



SEMI-ANNUAL TMP FUND REPORT



Project Name: _____

Reporting Year: _____

Address: _____

TMP SUP# _____

TMP Coordinator: _____

Check One Box Only	Report Due
<input type="checkbox"/> January 1 - June 30	July 15
<input type="checkbox"/> July 1 - December 31	January 15

Section 1. TMP FUND BALANCE (AT THE END OF PREVIOUS REPORTING PERIOD)

\$

Section 2. TMP FUND PAYMENTS FOR THIS REPORTING PERIOD

Column 1 USE	Column 2 TOTAL LEASABLE SQ. FT or # of UNITS	Column 3 TOTAL OCCUPIED SQ. FT OR # OF UNITS	Column 4 ANNUAL RATE (\$)	Column 5 TOTAL ANNUAL PAYMENT (\$)	Column 6 6 MONTH PAYMENT (\$) <i>(Divide Column 5 by 2 for 6 month total)</i>
a. Office					
b. Retail					
c. Hotel					
d. Warehouse/Other					
e. Residential					
f. Other (list): Additional contribution by					
2. TOTAL PAYMENTS FOR THIS REPORTING PERIOD (Add Column 6: a thru f)					\$

EXPENDITURES

Section 3. TRANSIT SUBSIDY EXPENDITURES

Column 1 TRANSIT SUBSIDY TYPE	Column 2 COST PER PASS/FARE MEDIA (\$)	Column 3 TMP SUBSIDY PER PASS/FARE MEDIA (\$)	Column 4 NUMBER OF PASSES/FARE MEDIA SOLD	Column 5 TOTAL TMP COST (\$) <i>(Multiply columns: 3 x 4)</i>
a. Metrochek Voucher				
b. Metrorail Smarttrip Card				
c. Metrorail Farecard	\$20.00			
f. Metrobus Tokens	\$25.00			
g. DASH Base Pass	\$30.00			
h. VRE Monthly Ticket				
i. VRE Monthly 10-Trip Ticket				
j. VRE Single Ride Ticket				
k. Other (list):				
l. Other (list):				
3. TOTAL TMP TRANSIT SUBSIDY EXPENDITURES (Add Column 5: a thru l)				\$

Section 4. CARPOOL, VANPOOL AND SHUTTLE SUBSIDY EXPENDITURES

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
SUBSIDY TYPE	COST OF PARKING SPACE PER MONTH (\$)	NUMBER OF POOL SPACES USED PER PERIOD	TMP SUBSIDY PER POOL SPACE (\$)	SHUTTLE EXPENSE PER WEEK (\$)	TOTAL TMP COST (\$) <i>(Multiply columns: 3 x 4) or (Multiply column 5 x # of weeks — 26 weeks)</i>
a. Carpool					
b. Vanpool					
c. Shuttle					
4. TOTAL TMP CARPOOL/VANPOOL AND SHUTTLE EXPENDITURES (Add Column 6: a + b + c)					\$

Section 5. TMP COORDINATOR'S TIME (Must have written authorization from OTS&P to charge for TMP Coordinator's time)

Column 1	Column 2	Column 3	Column 4
5. TOTAL TMP COORDINATOR'S TIME EXPENDITURE (Not to exceed 20% of total TMP expenditures)	HOURLY RATE	# OF HOURS WORKED	TOTAL TMP COST – \$ <i>(Multiply Columns: 2 by 3)</i>
			\$

Section 6. MARKETING AND PROJECT EXPENSES (Attach Copies of Receipts & Samples)

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
EXPENSE TYPE	MATERIALS/ SUPPLIES (\$)	PRINTING (\$)	POSTAGE (\$)	CONSULTANT FEES/COSTS (\$)	OTHER COST (\$)	TOTAL TMP COST (\$) <i>(Add columns: 2 thru 6)</i>
a. Flyers/Brochures						
b. Newsletters						
c. Promotional Items						
d. Fairs						
e. Web Page						
g. Other (list)						
6. TOTAL MARKETING AND PROJECT EXPENSES (Add Column 7: a thru g)						\$

Section 7. DIRECT PAYMENTS MADE TO THE CITY OF ALEXANDRIA: \$ _____

Section 8. TOTAL EXPENDITURES FOR THIS PERIOD (Section 3 + Section 4 + Section 5 + Section 6 + Section 7) \$ _____

SUMMARY OF THE TMP ACCOUNT	
9. TMP FUND BALANCE AT END OF PREVIOUS REPORTING PERIOD (Section 1)	_____
10. TOTAL PAYMENTS DUE FOR THIS REPORT PERIOD (Section 2)	_____
11. TOTAL AVAILABLE TMP FUNDS (Section 9 + Section 10)	_____
12. TOTAL EXPENDITURES FOR THIS REPORT PERIOD (Section 8)	_____
13. TMP FUND BALANCE (Section 11 - Section 12)	_____

I HAVE READ THIS FORM AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS FORM IS TRUE, CORRECT AND COMPLETE.

(SIGNATURE)

(DATE)