES	
Criterion 3.1: Traffic Volume	
Volume per Lane	# Points
See Instruction Sheet	0
	2
	3
	5
Criterion 3.2: Heavy Truck Volume	
HV% or Volume	# Points
<2% or <20 hvpd	0
2% - 5%	2
5% - 10%	3
10% or >50 hvpd	5
Criterion 3.3: Operations	
Level of Service	# Points
LOS A/B/C	0
LOS D	2
LOS E	3
LOS F	5
Criterion 3.4: Pavement Condition	
Condition	# Points
Rating 1	0
Rating 2	2
Rating 3	3
Rating 4	5
Criterion 3.5 Commercial Area Access***	
Access	# Points
No	0
Yes	5
Criterion 3.6 Transit Corridor	
Corridor	# Points
No	0
Yes	5
Goal 3 Score	
30	

*** Sources: Urban Renewal/Redevelopment Plan Map & Priority Development Site

GOAL 4: SUPPORT	
Criterion 4.1 Public Support	
Support Level	# Points
None	0
Low	2
Moderate	5
High	7
Criterion 4.2: Funding Sources	
Funding	# Points
None	0
Partial	4
Full	7
Goal 4 Score	
14	

PROJECT NEED WORKSHEET TOTAL SCORE
100

Norwalk Citywide Traffic Management Plan (TMP)
Project Need Form (PNF) Instructions



Note: If data is unavailable to evaluate a criterion, 0 points should be selected.

General Project Information	Instructions
Date:	Date worksheet is completed.
Type of Project:	General project type. Examples include intersection improvements, roadway widening, ped/bike upgrades, etc.
Project Advocate:	Person/group(s) that supports project. Examples include a specific neighborhood, resident, business, City Department, etc.
Project Limits:	The general physical extents of the project.
Functional Classification:	Functional classification for roadway(s) included in project. Choices are Local, Collector, Minor Arterial, Major Arterial, State Route, US Route.
Jurisdiction:	Jurisdiction of roadway(s) included in project. Choices are CT DOT, City of Norwalk.
Project Description:	Brief description of the project, including needs/issues and potential improvements, if available.

Goal 1: Safety	Instructions
Criterion 1.1: Crash Ratio (RA/RC)	RA/RC ratio for locations/roadway segments listed on the Traffic Accident Surveillance Report (TASR) for the most recent three year period available. The TASR is maintained by the Connecticut Department of Transportation (CT DOT) for all locations under the department's jurisdiction. For locations not under the jurisdiction of CT DOT, City crash data should be used.
Criterion 1.2: Number of Fatal Crashes	Using the most recent three year period of data, locations with 0 fatal crashes should receive 0 points. Locations with 1 or more fatal crash should receive 3 points.
Criterion 1.3: SLOSS List Inclusion	Indicate whether the location is listed on the Suggested List of Surveillance Study Sites (SLOSS) for the most recent three year period available. The SLOSS is maintained by the CT DOT for all locations under the department's jurisdiction. For locations not under the jurisdiction of CT DOT, City crash data should be used. If the Crash Ratio calculated as part of Criterion 1.1 is greater than 1.0 AND the number of crashes is greater than or equal to the minimum (15), then select Yes for this criterion. Otherwise, select No.
Criterion 1.4: Pedestrian/Bicycle Crashes	Using the most recent three year period of data, locations with 0 ped/bike crashes should receive 0 points. Locations with 1 or more ped/bike crash should receive 3 points, regardless of the severity of the ped/bike crash.
Criterion 1.5: Vehicular Speeds	Identify the 85th percentile speed per direction using 24-hour speed ATR data collected during a typical weekday and compare to the posted speed limit for the roadway. Use the direction with the greatest discrepancy between the 85th percentile speed and the posted speed limit to assign points for this criterion.
Goal 1 Score	Total the points from Criterion 1.1 - 1.5 and report the total score for this goal.

Goal 2: Ped/Bike	Instructions
Criterion 2.1: Condition of pedestrian facilities	Use the Norwalk Pedestrian and Bikeway Transportation Plan to identify the condition of the pedestrian facilities on project roadways/intersections. If the project location is not included in the Norwalk Pedestrian and Bikeway Transportation Plan, a field visit should be conducted to make an assessment of the facility. For projects with more than 1 roadway, evaluate each facility separately and use the facility with the highest point score. For example, if the project consists of an intersection and Roadway A scores 0 points, and Roadway B scores 3 points, the score for this criterion would be 3 points.
Criterion 2.2: Existing pedestrian volumes	Use the Norwalk Pedestrian and Bikeway Transportation Plan to identify the level of pedestrian activity on project roadways/intersections. If the project location is not included in the Norwalk Pedestrian and Bikeway Transportation Plan, a field visit should be conducted to make an assessment of the facility and/or collect pedestrian volume data. For projects with more than 1 roadway, evaluate each facility separately and use the facility with the highest point score.
Criterion 2.3: Condition of bicycle facilities	Use the Norwalk Pedestrian and Bikeway Transportation Plan to identify the condition of the bicycle facilities on project roadways/intersections. If the project location is not included in the Norwalk Pedestrian and Bikeway Transportation Plan, a field visit should be conducted to make an assessment of the facility. For projects with more than 1 roadway, evaluate each facility separately and use the facility with the highest point score.
Criterion 2.4: Existing bicycle volumes	Use the Norwalk Pedestrian and Bikeway Transportation Plan to identify the level of bicycle activity on project roadways/intersections. If the project location is not included in the Norwalk Pedestrian and Bikeway Transportation Plan, a field visit should be conducted to make an assessment of the facility and/or collect bicycle volume data. For projects with more than 1 roadway, evaluate each facility separately and use the facility with the highest point score.
Criterion 2.5: Designated pedestrian/bicycle corridor	Use the Norwalk Pedestrian and Bikeway Transportation Plan to determine if the roadway or intersection has been identified on the "Norwalk Priority Corridor Review" map. For projects with more than 1 roadway, evaluate each facility separately and use the facility with the highest point score.
Criterion 2.6: Primary access to transit service	If the roadway/intersection is within 1/4 mile of a transit hub, it would provide primary access for peds/bikes and Yes should be selected for this criterion. Otherwise, select No.
Criterion 2.7: Primary access to activity center	If the roadway/intersection is within 1/4 mile of an activity center such as a school, library, park/recreation area, hospital/clinic, church, or neighborhood center, it would provide primary access for peds/bikes and Yes should be selected for this criterion. Otherwise, select No.
Goal 2 Score	Total the points from Criterion 2.1 - 2.7 and report the total score for this goal.

Norwalk Citywide Traffic Management Plan (TMP)
Project Need Form (PNF) Instructions



Note: If data is unavailable to evaluate a criterion, 0 points should be selected.

Goal 3: Vehicles	Instructions																													
Criterion 3.1: Existing traffic volume	Use 24-hour ATR data collected during a typical weekday and compare the daily volume in vehicles per day per lane to Table 1 for the appropriate functional classification. For projects with more than 1 functional classification and/or roadway, evaluate each facility separately and use the facility with the highest point score. For example, if the project consists of an intersection and Roadway A scores 0 points, and Roadway B scores 3 points, the score for this criterion would be 3 points.																													
	<p>Table 1: Volume Thresholds (in vehicles per day per lane) by Functional Classification</p> <table border="1"> <thead> <tr> <th rowspan="2">Points</th> <th colspan="4">Daily Traffic Volume (in vehicles per day per lane)</th> </tr> <tr> <th>Local</th> <th>Collector</th> <th>Minor Arterial</th> <th>Major Arterial/ State Route/ US Route</th> </tr> </thead> <tbody> <tr> <td>0</td> <td><1,000</td> <td><1,500</td> <td><3,000</td> <td><5,000</td> </tr> <tr> <td>2</td> <td>1,000-1,250</td> <td>1,500-2,000</td> <td>3,000-3,500</td> <td>5,000 - 7,500</td> </tr> <tr> <td>3</td> <td>1,250-1,500</td> <td>2,000-2,500</td> <td>3,500-4,000</td> <td>7,500 - 10,000</td> </tr> <tr> <td>5</td> <td>>1,500</td> <td>>2,500</td> <td>>4,000</td> <td>>10,000</td> </tr> </tbody> </table> <p><i>Note: If only peak hour data is available, divide by 0.10 to obtain daily traffic volumes.</i></p>	Points	Daily Traffic Volume (in vehicles per day per lane)				Local	Collector	Minor Arterial	Major Arterial/ State Route/ US Route	0	<1,000	<1,500	<3,000	<5,000	2	1,000-1,250	1,500-2,000	3,000-3,500	5,000 - 7,500	3	1,250-1,500	2,000-2,500	3,500-4,000	7,500 - 10,000	5	>1,500	>2,500	>4,000	>10,000
Points	Daily Traffic Volume (in vehicles per day per lane)																													
	Local	Collector	Minor Arterial	Major Arterial/ State Route/ US Route																										
0	<1,000	<1,500	<3,000	<5,000																										
2	1,000-1,250	1,500-2,000	3,000-3,500	5,000 - 7,500																										
3	1,250-1,500	2,000-2,500	3,500-4,000	7,500 - 10,000																										
5	>1,500	>2,500	>4,000	>10,000																										
Criterion 3.2: Heavy truck traffic	Use 24-hour vehicle classification ATR data collected during a typical weekday and compare the heavy vehicle percentages and/or volumes to the values listed under this criterion. If only peak hour heavy vehicle data is available, divide by 0.10 to obtain daily heavy vehicle traffic volumes. For projects with more than 1 roadway, evaluate each facility separately and use the facility with the highest point score.																													
Criterion 3.3: Operations	Determine level of service for the critical peak hour and compare to the values listed under this criterion. For projects with more than 1 intersection, evaluate each location separately and use the location with the highest point score.																													
Criterion 3.4: Pavement condition	Assess the condition of the pavement on project roadways and compare to the rating levels listed under this criterion. For projects with more than 1 roadway, evaluate each facility separately and use the facility with the highest point score.																													
Criterion 3.5: Primary access to commercial area/ Redevelopment Area/Priority Development Site	If the roadway/intersection serves as a primary access route to a commercial area (offices, downtown, retail, etc.), is within an Urban Renewal/Redevelopment Plan area, or provides primary access to a Priority Development Site, select Yes for this criterion. Otherwise, select No.																													
Criterion 3.6: Transit corridor	If the roadway/intersection accommodates a transit service, select Yes for this criterion. Otherwise, select No.																													
Goal 3 Score	Total the points from Criterion 3.1 - 3.6 and report the total score for this goal.																													
Goal 4: Degree of Support	Instructions																													
Criterion 4.1: Degree of Public Support	Assess the level of public support for the project.																													
Criterion 4.2: Potential Funding Sources	Evaluate the potential available funding for the project.																													
Goal 4 Score	Total the points from Criterion 4.1 - 4.2 and report the total score for this goal.																													
Project Need Worksheet Total Score	Instructions																													
Score	Sum the scores for Goals 1 - 4 and report the final, total project score.																													

Project Location

GENERAL PROJECT INFORMATION	
Date:	
Type of Project:	
Project Limits:	
Functional Classification:	
Jurisdiction:	
Project Description:	

This worksheet will be completed by the Proponent and reviewed by City of Norwalk staff in accordance with the City's TMP to initiate and prioritize potential projects.

PROJECT ADDRESSES IDENTIFIED NEEDS/ISSUES FROM PROJECT NEED WORKSHEET								
Goal 1: Safety		Goal 2: Ped/Bike		Goal 3: Vehicles		Goal 4: Support		
<i>Improves Safety</i>		<i>Improves Ped Mobility/Connectivity</i>		<i>Improves Vehicular Operations</i>		<i>Support by Public</i>		
No	0	No	0	No	0	No	0	
Yes	6	Partially	3	Partially	3	Partially	3	
<i>Reduces Vehicular Speeds</i>		Fully		6	Fully		6	
No	0	<i>Improves Bike Mobility/Connectivity</i>		<i>Improves Pavement Condition Rating</i>		<i>Funding Sources Identified</i>		
Yes	6	No	0	No	0	None	0	
		Partially	3	Yes	6	Partial	3	
		Fully	6			Full	6	
							PROJECT ADDRESSES NEEDS/ISSUES SCORE:	48

PROJECT READINESS						
<i>Project Need Worksheet Completed</i>		<i>Project Plans Complete to Date</i>		<i>Outreach to Date</i>		
No	0	None	0	No Outreach	0	
Yes	6	Conceptual Plans	2	1 Group	2	
		25% Design Plans	4	2 Groups	4	
		75% Design Plans	6	3 Groups	6	
		100% Design Plans	8			
					PROJECT READINESS SCORE:	20

PROJECT DETAILS								
<i>Conceptual Project Cost Estimate</i>		<i>ROW Impacts</i>		<i>Impacts to Environmental Resources</i>		<i>Air Quality Benefits</i>		
> \$1,000k	0	Structure Impact	0	Major Impact	0	No	0	
\$750 - \$1,000k	1	Major Land Impact	2	Minor Impact	3	Yes	5	
\$500 - \$750k	3	Minor Land Impact	3	No Impact	5	<i>Environmental Justice</i>		
\$250 - \$500k	4	No Impact	5	<i>Impacts to Cultural/Historical Resources</i>		Negative Impact	0	
\$100 - \$250k	6			Yes	0	No Impact	3	
< \$100k	7			No	5	Positive Impact	5	
							PROJECT DETAILS SCORE:	32

**PROJECT INITIATION AND
 PRIORITIZATION TOTAL SCORE**

100

Norwalk Citywide Traffic Management Plan (TMP)
Project Initiation Form (PIF) Instructions



Note: If data is unavailable to evaluate a criterion, 0 points should be selected.

General Project Information	Instructions
Date:	Date worksheet is completed.
Type of Project:	General project type. Examples include intersection improvements, roadway widening, ped/bike upgrades, etc.
Project Limits:	The general physical extents of the project.
Functional Classification:	Functional classification for roadway(s) included in project. Choices are Local, Collector, Minor Arterial, Major Arterial, State Route, US Route.
Jurisdiction:	Jurisdiction of roadway(s) included in project. Choices are CT DOT, City of Norwalk.
Project Description:	Brief description of the project, including needs/issues and potential improvements, if available.

Project Addresses Needs/Issues	Instructions
Goal 1: Improves Safety	Select Yes if the project has the potential to improve safety based on procedures outlined in the most recent Highway Safety Manual (HSM), Section 2. Otherwise, select No.
Goal 1: Reduces Vehicular Speeds	Select Yes if a speeding issue has been documented in the Project Need Worksheet and the proposed improvements have the potential to reduce speeds. Otherwise, select No. Improvements that could reduce speed include speed humps/tables, signage, roundabouts, etc.
Goal 2: Improves Pedestrian Mobility/Connectivity	Select Fully if the project addresses all pedestrian mobility/connectivity issues identified in the PNF. Select Partially if the project address some of the issues identified in the PNF. Improvement measures could include new or improved crosswalks, curb ramps, sidewalks/paths, pedestrian signals, lighting, signage, etc. Select No if the project does not include pedestrian improvements.
Goal 2: Improves Bicycle Mobility/Connectivity	Select Fully if the project addresses all bicycle mobility/connectivity issues identified in the PNF. Select Partially if the project address some of the issues identified in the PNF. Improvement measures could include new or improved bike lanes, wider shoulders, signal accommodation, multi-use paths, bicycle parking, signage, etc. Select No if the project does not include improvements to the bicycle environment.
Goal 3: Improves Vehicular Operations	Determine level of service (LOS) for the critical peak hour and compare to the LOS under existing conditions. For projects with more than 1 intersection, evaluate each location separately and determine if the project Fully, Partillay, or does not improve operations overall.
Goal 3: Improves Pavement Condition Rating	Select Yes if the project will improve the pavement condition over what has been documented in the Project Need Worksheet for the project. Otherwise, select No.
Goal 4: Supported by Public	Assess the level of public support for the project.
Goal 4: Funding Sources Identified	Evaluate the potential available funding for the project.
Project Addresses Needs/Issues Score	Total the points from this section and report the score.

Project Readiness	Instructions
Project Need Worksheet Completed	Select Yes if Project Need Worksheet has been completed for this project. Otherwise select No.
Project Plans Complete to Date	Indicate the level of design plans that have been completed to date for this project, by the City or others.
Outreach to Date	Indicate how many groups from Table 1 have been communicated with regarding this project.
	<p align="center">Table 1: Outreach Groups</p> <hr/> <p>Group</p> <p>Residents/Neighborhood</p> <p>Stakeholders/Businesses</p> <p>City Staff/Representatives</p> <hr/>
Project Readiness Score	Total the points from this section and report the score.

Project Details	Instructions
Conceptual Project Cost Estimate	Determine which range the conceptual cost estimate for the project falls within, if available.
ROW Impacts	Indicate the level of impact to the public right-of-way as a result of the project; distinguish between structure and land only impacts.
Impacts to Environmental Resources	Indicate the level of impact to environmental resources as a result of the project.
Impacts to Cultural/Historical Resources	Indicate whether historical and/or cultural resources are impacted by the project.
Air Quality Benefits	Indicate whether there are air quality benefits associated with the project.
Environmental Justice	Indicate if the project has positive, negative, or no impact on Environmental Justice populations.
Project Details Score	Total the points from this section and report the score.

Project Initiation and Prioritization Worksheet	Instructions
Total Score	
Score	Sum the scores for each of the three sections and report the final, total project score.



TDM Checklist for Small Businesses

For small businesses with fewer than 20 parking spaces, the following should be considered:

Location Information

- ❖ Existing and proposed parking
- ❖ Number of employees
- ❖ Existing and proposed bus routes and distance from site (www.norwalktransit.com)
- ❖ Existing and proposed bus stop locations and distance from site
- ❖ Distance to the site from the nearest Metro-North station (East Norwalk, South Norwalk, or Merritt 7)
- ❖ Existing and proposed shuttles to train stations or other transit

TDM Measures

Consider the following TDM strategies:

- ❖ Bicycle Facilities
 - Short-term parking (bike racks)
 - Long-term parking (garage parking, bicycle lockers)
- ❖ Alternative work schedules
- ❖ Telecommute program
- ❖ Incentives
- ❖ Rideshare matching through Metropool
- ❖ Traveler information
- ❖ Special events/marketing
- ❖ Commuter Tax Benefit
- ❖ Guaranteed ride home through Metropool
- ❖ Bus or train passes
- ❖ Vanpool subsidies
- ❖ Preferential parking



Developer TDM Checklist

For major development or redevelopment projects within the City of Norwalk, the following should be considered when drafting a Travel Demand Management (TDM) Plan:

Project Information

- ❖ Project Name and address
- ❖ Owner/Property Manager
- ❖ Contact name, address, phone number, email
- ❖ Project description, including:
 - Existing and proposed square footage
 - Proposed building uses
 - Existing and proposed parking
 - Parking designations or restrictions
 - Location map showing the location of the development and nearby transit routes
- ❖ Estimated number of employees or residents

Transit Information

- ❖ Existing and proposed bus routes and bus stops, and distance from site (www.norwalktransit.com)
- ❖ Distance to the site from the nearest Metro-North station (East Norwalk, South Norwalk, or Merritt 7)
- ❖ Existing and proposed shuttles and description of route

Proposed TDM Measures

Provide a description of the TDM measures to be employed, which may include:

- ❖ Pedestrian facilities
 - Sidewalks
 - Bus/shuttle shelters
- ❖ Bicycle Facilities
 - Short-term parking (bike racks)
 - Long-term parking (garage parking, bicycle lockers)
- ❖ TDM-Friendly Design
- ❖ On-Site Amenities which allow employees to run errands without getting in their vehicles
- ❖ Employee Transportation Coordinator
- ❖ Rideshare matching
- ❖ Traveler information
- ❖ Special events/marketing
- ❖ Bus or train passes
- ❖ Shuttle service
- ❖ Guaranteed ride home
- ❖ Preferential parking
- ❖ Parking Management



Employer TDM Checklist

For employers within the City of Norwalk, the following should be considered when drafting a Travel Demand Management (TDM) Plan:

Business Information

- ❖ Employer Name
- ❖ Employer Address
- ❖ Contact name, address, phone number, email
- ❖ Business description, including:
 - Existing and proposed parking
 - Location map showing the location of the business and nearby transit routes
- ❖ Number of employees

Transit Information

- ❖ Existing and proposed bus routes and distance from site (www.norwalktransit.com)
- ❖ Existing and proposed bus stop locations and distance from site
- ❖ Distance to the site from the nearest Metro-North station (East Norwalk, South Norwalk, or Merritt 7)
- ❖ Existing and proposed shuttles and description of route

TDM Measures

Provide a description of the TDM measures to be employed, including

- ❖ Bicycle Facilities
 - Short-term parking (bike racks)
 - Long-term parking (garage parking, bicycle lockers)
- ❖ On-Site Amenities which reduce the number of vehicle trips employees make (i.e. ATM, cafeteria, on-site daycare)
- ❖ Alternative work schedules
- ❖ Telecommute program
- ❖ Incentives
- ❖ Employee Transportation Coordinator
- ❖ Rideshare matching
- ❖ Traveler information
- ❖ Special events/marketing
- ❖ Commuter Tax Benefit
- ❖ Guaranteed ride home
- ❖ Bus or train passes
- ❖ Shuttle service
- ❖ Vanpool subsidies
- ❖ Company commuter vehicles
- ❖ Preferential parking
- ❖ Parking cash-out

Sample Site Inventory Worksheet

Site Access

Highway Name/Route Number	Exit Number	Distance from Exit to your site

Name major roads used to access your site

North-South _____
 East-West _____

Company owned on-site spaces	_____
Company leased on-site spaces	_____
Company owned off-site spaces	_____
Company owned on-site spaces	_____
Estimate other off-site parking available, e.g. street parking or public lots	_____
Preferential Parking for ridesharing	_____

Transit

Type of Transit	Route Name/ Number	Hours of Operation	Frequency Peak/Off Peak	Distance From Site
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pedestrian Facilities

	Yes	No
Are there sidewalks or walkways in the area around your site?	_____	_____
Are the sidewalks and walkways well lit?	_____	_____
Is there heavy vehicle traffic in the area?	_____	_____

Are there crosswalks and pedestrian signals at crossing locations? If so, where?

Are there any specific barriers that are keeping pedestrians from accessing your site?

Bicycle Facilities

	Yes	No
Is the worksite generally easily accessible by bicyclists?	_____	_____
Is there a bike path or bike route near the site?	_____	_____
Is the terrain suitable for biking?	_____	_____
What types of facilities are available on-site?		
Bike racks in a secure location	_____	_____
Showers	_____	_____
Lockers	_____	_____

Are there any specific barriers keeping bicyclists from accessing the site?

On-Site Services

Which of the following amenities and services are available on or within walking distance to your site?

	Yes	No	Specify
Banks	_____	_____	_____
Restaurants	_____	_____	_____
Childcare	_____	_____	_____
Dry Cleaning	_____	_____	_____
Shopping Center	_____	_____	_____
Library	_____	_____	_____
Postal Services	_____	_____	_____
Convenience Store	_____	_____	_____
Gym	_____	_____	_____
Car Wash	_____	_____	_____
Concierge Service	_____	_____	_____
Other	_____	_____	_____

In addition to the above, it may be useful to conduct traffic counts to serve as a baseline for long-term tracking of the number of trips and/or modal split.

Sample Employee Commuter Survey

PART I – ANSWERED BY ALL EMPLOYEES

1. Where did you begin work each day last week?

(Write the appropriate letter in the box provided for each day.)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Monday | A = Regular work location |
| <input type="checkbox"/> Tuesday | B = Another company or branch office |
| <input type="checkbox"/> Wednesday | C = Worked from home |
| <input type="checkbox"/> Thursday | D = Day off: compressed work week or other modified work schedule |
| <input type="checkbox"/> Friday | E = Did not work (vacation, sick) |
| <input type="checkbox"/> Saturday | F = Regular day off |
| <input type="checkbox"/> Sunday | G = Other (specify) _____ |

2. How did you travel to and from work each day last week?

(Write the appropriate letter in the box provided for each day.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Monday | A = Drove alone/motorcycled |
| <input type="checkbox"/> Tuesday | B = Drove a carpool/vanpool |
| <input type="checkbox"/> Wednesday | C = Rode in a carpool/vanpool |
| <input type="checkbox"/> Thursday | D = Took public transit |
| <input type="checkbox"/> Friday | E = Drove alone part way, took public transit part way |
| <input type="checkbox"/> Saturday | F = Bicycled |
| <input type="checkbox"/> Sunday | G = Walked/jogged |
| | H = Worked from home |
| | I = Did not work (vacation, sick) |
| | J = Other (specify) _____ |

3. What time did you arrive at and leave work each day last week?

(Circle either am or pm. Leave blank if you did not work that day.)

	Arrive at work		Leave work	
Monday	_____	am/pm	_____	am/pm
Tuesday	_____	am/pm	_____	am/pm
Wednesday	_____	am/pm	_____	am/pm
Thursday	_____	am/pm	_____	am/pm
Friday	_____	am/pm	_____	am/pm
Saturday	_____	am/pm	_____	am/pm
Sunday	_____	am/pm	_____	am/pm

4. During a normal week, how variable are your work hours? (Check one.)

- I arrive and leave at the same time nearly every day
- My work hours vary occasionally
- I regularly start and finish work at different times

5. How many minutes does it usually take you to get to or from work? _____ minutes

6. How many miles is it from your home to work? _____ miles

PART II – ANSWERED ONLY BY THOSE WHO USUALLY DRIVE ALONE TWO OR MORE DAYS A WEEK

7. What are the main reasons you do not take transit to work more often?

(Check up to three choices)

- I need my car for business reasons
- I need my car to take kids to/from daycare
- I need my car to do shopping/errands before or after work
- I need my car for other personal reasons before or after work
- I like the independence of having my car
- Transit takes too much time
- Transit service doesn't run frequently enough
- I have to make too many transfers
- Other (specify) _____

8. How much consideration would you give to taking transit to work? (check one)

- I would consider taking transit some of the time
- I would consider taking transit most of the time
- I would not consider taking transit at all (SKIP TO QUESTION 10)

9. What would encourage you to take transit to work more often than you do now?

(Check up to three choices)

- Sale of transit passes at work
- Company subsidy for transit passes
- Change of work shift
- Guaranteed ride home in the event of an emergency
- More flexible work hours
- More fixed work hours
- Transit rout and scheduling information
- Child care facilities at or near your work site
- Other (specify) _____

10. What are your main reasons for not sharing a ride to work with other people more often?

(Check up to three choices)

- I need my car for business reasons
- I need my car to take kids to/from daycare
- I need my car to do shopping/errands before or after work
- I need my car for other personal reasons before or after work
- I like the independence of having my car
- Carpooling takes too much time
- I don't know anyone to carpool with
- I like the privacy of driving alone
- Inconvenient to wait for others
- I can't have flexible work times
- I have an irregular work schedule
- Other (specify) _____

11. a) How much consideration would you give to carpooling to work? (Check one.)

- I would consider carpooling some of the time
- I would consider carpooling most or all of the time
- I would not consider carpooling at all

b) How much consideration would you give to vanpooling to work? (Check one)

A vanpool is a group of eight people who commute together in a van provided for the purpose, paying a flat fare per month based on their commute distance.

- I would consider vanpooling some of the time
- I would consider vanpooling most or all of the time
- I would not consider vanpooling at all

IF YOU WOULD NOT CONSIDER CARPOOLING OR VANPOOLING, SKIP TO QUESTION 13

12. What would encourage you to share a ride in a carpool or vanpool to work more often than you do now? (Check up to three choices.)

- Lower parking rates for carpools or vanpools
- Higher parking rates for those driving alone
- Reserved parking close to the building for carpools or vanpools
- Free parking for carpools or vanpools
- Help finding people with whom to carpool or vanpool
- Company subsidy for carpoolers or vanpoolers
- Change of work shift
- Guaranteed ride home in the event of an emergency
- More flexible work hours
- More fixed work hours
- Child care facilities at or near your work site
- Other (specify) _____

13. How much consideration would you give to walking, bicycling or jogging to work? (Check one.)

- I would consider walking, bicycling or jogging some of the time
- I would consider walking, bicycling or jogging most or all of the time
- I would not consider walking, bicycling or jogging. SKIP TO END

14. What would encourage you to walk, bicycle or jog to work more often than you do now? (Check up to three choices.)

- Secure, convenient bicycle parking racks
- Bicycle lockers
- Showers and clothing lockers
- Seminars on riding/walking/jogging safety
- Guaranteed ride home in the event of an emergency
- Bicycle route maps
- More fixed work hours
- More flexible work hours
- Other (specify) _____

Thank you for your participation.

Sample Commuter Survey Tabulation Tool

1. POTENTIAL FOR RIDESHARING ON A FULL-TIME BASIS (From Part II, Question #11a. and b.)

Response	# of Employees	Percent
I would consider carpooling most or all of the time	_____	_____
I would consider vanpooling most or all of the time	_____	_____
Totals	_____	_____

The above information will give you a clear indication as to the potential for increasing ridesharing among solo commuters.

2. POTENTIAL FOR RIDESHARING ON A PART-TIME BASIS (from Part II, Question #11a. and b.)

Response	# of Employees	Percent
I would consider carpooling some of the time	_____	_____
I would consider vanpooling some of the time	_____	_____
Totals	_____	_____

The above information will give you a clear indication as to the potential for increasing ridesharing among solo commuters.

3. MAIN REASONS FOR NOT RIDESHARING (From Part II, Question #10)

Response	# of Employees	Percent
I need my car for business reasons	_____	_____
I need my car to take kids to/from daycare	_____	_____
I need my car to do shopping/errands before or after work	_____	_____
I like the independence of having my car	_____	_____
Carpooling takes too much time	_____	_____
Don't know anyone to carpool with	_____	_____
I like the privacy of driving alone	_____	_____
Inconvenient to wait for others	_____	_____
I can't have flexible work times	_____	_____
I have an irregular work schedule	_____	_____
Other (specify) _____	_____	_____

The above information presents the main reasons for not ridesharing and could play an integral part in developing your rideshare program by indicating the areas of concern that need to be addressed.

Sections 4, 5, and 7 below identify what types of incentives might best encourage employees to carpool, vanpool, ride transit, cycle, walk or jog. This information is a valuable tool in developing incentives.

4. TRANSIT INCENTIVES (From Part II, Question #9)

Incentive	# of Employees	Percent
Transit stop located close to work site	_____	_____
Sale of transit passes at work	_____	_____

Company subsidy for transit passes	_____	_____
Change of work shift	_____	_____
Guaranteed ride home in the event of an emergency	_____	_____
More flexible work hours	_____	_____
More fixed work hours	_____	_____
Transit route and scheduling information	_____	_____
Childcare facilities at or near your work site	_____	_____
Other (specify) _____	_____	_____

5. CARPOOL/VANPOOL INCENTIVES (From Part II, Question #12)

Incentive	# of Employees	Percent
Lower parking rates for carpools or vanpools	_____	_____
Higher parking rates for those driving alone	_____	_____
Reserved parking close to the building for carpools or vanpools	_____	_____
Free parking for carpools or vanpools	_____	_____
Help finding people with whom to carpool or vanpool	_____	_____
Company subsidy for carpoolers or vanpoolers	_____	_____
Change of work shift	_____	_____
Guaranteed ride home in the event of an emergency	_____	_____
More flexible work hours	_____	_____
More fixed work hours	_____	_____
Childcare facilities at or near your work site	_____	_____
Other (specify) _____	_____	_____

Sample Tenant TDM Profile

Name and Address

Company Name _____

Street Address _____

City, State & Zip _____

Mailing Address (If different from above)

Street Address _____

City, State & Zip _____

Type of Business _____

Number of Employees _____

Employee Transportation Coordinator (or appropriate person for distributing transportation information)

Name _____

Title _____

Phone _____

Name and Title of Senior Officer

Name _____

Title _____

Employee Transportation Benefits Offered (please check all that apply)

- Bicycle Racks/Lockers
- Flextime
- Staggered Work Hours
- Compressed Work Week
- Telecommute Program
- Employee Transportation Coordinator
- Rideshare Matching
- Traveler Information
- Prizes or incentives
- Special events
- Commuter Tax Benefit
- Bus or Train Passes
- Vanpool Subsidies
- Company Vehicle Use for Commuters
- Guaranteed Ride Home
- Preferential Parking for Carpool/Vanpool
- Parking Cash-Out

Sample TDM Program Budget

		One Time (Capital) Cost	Monthly or Annual (Operating) Cost	Total
Policy	Parking Policy			
	Compressed work weeks			
	Policy			
	Telecommute program			
Service	Guaranteed Ride Home program			
	Pool/Fleet vehicle(s)			
	Transit Pass program			
	Ridematching			
	Childcare Service			
	Other			
Facility	Exterior building & site improvements			
	Vending Machines			
	Locker room			
	Showers			
	Facility			
	Bicycle storage			
Financial	Financial Subsidies			
	Transportation allowances			
Awards	Awards Prizes and premiums			
	Recognition			
Subtotal				
Parking Pricing	SOV			
	Carpool			
	Vanpool			
Preferential Parking	Carpool			
	Vanpool			
Subtotal				
	Materials			
	Production			
	Staff Time			
Subtotal				
	Research			
	Surveys			
	Data Collection			
	Staff Time			
Subtotal				
	Legal			
	Administrative			
	Training			
	Consultants			
	Association Memberships			
Subtotal				
Total				

TRAFFIC CALMING PRIMER



What is traffic calming?

The main goal of traffic calming is to reduce vehicle speeds and cut-through volumes through residential neighborhoods, providing livable environments that are safe for pedestrians and bicyclists. Reduced vehicle speeds can mean fewer, less severe collisions, especially when an incident involves a pedestrian. Traffic calming is achieved through the “three E’s,” Education, Enforcement, and Engineering and Planning.

Is traffic calming the right solution for my neighborhood?



Traffic calming, when implemented appropriately, can have significant benefits; however, it must be implemented with care, caution and a significant level of community input and support. Residents may have strong opinions and emotions about any actions that affect the appearance, condition or noise level of streets in their neighborhood. Response times for fire and emergency medical vehicles must also be considered in creating a traffic calming plan.



For these reasons, the City of Norwalk is implementing a new two-tier Traffic Calming Program to aid residents, City staff and emergency response personnel in selecting the appropriate locations and traffic calming measures to create livable, walkable neighborhoods. Tier 1 measures, which include targeted police enforcement, traffic safety campaigns and pavement marking changes, are low-cost solutions which are easily implemented without visual or noise impacts. Tier 2 traffic calming involves physical changes to the street like median islands, traffic circles and curb extensions, among others.

How do I get started?

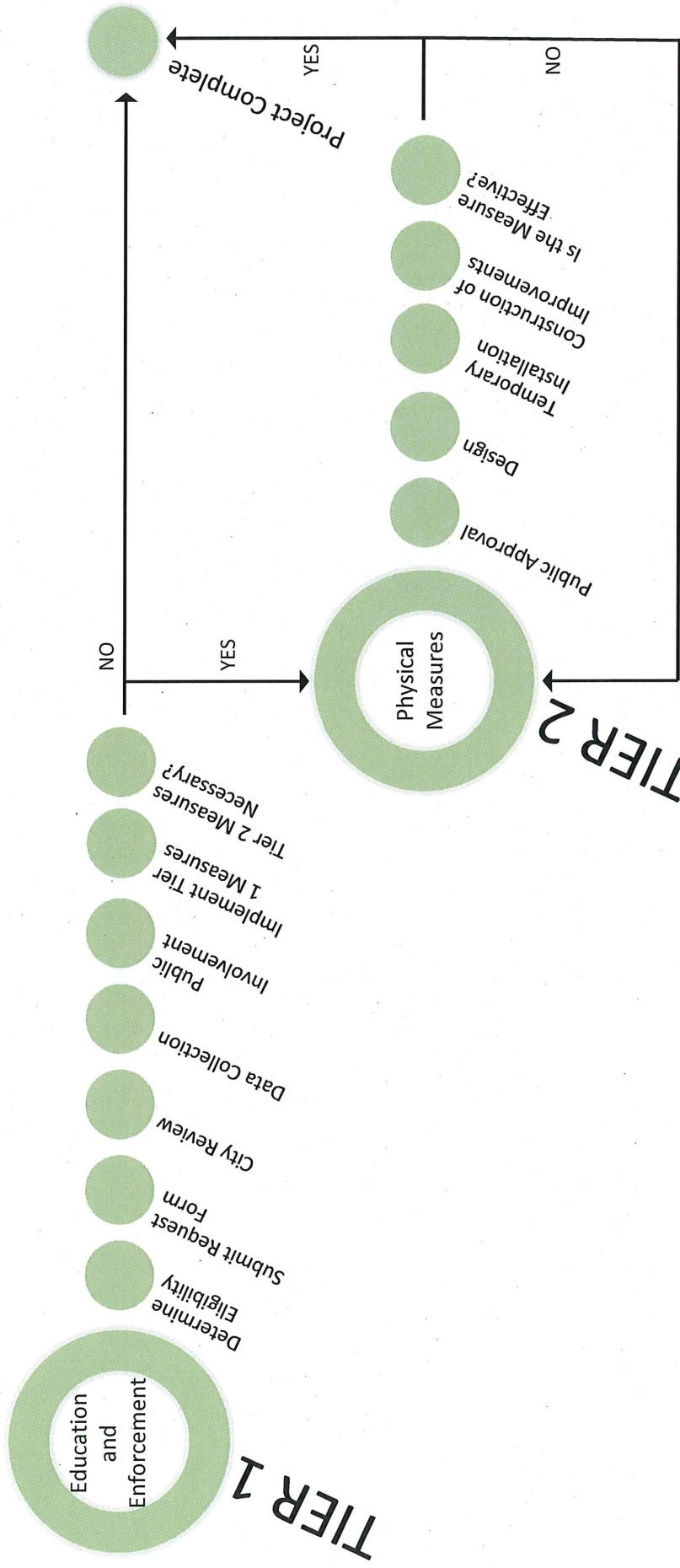


If you think your neighborhood could benefit from traffic calming, the first step is to log on to the Department of Public Works website at <http://www.norwalkct.org/index.aspx?NID=1093> to learn about the different types of traffic calming. An interactive selection tool is provided to aid in distinguishing the types of traffic calming measures which may be appropriate for your neighborhood.

The next step is to meet with your neighbors and complete a Traffic Calming Request Form. The request form provides the City with necessary information and contains signatures representing at least half of the households in the neighborhood. A petition process ensures that the neighborhood is in agreement over the need and desire to implement traffic calming measures.



Once a fully completed Traffic Calming Request Form is received, City staff will review it and create a plan for collecting traffic speed and volume data, accident records, field observations and other necessary information for decision making. The City will then meet with the neighborhood to discuss education and enforcement methods, as well as eligibility for installation of physical measures.



TRAFFIC CALMING PROGRAM PROCESS

TRAFFIC CALMING REQUEST FORM

Today's Date _____

The purpose of this form is to enable a neighborhood to request a traffic study in accordance with the City of Norwalk's traffic calming program. The traffic calming program addresses traffic safety concerns, such as excessive vehicle speeds, cut-through traffic and accidents. If you have such a concern, please fill out and submit this form including as much detail as possible and attach the names, addresses and signatures representing 50% of the households for the street(s) requesting action. For larger areas, contact the Department of Public Works for a determination of the petition area.

After completing this form, please submit to:

City of Norwalk
Attn: Director of Public Works
125 East Ave.
Norwalk, CT 06856
(203) 854-7791
customerservice@norwalkct.org

1. Name of Neighborhood or organized group name:

Contact Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Day Phone: _____

E-mail Address: _____

2. Please describe the traffic concerns of the neighborhood, including any safety issues. Use additional sheets as necessary.

3. Please describe the specific location of concern, as well as the limits of your neighborhood and/or of area of concern. A sketch may be included and attached to this sheet, as well as any particular traffic calming requests the neighborhood may have. Tier 1 measures must be considered before installing Tier 2 devices like traffic circles and speed humps.



Transportation Impact & Access Study Technical Checklist

Project Name: _____

City Reference Code: _____

Yes No **Certification** (State of Connecticut Registered Professional Engineer (PE) Stamp and Signature)

Yes No **Executive Summary**

Introduction

Yes No Project Description
 Yes No Study Area Description
 Yes No Study Methodology

Existing Conditions

Yes No Existing Roadway Conditions – description, functional classification, jurisdiction
 Yes No Existing Intersection Conditions – description, adjacent land use, ped/bike/transit facilities, lane geometry, traffic control
 Yes No Existing Daily and Peak Hour Traffic Volumes
 Yes No Seasonal Variation/Adjustment, if applicable
 Yes No Public Transportation
 Yes No Crash Data

Future Conditions without Project (No-Build)

Yes No Planned/Approved Roadway Improvements
 Yes No Historical Background Growth Rate and Planning Horizon
 Yes No Site-specific Background Developments
 Yes No No-Build Traffic Volumes

Future Conditions with Project (Build)

Yes No Trip Generation – methodology, description, summary calculations; including pass-by and shared trips, if applicable
 Yes No Trip Distribution/Assignment Methodology
 Yes No Build Traffic Volumes

Traffic Operations Analysis

Yes No Methodology and Software Description
 Yes No Signalized & Unsignalized Intersection Capacity Analysis – v/c ratio, delay, LOS, 95th percentile queue
 Yes No Weave, Merge, & Diverge Analysis Results, where applicable
 Yes No Sight Distance Evaluation at Site Access Points
 Yes No Signal Warrant Analysis, if applicable

Mitigation/Recommendations

Yes No Site Access and Circulation
 Yes No Off-Site Roadway Improvements
 Yes No Transportation Demand Management, if applicable

Completed By: _____ Date: _____



Transportation Impact & Access Study Technical Checklist

Project Name: _____

City Reference Code: _____

Figures

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Site Location Map |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Site Plan |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Existing Conditions Peak Hour Traffic Volumes |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | No-Build Peak Hour Traffic Volumes |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trip Distribution |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Build Peak Hour Traffic Volumes |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Proposed Mitigation Plans |

Tables

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Observed Traffic Volume Summary (ATR Data Summary) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Crash Summary |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trip Generation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trip Distribution |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Capacity Analysis Results Tables |

Technical Appendix Material

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Traffic Count Data (ATR, TMC) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Seasonal Adjustment Data |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Public Transportation Routes/Schedules, if applicable |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Crash Data |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Historical Background Growth Rate Data |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Site-specific Background Development Traffic Volume Data |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trip Generation Calculations |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trip Distribution Data |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Site-Generated Peak Hour Traffic Volume Graphics |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Capacity Analysis Results |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sight Distance Analysis |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Signal Warrant Analysis, if applicable |

Industry Standard TIAS Preparation References:

Transportation Impact Analyses for Site Development: An ITE Recommended Practice; ITE; September 2010

Traffic Engineering Handbook, 6th Edition; ITE; March 2009

Completed By: _____ Date: _____