

Commuter Services: Needs Assessment

ORGANIZATION

Employer Name

Please check which applies to business facility:

Corporate headquarters

Branch office

Subsidiary of larger corporation

Business hours of operation: _____ am/pm to: _____ am/pm

Years in business: _____ Years at current location: _____

MAILING INFORMATION

Business address: _____

Mailing address (if different from business address):

CONTACT INFORMATION

Business telephone: _____

Website: _____

Primary Contact _____

Email: _____

FACILITY INFORMATION

Total Number of employees at this location: _____

Total Number of employees in Southwest Florida: _____

How many shifts does your company have? _____

What are the times? _____

How many other locations does your organization have in
FDOT District One: _____

Please list the other locations: _____

How many parking spaces are available for your employees
within 1/4 mile of your worksite? _____

How many parking spaces are available for visitors to your
worksite facility during normal business hours? _____

Which of the following facilities are available at or near
(1/4 mile or less) your site?

Automobile repair shop Fitness Facility

Banking Grocery store

On-site ATM Hair Salon

Child Care Medical Services

Convenience Store Post Office

Dentist Retail Store

Dry Cleaners Snack Bar

Restaurant Transit Stop

Not including the building or corporate/industrial park where
your organization is located, how many other large employers
are located less than a mile from your facility? _____

Do you belong to a business organization, such as the Chamber of Commerce? _____

If so, which organization? _____

Do you currently have any commute options included in your corporate policy, such as teleworking, flextime or compressed work weeks? Yes _____ No _____

If yes, which policies? _____

Which of the following commuting programs or amenities do you offer (internally or via a third party) to your employees? Which would you consider offering?

Service	Do offer	Would Consider Offering
Commuter information center/website	_____	_____
Commuter club with coupons/discounts	_____	_____
Staff assigned to commuter programs	_____	_____
Carpool matching	_____	_____
Vanpool matching	_____	_____
Emergency ride home	_____	_____
Transit subsidies	_____	_____
Pre-tax benefits for transit & vanpooling	_____	_____
Bicycle racks/storage	_____	_____
On-site showers	_____	_____
Preferential parking for ride-sharers	_____	_____
Flextime	_____	_____
Compressed work weeks	_____	_____
4/10	_____	_____
9/80	_____	_____
Other _____	_____	_____
Telecommuting	_____	_____
At home	_____	_____
At a telework center	_____	_____
At an executive office suite	_____	_____
Company pool cars	_____	_____