



DEVELOPMENT PLAN - VOL.III

DRAFT

N – VOL. DESTINATION MEDICAL CENTER ROCHESTER, MINNESOTA VOLUME III – APPENDICES





HEART OF THE CITY DISTRICT CONCEPT

VOLUME III	APPENDICES
Appendix 1.0	Definitions
Appendix 2.0	DMC Planning & Coordination Meetings
Appendix 3.0	DMC Development District Technical Desc
Appendix 4.0	AECOM Market Research
Appendix 5.0	Design Guidelines
Appendix 6.0	2015 Milestone Schedule
Appendix 7.0	Access, TDM, and Parking
Appendix 8.0	Transit Framework
Appendix 9.0	Streets and Traffic Analysis
Appendix 10.0	Active Transportation
Appendix 11.0	Form(s) and Procedures for Funding Appli
Appendix 12.0	Summary Terms of Development / Grant A
Appendix 13.0	Summary Terms of Development Loan Ag
Appendix 14.0	Development Plan & Community Input Pro
Appendix 15.0	Detailed Table of Contents

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

Description

oplications

nt Agreements

Agreements

Process

TABLE OF CONTENTS | PAGE 1







APPENDIX 1 DEFINITIONS

The following terms have the meaning outlined below or as otherwise defined in this report.

Agreements (or Project Agreements). Means collectively the DMCC/EDA Agreement, DMCC/City Agreement, DEED/City Agreement and other agreements that are executed for the DMC Initiative.

<u>City/DEED Agreement</u>. Means the agreement between the City of Rochester and DEED that determines the requirements for the certification of investments, recognition of project costs and the flow of funds between the State and City.

<u>City.</u> Means the City of Rochester, Minnesota.

<u>City Matching Funds.</u> Means City funds applicable, with the consent of the DMCC, to the City's \$128M local DMC funding obligation for Public Infrastructure Projects, as further prescribed by the DMC Act.

Combined General Aid. Means, collectively, the General State Infrastructure Aid and City Matching Funds.

Combined Transit Aid. Means, collectively, the State Transit Aid and Transit Matching Funds.

County. Means Olmsted County, Minnesota.

DEED. Means the Minnesota Department of Employment and Economic Development, charged with establishing programs to promote business recruitment, expansion, and retention; international trade; workforce development; and community development.

Development Plan. Means the plan adopted by the DMCC pursuant to the DMC Act.

DMC. Means Destination Medical Center.

DMC Account. Means the account set up on the books and records of the City as fiscal agent, and held in trust under the DMC Master Indenture for the authorized public purposes under the DMC Act, all as such purposes and related expenditures are approved by the governing bodies of both the DMCC and the City.

DMC Act (or the Act). Means the statutory provisions at laws of Minnesota 2013Chapter 143, Article 10.

DMC Capital Investment Plan or (DMC-CIP). Means the short-term, 5-year financial framework for the Project that will identify projected sources of funds and potential Public Infrastructure Project

recommendations in the near term.

DMC Development District or Development District. Means a geographic area in the city identified in the Development Plan in which Public Infrastructure Projects may be undertaken pursuant to the DMC

the Development Plan in which Public Infrastructu Act.



DMC Funds. Means, collectively, General State Infrastructure Aid, State Transit Aid, City Matching Funds and Transit Matching Funds as authorized by the DMC Law.

DMC Funding Program. Means the method by which DMC Funds will be distributed for Public Infrastructure Projects.

DMC Initiative. Means a public-private partnership set forth in the DMC Act designed to leverage the growth of Mayo Clinic and other businesses and institutions within Rochester to create economic opportunity for the local community, region and State as a whole.

DMC Master Indenture. Means the indenture of trust to be established by and among the DMCC and the City providing for the holding of DMC Funds in the DMC Account and for disbursals from the Development Account in accordance with the Development Plan and DMC Funding Program, as approved by the governing bodies of both the DMCC and the City.

DMC Operating Budget and EDA Work Plan. Means the operating plan, work plan and operating budget of the DMCC, EDA and City submitted annually to the DMCC and City in accordance with the processes outlined in the DMCC/City and DMCC/EDA Agreements.

DMC Program. Means the strategic planning of the 7 Core Areas as described in the DMC Act and section 5.0 of the Development Plan. The 8th core area, transit/transportation is addressed separately in section 8.0, the Transportation Master Plan.

DMCC or Corporation. Means the nonprofit corporation created by the city as provided in Minnesota Law.

DMCC/City Agreement. Means the agreement between the DMCC and the City outlining the roles and responsibilities of the parties in the oversight and implementation of the DMC Initiative as prescribed by the DMC Act.

DMCC/EDA Agreement. Means the agreement between the DMCC and EDA for the EDA to provide services related to the planning, development and implementation of the DMC Initiative as prescribed in the DMC Act.

EDA. Means the nonprofit agency required under the DMC act codified at Minnesota Statutes Section 469.43, to provide experience and expertise to the DMCC for purposes of developing and marketing the destination medical center.

Evaluation Report. Means the staff report, prepared and submitted by the EDA, pursuant to the requirements outlined in this Development Plan or in other Agreements to assess Projects and potential eligibility for DMC Funds.

General Infrastructure Projects. Means projects, whether public or private, that are eligible for Combined General Aid under the DMC Act.

General State Infrastructure Aid. Means the State funds available for General Infrastructure Projects in accordance with the DMC Act.

Guiding Principles. Means the principles established to provide guidance in the planning and strategies established in the Development Plan.

Planning Period. Means the period of the current Development Plan. For this version of the document it means the calendar years 2015 – 2019.

Private Sources. Means funding that is contributed by Mayo Clinic and/or private development interest to fund certain projects such as street repair/reconstruction as part of development, utilities upgrades, shared parking, shared transit or other costs.

Project. Means the DMC Initiative.

Project Sponsor. Means the City, County, DMCC and/or other public or private development interest(s) who bring forward projects and/or funding requests to the DMCC and City for review and approval for DMC Funds.

Project Reserve Account. Means one or more subaccounts held within the DMC Account at a designated amount, as approved by the DMCC and City, for the purpose of facilitating a potential Public Infrastructure Project pursuant to a specific strategy in the Development Plan.

Project Team. Means the consulting team listed in this report.

Public Infrastructure Project. Means a project financed in part or in whole with public money in order to support the medical business entity's development plans, as identified in the DMCC Development Plan. Public Infrastructure Projects include General Infrastructure Projects and Transit/Transportation Projects.

Public Spaces. Means spaces, whether owned publically or privately, that are accessible for the use and enjoyment of the general public.

Rochester-Olmsted Council of Governance (or ROCOG). Means the governing body charged with providing comprehensive planning services to member local government units around transit solutions, including but not limited to Long Range Transportation Plan (LRTP) and an annual Transportation Improvement Program (TIP), which identifies a list of transportation improvements supported by federal funding.



Sales Tax Exemption. Means the sales tax exemption as authorized in the DMC Act and estimate at approximately \$14 million.

Sponsorships. Means funding secured through agreements with public or private entities for funding in exchange for naming rights or some other item of value.

<u>State.</u> Means the State of Minnesota.

State Transit Aid. Means the State funds available for Transportation Infrastructure Projects in accordance with the DMC Law.

<u>State Funds.</u> Means, collectively, the General State Infrastructure Aid and the State Transit Aid.

<u>Transit Costs.</u> Means the costs of Transit/Transportation Infrastructure as provided in the DMC Act.

Transit Matching Funds. Means County funds applicable, with the consent of the DMCC, to the County's required local funding obligation for Transit/Transportation Infrastructure Projects, or the City's funding contribution for such purpose, as further prescribed by the DMC Law.

Transit Infrastructure Projects (or Transit/Transportation Infrastructure Projects). Means projects, whether public or private, that are eligible for Combined Transit Aid under the DMC Act.

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

APPENDIX 1.0 - DEFINITIONS | PAGE 3







APPENDIX 2.0 DMC PLANNING & COORDINATION MEETINGS

Included in this Appendix 2.0 is an outline of the DMCC Board Meetings, DMCC/EDA Working Sessions, Public Forums, City/County Leadership Briefings, Technical Committee Meetings and other meetings with City/County staff that were held to gather information/feedback on the concepts, assumptions and analysis included in this Development Plan. We appreciate the time, collaboration and partnership of the DMCC, City, County, stakeholders and the public in helping us to shape the visions, concepts and strategies included in this Development Plan.

<u>BY</u>	<u>When</u>	MEETING TITLE	Шно
κιμι	EY HORN		
	6/5/14	CITY COORDINATION	TONY KNAUER, DAN COYLE
	6/18/14	CITY COORDINATION	MITZI BAKER, STEVE KVENVOLD AND DOUG KNOTT:
	6/21/14	STORM WATER	BARB HUBERTY
	7/8/14	CITY COORDINATION	Mark Kotschevar and Randy Anderton
	9/4/14	REVIEW LIST OF SITES WITH DEVELOPER INTEREST, COMPARISON TO THE RDMP	Gary Neumann, Terry Spaeth, Dan Coyle
	9/9/14	CIP AND DMC COST ACCOUNTING	Public Works and Rochester Public Utilities Department
	9/15/14	TRANSIT AND PARKING W/RPU DEPARTMENT	GARY NEUMANN, RICHARD FREESE, DOUG NELSON, TONY KNAUER, BRIAN LAW, DAN COYLE, FRED SCHWARTZ, TOM BREN
	9/15/14	SKYWAYS, SUBWAYS, BROADWAY AND CRESCENT	GARY NEUMANN, RICHARD FREESE, DOUG NELSON, TONY KNAUER, BRIAN LAW, MIKE NIGBUR, DAN COYLE
	9/15/14	SEWER AND WATER	GARY NEUMANN, RICHARD FREESE, DOUG NELSON, JOHN WELLNER, MATT CRAWFORD, DONN RICHARDSON, DAN COYLE,
	9/15/14	STORM WATER AND RIVERFRONT	GARY NEUMANN, RICHARD FREESE, DOUG NELSON, JOHN WELLNER, MATT CRAWFORD, DAN COYLE, BILL ANDERSON
	9/15/14	ELECTRICITY: PLANNING PROCESS, OPPORTUNITIES AND ISSUES	RPU DEPARTMENT
	9/17/14	PARKS AND RECREATION	Mike Nigbur, Dan Coyle, Todd Halunen
	9/22/14	COMMUNICATION INFRASTRUCTURE	CENTURYLINK AND CITY STAKEHOLDERS
	9/29/14	CHARTER COMMUNICATION	City Stakeholders
	9/30/14	WINDSTREAM COMMUNICATION	City Stakeholders
	9/30/14	CITY COORDINATION	RPU, WATER DIVISION STAFF: JOHNSON, RICHARDSON, KOLZ, LOEHR
	10/2/14	STREETS/TRAILS/SKYWAYS/SUBWAYS/RIVER/PARKS AND REC	Richard Freeze
	10/2/14	JAGUAR COMMUNICATION	Adam Ramseth, Lance Newman, Russell Depuydt
	10/2/14	OLMSTEAD COUNTY WASTE AND ENERGY FACILITY	Brian Grzanek, John Helmers, Matt Anderson, Lance Newman, Russel Depuydt
	10/6/14	ZAYO COORDINATION	Bob Toomey, Kris DiMercurio, Chuck Ott Lance Newman, Russell Depuydt
	10/9/14	ARVIG COORDINATION	Pat Lynch, Lance Newman, Russel Depuydt
	10/13/14	NEUTRAL PATH COORDINATION	JAY HANKE, DAN COYLE, RUSSEL DEPUYDT, LANCE NEUMANN
	10/15/14	MINNESOTA ENERGY RESOURCES	Lyndsay Lyle, Marc Jimmerson, Russel Depuydt, Dan Coyle
	10/16/14	STORM/SANITARY/WATER UTLITIES	GARY NEUMANN, RICHARD FREESE, DOUG NELSON, JOHN WELLNER, DAN COYLE, BILL ANGERMAN, GEORGE CALEBAUGH,
	10/23/14	STREETS/TRAILS/SKYWAYS/SUBWAY/PARKS AND REC/UTLITIES	Richard Freese, Doug Nelson, John Wellner, Russ Kelm, Matt Crawford, RPU
	11/6/14	STREETS AND UTILITIES	GARY NEUMANN, RICHARD FREESE, DOUG NELSON, JOHN WELLNER, MATT CRAWFORD, RUSS KELM, DAN COYLE, BILL AN
	11/19/14	UTILITIES	GARY NEUMANN, RICHARD FREESE, DOUG NELSON, JOHN WELLNER, MATT CRAWFORD, RUSS KELM, DAN COYLE, BILL AN
	11/19/14	CIVIC USES	Richard Schmidt, Dan Coyle

nnan, David Fields
e, Bill Anderson
, RPU, Angie Kolz
NDERSON
NDERSON



NELSON		
6/4/14	TRANSIT	Tony Knauer
6/11/14	TRANSIT	DMC/MCC/City
8/7/14	TRANSIT	Tony Knauer
9/5/14	CIVIC CENTER DRIVE	Richard Freese, MCC and MCC Expansion Architect
9/5/14	TRANSIT	COMP PLAN TEAM AND DMC TEAM
9/9/14	ROCHESTER DMC AND COMP PLAN COORDINATION - TRANSPORTATION	MITZI BAKER, TOM BRENNEN
11/12/14	PARKING ASSUMPTION	Richard Freese, Charlie Reiter, Tony Knauer, Tom Brennen, David Fields, Dan Coyle
11/14/14	TRANSPORTATION ASSUMPTIONS	CITY STAFF, TOM BRENNEN
AECOM		
6/5/14	POPULATION AND GROWTH ASSUMPTIONS	Charlie Reiter
9/10/14	FINANCE PLAN AND CAPITAL IMPROVEMENT DISCUSSION	DeWald, Supple, Rowan, Rogers, Clarke, Nichols, Anderson, Gester, Neumann, Kvenvold, MacGillivray, Martinson
10/9/2014	METHODOLGY FOR FISCAL ANALYSIS	NEUMANN, KVENVOLD, MCNALLAN, MACGILLIVRAY, GESTER, ANDERSON, DEWALD, KURT, ROWAN, GESTER, ANDERSON
10/17/14	ECONOMIC AND FISCAL DISCUSSION	NEUMANN, KVENVOLD, MCNALLAN, MACGILLIVRAY, GESTER, ANDERSON, DEWALD, KURT, ROWAN
10/9/14	DMC / CITY FINANCE PLAN AND CAPITAL IMPROVEMENTS ADVANCEMENT MEETINGS	Clarke, Supple, Rowan, DeWald, Rogers, Neumann, Anderson, Brennan, Coyle, Schwartz, Kvenvold, MacGillivray, Mart
11/5/14	FISCAL IMPACT	KIMBERLY GESTER, WILLIAM ANDERSON, GARY NEUMANN, STEVE KVENVOLD, CARY MCNALLAN, DALE MARTINSON, DAVID MACGILLIVF
11/12/14	DMC / CITY FINANCE PLAN AND CAPITAL IMPROVEMENTS ADVANCEMENT MEETINGS	Clarke, Supple, Rowan, DeWald, Rogers, Neumann, Anderson, Brennan, Coyle, Schwartz, Kvenvold, MacGillivray, Mart
AMMES / PLANNIN	GTEAM	
11/7/13	DMC / CITY STRATEGY MEETING	Neumann, Kvenvold, Brede, Staver, Hruska
11/8/13	DMCC BOARD OF DIRECTORS MEETING	DUNN, SUPPLE
11/20/13	DMC / CITY STRATEGY MEETING	Neumann, Kvenvold, Brede, Staver, Hruska, Harrington
12/2/13	REVIEW CITY COMP PLAN RFQS	
12/4/13	DMC / CITY STRATEGY MEETING	Neumann, Kvenvold, Brede, Staver,
12/16/13	ON-GOING COORDINATION	Neumann, Kvenvold
12/20/13	DMC / CITY STRATEGY MEETING	Neumann, Kvenvold, Brede, Staver, Hruska
1/6/14	DMC BUDGET	Neumann, Lamb, Brennan
1/6/14	DMC BUDGET	Bier
1/8/14	DMC BUDGET / CASH FLOW	Supple
1/30/14	DMCC BOARD OF DIRECTORS MEETING	Supple
2/19/14	DMCC BOARD OF DIRECTORS MEETING	SUPPLE
3/20/14	DMC METHODOLOGY	NEUMANN, TOM GAST, JEREMY LACROIX
3/25/14	DMCC BOARD OF DIRECTORS MEETING	Smith, Brede, Bier, George, Hruska, Rani, Rybak, Campbell, Supple, Rowan
4/2/14	DMC / PARKS & REC MEETING	Nigbur, Widman,
4/3/14	DMC / CITY STRATEGY MEETING	Baker, Neumann, Koegler (HKGI)
4/11/14	DMC / CITY STRATEGY MEETING	Baker, Neumann
4/22/14	DMC VISIONING SESSION/ DMCC/EDA BOARD	Smith, Brede, Bier, Campbell, George, Hruska, Rani, Supple, Rowan
4/22/14	PUBLIC FORUM #1	Brede, Rybak, Clarke, Supple, Rowan, Cavaluzzi, Bertsch, Anderson, Brennan, Coyle
4/23/14	EDA / CITY COORDINATION	Baker, Neumann, Ellerbusch, Reiter, Pesch
5/1/14	TARGETED BUISINESS & WORKFORCE	Neumann, Brede, Staver, Lamb
5/29/14	DMC PLANNING W/ RCVB	Jones, Smith, Salz, Groetum, Wagner, K. Hruska, Gastner
5/29/14	DMC / PARKS & REC MEETING	Nigbur, Hruska,

TINSON
ray, Nick Draqisch, Eric DeWald, Wendy Rogers, Keith Rowan,
TINSON
TINSON



MES / PLANNING	БТЕАМ	
6/4/14	WMBE MATTERS	Neumann, Lamb, Brennan
6/9/14	DMC TARGETED BUSINESS	Neumann, Lamb,
6/11/14	DMC / MCC / CITY MEETING	Sorensen, Drews, Beltz, Jones,
6/11/14	EDA / DMCC WORKING SESSION	Clarke, Supple, Rowan, Cavaluzzi, Bertsch, Anderson, Brennan, Coyle
6/11/14	EDA / CITY TECHNICAL MEETING	Knauer, Goslee, Ellerbusch, Freese, Kvenvold, Knott, Nelson, Neumann, Pesch, Reiter
6/11/14	DMC / RAEDI MEETING	Bowman, Smith, Williams
6/12/14	DMCC BOARD OF DIRECTORS MEETING	Smith, Brede, Bier, George, Hruska, Rani, Rybak, Campbell, Supple, Rowan
6/25/14	DMC TARGETED BUSINESS	Neumann, Lamb, Kvenvold, Staver
7/8/14	DMC / EDA FUNDING	Martinson, Lamb
7/9/14	EDA / CITY TECHNICAL MEETING	Knauer, Goslee, Ellerbusch, Freese, Kvenvold, Knott, Nelson, Neumann, Pesch, Reiter
7/9/14	DMC / IBM MEETING	Clarke, Bertsch, Rowan, Brennan, Anderson
7/9/14	DMC / TRANSFORMATIONAL CENTERS	Clarke, Supple, Rowan
7/9/14	DMC / ROCHESTER SPORTS COMMISSION	Hruska, Supple, Rowan
7/10/14	EDA / DMCC WORKING SESSION	Clarke, Supple, Rowan, Cavaluzzi, Bertsch, Anderson, Brennan, Coyle
7/10/14	PUBLIC FORUM #2	Clarke, Supple, Rowan, Cavaluzzi, Bertsch, Anderson, Brennan, Coyle
7/15/14	WORKFORCE MEETING GROUPS	Neumann, Brede, Lamb, Staver, Kvenvold
7/22/14	HUMAN RIGHTS	Neumann, Lamb
8/5/14	CITY / COUNCIL BRIEFINGS	Wojcik, Brede, Neumann, Kvenvold, Staver, Hruska, Hickey, Brown, Ohly, Podulke, Snyder, Means
8/5/14	DMC / MCC / CITY MEETING	Sorensen, Drews, Neumann
8/6/14	EDA PLANNING TEAM & CITY/COUNTY TECHNICAL MEETING	Baker, Ellerbusch, Goslee, Kvenvold, Knott, Knauer, Neumann, Pesch, Reiter, Nelson, Freese, Koegler, Scheie
8/22/14	COORDINATION OF EFFORTS	Baker
8/28/14	EDA BUDGET REVIEW	Bier, George, Campbell,
8/28/14	EDA PLANNING TEAM & CITY/COUNTY TECHNICAL MEETING	Baker, Ellerbusch, Goslee, Kvenvold, Knott, Knauer, Neumann, Pesch, Reiter, Nelson, Freese, Koegler, Scheie
9/5/14	EDA PLANNING TEAM & CITY/COUNTY TECHNICAL MEETING	Baker, Ellerbusch, Goslee, Kvenvold, Knott, Knauer, Neumann, Pesch, Reiter, Nelson, Freese, Koegler, Scheie
9/10/14	EDA PLANNING TEAM & CITY/COUNTY TECHNICAL MEETING	Baker, Ellerbusch, Goslee, Kvenvold, Knott, Knauer, Neumann, Pesch, Reiter, Nelson, Freese, Koegler, Scheie
9/11/14	DMCC BOARD OF DIRECTORS MEETING	Smith, Brede, Bier, Campbell, George
9/11/14	EDA / DMCC WORKING SESSION	Clarke, Supple, Rowan, Cavaluzzi, Bertsch, Anderson, Brennan, Coyle
9/11/14	PUBLIC FORUM #3	Clarke, Supple, Rowan, Cavaluzzi, Bertsch, Anderson, Brennan, Coyle
9/29/14	EDA PLANNING TEAM & CITY/COUNTY TECHNICAL CONFERENCE CALL	Baker, Ellerbusch, Goslee, Kvenvold, Knott, Knauer, Neumann, Pesch, Reiter, Nelson, Freese, Koegler, Scheiß
9/22/14 – 9/26/14	BEST PRACTICE TRIPS – PORTLAND / SEATTLE	DMCC BOARD ATTENDEES, EDA BOARD ATTENDEES, EDA STAFF AND PLANNERS
9/30/14 – 10/3/14	BEST PRACTICE TRIPS – CLEVELAND / INDIANAPOLIS	DMCC Board Attendees, EDA Board Attendees, EDA Staff and Planners
10/7/14	SUSTAINABILITY MEETING	Baker, Ellerbusch, Supple, Rogers, Bertsch, Cavaluzzi, Janiski
10/8/14	CITY / COUNCIL BRIEFING	Clarke, Supple, Staver, Bilderback, Flynn, Biers
10/8/14	EDA PLANNING TEAM & CITY/COUNTY TECHNICAL MEETING	Baker, Ellerbusch, Goslee, Kvenvold, Knott, Knauer, Neumann, Pesch, Reiter, Nelson, Freese, Koegler, Scheiß
10/8/14	SUSTAINABILITY	Baker, Ellerbusch
10/9/14	CITY / COUNCIL BRIEFING	Clarke, Supple, Snyder, Brown, Wojcik, Means, Ohly
10/9/14	WORKFORCE DEVELOPMENT	Smith, Rybak, Rani, Lamb, Brennan, Neumann, Clarke, Supple
10/20/14	EDA PLANNING TEAM & CITY/COUNTY TECHNICAL MEETING	Baker, Ellerbusch, Goslee, Kvenvold, Knott, Knauer, Neumann, Pesch, Reiter, Nelson, Freese, Koegler, Scheib

3
3
3
3
3
3
3



НАМ	MES / PLANNING T	EAM	
	10/24/14	UMR / SOLDIERS FIELD MEETING	Clarke, Mestad, Supple, Hesley, Nigbur
	10/24/14	RAEDI MEETING	Clarke, Smith, Holmes, Supple, Rothe
	11/3/14	EDA PLANNING TEAM & CITY/COUNTY TECHNICAL MEETING	Baker, Ellerbusch, Goslee, Kvenvold, Knott, Knauer, Neumann, Pesch, Reiter, Nelson, Freese, Koegler, Scheib
	11/10/14	MNDOT COORDINATION	MITZI BAKER, WENDY ROGERS, TOM BRENNAN, GRET PAULSON, MICHAEL DOUGHTERY
	11/12/14	SIGNAGE AND WAYFINDING	Hillary Bertsch, Even Cory, Terry Spaeth, Trish Solsaa
	11/12/14	EDA PLANNING TEAM & CITY/COUNTY TECHNICAL MEETING	Baker, Ellerbusch, Goslee, Kvenvold, Knott, Knauer, Neumann, Pesch, Reiter, Nelson, Freese, Koegler, Scheib
	11/13/14	DMCC BOARD OF DIRECTORS MEETING	Smith, Brede, Bier, George, Hruska, Rani, Rybak, Campbell, Supple
	11/13/14	EDA / DMCC WORKING SESSION	Clarke, Supple, Rogers, Rowan, Cavaluzzi, Bertsch, Anderson, Brennan, Coyle
	11/13/14	PUBLIC FORUM #4	Clarke, Supple, Rogers, Rowan, Cavaluzzi, Bertsch, Anderson, Brennan, Coyle

IB	
IB	







APPENDIX 3.0 DMC DEVELOPMENT DISTRICT TECHNICAL DESCRIPTION

The DMC Act requires that a "Destination Medical Center Development District" (DMC Development District) be established in the Development Plan to define the geographic area in the City that identifies where Public Infrastructure Projects are implemented. The area of the Development District influences the implementation of the plan in two primary ways:

- District may be counted retroactively to June 30, 2013.
- may be expended for Public Infrastructure Projects in accordance with the DMC Act.

The following sections outline the methodology for selection of the DMC Development District and establishes the definition of the area to be included therein. Interested parties should consult the DMC Act to understand the detailed requirements and law related to this area.

METHODOLOGY AND GUIDELINES FOR SELECTION OF THE DMC DEVELOPMENT DISTRICT The Development District has been established through a series of discussions with the DMCC Board, EDA Board, the City, County and the public. The area was selected because it:

- growth and investment in the next 20 years
- Represents the area with the highest employment and demand for increased/improved services
- **Civic Center**
- It includes the area identified by University of Minnesota, Rochester for their campus master plan
- It includes the area identified by the City of Rochester as a tax abatement district
- It includes the major roadways/entry points into the City center
- staff agreed are consistent with the strategies outlined for the vision of the DMC Plan.

DEVELOPMENT P **DESTINATION MEDICAL** DRAFT

1. Certification of Private Investment. The amount of State Funds available to pay the costs of Public Infrastructure Projects, is estimated based on a formula that calculates the total amount of Mayo Clinic investment in the City of Rochester and the total amount of private investment that occurs within the Development District. Once established, the certification of private investment in the Development

2. Area for Public Infrastructure Projects. The Development District defines the area where DMC Funds

Includes the area adopted by the City of Rochester in the Rochester Downtown Master Plan (RDMP)

Represents the area identified by both City and Mayo Clinic as the area likely to experience the highest

Represents the primary area for visitation and tourism, and the area surrounding the expanded Mayo

And, includes areas recommended by the public and local jurisdictions that both the EDA and City



LEGAL DESCRIPTION AND MAP OF DMC DEVELOPMENT DISTRICT

A legal description of the area is provided, and Figure Appendix 3-1 illustrates the area for the DMC Development District.

- 1. Starting at the intersection of 5th Ave SW and 8th St SW the boundary proceeds north along the western edge of the public right of way of 5th Ave SW to 4th St SW.
- 2. The boundary then continues along the southern edge of the public right of way of 4th St SW to 6th Ave SW.
- The boundary then continues north along the western edge of the public right of way of 6th Ave SW to 3rd St SW. 3.
- The boundary then continues west along the southern edge of the public right of way of 3rd St SW to 9th Ave SW. 4.
- The boundary then continues south along the western edge of the public right of way of 9th Ave SW to 4th St SW. 5.
- The boundary then continues west along the southern edge of the public right of way of 4th St SW to 10th Ave SW. 6.
- The boundary then continues south along the western edge of the public right of way of 10th Ave SW to 6th St SW. 7.
- The boundary then continues west for 635 ft. along the southern edge of the public right of way of 6th St SW. 8.
- The boundary then continues north along the eastern boundary of Olmsted County parcel # 640314011385 to the 9. northern boundary of the same parcel.
- 10. The boundary the continues due west to the western edge of 4th Ave SW.
- 11. The boundary then continues north for 960 ft. along the western edge of the public right of way of 4th Ave SW.
- 12. The boundary then continues due west to the western edge of the public right of way of 17th Ave SW
- 13. The boundary then continues north along the western edge of the public right of way of 17th Ave SW to 2nd St SW.
- 14. The boundary then continues west along the southern edge of the public right of way of 2nd St SW for 80 ft.
- 15. The boundary then makes a 90 degree turn and continues north to the northern edge of the public right of way of 2nst St SW.
- 16. The boundary then continues west along the northern boundary of 2nd St SW for 160 ft.
- 17. The boundary then makes a 90 degree turn and continues due north for 160 ft.
- 18. The boundary then makes a 90 degree turn and continues due east to the western edge of the public right of way of Highway 52 NW Frontage Rd.
- 19. The boundary then continues north along the western edge of the public right of way of Highway 52 NW Frontage Rd. to 1st St SW.
- 20. The boundary then continues east along the northern edge of the public right of way of 1st St SW to 7th Ave SW.
- 21. The boundary then continues north along the western edge of the public right of way of 7th Ave SW to 2nd St NW.
- 22. The boundary then continues east along the northern edge of the public right of way of 2nd St NW to 6th Ave NW.
- 23. The boundary then continues north for 1233 ft. along the western edge of the public right of way of 6th Ave NW.
- 24. The boundary then makes a 78 degree turn southeast and continues for 777ft to the intersection of 4th Ave NW and 5th St NW.
- 25. The boundary then continues east along the northern edge of the public right of way of 5th St NW to Broadway Ave.
- 26. The boundary then continues north along the western edge of the public right of way of Broadway Ave to 7th St NW.
- 27. The boundary then continues east along 7th St NW to the eastern edge of the public right of way of Broadway Ave.
- 28. The boundary then continues south for 1295 ft. along the eastern edge of the public right of way of Broadway Ave.
- 29. The boundary makes a 106 degree turn southeast and continues for 2130 ft.
- 30. The boundary then continues south for 280 ft.

- 31. The boundary then makes a 135 degree turn southwest and continues for 110 ft.
- 32. The boundary then continues due east for 580 ft. to the eastern edge of the Zumbro River.
- 33. The boundary then continues southeast along the eastern edge of the Zumbro River to East Center St.
- 34. The boundary then continues east along the northern edge of the public right of way of East Center St to 6th Ave SE.
- 35. The boundary then continues south along the eastern edge of the public right of way of 6th Ave SE to the northern edge of the Zumbro River.
- 36. The boundary then continues northwest along the northern edge of the Zumbro River to 4th St SE.
- 37. The boundary then continues west along the southern edge of the public right of way of 4th St SE to the Western Edge of the Zumbro River.
- 38. The boundary then continues due south for 480 ft. to 5th St SE.
- 39. The boundary then continues west along the southern edge of the public right of way of 5th St SE to 3rd Ave SE.
- 40. The boundary then continues south along the eastern edge of the public right of way of 3rd Ave SE to 9th St SE.

- 42. The boundary then continues south along the eastern edge of the public right of way of Broadway Ave for 1335 ft. 43. The boundary then makes a 155 degree turn southeast and continues for 680 ft. to 12th St SE.
- 44. The boundary then continues west along the southern edge of the public right of way of 12th St SE for 955 ft.
- 45. The boundary then makes a 40 degree turn northeast and continues for 630 ft. to Broadway Ave.
- 46. The boundary then continues north for 1385 ft. along the western edge of the public right of way of Broadway Ave.
- 47. The boundary then makes a 135 degree turn northwest and continues for 200 ft.
- 48. The boundary then makes a 90 degree turn and continues west for 75 ft.
- 49. The boundary then makes a 90 degree turn and continues northwest for 445 ft. to the southern edge of the built development of Soldier's field.
- 50. The boundary then follows the southern edge of the built development of Soldier's field to George Gibbs Dr. SW. 51. The boundary then continues northwest along the western edge of the public right of way of George Gibbs Dr. SW to
- 5th Ave SW.
- 52. The boundary then continues north along the western edge of the public right of way of 5th Ave SW to 8th St SW.

DEVELOPMENT PLAN DESTINATION MEDICAL DRAFT

41. The boundary then continues west along the southern edge of the public right of way of 9th St SE to Broadway Ave.



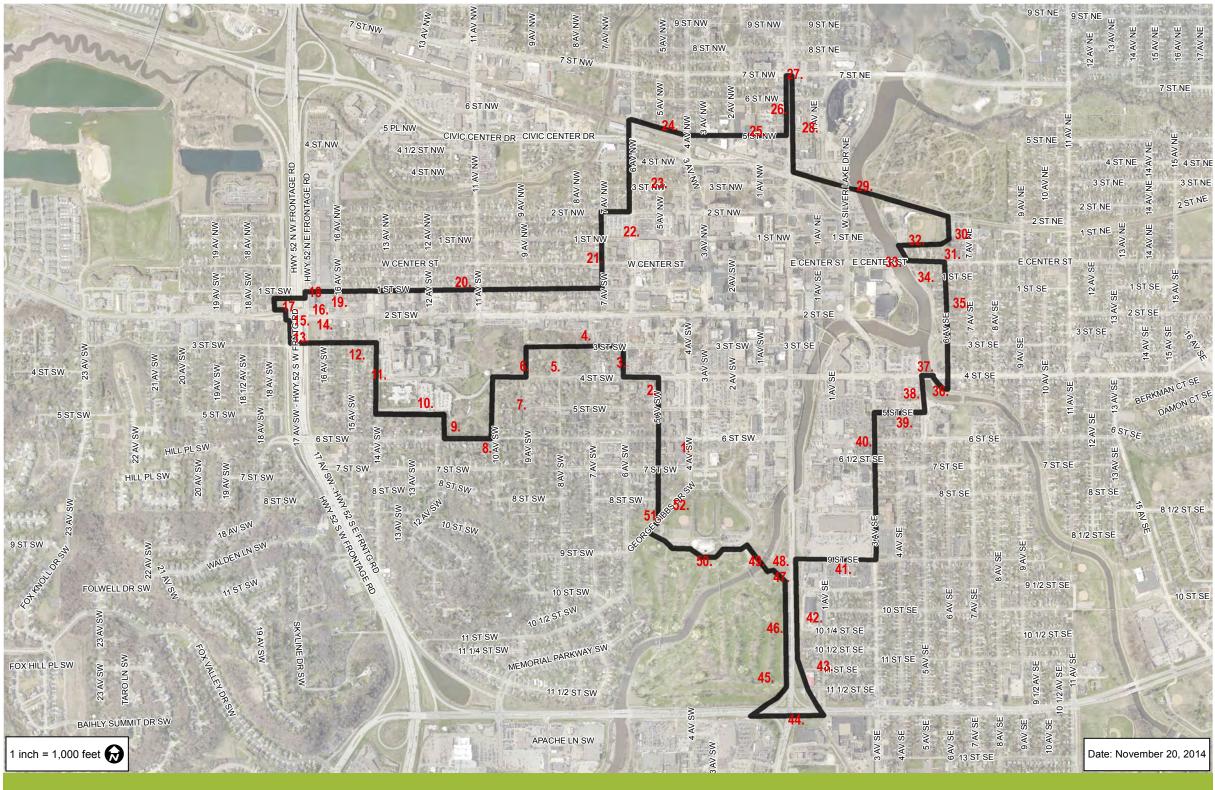


FIGURE APPENDIX 3-1 - DMC DEVELOPMENT DISTRICT







4.0 TABLE OF APPENDICES

OFFICE DEMAND ANALYSIS 4.1

- Projections for downtown office space by data source/methodology
- Absorption projections
- AECOM projections of future Mayo Clinic space needs
- Estimates of office space needs by sector

4.2 HOTEL DEMAND ANALYSIS

4.3 RETAIL/DINING/ENTERTAINMENT DEMAND ANALYSIS

- Summary Roll-up of retail demand calculations
- Forecast Supportable Retail Space Captured On-Site, 2013 to 2034
- Retail Productivity Rates by Category used to estimate productivity estimates
- Estimated Total Captured Expenditures by Source Market, 2013 to 2034
- Total Forecast Expenditures by Source Market, 2013 to 2034
- estimates
- Source Market Household and Employment Forecasts, 2013 to 2034
- Resident Market Total Spending by Establishment Type, 2013 used to estimate spending
- Resident Market Average Spending Per Household by Product Category, 2013
- Resident Market Total Spending by Product Category, 2013

4.4 **RESIDENTIAL DEMAND ANALYSIS**

- Resident Market Demographics, 2013 to 2018
- share of demand attributable to household growth
- growth.

DEVELOPMEN **DESTINATION MEDICA DRAF**

The hotel analysis was conducted by PKF Consulting USA, a specialist in hotel market analysis. The report is included in the appendix in its entirely and summarized in the body of the market study.

Average Spending by Establishment Type and Source Market, Forecast used to support space

 Downtown Employees by Place of Residence used to assign apportionment of downtown share Residential Demand in Downtown Area, excl. DMC Employment, 2015 to 2039 used to estimate

Demand for Additional Housing from Destination Medical Center Employment, DMC Area, 2015 to 2039. A sliding matrix based on employment growth pace. Matrix is adjusted depending of pace of



4.1 OFFICE DEMAND ANALYSIS

Summary of Data Sources and Findings for Office Demand Analysis

DATA SOURCES	DATA		
CoStar	Office space from 2007 Q4 thro	ugh current	
Olmsted County	Employment projections by sec	tor through 2040	
Mayo Clinic	Projections of space for growth	with DMC (2 scenarios)	
U.S. Census Bureau, OntheMap	Share of service jobs in Olmstee	d County located in Rochester	
PROJECTIONS FOR DOWNTOWN OFFICE SPACE BY DATA SOURCE/ METHODOLOGY:	NEW RBA (SF)		
CoStar historical absorption rates for downtown Rochester	320,000		
Olmsted County based on employment projections	1,393,847		If share v
Downtown Rochester share of county RBA (CoStar)	16%	20%	
Estimated office RBA for downtown	224,000	279,000	34
			If share v
Downtown Rochester share of county service jobs (OntheMap data)	42%	45%	
	582,000	627,000	69
Mayo growth projections	Planning	Aggressive	
Assuming ~27 square feet of Mayo space per square foot of other downtown office space	239,000	458,000	
Assuming ~31 square feet of Mayo space per square foot of other downtown office space	206,000	394,000	

FIGURE APPENDIX 4-1 - OFFICE DEMAND MODEL SUMMARY

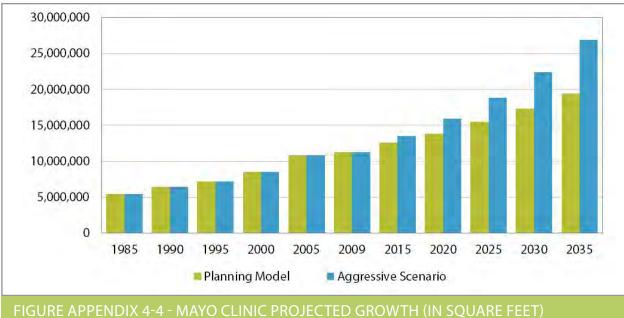
e were to grow	
25%	30%
348,000	418,000
e were to grow	
50%	55%
697,000	767,000



Office Demand Analysis Using Data from CoStar

RBA (SF)			
Current Space			
Olmsted County	2,622,716		
Rochester	2,577,837		
Downtown Rochester	421,746		
Average 2007 Q4 to present			
Rochester share of Olmsted Co.	98.3%		
Downtown share of Rochester	16.4%		
Downtown share of Olmsted Co.	16.1%		
Average annual absorption (2007-2014)			
Downtown properties	15,914		
Rochester	18,799		
Olmsted County	18,799		
Projection of absorption by 2034	New RBA (sf)	Total RBA (sf)	
Downtown properties	320,000	741,746	
Rochester	380,000	2,957,837	
Olmsted County	380,000	3,002,716	





Projections of Future Mayo Clinic Space Needs

	Planning Model	Aggressive Scenario		
1985	5,458,729	5,458,729		
1990	6,405,971	6,405,971		
1995	7,199,733	7,199,733		
2000	8,503,659	8,503,659		
2005	10,848,572	10,848,572		
2009	11,284,578	11,284,578		
2015	12,604,528	13,506,922		
2020	13,821,685	15,896,841		
2025	15,477,212	18,808,556		
2030	17,331,034	22,393,034		
2035	19,406,902	26,860,569		
CAGR				
1985-1990	3.3%	3.3%		
1990-1995	2.4%	2.4%		
1995-2000	3.4%	3.4%		
2000-2005	5.0%	5.0%		
2005-2009	1.0%	1.0%		
2009-2015	3.0%			
2015-2020	3.3%	1.9%		
2020-2025	3.4%			
2025-2030	3.6%			
2030-2035	3.7%			
2009-2020		1.9%		
2020-2035		2.3%		
1985-2009	3.1%	3.1%		
2009-2035	3.4%	2.1%		

Actual

Mayo Clinic projections AECOM estimate based on compound annual growth rates (CAGR)



Estimates of Office Space Needs by Sector

SQUARE FEET OF OFFICE SPACE NEEDED					
	2015-19	2020-24	2025-29	2030-34	Total
Information	52,122	48,854	46,447	51,152	198,575
F.I.R.E.	77,940	81,357	85,531	80,047	324,876
Business Services	59,397	53,250	48,921	46,148	207,716
Health and Social Services	32,276	33,975	36,109	32,379	134,740
Other Services	71,693	74,974	79,450	70,790	296,906
Local Government/ Education	18,105	15,675	14,037	11,645	59,462
Federal and State Government	8,600	11,000	12,781	12,479	44,859
Total	320,133	319,085	323,277	304,639	1,267,134

Estimates of Office Space Needs by Sector

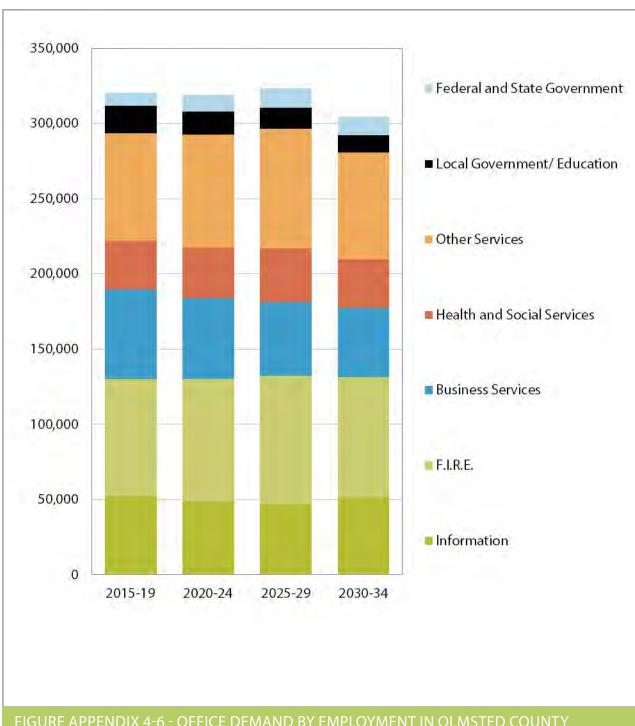


FIGURE APPENDIX 4-5 - OFFICE DEMAND MODEL - OLMSTED COUNTY EMPLOYMENT

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

APPENDIX 4.0 – AECOM MARKET RESEARCH | PAGE 5



HOTEL DEMAND ANALYSIS 4.2

October 27, 2014

McDuffie Nichols Vice President AECOM 675 North Washington Street, Suite 300 Alexandria VA 22314

Re: Rochester, Minnesota DMC Hospitality Market Research

Dear Mr. Nichols:

This report has been prepared subject to our engagement letter dated June 10, 2014.

Specifically, our objectives and key tasks are as follows:

- related demand.
- demand conditions in the future and comment on their potential impact.
- that forecast to estimate market growth for the next twenty years.
- swimming pools, restaurants, etc.
- findings and conclusions developed during our analyses.
- conditions.

This report presents our findings and conclusions. **PKF** Consulting USA

PKF Comouting

DEVELOPMENT **DESTINATION MEDICAL DRAF**

 Prepare a census of downtown Rochester hotels and collect data describing historical performance in terms of occupancy, Average Daily Rate ("ADR") and Revenues Per Available Room ("RevPAR") together with data on demand seasonality, demand segmentation and relative competitive position (size, location, condition, brand, meeting and food and beverage facilities, and other characteristics).

Define generators of lodging and meeting demand for the downtown Rochester, in particular Mayo

Identify and describe current trends in the market which may affect hotel and meetings supply and

Collect data on historical long term growth in hotel supply and demand in the downtown Rochester.

Prepare a forecast of future supply and demand growth for the next five years and extrapolate from

Recommend future hotel and meeting facilities to suit the identified demand segments and estimated market growth, including (but not limited to) number and types of rooms, food service, meeting spaces, conference rooms, ballrooms, parking, and amenities such as fitness facilities,

Recommend hotel branding and development strategies that would be appropriate in view of the

Evaluate the City's existing municipally owned meeting space and its utilization, together with existing plans for additional space and comment on their suitability for expected future market



ROCHESTER, MINNESOTA DMC HOSPITALITY MARKET RESEARCH REPORT TABLE OF CONTENTS

EXECUTIVE SUMMARY

OVERVIEW OF THE ROCHESTER LODGING MARKET

INTRODUCTION

- Historical Performance of the Greater Rochester Lodging Market
- Rochester Lodging Submarkets
- Downtown Rochester Submarket

DOWNTOWN ROCHESTER HOTEL DEMAND CHARACTERISTICS AND SOURCES CURRENT TRENDS IN THE DOWNTOWN ROCHESTER MARKET AND EXPECTED

FUTURE MARKET CONDITIONS

- Regional Meetings Growth
- Growth in the Number of Meetings Generated by Local Entities
- Growth in the Number of Entities Holding Local Meetings
- Infrastructure Issues
- Competitive Position
- Air Travel
- Highway Access
- Proximity to Population
- Limiting Factors

PROJECTED PERFORMANCE OF THE DOWNTOWN SUBMARKET

- Overview
- Downtown Rochester Supply
- Downtown Rochester Demand

RECOMMENDED FUTURE HOTELS AND THEIR CHARACTERISTICS

- Current Trends in Hotel Types and Service Levels
- Expected Future Supply

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

APPENDIX 4.0 – AECOM MARKET RESEARCH | PAGE 9



EXECUTIVE SUMMARY

The greater Rochester hotel market exhibited an average annual growth in demand between 1995 and 2013 of 1.1 percent. Occupancy ranged from a high of 66.9 percent in 1998 to a low of 57.3 percent in 2003. Average annual occupancy over this period was 60.4 percent.

This report focuses on the downtown Rochester market, the largest and most complex submarket in the city and the site of the Mayo Clinic, by far the largest hotel demand generator in the region. Most of this demand consists of patients and their families, vendors and consultants calling on Mayo entities and visiting medical professionals.

There are sixteen hotels in the downtown Rochester market offering widely varying number of rooms, quality and condition levels and amenities. Demand for these hotels has exhibited an average annual increase of 1.6 percent between 1995 and 2013. The low point was 60 percent in 2012. Year-end 2013 occupancy was 64.1 percent; the highest level achieved since 2007. The average occupancy during the 18-year period was 63 percent.

According to interviews with hotel managers, it is estimated that the Mayo Clinic generates between 75 and 80 percent of all lodging demand. Other major demand sources in the downtown market are group meetings utilizing the Mayo Convention Center ("MCC") or meeting rooms in downtown hotels. Minor demand is generated by non-Mayo businesses and leisure travelers.

The downtown Rochester hotel market has pronounced seasonal characteristics. Hotel demand is highest during midweek periods in June through October, coinciding with the lowest demand periods for the MCC. During these months downtown hotels are operating at near capacity levels, suggesting that regardless of the size and condition of the MCC there is little opportunity during these periods to add event days at the MCC which require lodging without displacing current hotel demand segments. Some of this summer demand appears to be rate sensitive and perhaps should be replaced with higher rated business. Downtown hotels can be expected to protect inventory for Mayo related demand throughout the year.

Monthly occupancy and ADR seasonality patterns in downtown Rochester appear to be fairly consistent going back to 2005 with ADR rising and falling with occupancy with the exception of July.

The MCC is presently undergoing a major renovation and expansion that is expected to result in the facility being fully competitive with other comparable cities in the region.

Rochester is likely to remain a third tier regional meetings destination during the period covered by this analysis because of its size, economic growth prospects, limited air service and location.

Growth in the number of meetings held in the nation and in the region is expected to be modest over the projection period. Rochester's penetration of the pool of available regional meetings is dependent on

a number of factors including accessibility, number of hotel rooms and the quality and condition of the hotel stock and the MCC.

While the Mayo Clinic is the largest generator of hotel demand, it is presently the smallest segment of group meetings tracked by the MCC. Interviews with Mayo officials indicate that most Mayo meetings are held in facilities on the Mayo campus and that this is likely to continue. Most Mayo meetings using the MCC occur during summer months when hotel accommodations are scarcest. The MCC renovation and expansion, together with the development of conveniently located modern hotels, are expected to increase Mayo utilization of the MCC and may stimulate Mayo to bring additional meetings to the city.

There are four new hotels with a total of 760 rooms in the development pipeline for downtown Rochester. In the absence of existing hotels leaving the market these new hotels will enhance the city's ability to limit overflow of demand to the suburbs and to attract new group business during peak demand periods. These hotels are not likely to limit future hotel growth as estimated herein.

It is estimated that there will be an additional three hotels with a total of 545 rooms developed later in the projection period. This is an estimate based on our experience with similar markets; the expected new hotel rooms could vary and could be configured in a lower or higher number of hotels depending on how hotel developers view the opportunity at the time. It should be noted that the costs to develop a full service hotel offering restaurants and meeting space have become increasingly prohibitive in smaller rate sensitive markets like Rochester. To maximize the marketability of the MCC, additional hotels large or small should be located as close as practical to the facility; enclosed connections are preferred.

Historical downtown Rochester supply and demand relationships have resulted in a long term average occupancy of 63 percent. It is estimated that the renovation and expansion of the MCC, coupled with the potential for new meetings and other business to be generated by Mayo and the introduction of new hotels will result in a stabilized long term demand growth of 66 percent.





OVERVIEW OF THE ROCHESTER LODGING MARKET INTRODUCTION

Presently, there are a variety of hotel offerings that accommodate travelers visiting the Rochester market area. These range from the Broadway Residence and Suites, which commands the highest room rates in the market, to more modest, budget oriented hotels like the Days Inn Downtown. Smith Travel Research, Inc. (STR), a research firm that tracks supply and demand data for the hotel industry, groups hotels into Chain Scale segments based on their average daily room rates (ADR). These segments, together with example brands, are shown below:

- **Luxury** Four Seasons, Ritz Carlton, St. Regis
- **Upper Upscale** Marriott, Hilton, Hyatt
- Upscale Courtyard, Doubletree, Hilton Garden Inn
- Upper Midscale Hampton Inn, Holiday Inn Express, Holiday Inn
- Midscale Best Western, Ramada
- Economy Days Inn, Motel 6, Super 8

Each of these segments is represented in the Rochester lodging market.

HISTORICAL PERFORMANCE OF THE GREATER ROCHESTER LODGING MARKET

To obtain a better understating of the overall dynamic of the greater Rochester lodging market (including all submarkets), data was purchased from STR that provides a summary of the supply of and demand for lodging in the market area.

HISTORICAL PERFORMANCE

A summary of the greater Rochester hotel market between 1995 and 2013 is presented in the following exhibit. It is important to note that "Supply" refers to the actual number of hotel rooms available for rent during the period, while "Demand" is the actual number of rooms sold. The number of rooms sold divided by the rooms available results in "Occupancy", which is always displayed as a percentage of available rooms. The term "Room Nights" refers to the hotel industry's metric of one room for one night. For example a 100 room hotel has 36.500 available room nights in a year. If the same hotel sells 21,900 Room Nights during that year it will have achieved a 60 percent Occupancy percentage.

- rate of 1.1 percent.
- Occupancy fluctuated from a high of 66.9 percent in 1998, to a low of 57.3 percent in 2003.
- The average annual occupancy during the 18-year period was 60.4 percent.

ROCHESTER LODGING SUBMARKETS

The Mayo Clinic is by far the largest lodging demand generator in the market; for that reason over the years numerous hotels have been developed near the Mayo campus and in the Rochester Central Business District. According to STR there are 50 hotels with a total of 5,299 rooms in the Rochester area. These hotels range in size from 17 to 660 rooms.

The Downtown Submarket will be the focus of our analysis; however the bullets below summarize the three Rochester submarkets:

- Inn, Country Inn and Suites and the TownePlace Suites.
- International Airport. These are primarily Midscale and Economy hotels.
- represented in this submarket.

DOWNTOWN ROCHESTER SUBMARKET

STR data was used to analyze the historical performance of the Downtown Submarket, which for the purpose of our analysis includes all hotels within a two-mile radius of the Mayo Clinic.

The following table provides a summary of the properties that were included in the Downtown Submarket. Smaller, older properties that do not participate in STR data sharing are not included.

DEVELOPMEN **DESTINATION MEDICAL** DRAFT

Supply growth during the period averaged 1.2 percent per year, while demand grew at an average

More recently, year-end 2013 occupancy was 62.2 percent; the highest level achieved since 2007.

a) North Submarket – There are a cluster of hotels near the IBM Rochester facility along Route 52 roughly four miles north of Downtown. Some of these include the Hampton inn and Suites, Comfort

b) South Submarket - A variety of hotels are located south of Downtown and north of the Rochester

c) **Downtown Submarket** – This submarket includes 16 hotels with 2,794 rooms (approximately 53 percent of all rooms in the Rochester area) ranging in size from 71 to 660 rooms. These hotels are within an approximate two-mile radius of the Mayo Clinic. There are properties in all six Chain Scales



121 202 271 82	Year Built 2004 1989 1991	Total 0 10,000	SF per Room	Largest	Restaurant	Fitness Center	Pool	Business Center	In-Room Kitchens	Free Breakfas
121 202 271 82	2004 1989	0					Pool	Center	Kitchens	Breakfas
202 271 82	1989		-	0						
202 271 82	1989		-	0						
271 82		10,000		×	No	Yes	Yes	Yes	Yes	Yes
82	1991		50	3,700	Yes	Yes	Yes	Yes	No	No
		0	0		Yes	Yes	Yes	Yes	No	Yes
	2002	0	0		No	Yes	No	Yes	No	Yes
86	1998	0	0		No	No	No	Yes	No	No
660	1927	30,000	45	3,150	Yes	Yes	Yes	Yes	No	No
89	2004	480	5		No	Yes	No	No	Yes	Yes
117	2005	958	8		No	Yes	Yes	Yes	No	Yes
143	1999	800	6		Yes	Yes	Yes	Yes	No	No
212	1989	8,000	38	4,500	Yes	Yes	Yes	Yes	No	No
173	1971	4,361	25		Yes	Yes	Yes	Yes	No	No
214	1965	2,673	12		Yes	Yes	Yes	Yes	No	Yes
85	2012	168	2		No	Yes	Yes	Yes	No	Yes
149	1977	8,000	54	3,500	Yes	Yes	Yes	Yes	No	Yes
71	1991	0	0		Yes	No	No	No	Yes	No
119	1972	0	0		No	Yes	Yes	Yes	No	Yes N/A
	143 212 173 214 85 149 71	143199921219891731971214196585201214919777119911191972	143199980021219898,00017319714,36121419652,67385201216814919778,000711991011919720	143 1999 800 6 212 1989 8,000 38 173 1971 4,361 25 214 1965 2,673 12 85 2012 168 2 149 1977 8,000 54 71 1991 0 0 119 1972 0 0	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	143 1999 800 6 Yes 212 1989 8,000 38 4,500 Yes 173 1971 4,361 25 Yes 214 1965 2,673 12 Yes 85 2012 168 2 No 149 1977 8,000 54 3,500 Yes 71 1991 0 0 Yes Yes 119 1972 0 0 No	14319998006YesYes21219898,000384,500YesYes17319714,36125YesYes21419652,67312YesYes8520121682NoYes14919778,000543,500YesYes71199100YesNo119197200NoYes	14319998006YesYesYes21219898,000384,500YesYesYes17319714,36125YesYesYes21419652,67312YesYesYes8520121682NoYesYes14919778,000543,500YesYesYes71199100YesYesYesYes119197200NoYesYesYes	143 1999 800 6 Yes Yes Yes Yes Yes 212 1989 8,000 38 4,500 Yes Yes Yes Yes 173 1971 4,361 25 Yes Yes Yes Yes Yes 214 1965 2,673 12 Yes Yes Yes Yes 85 2012 168 2 No Yes Yes Yes 149 1977 8,000 54 3,500 Yes Yes Yes 71 1991 0 0 Yes No No No No 119 1972 0 0 No Yes Yes Yes Yes	143 1999 800 6 Yes Yes Yes Yes Yes No 212 1989 8,000 38 4,500 Yes Yes Yes Yes No 173 1971 4,361 25 Yes Yes Yes Yes No 214 1965 2,673 12 Yes Yes Yes Yes No 85 2012 168 2 No Yes Yes Yes Yes No 149 1977 8,000 54 3,500 Yes Yes Yes Yes No 71 1991 0 0 Yes No No No No Yes No 119 1972 0 0 No Yes Yes Yes No

Notes:

¹STR tracks supply and demand data for the hotel industry and provides market share analysis for all major hotel chains and brands in the United States, ²Loc ation: 1=Connected via skywalk or subway to Mayo; 2=Within 1-mile of Mayo; 3= Greater than 1-mile from Mayo

EXHIBIT 2 - DOWNTOWN ROCHESTER HOTEL INVENTORY (SOURCE: STR, PKF CONSULTING, USA, LLC)



	¹ STR Chain Scale	² Location	Comments
Property			
Broadway Residence & Suites	Luxury	1	Highest quality in market, units are all suites geared toward extended-stay gue
Marriott	Upper Upscale	1	Recently renovated, 10,000 sf meeting space, restaurant, lounge, room service
Kahler Inn & Suites	Upscale	1	Recently renovated, portion of rooms feature full kitchenettes. Geared toward
Aspen Suites	Upscale	2	All suite, extended-stay property with all rooms featuring kitchenettes. The pro
SpringHill Suites	Upscale	2	The property is in average condition. Rooms are roughly 25% larger than typic
Kahler Grand	Upscale	1	Has 25k sf meeting space, 17 different guestroom types (e.g. Economy, Std, E
Residence Inn	Upscale	2	Extended stay hotel with kitchenettes in all rooms. Same owner as Kahler. Hote
Courtyard	Upscale	2	Hotel has a restaurant/lounge and is in excellent condition. HW Suites is under
Hilton Garden Inn	Upscale	1	Hotel is in good condition and features a rest., lounge and one meeting room.
Doubletree	Upscale	1	Owned by Titan Hospitality, it is in excellent condition and features 8,000 sf of
Holiday Inn	Upper Midscale	1	Last renovated in 2012 and is in fair condition. Features restaurant/lounge an
Centerstone Plaza (fmr Best Western)	Upper Midscale	2	Formerly a Best Western, the full-service hotel is located near Soldiers Field a
Holiday Inn Express	Upper Midscale	2	Property is roughly 2 years old and in excellent condition.
Ramada	Midscale	3	Average condition, located just off of Exit 53 of Route 52, roughly 2 miles sout
Days Inn	Economy	2	Hotel is one block east of the Kahler Grand and in average physical condition.
GuestHouse Inn	Economy	3	Located one mile northwest of Mayo, this hotel is in average condition.
Average Notes:	N/A		

¹STR assigns the chain scale identifiers, there are considerable variations in quality, service and price within these categories. ²Location: 1=Connected via skywalk or subway to Mayo; 2=Within 1-mile of Mayo; 3= Greater than 1-mile from Mayo

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

sts.

- Same owner as Kahler.
- extended-stay traveler.
- erty is in good condition.
- al hotel room
- ec, Luxury), is in good condition.
- l is in good condition
- construction next door.
- Owned by Titan Hosp.
- meeting space and a rest./bar.
- 4,400 sf of meeting space.
- nd is in good condition.

of Mayo.

APPENDIX 4.0 – AECOM MARKET RESEARCH | PAGE 13



As shown in Exhibit 4:

- The average annual growth in supply during the period was 1.6 percent, compared to an average annual increase in demand of 1.5 percent.
- Occupancy peaked at 69.3 percent in 1998. Occupancy declined to 63.7 percent one year later upon the opening of the 202-room Marriott. The opening of this hotel caused a 6.9 percent year-over-year increase in supply, the largest single-year increase during the period.
- The low point was 60 percent in 2012. Year-end 2013 occupancy was 64.1 percent; the highest level achieved since 2007.
- The average occupancy during the 18-year period was 63 percent.

DOWNTOWN ROCHESTER HOTEL DEMAND CHARACTERISTICS AND SOURCES

CORPORATE/COMMERCIAL TRAVELERS

According to our interviews, the largest generator of hotel demand in downtown Rochester is the Mayo Clinic, in one form or another generating between 75 and 80 percent of all downtown room nights. There a several major sub-segments of Mayo related demand as follows:

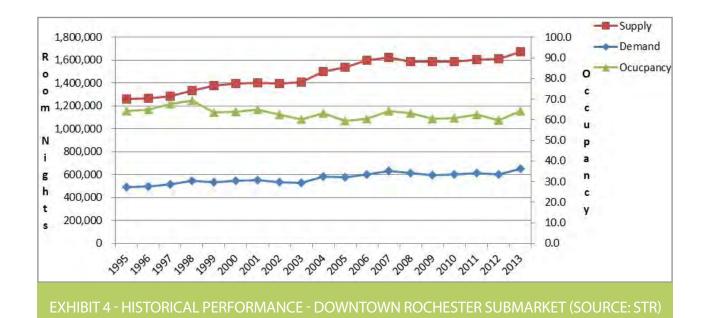
- Commercial travelers doing business with Mayo entities. These include technical service and equipment providers, technicians, pharmaceutical company representatives, consultants and others.
- Visiting physicians and other medical professionals attending training, educational or other events either individually or as part of a group meeting.
- Mayo patients and their families and/or caregivers

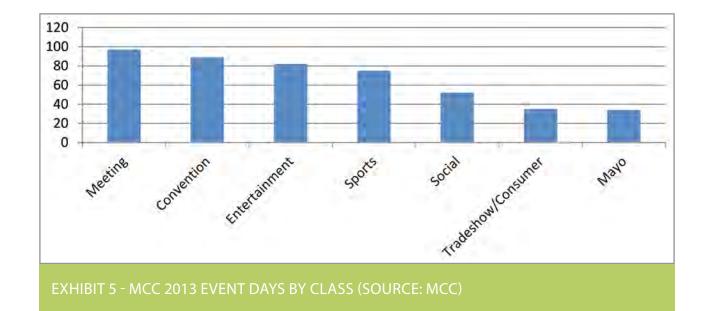
GROUP DEMAND

The other major sources of demand in downtown Rochester are events at MCC: Exhibit 5 shows the number of event days in 2103 in each of the event classes tracked by MCC management (one event lasting three days = 3 event days). There were 501 event days in 2013. A data table for Exhibits 5 and 10 is included in the Appendix.

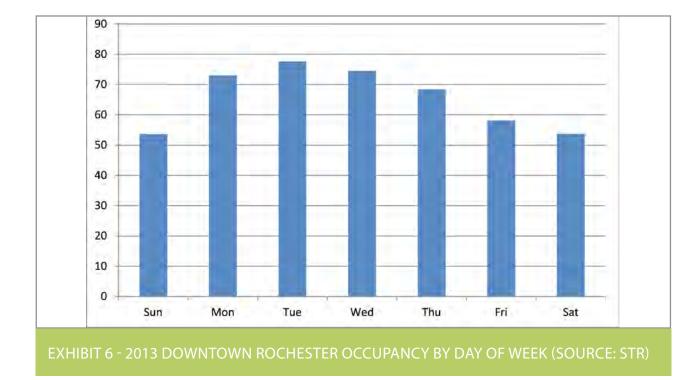
Exhibits 5-7 compare 2013 day-of-week downtown hotel occupancy to MCC event days.

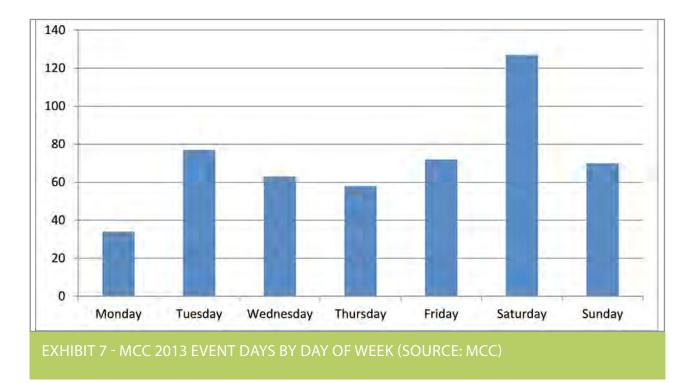
Exhibits 8-10 compare downtown hotel occupancy and ADR by month to MCC event days by month.

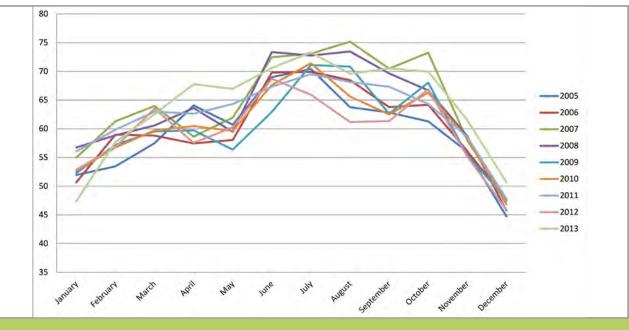




Global Destination for Health & Healing









APPENDIX 4.0 – AECOM MARKET RESEARCH | PAGE 15



DEVELOPMENT PLAN DESTINATION MEDICAL CENTER

DRAFT



The graphs show that Monday through Wednesday, downtown Rochester hotels are operating at above 70 percent occupancy, suggesting that at least some midweek demand overflows to suburban markets and that adding event days during this period would increase this overflow.

Similarly, as shown in Exhibit 8, from April through October downtown hotels are operating at above 65 percent occupancy, suggesting that there is little capacity for adding event days that require hotel accommodations during these months.

As shown in Exhibit 9, monthly market ADR tends to rise and fall with occupancy with the exception of summer months when hotel occupancy is highest and (at least in 2013) the period when the MCC is least utilized. This suggests an opportunity to replace lower rated business with higher rated event room nights. This opportunity must be tempered by the need to protect hotel inventory for both meetings and patient related Mayo demand. Interviews with hotel operators suggested that with the exception of December and January, Mayo related hotel demand does not appear to vary widely by month.

While empirical data is not available, MCC management reports that some event classes such as Convention, Meeting, Sports and Mayo are accompanied by greater demand for lodging than Tradeshow/ Consumer and Entertainment. While it can be difficult to induce meeting planners to modify their date preferences, sales and marketing incentives should be structured to recognize the incremental value of events requiring lodging during winter months and on weekends.

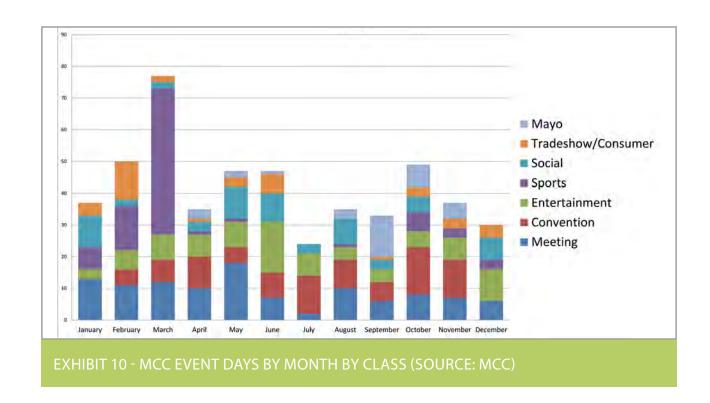
As shown in Exhibit 10, virtually all Mayo class events occur during the months when the MCC is most highly utilized and downtown hotel rooms are scarcest. To the extent that future growth in Mayo event days is expected to follow this pattern, hotel managers should consider protecting summer inventory to accommodate this important client.

It follows that absent the addition of new hotels, the primary opportunity to increase event days requiring hotel accommodations will be on weekends and in the winter months. It is noted that weekends are already the period in which the MCC is most highly utilized, (the periods with the highest number of event days but the lowest hotel occupancy).

Conversely, additional hotel rooms would be required to increase the utilization of the MCC during the midweek and warmer months.

The need for new hotel rooms is mitigated by low demand on weekends and during the winter months wherein additional supply would be likely to further depress market RevPAR.

As discussed in the previous section, the addition of new hotels in the future will be based on developer's expectations of continued economic growth in the community and that the city could attract new group business by virtue of additional hotel rooms and the expanded and renovated MCC.





CURRENT TRENDS IN THE DOWNTOWN ROCHESTER MARKET AND EXPECTED **FUTURE MARKET CONDITIONS**

In this section the MCC's and Rochester's competitive position as a meeting and convention destination is compared to selected venues and the outlook for group business in the region as a whole is assessed.

This discussion assumes the completion of the presently planned expansion and renovation of the MCC facilities which are intended to not only add space but to improve the competitive position of the MCC in terms of quality, modern technology, functionality and appearance.

The utilization of the MCC has been and will be governed by management's ability to penetrate the universe of larger meetings whose profile characteristics can be matched to Rochester's evolving competitive position as outlined previously and their proficiency in simultaneously accommodating multiple smaller meetings. In 2012-2013, a consulting firm called Strategic Advisory Group (SAG) was engaged to perform an operations and management analysis of the MCC. Among other things, their report concludes that the MCC's utilization is comparable to a group of peer venues. Given that this data is from an un-renovated facility it seems reasonable to expect that post-renovation the MCC should capture a higher share of existing meetings than the peer facilities.

This report also made a number of excellent recommendations intended to improve utilization. One very important recommendation involves the setting of goals, incentives and accountability for sales and bookings. . Another important recommendation of the SAG report was to improve record keeping and data collection which would permit the measurement of management's activities and their success at achieving goals and objectives.

Absent intervening renovations and aggressive maintenance, in twenty years today's "new" MCC will likely once again be out of date and less competitive. Any future expansion of the MCC is likely to be driven by competitive factors but in particular the opportunity for the facility to host single meetings whose facility requirements exceed existing capacities or to accommodate multiple smaller meetings concurrently which in the aggregate would exceed existing capacities.

A future expansion of the MCC, like the present one, would be costly and careful analysis will be required evaluate potential constraints to increased event days such as hotel room inventory to insure that the economics are sound. Improved record keeping of lost business and comprehensive data collection on the character and requirements of regional group business will be required for a thorough analysis of any future expansion.

In addition to improving utilization by increasing the MCC's penetration of existing meetings, there are three other factors that have the potential to induce future growth in utilization and possibly expansion of the MCC.

Growth in the number of meetings held in the region.

- Growth in the number of meetings generated by local entities,
- Growth in the number of local entities holding meetings.

REGIONAL MEETINGS GROWTH

According to the 2014 American Express Meeting Forecast Report, the number of meetings in North America is expected to grow at an annual rate of 1.5 percent. American Express also forecasts 0.6 percent growth in the number of attendees per meeting and zero growth in overall meetings spend.

Further, the Price Waterhouse Coopers (PwC) 2013 Convention Center Report notes the following national trends:

- on the rebound after four years of decline.
- similar to FY 2009, after dipping to a low in FY 2010.
- rates for consumer shows and "other" events.
- forecasted to continue growing in FY 2014.

The following graphs are excerpted from the PwC report and shows that Exhibit Hall Demand has not yet recovered and event attendance is only slightly better when compared to 2009 levels.

DEVELOPMENT P DESTINATION MEDICAL DRAF

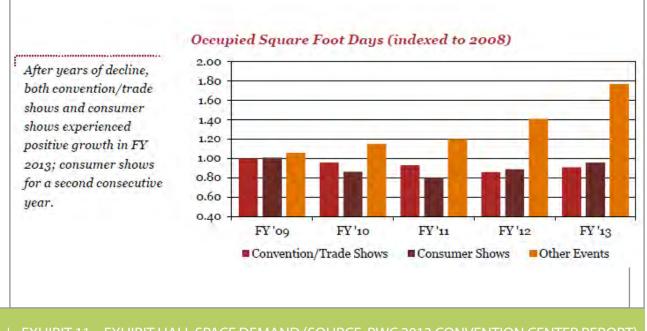
Overall demand, measured by occupied square foot days and occupancy rate of exhibition halls is

• Average attendance per-even has remained relatively constant over the past three years at a level

Overall rental revenue continues to decrease, despite increased demand, due in part to reduced

The overall and marketing budgets of DMOs have increased each year since FY 2009 and are





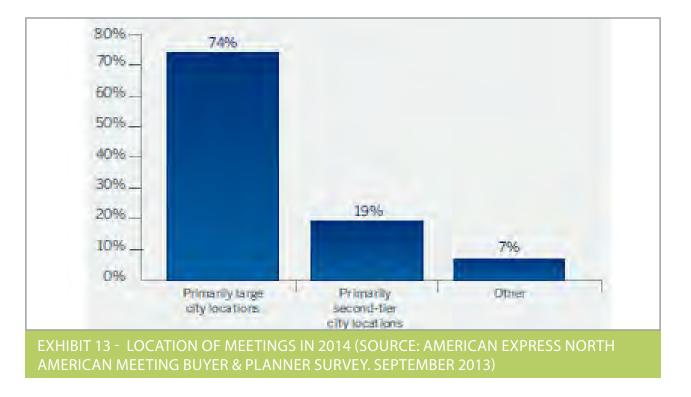
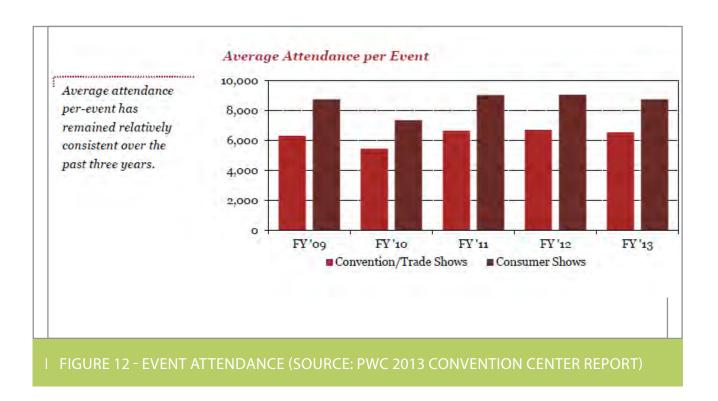
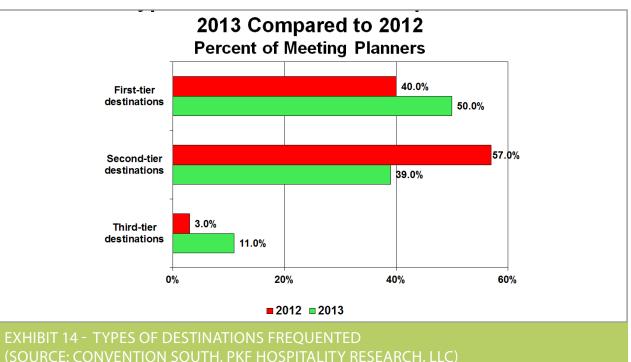


EXHIBIT 11 - EXHIBIT HALL SPACE DEMAND (SOURCE: PWC 2013 CONVENTION CENTER REPORT)





DEVELOPMENT **DESTINATION MEDICAL** DRAFT



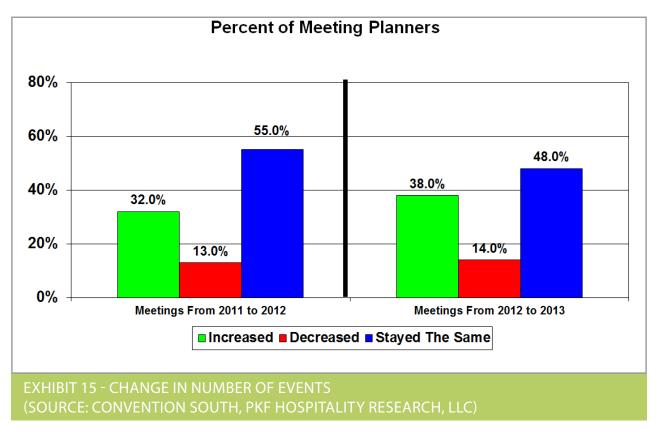
GROWTH IN THE NUMBER OF MEETINGS GENERATED BY LOCAL ENTITIES

According to a recent survey prepared by PKF for Conventions-South, most meeting planners are expecting the future number of meetings to remain the same. Exhibit 15 is excerpted from that study.

Rochester, the only "local entity" of sufficient size to exhibit significant growth would be the Mayo Clinic and related constituencies. Interviews thus far with Mayo officials did not indicate any plans to increase the annual number of meetings. However, once the new and improved MCC is available, members of the Mayo community may find it conducive to the development of new meetings, training and other functions that further their interests. MCC management can encourage additional Mayo usage of the MCC through improved pricing and technological capacities.

It is possible that growth in this segment can be induced or stimulated by the following:

- Offering reduced or even subsidized rates for facilities rental and related meetings costs to local entities for events drawing overnight attendees,
- Offering attractively priced and tailored meeting planning services for this segment,
- Mayo could adopt internal strategies to encourage its component parts to actively develop programs that bring meetings to Rochester, e.g. training, continuing education, pharmaceutical etc.,
- Local or non-local healthcare entities could be induced or incentivized to hold additional events in Rochester to foster closer relationships with the Mayo community.



GROWTH IN THE NUMBER OF ENTITIES HOLDING LOCAL MEETINGS

This segment has two components. The first is attracting additional regional meetings to Rochester. This segment is expected to be the most important growth prospect for the City as the renovation/expansion of the MCC is expected to significantly improve the facility's competitive position. The implementation of certain recommendations in the SAG report would also be expected to improve the MCC's penetration of regional meetings.

The second component is that to the extent that the Mayo Community and downtown Rochester can attract new businesses to downtown Rochester, the number of local meetings is likely to increase. An example would be inducing a medical products company to open offices in Rochester that might choose to have new local meetings as result of the "new" MCC. These inducements are typically economic.

INFRASTRUCTURE ISSUES

There are initiatives that could be adopted over the next twenty years to preserve or improve the City's competitive position. These include:

- that technological innovation is incorporated promptly.
- Rochester is likely to decrease MCC utilization.
- hotels deteriorate. These include:
- Preserving desirable hotel sites for future development.
- Preferred rooms block assignments for well-maintained hotels.
- Tax and financing incentives for hotel improvements or development.

COMPETITIVE POSITION

The SAG report has benchmarked the City's competitive position and market performance in terms of selected criteria with respect to selected Midwestern cities. This competitive position is summarized in Exhibit 16.

The tables below show logistical and transportation comparisons of Rochester to competitive cities.

DEVELOPMENT PL DESTINATION MEDICAL CENTER DRAFT

Maintaining the condition of the MCC facility. A fully funded capital expenditure budget should be implemented to insure that soft goods are replaced, equipment is maintained and/or replaced and

 Maintaining the quantity and quality of the hotel stock. As mentioned earlier, Rochester has a wide spectrum of hotel types and the utilization of the MCC during peak demand periods is constrained by the number of available hotel rooms. A decrease in the quantity or quality of hotels in downtown

• A hotel's market share is exceptionally vulnerable to the effects of insufficient or deferred maintenance. While the City may have limited leverage in this regard with any specific hotel, the City can adopt strategies to facilitate hotel maintenance and the development of new hotels if existing



Facility	City, State	Distance from Rochester (Miles)	n I Total Sq. Ft.	Rooms Within Walking Distance	Strengths	
Mayo Civic Center (MCC)	Rochester, M	- 2	83,900 (Current) 228,900 (As Expanded	1,700 J)	Upon completion of the expansion, the MCC will feature some of the best meeting space among the competitors. Also, it is physically connected via skyway to 1,700 hotel rooms, more than any of the competitors.	Limit popu
Monona Terrace	Madison, WI	210	84,300	454	Well located in Downtown Madison on Lake Monona. Several upscale hotels in downtown vicinity (but only the Hilton is connected).	Only t walki
St. Paul RiverCentre	St. Paul, MN	80	195,300	1,500	the best exhibit space in the region. The RiverCentre's location in the 3.8 million	This fa oversh confus Minnea Center
Sioux Falls Convention Center	Sioux Falls, SI	230	60,900	890	The 12,000 Denny Sanford Premier Center is currently under construction adjacent to the Center and will open in September 2014. This will enable the facility to compete with some of the larger regional centers for entertainment acts, sporting events and large gatherings.	Lack o adjace
Duluth Entertainment Convention Center	Duluth, MN	230	307,100	1,271	Features the AMSOIL Arena, which opened in 2010 and seats 6,660 for sporting events and 8,500 for concerts. With 150,000 sq. ft., this facility currently has the largest amount of exhibit space outside of the Twin Cities in the state of Minnesota.	Lack on near the romotor
St. Cloud River's Edge Convention Center	St. Cloud, MN	150	180,000	385	The state of Minnesota recently agreed to fund \$11.6 million for an expansion/upgrade to the facility that will add a parking ramp and make aesthetic improvements. The facility also recently completed a 33,000 sq. ft. expansion.	Lack o meetin quality

EXHIBIT 16 - ROCHESTER'S MEETINGS COMPETITIVE POSITION (SOURCE: PKF)

DEVELOPMENT PLAN
DESTINATION MEDICAL CENTER
DRAFT

Weaknesses
mited airlift, proximity to opulation
ily two hotels within Ilking distance.
s facility is often rshadowed by and fused with the larger neapolis Convention iter.
k of high-quality hotels acent to the facility.
k of high-quality hotels r the facility. Duluth's ote location.
k of flexible, multi-use eting space. Lack of high- lity hotels near facility.



Carriers	Direct Connections	Annua 2003	engers 2013	
American, Delta	Chicago, Minneapolis, Atlanta, Detroit	137,522	150,217	108,959
Delta, Frontier. United, American Eagle	Salt Lake City, Denver, Minneapolis, Chicago, Detrot, Dallas, Concinnati, Atlanta, New York, Newark, Atlanta, Orlando	797,647	720,859	817,984
15 Airlines	Many	15,861,758	16,315,840	16,248,994
Frontier, Allegiant, Delta, United, American, American Eagle	Saint Petersburg, Minneapolis, Chicago, Dallas, Denver, Phoenix,	289,874	364,396	478,765
Allegiant, Delta, United	Minneapolis, Chicago, Detroit	117,763	145,360	153,437
Allegiant, United	Phoenix, Chicago and Orlando (seasonally)	19,993	20,000	15,626
-	American, Delta Delta, Frontier. United, American Eagle 15 Airlines Frontier, Allegiant, Delta, United, American, American Eagle Allegiant, Delta, United	American, DeltaChicago, Minneapolis, Atlanta, DetroitDelta, Frontier. United, American EagleSalt Lake City, Denver, Minneapolis, Chicago, Detrot, Dallas, Concinnati, Atlanta, New York, Newark, Atlanta, New York, Newark, Atlanta, Orlando15 AirlinesManyFrontier, Allegiant, Delta, United, American, American EagleSaint Petersburg, Minneapolis, Chicago, Dallas, Denver, Phoenix,Allegiant, Delta, United Delta, United Phoenix, Chicago andMinneapolis, Chicago, Detroit	CarriersDirect Connections2003American, DeltaChicago, Minneapolis, Atlanta, Detroit137,522Delta, Frontier. United, American EagleSalt Lake City, Denver, Minneapolis, Chicago, Detrot, Dallas, Concinnati, Atlanta, New York, Newark, Atlanta, Orlando797,64715 AirlinesMany15,861,758Frontier, Allegiant, Delta, United, American, American EagleSaint Petersburg, Minneapolis, Chicago, Dallas, Denver, Phoenix,289,874Allegiant, Delta, United, American, American EagleMinneapolis, Chicago, Dallas, Denver, Phoenix,117,763Allegiant, Delta, United, Phoenix, Chicago andPhoenix, Chicago and10,003	American, DeltaChicago, Minneapolis, Atlanta, Detroit137,522150,217Delta, Frontier. United, American EagleSalt Lake City, Denver, Minneapolis, Chicago, Detrot, Dallas, Concinnati, Atlanta, New York, Newark, Atlanta, Orlando797,647720,85915 AirlinesMany15,861,75816,315,840Frontier, Allegiant, Delta, United, American, American EagleSaint Petersburg, Minneapolis, Chicago, Dallas, Denver, Phoenix, Ballas, Denver, Phoenix,289,874364,396Allegiant, Delta, United Phoenix, Chicago andMinneapolis, Chicago, Detroit117,763145,360

(SOURCE: AIRPORT WEBSITES, RJTA BUREAU OF TRANSPORTATION STATISTICS)

Interstate Highway Service								
	Highways	Proximity						
Rochester Mayo Convention Center	I-90	9 miles						
Monona Terrace (Madison WI)	I-90, I-94	12 miles						
Saint Paul River Center	I-94, I-35	2 miles						
Sioux Falls Convention Center	I-29, I-90	3 miles						
Duluth Entertainment Conventiomn Center	I-35	< 1 mile						
Saint Cloud River's Edge Convention Center	I-94	7 miles						

EXHIBIT 18 - INTERSTATE HIGHWAY SERVICE (SOURCE: GOOGLE MAPS)

AIR TRAVEL

It can be seen that Rochester's air traffic and service is among the lowest in the group. Perhaps of more concern for Rochester is the 27 percent decline in passengers between 2008 and 2013. According to the Rochester airport administration this is due to economic conditions and Delta's acquisition of Northwest. Moreover, 2013 and YTD 2014 are reportedly showing some growth over previous periods.

In Rochester's favor is the fact that it is roughly 80 miles from Minneapolis/St. Paul International Airport, the busiest airport in the region. Only Saint Cloud (and of course St. Paul) is closer. It is likely that many travelers to Rochester fly to Minneapolis and drive to Rochester, despite the absence of an Interstate connection.

HIGHWAY ACCESS

Exhibit 18 shows the number of interstate highways serving each city and the distance between each city's convention center and the nearest interstate interchange. As the table shows, only Madison has a greater distance between the convention center and the interstate.

PROXIMITY TO POPULATION

Rochester compares favorably to all but Madison in terms of proximity to populations within 300 miles, largely because it picks up Madison, Milwaukee, Des Moines, Cedar Rapids and Sioux Falls in addition to Minneapolis. It should be noted that Madison picks up Chicago within that radius. At 200 miles Rochester is comparable to Saint Paul and Saint Cloud. And at 50 miles Rochester exceeds only Sioux Falls and Duluth.

LIMITING FACTORS

Rochester is likely to remain a third tier regional meetings destination during the period covered by this analysis because of its size, economic growth prospects, limited air service and location.

Another limiting factor is its present business mono-culture resting on healthcare. While healthcare has been rapidly growing nationwide, there is increasing uncertainty as to how governmental policies and legislation might affect the healthcare industry nationwide and in Rochester. Moreover, Mayo has seen the

	50 Miles	100 Miles	200 Miles	300 Miles
Monona Terrace (Madison WI)	1,142,000	6,595,000	22,504,000	35,597,000
Rochester Mayo Convention Center	485,000	4,379,000	10,232,000	26,393,000
Saint Paul River Center	3,397,000	4,692,000	7,508,000	16,362,000
Saint Cloud River's Edge Convention Center	989,000	4,247,000	6,916,000	11,396,000
Sioux Falls Convention Center	339,000	894,000	5,796,000	11,208,000
Duluth Entertainment Convention Center	234,000	673,000	6,018,000	10,042,000

EXHIBIT 19 - POPULATION WITHIN FOUR MILEAGE RADII (SOURCE: CIRCULAR AREA PROFILING SYSTEM- 2010 CENSUS, ROUNDED TO NEAREST 1000)



advent of significant new competitors in the last twenty years and it seems likely that this will increase in the next twenty years as many US cities have recently advanced or developed economic growth initiatives centered on healthcare.

PROJECTED PERFORMANCE OF THE DOWNTOWN SUBMARKET **OVERVIEW**

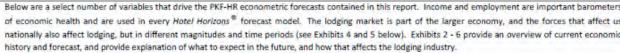
The following tables are excerpted from a PKF Hospitality Research Hotel Horizons[®] report prepared for the greater Rochester Market. (The entire report is presented in the Appendix). Hotel Horizons[©] reports forecast hotel supply and demand for an MSA for a five year period based on a proprietary model using projections of macroeconomic factored prepared by Moody's Econometrics.

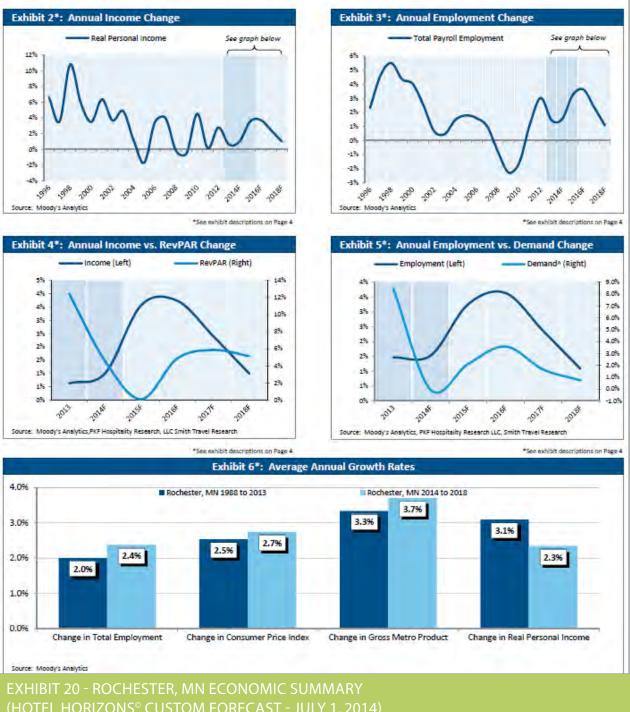
DOWNTOWN ROCHESTER SUPPLY

Numerous factors will affect the timing and flow of new hotels to the Downtown Submarket. These include:

- Timing in the hotel investment cycle There are four basic phases within a given cycle: the growth period, the peak valuation period, the period of decline and the recovery period. These vary in length and duration. On a national basis, PKF is predicting that the current growth period will continue through 2017.
- During the growth period, occupancy and ADR levels are rising and because hotels are largely fixed cost businesses, cash flows increase at a disproportionate rate. These conditions tend to attract new projects to enter the market.
- Typically new supply and/or economic disruptions tend to end the growth phase whereupon softer occupancies and lower rates and profitability prevail.
- **Capital market conditions** The availability and cost of debt financing.
- Barriers-to-entry The availability and cost of land are important factors in many markets, particularly in urban submarkets. For the Downtown Rochester Submarket, the barriers-to-entry are considered high owing to the relatively high cost of downtown land and the scarcity of potential development sites in and around the city center.
- Public/Private partnerships, subsidies provided by local government In some circumstances, the development of a hotel is not financially feasible without some sort of assistance or subsidy from the public sector. Examples include property tax abatements, Tax Increment Financing (TIF), municipal guarantee of private loans, guarantees and sale/leasebacks. These types of projects often occur in the period of decline or recovery period phases of the hotel investment cycle in an effort to spark economic development.

Considering the above factors and the numerous new hotel projects that are in various stages of development (discussed later in this report) the supply of hotel rooms in the Downtown Submarket is expected to grow at a pace comparable to what it grew during the period 1995 to 2013. Specifically, it





DEVELOPMENT **DESTINATION MEDICAL** DRAFT

of economic health and are used in every Hatel Horizons to forecast model. The lodging market is part of the larger economy, and the forces that affect us nationally also affect lodging, but in different magnitudes and time periods (see Exhibits 4 and 5 below). Exhibits 2 - 6 provide an overview of current economic



The graphs on the left illustrate the annual magnitude of change in performance during the historical and forecasted period 2009 to 2018. Used as a relative benchmark, each market segment is plotted against a common index value of 2009 = 100. This method provides clear insight of how the subject market is expected to perform relative to the U.S. lodging market in the specified period. The charts on the right compare near-term historical compound annual growth rates (CAGR) to the CAGRs for the forecast period.

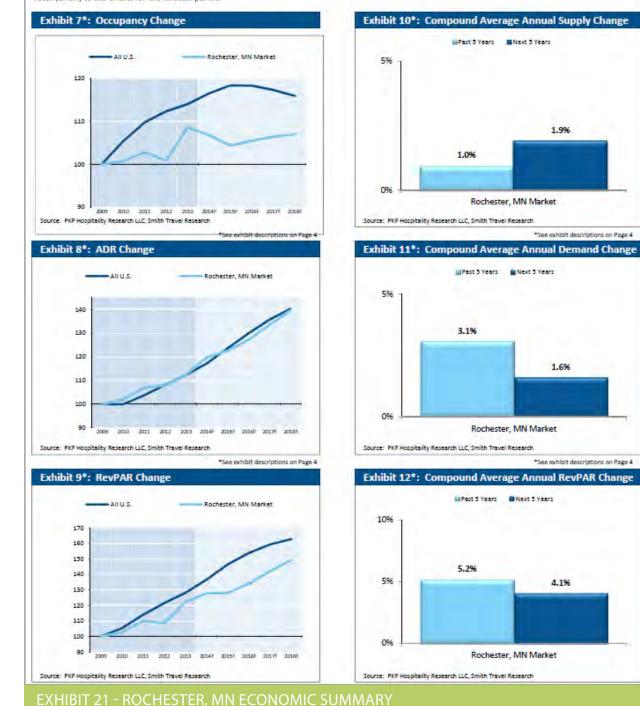
1.9%

1.6%

4.1%

*See exhibit descriptions on Page 4

*See exhibit descriptions on Page 4



(SOURCE: HOTEL HORIZONS[®] CUSTOM FORECAST - JULY 1, 2014)

is estimated that supply will increase at an annual rate ranging between 0 and 10.5 percent annually between 2014 and 2034, averaging 1.9 percent.

DOWNTOWN ROCHESTER DEMAND

Based on the historical demand patterns in the Downtown Submarket, as well as the PKF-HR Hotel Horizons Forecast for Rochester, we have developed projections through 2034.

Some noteworthy factors that were considered in developing these projections include:

- average annual market occupancy during this period was 63 percent.
- compete with other markets for state association and medical meetings business.
- effectively puts a limit on the highest occupancy the market can achieve.

Year	Supply	% Change	Demand	% Change	Occupancy
2014	1,032,950	1.3%	677,300	3.6%	66%
2015	1,059,230	2.5%	699,500	3.3%	66%
2016	1,127,668	6.5%	711,900	1.8%	63%
2017	1,246,475	10.5%	753,400	5.8%	60%
2018	1,296,845	4.0%	796,800	5.8%	61%
2019	1,296,845	0.0%	824,000	3.4%	64%
2020	1,336,995	3.1%	851,300	3.3%	64%
2021	1,377,145	3.0%	867,100	1.9%	63%
2022	1,377,145	0.0%	875,700	1.0%	64%
2023	1,441,020	4.6%	900,900	2.9%	63%
2024	1,441,020	0.0%	909,900	1.0%	63%
2025	1,441,020	0.0%	918,900	1.0%	64%
2026	1,441,020	0.0%	928,100	1.0%	64%
2027	1,441,020	0.0%	931,000	0.3%	65%
2028	1,441,020	0.0%	931,000	0.0%	65%
2029	1,441,020	0.0%	949,600	2.0%	66%
2030	1,441,020	0.0%	959,100	1.0%	67%
2031	1,495,770	3.8%	968,700	1.0%	65%
2032	1,495,770	0.0%	975,300	0.7%	65%
2033	1,495,770	0.0%	982,000	0.7%	66%
2034	1,495,770	0.0%	988,800	0.7%	66%
Average		1.9%		2.0%	64%
1995 - 2013 Ave	erage	1.6%		1.6%	63%

(SOURCE: PKF CONSULTING USA, LLC; STR)

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

Demand increased at an average annual rate of 1.6 percent during the period 1995 – 2013. The

The completion of the MCC expansion and renovation will allow Rochester to more effectively

Peak months have historically occurred during the period June through October when market occupancy is typically in the high 60 to low 70 percent range. Conversely, during the months November through March, many Rochester hotels operate with occupancy below 60 percent. This seasonality



 On balance, demand is expected to increase at an annual rate ranging from 0 to 5.8 percent between 2014 and 2034, and averaging 2 percent, slightly higher than the estimated growth in supply

Our projections for the supply of, and demand for hotel rooms in the Downtown Submarket are presented in Exhibit 22.

As will be discussed in detail later in this report, these projections assume that as annual market occupancy exceeds 65 percent, new supply will enter the market. We have estimated that seven hotels totaling 1,305 rooms will enter the market during the period 2014 through 2034. It is assumed that all of the existing hotels will remain in the market and at their present competitive position.

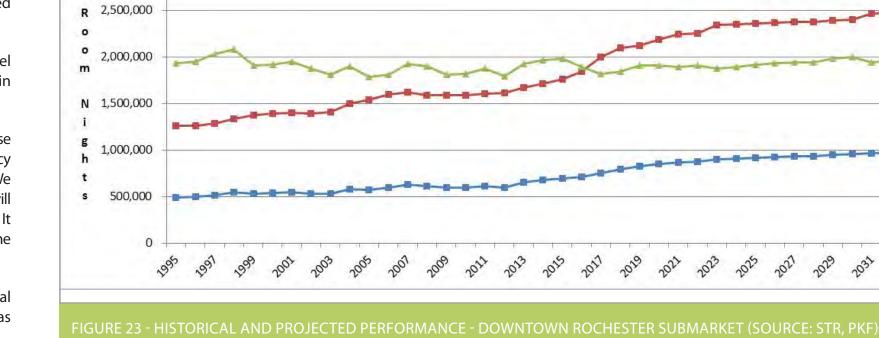
The graph on the following page shows the actual historical performance of the Submarket, as well as the projected performance through 2034.

To summarize, Exhibit 23 shows that supply and demand are expected to grow at an annual rate somewhat higher than was exhibited in the period between 1996 and 2013, during which there were two major recessions.

RECOMMENDED FUTURE HOTELS AND THEIR CHARACTERISTICS CURRENT TRENDS IN HOTEL TYPES AND SERVICE LEVELS

As of June 2014, the hotels in the Downtown Submarket are allocated among the following STR Chain Scales.

The Broadway Residence and Suites by Bridgestreet is the only property considered part of the Luxury Chain Scale. The units at this facility are essentially furnished apartments that feature granite counter tops, fully equipped gourmet kitchens and very high quality

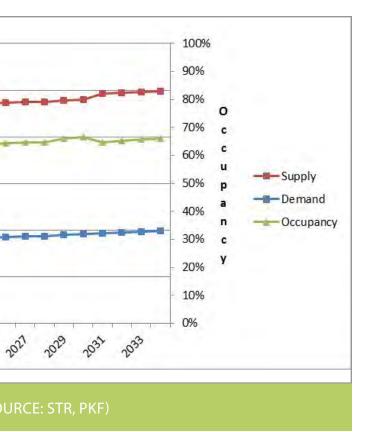


3,000,000

	Number of Rooms	¹ STR Chain Scale
Property		
Broadway Residence & Suites	121	Luxury
Marriott	202	Upper Upscale
Kahler Inn & Suites	271	Upscale
Aspen Suites	82	Upscale
SpringHill Suites	86	Upscale
Kahler Grand	660	Upscale
Residence Inn	89	Upscale
Courtyard	117	Upscale
Hilton Garden Inn	143	Upscale
Doubletree	212	Upscale
Holiday Inn	173	Upper Midscale
Centerstone Plaza (fmr Best Western)	214	Upper Midscale
Holiday Inn Express	85	Upper Midscale
Ramada	149	Midscale
Days Inn	71	Economy
GuestHouse Inn	119	Economy

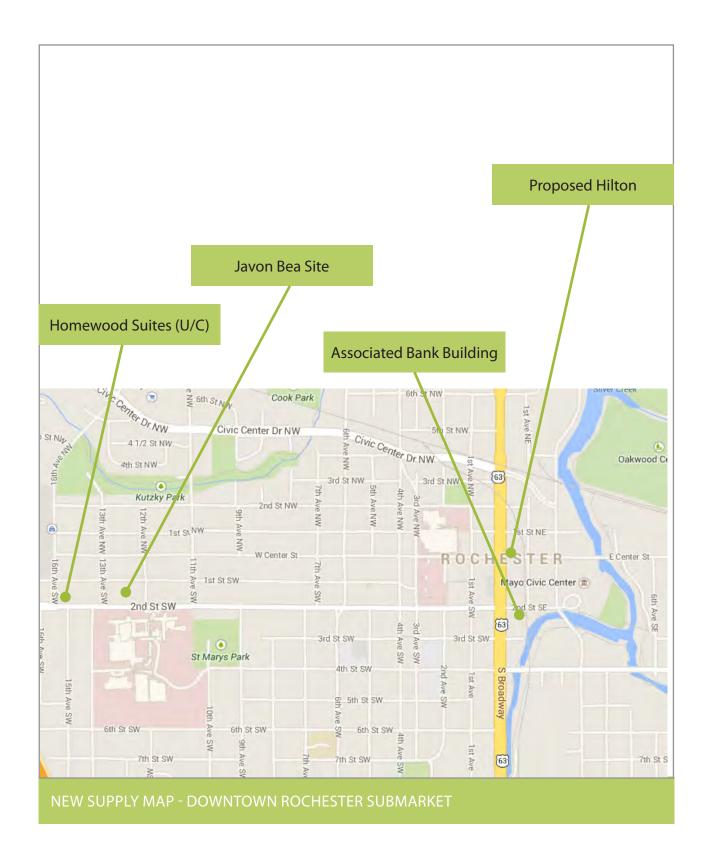
Chain Scale Luxury Upper Upsc Upscale Upper Midse Midscale Economy

FIGURE 25 - DOWNTC (SOURCE STR)



le	Rooms	Ratio							
	121	4%							
cale	202	7%							
	1,660	59%							
scale	472	17%							
	149	5%							
	190	7%							
	2,794	100%							
OWN SU	WN SUBMARKET - CHAIN SCALE SUMMARY								





furnishings. This property also features amenities typically found in luxury hotels such as a spa, indoor pool, business center, steam room, exercise room, and a small meeting room.

The 202-unit Marriott Rochester is the only member of the Upper Upscale segment. Hotels in this segment are typically full service, meaning that they offer a three meal a day restaurant, a bar and catered meeting space. The Marriott was recently renovated and is very good condition. It features a restaurant and lounge, 10,000 sq. ft. of meeting space, an indoor pool, fitness center and business center.

Eight of the sixteen hotels are part of the Upscale segment, which consists of 1,660 units and includes brands such as SpringHill Suites, Doubletree, Courtyard and Hilton Garden Inn. Hotels in this category typically have either a three-meal restaurant or provide a complimentary continental breakfast. Other amenities typically found in hotels of this class include a business center, fitness center and an indoor swimming pool. Hotels in this segment can be either full-service or limited-service. As the term implies, limited-service hotels offer minimal food and beverage options and meeting space.

Upper Midscale hotels represent 17 percent of the submarket inventory, and currently include the Holiday Inn, Holiday Inn Express and Centerstone Plaza. Properties in this category tend to have comparable amenities and services to properties in the Upscale segment, but offer lower nightly rooms rates.

The Ramada is currently the lone Midscale class hotel in the market. Properties in this category are often developed as an Upscale or Upper Midscale hotel but as they age or if they suffer from diminished guality or reduced amenities they may fall into this category due to their lower room rates.

The two Economy hotels in the Downtown Submarket include the Days Inn and GuestHouse Inn. The amenities and services provided at hotels in this category are typically less than hotels in the Midscale class.

EXPECTED FUTURE SUPPLY

Discussions with area hoteliers, representatives of Mayo Clinic, and the Rochester CVB revealed that there are multiple projects in various stages of development in the Downtown Submarket. As such, we have modeled the following supply additions into our projections:

- from the St. Mary's Hospital. This hotel is expected to open in Q4 2014.
- This hotel is expected to open in 2016.

DEVELOPMENT **DESTINATION MEDICAL** DRAFT

108-unit Homewood Suites: Currently under construction adjacent to the Courtyard Marriott across

165-unit Upscale Extended-Stay Hotel: Proposed to be built on a site located near the Courtyard and the Homewood Suites (presently under construction). This project is being developed by Mr. Javon Bea, the owner of the existing Marriott and Kahler hotels. The brand, if any, has not been finalized.

210-unit Upper Upscale Hotel: Proposed Hilton to be built by Titan Development (owner of the Doubletree and Hilton Garden Inn). This hotel would part of a larger mixed-use development at



the corner of South Broadway and East Center Street and would be connected to Mayo via skyway. While construction has not begun, the hotel is expected to open in mid-2016.

275-unit Luxury Hotel - Associated Bank Project: According to the Rochester CVB, the Associated Bank Building was purchased by an investment group within the past year and will be converted into a hotel within the next few years. Preliminary plans call for the project to be a mix-use development with a 275-unit Luxury/Upper Upscale Hotel that would be connected to Mayo via skyway. We have assumed this project will open in 2017.

The map depicts the location of the above mentioned projects.

In addition to the projects mentioned above, we expect further hotel development to occur during the period. As such, based on the historical performance of the Downtown Submarket, and the current Chain Scale mix, we have made the following assumptions with regards to supply growth.

- Upper Upscale Hotel: Owing to the strong performance of the Marriott (2013 ADR \$220 225, 68% occupancy), as well as the lack of hotel inventory in the Upper Upscale segment; there is an opportunity for an Upper Upscale hotel to enter the market between the years 2019 and 2025 as market occupancy is expected to exceed 65 percent. This is envisioned to be a full-service property with a restaurant, meeting space including a ballroom, and an overall amenity package comparable to the existing Marriott. As such, we have hypothetically assumed a 220-unit Upper Upscale property will enter the market mid-year 2020.
- Upscale Hotel: Hotels in this Chain Scale currently make up a majority of the Downtown Submarket inventory. This product accommodates the needs of the type of travelers visiting the market due to the amenities offered, and price point. Brands currently not represented in the market within this Chain Scale include Hyatt Place, aloft and AC by Marriott. We have hypothetically assumed a 175unit Upscale property will open in 2023.
- Upscale Hotel: Due to the presence of the Mayo Clinic, we feel there will continue to be significant demand for extended-stay hotel rooms in the market. As such, we have hypothetically assumed a 150-unit Upscale extended-stay property will enter the Submarket in 2031.

These estimated supply additions modeled into our projections are summarized in Exhibit 26.

FACTORS THAT MAY DRIVE FUTURE EXPANSION OF THE MCC

The SAG report benchmarked the MCC as comparable along several parameters including number of events, sales staffing and budget. The "new" expanded MCC should be able to outperform the competitive set. Similarly, increasing sales staffing and budget (together with goal setting and accountability) should also result in further increases in market share.

Within the healthcare industry Mayo has the opportunity to continue to be a globally renowned knowledge and cultural leader. Fortuitously for the Rochester meetings industry, this leadership could result in growing the number of medical professionals from around the world who visit the city. Some of

	2014	2015	2016	2017	2018	2020	2021	2023	2031
Upscale Hotel - Homewood Suites U/C	36	72							
Upscale Hotel (Extended Stay, Javon Bea site)			83	83					
Upper Upscale Hotel			105	105					
Luxury Hotel/Upper Upscale Hotel (Associated I	Bank Project))		138	138				
Upper Upscale Hotel						110	110		
Upscale Hotel								175	
Upscale Hotel									150
Total Additions	36	108	296	621	759	869	979	1,154	1,304
torical and Projected Rooms Supply									
Cumulative Rooms Supply	2,830	2,902	3,090	3,415	3,553	3,663	3,773	3,948	4,098
Annual Rooms Supply	1,032,950	1,059,230	1,127,668	1,246,475	1,296,845	1,336,995	1,377,145	1,441,020	1,495,77
% Change	1.3%	2.5%	6.5%	10.5%	4.0%	3.1%	3.0%	4.6%	3.8%

this growth will happen organically and by the momentum and reputation of the Mayo community as it has in the past. However, the most successful scenario in this regard will have the support of a focused, institutional objective to develop programs that will physically bring doctors, teachers, technicians and consultants and their related associations, professional affiliations and industry events and conferences to Rochester.

As mentioned previously there is an opportunity to diversify the economic base of Rochester by attracting both healthcare and non-healthcare businesses to locate in and around the City. Competition for these relocations in the Midwest is fierce. However Rochester has several very attractive characteristics, e.g.

- uniquely high quality healthcare,
- a relatively stable economy,
- low cost of living,
- a quality public education system including several very highly rated schools, and
- destinations.

DEVELOPMENT **DESTINATION MEDICAL** DRAF

proximity to Minneapolis/St. Paul, one of the Midwest's premier cultural, educational and recreational



2013 MCC EVENT DAYS BY MONTH BY CLASS														
	January	February	March	April	May	June	July	August	September	October	November	December	Total	Percent
Meeting	13	11	12	10	18	7	2	10	6	8	7	6	110	22%
Convention	0	5	7	10	5	8	12	9	6	15	12	0	89	18%
Entertainment	3	6	8	7	8	16	7	4	4	5	7	10	85	17%
Sports	7	14	46	1	1		0	1	0	6	3	3	82	16%
Social	10	2	2	3	10	9	3	8	3	5	0	7	62	12%
Tradeshow/Consumer	4	12	2	1	3	6	0	0	1	3	3	4	39	8%
Mayo	<u>0</u>	<u>0</u>	<u>0</u>	<u>3</u>	2	<u>1</u>	<u>0</u>	<u>3</u>	<u>13</u>	<u>7</u>	<u>5</u>	<u>0</u>	<u>34</u>	<u>7%</u>
Total	37	50	77	35	47	47	24	35	33	49	37	30	501	100%

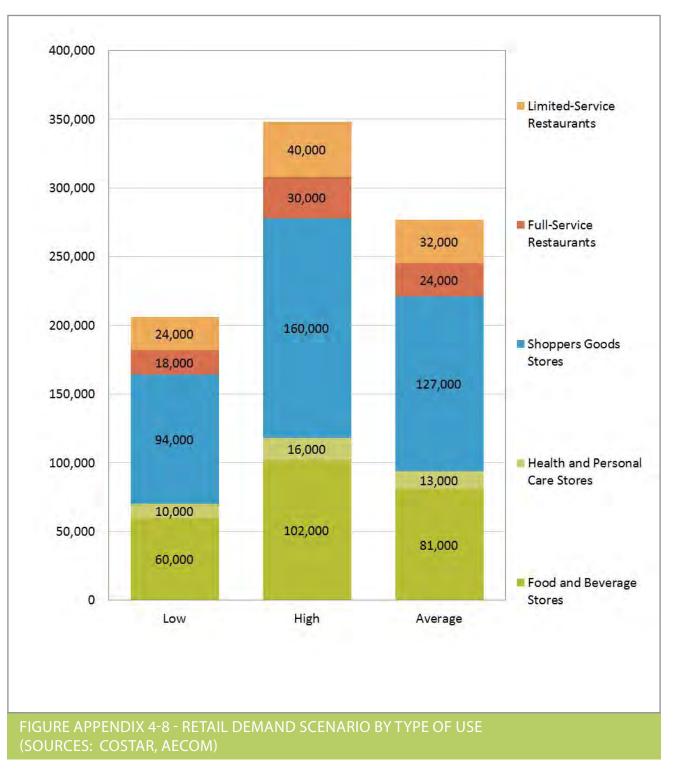


4.3 RETAIL/DINING/ENTERTAINMENT DEMAND ANALYSIS

Summary of Retail Demand Calculations

DMC CAPTURE RATE*							
	Low	High	Average				
Category	7.43%	12.50%	9.97%				
Food and Beverage Stores	60,000	102,000	81,000				
Health and Personal Care Stores	10,000	16,000	13,000				
Shoppers Goods Stores	94,000	160,000	127,000				
Full-Service Restaurants	18,000	30,000	24,000				
Limited-Service Restaurants	24,000	40,000	32,000				
Total	206,000	348,000	277,000				

* Low capture rate based on existing share of Olmsted County retail located in DMC area, according to CoStar.



Summary of Retail Demand Calculations

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT



Forecast of Supportable Retail Space Captured On-Site

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Captured Retail SF by Source		2014	2013	2010	2017	2010	2019	2020	2021	2022	2025	2024	2025	2020	2027	2028	2029	2030	2031	2032	2033	2034
On-Site Households	Market	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	E9 247	•	0	0 70,370	0	0	0	0	0			•		•	•					•		122.001
Primary Trade Area (DMC)	58,347	61,904	66,137	70,370	74,604	78,837	83,071	85,791	88,512	91,233	93,953	96,674	99,395	102,116	104,836	107,557	110,278	112,998	115,719	118,440	121,161	123,881
Secondary Trade Area (Rochester (excluding DMC))	2,166,797	2,217,981	2,283,062	2,348,143	2,413,224	2,478,305	2,543,386	2,600,539	2,657,691	2,714,844	2,771,997	2,829,150	2,886,303	2,943,455	3,000,608	3,057,761	3,114,914	3,172,067	3,229,219	3,286,372	3,343,525	3,400,67
Tertiary Trade Area (Olmsted Co. (excluding Rochester))	820,655	836,994	858,481	879,967	901,454	922,941	944,427	961,750	979,072	996,395	1,013,718	1,031,040	1,048,363	1,065,685	1,083,008	1,100,331	1,117,653	1,134,976	1,152,298	1,169,621	1,186,944	1,204,26
Employees	139,318	139,318	143,549	147,780	152,011	156,242	160,473	164,704	168,935	173,166	177,397	181,628	185,859	190,090	194,321	198,552	202,783	207,014	211,245	215,476	219,707	223,938
Visitors	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629
Students	5,762	5,762	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065
Inflow	339,575	346,683	356,186	365,689	375,192	384,695	394,199	402,341	410,484	418,627	426,769	434,912	443,055	451,198	459,340	467,483	475,626	483,768	491,911	500,054	508,197	516,339
Captured Retail SF by Establi Food and Beverage Stores	<mark>shment Type</mark> 993,109	1,015,903	1,046,445	1,075,655	1,104,866	1,134,077	1,163,287	1,188,127	1,212,967	1,237,807	1,262,647	1,287,487	1,312,327	1,337,167	1,362,007	1,386,847	1,411,686	1,436,526	1,461,366	1,486,206	1,511,046	1,535,88
Health and Personal Care Stores	177,675	181,407	186,282	191,096	195,909	200,723	205,537	209,637	213,736	217,836	221,936	226,035	230,135	234,235	238,334	242,434	246,534	250,633	254,733	258,833	262,932	267,032
Shoppers Goods Stores	1,662,390	1,698,129	1,746,242	1,792,110	1,837,977	1,883,845	1,929,712	1,968,746	2,007,781	2,046,815	2,085,849	2,124,883	2,163,917	2,202,952	2,241,986	2,281,020	2,320,054	2,359,088	2,398,123	2,437,157	2,476,191	2,515,22
Full-Service Restaurants	326,841	333,599	342,547	351,208	359,869	368,530	377,191	384,558	391,926	399,293	406,661	414,028	421,396	428,763	436,131	443,498	450,865	458,233	465,600	472,968	480,335	487,703
Limited-Service Eating Places	441,750	450,914	463,044	474,795	486,546	498,298	510,049	520,047	530,044	540,042	550,040	560,037	570,035	580,032	590,030	600,028	610,025	620,023	630,020	640,018	650,016	660,013
Total: All Categories	3,596,003	3,674,190	3,774,494	3,874,799	3,975,103	4,075,407	4,175,711	4,261,050	4,346,389	4,431,728	4,517,067	4,602,405	4,687,744	4,773,083	4,858,422	4,943,761	5,029,100	5,114,439	5,199,777	5,285,116	5,370,455	5,455,79
Annual Growth in Captured I	Retail SF by E	stablishmen	it Type																			
Food and Beverage Stores		22,794	30,541	29,211	29,211	29,211	29,211	24,840	24,840	24,840	24,840	24,840	24,840	24,840	24,840	24,840	24,840	24,840	24,840	24,840	24,840	24,840
Health and Personal Care Stores		3,732	4,875	4,814	4,814	4,814	4,814	4,100	4,100	4,100	4,100	4,100	4,100	4,100	4,100	4,100	4,100	4,100	4,100	4,100	4,100	4,100
Shoppers Goods Stores		35,740	48,113	45,867	45,867	45,867	45,867	39,034	39,034	39,034	39,034	39,034	39,034	39,034	39,034	39,034	39,034	39,034	39,034	39,034	39,034	39,034
Full-Service Restaurants		6,757	8,948	8,661	8,661	8,661	8,661	7,367	7,367	7,367	7,367	7,367	7,367	7,367	7,367	7,367	7,367	7,367	7,367	7,367	7,367	7,367
Limited-Service Eating Places		9,164	12,130	11,751	11,751	11,751	11,751	9,998	9,998	9,998	9,998	9,998	9,998	9,998	9,998	9,998	9,998	9,998	9,998	9,998	9,998	9,998
Total: All Categories		78,187	104,607	100,304	100,304	100,304	100,304	85,339	85,339	85,339	85,339	85,339	85,339	85,339	85,339	85,339	85,339	85,339	85,339	85,339	85,339	85,339

PATTERNS; PAULIN, G., "EXPENDITURES OF COLLEGE-AGE STUDENTS AND NONSTUDENTS"; BLS; UNIVERSITY OF MINNESOTA - ROCHESTER; ULI DOLLARS AND CENTS OF SHOPPING CENTERS 2008; AECOM, 2014.)



Forecast Supportable Retail Space Captured On-Site by Source Market

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
On-Site Households																						
Food and Beverage Stores	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health and Personal Care Stores	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shoppers Goods Stores	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Full-Service Restaurants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Limited-Service Eating Places	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total: All Categories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Trade Area (DMC)																						
Food and Beverage Stores	17,573	18,644	19,919	21,194	22,469	23,744	25,019	25,839	26,658	27,478	28,297	29,117	29,936	30,755	31,575	32,394	33,214	34,033	34,853	35,672	36,491	37,3
Health and Personal Care Stores	2,669	2,831	3,025	3,219	3,412	3,606	3,799	3,924	4,048	4,173	4,297	4,422	4,546	4,670	4,795	4,919	5,044	5,168	5,293	5,417	5,541	5,66
Shoppers Goods Stores	25,998	27,583	29,469	31,355	33,242	35,128	37,014	38,226	39,439	40,651	41,863	43,076	44,288	45,500	46,712	47,925	49,137	50,349	51,561	52,774	53,986	55,1
Full-Service Restaurants	5,155	5,469	5,843	6,217	6,591	6,965	7,339	7,579	7,819	8,060	8,300	8,540	8,781	9,021	9,261	9,502	9,742	9,982	10,223	10,463	10,704	10,9
Limited-Service Eating Places	6,953	7,377	7,881	8,386	8,890	9,395	9,899	10,223	10,548	10,872	11,196	11,520	11,844	12,169	12,493	12,817	13,141	13,465	13,790	14,114	14,438	14,7
Total: All Categories	58,347	61,904	66,137	70,370	74,604	78,837	83,071	85,791	88,512	91,233	93,953	96,674	99,395	102,116	104,836	107,557	110,278	112,998	115,719	118,440	121,161	123,
Secondary Trade Area (Rochester (exclu	iding DMC))																					
Food and Beverage Stores	631,135	646,044	665,000	683,957	702,913	721,870	740,826	757,474	774,121	790,768	807,415	824,062	840,710	857,357	874,004	890,651	907,299	923,946	940,593	957,240	973,887	990
Health and Personal Care Stores	103,004	105,437	108,531	111,625	114,718	117,812	120,906	123,623	126,340	129,057	131,773	134,490	137,207	139,924	142,641	145,358	148,075	150,792	153,509	156,226	158,942	161
Shoppers Goods Stores	990,381	1,013,775	1,043,522	1,073,268	1,103,015	1,132,762	1,162,508	1,188,631	1,214,754	1,240,877	1,267,000	1,293,123	1,319,246	1,345,369	1,371,492	1,397,615	1,423,737	1,449,860	1,475,983	1,502,106	1,528,229	1,554
Full-Service Restaurants	187,729	192,163	197,802	203,440	209,079	214,717	220,356	225,307	230,259	235,211	240,162	245,114	250,066	255,017	259,969	264,921	269,872	274,824	279,776	284,727	289,679	294,
Limited-Service Eating Places	254,549	260,562	268,207	275,853	283,498	291,144	298,789	305,503	312,218	318,932	325,646	332,360	339,074	345,788	352,502	359,217	365,931	372,645	379,359	386,073	392,787	399,
Total: All Categories	2,166,797	2,217,981	2,283,062	2,348,143	2,413,224	2,478,305	2,543,386	2,600,539	2,657,691	2,714,844	2,771,997	2,829,150	2,886,303	2,943,455	3,000,608	3,057,761	3,114,914	3,172,067	3,229,219	3,286,372	3,343,525	3,400
Tertiary Trade Area (Olmsted Co. (exclud	ding Rochest	er))																				
Food and Beverage Stores	238,185	242,927	249,163	255,400	261,636	267,872	274,108	279,136	284,164	289,191	294,219	299,247	304,274	309,302	314,330	319,357	324,385	329,413	334,440	339,468	344,496	349,
Health and Personal Care Stores	40,024	40,821	41,869	42,917	43,965	45,013	46,061	46,906	47,751	48,596	49,440	50,285	51,130	51,975	52,820	53,665	54,509	55,354	56,199	57,044	57,889	58,7
Shoppers Goods Stores	377,268	384,780	394,657	404,535	414,413	424,291	434,168	442,132	450,095	458,059	466,022	473,986	481,949	489,913	497,876	505,840	513,803	521,767	529,730	537,694	545,657	553,
Full-Service Restaurants	70,036	71,430	73,264	75,098	76,932	78,765	80,599	82,077	83,556	85,034	86,512	87,991	89,469	90,947	92,426	93,904	95,382	96,861	98,339	99,817	101,296	102,
Limited-Service Eating Places	95,141	97,036	99,527	102,018	104,509	107,000	109,491	111,499	113,507	115,515	117,524	119,532	121,540	123,548	125,557	127,565	129,573	131,582	133,590	135,598	137,606	139,
Total: All Categories	820,655	836,994	858,481	879,967	901,454	922,941	944,427	961,750	979,072	996,395	1,013,718	1,031,040	1,048,363	1,065,685	1,083,008	1,100,331	1,117,653	1,134,976	1,152,298	1,169,621	1,186,944	1,204
Employees																						
Food and Beverage Stores	31,663	31,663	32,625	33,587	34,548	35,510	36,471	37,433	38,395	39,356	40,318	41,279	42,241	43,203	44,164	45,126	46,088	47,049	48,011	48,972	49,934	50,8
Health and Personal Care Stores	14,776	14,776	15,225	15,674	16,122	16,571	17,020	17,469	17,917	18,366	18,815	19,264	19,712	20,161	20,610	21,059	21,508	21,956	22,405	22,854	23,303	23,7
Shoppers Goods Stores	67,724	67,724	69,781	71,838	73,895	75,952	78,008	80,065	82,122	84,179	86,235	88,292	90,349	92,406	94,462	96,519	98,576	100,633	102,690	104,746	106,803	108,
Full-Service Restaurants	9,901	9,901	10,202	10,503	10,804	11,104	11,405	11,706	12,006	12,307	12,608	12,909	13,209	13,510	13,811	14,111	14,412	14,713	15,013	15,314	15,615	15,9
Limited-Service Eating Places	15,252	15,252	15,715	16,178	16,642	17,105	17,568	18,031	18,494	18,958	19,421	19,884	20,347	20,810	21,274	21,737	22,200	22,663	23,126	23,590	24,053	24,5
Total: All Categories	139,318	139,318	143,549	147,780	152,011	156,242	160,473	164,704	168,935	173,166	177,397	181,628	185,859	190,090	194,321	198,552	202,783	207,014	211,245	215,476	219,707	223,
Visitors																						
Food and Beverage Stores	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,435	11,
Health and Personal Care Stores	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,408	14,4

FIGURE APPENDIX 4-10 - FORECAST SUPPORTABLE RETAIL SPACE CAPTURED ON-SITE BY SOURCE MARKET, 2013 TO 2034 (SOURCE: ECONOMIC CENSUS 2007; ESRI BUSINESS ANALYST; ICSC OFFICE WORKER RETAIL SPACE CAPTURED ON-SITE BY SOURCE MARKET, 2013 TO 2034 (SOURCE: ECONOMIC CENSUS 2007; ESRI BUSINESS ANALYST; ICSC OFFICE WORKER RETAIL SPACE CAPTURED ON-SITE BY SOURCE MARKET, 2013 TO 2034 (SOURCE: ECONOMIC CENSUS 2007; ESRI BUSINESS ANALYST; ICSC OFFICE WORKER RETAIL SPACE CAPTURED ON-SITE BY SOURCE MARKET, 2013 TO 2034 (SOURCE: ECONOMIC CENSUS 2007; ESRI BUSINESS ANALYST; ICSC OFFICE WORKER RETAIL SPACE SPENDING PATTERNS; PAULIN, G., "EXPENDITURES OF COLLEGE-AGE STUDENTS AND NONSTUDENTS"; BLS; UNIVERSITY OF MINNESOTA - ROCHESTER; ULI DOLLARS AND CENTS OF SHOPPING CENTERS 2008; AECOM, 2014)

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Full-Service Restaurants	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959	32,959
Limited-Service Eating Places	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101	43,101
Total: All Categories	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629	210,629
Students																						
Food and Beverage Stores	1,782	1,782	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112	3,112
Health and Personal Care Stores	82	82	143	143	143	143	143	143	143	143	143	143	143	143	143	143	143	143	143	143	143	143
Shoppers Goods Stores	3,007	3,007	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252	5,252
Full-Service Restaurants	385	385	672	672	672	672	672	672	672	672	672	672	672	672	672	672	672	672	672	672	672	672
Limited-Service Eating Places	506	506	885	885	885	885	885	885	885	885	885	885	885	885	885	885	885	885	885	885	885	885
Total: All Categories	5,762	5,762	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065	10,065
Inflow																						
Food and Beverage Stores	92,999	95,071	97,814	100,557	103,300	106,043	108,786	111,132	113,477	115,823	118,168	120,514	122,860	125,205	127,551	129,896	132,242	134,588	136,933	139,279	141,624	143,970
Health and Personal Care Stores	17,488	17,827	18,306	18,784	19,263	19,741	20,219	20,633	21,046	21,460	21,873	22,287	22,700	23,114	23,527	23,941	24,354	24,768	25,181	25,595	26,008	26,422
Shoppers Goods Stores	157,010	160,259	164,616	168,972	173,329	177,686	182,043	185,778	189,514	193,249	196,985	200,720	204,456	208,191	211,927	215,662	219,398	223,134	226,869	230,605	234,340	238,076
Full-Service Restaurants	30,578	31,192	32,007	32,822	33,636	34,451	35,266	35,963	36,660	37,357	38,054	38,751	39,448	40,146	40,843	41,540	42,237	42,934	43,631	44,328	45,025	45,722
Limited-Service Eating Places	41,500	42,333	43,443	44,554	45,664	46,774	47,885	48,836	49,787	50,738	51,689	52,640	53,591	54,542	55,493	56,444	57,395	58,346	59,297	60,248	61,199	62,150
Total: All Categories	339,575	346,683	356,186	365,689	375,192	384,695	394,199	402,341	410,484	418,627	426,769	434,912	443,055	451,198	459,340	467,483	475,626	483,768	491,911	500,054	508,197	516,339
All Markets plus Inflow																						
Food and Beverage Stores	993,109	1,015,903	1,046,445	1,075,655	1,104,866	1,134,077	1,163,287	1,188,127	1,212,967	1,237,807	1,262,647	1,287,487	1,312,327	1,337,167	1,362,007	1,386,847	1,411,686	1,436,526	1,461,366	1,486,206	1,511,046	1,535,886
Health and Personal Care Stores	177,675	181,407	186,282	191,096	195,909	200,723	205,537	209,637	213,736	217,836	221,936	226,035	230,135	234,235	238,334	242,434	246,534	250,633	254,733	258,833	262,932	267,032
Shoppers Goods Stores	1,662,390	1,698,129	1,746,242	1,792,110	1,837,977	1,883,845	1,929,712	1,968,746	2,007,781	2,046,815	2,085,849	2,124,883	2,163,917	2,202,952	2,241,986	2,281,020	2,320,054	2,359,088	2,398,123	2,437,157	2,476,191	2,515,225
Full-Service Restaurants	326,841	333,599	342,547	351,208	359,869	368,530	377,191	384,558	391,926	399,293	406,661	414,028	421,396	428,763	436,131	443,498	450,865	458,233	465,600	472,968	480,335	487,703
Limited-Service Eating Places	441,750	450,914	463,044	474,795	486,546	498,298	510,049	520,047	530,044	540,042	550,040	560,037	570,035	580,032	590,030	600,028	610,025	620,023	630,020	640,018	650,016	660,013
5	3,596,003	3,674,190	3,774,494	3,874,799	3,975,103	4,075,407	4,175,711	4,261,050	4,346,389	4,431,728	4,517,067	4,602,405	4,687,744	4,773,083	4,858,422	4,943,761	5,029,100	5,114,439	5,199,777	5,285,116	5,370,455	5,455,794

FIGURE APPENDIX 4-10 - FORECAST SUPPORTABLE RETAIL SPACE CAPTURED ON-SITE BY SOURCE MARKET, 2013 TO 2034 (CONTINUED)



Retail Productivity Rates by Category

SAI	ES PER SQUAR	E FOOT	
Establishment Type	Low	High	Average
Food and Beverage Stores	\$350	\$400	\$375
Health and Personal Care Stores	\$375	\$425	\$400
Shoppers Goods Stores	\$300	\$400	\$350
Full-Service Restaurants	\$425	\$475	\$450
Limited-Service Eating Places	\$325	\$375	\$350

Detailed Retail Productivity Rates by Category

CATEGORY	VALUE
Supermarket	\$485.75
Drugstore/Pharmacy	\$429.47
Furniture	\$156.40
Electronics General	\$302.20
Mixed Apparel (Women/Men/Children)	\$268.71
Sporting Goods General	\$220.87
Junior Department Store	\$151.80
	\$220.00
Restaurant with Liquor	\$357.98
Restaurant without Liquor	\$249.25
	Supermarket Drugstore/Pharmacy Furniture Electronics General Mixed Apparel (Women/Men/Children) Sporting Goods General Junior Department Store

FIGURE APPENDIX 4-11 - RETAIL PRODUCTIVITY RATES BY CATEGORY

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT



Total Retail Expenditures by Source Market

Total Re	tail Expen	ditures by	Source N	larket																		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
On-Site House	holds																					
Food and Beverage Stores	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health and Personal Care Stores	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Shoppers Goods Stores	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Full-Service Restaurants	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Limited- Service Eating Places	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total: All Categories	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Trade	Area (DMC)																					
Food and Beverage Stores	\$6,150,631	\$6,525,504	\$6,971,762	\$7,418,020	\$7,864,278	\$8,310,536	\$8,756,794	\$9,043,595	\$9,330,396	\$9,617,198	\$9,903,999	\$10,190,800	\$10,477,601	\$10,764,402	\$11,051,204	\$11,338,005	\$11,624,806	\$11,911,607	\$12,198,408	\$12,485,210	\$12,772,011	\$13,058,812
Health and Personal Care Stores	\$1,000,731	\$1,061,724	\$1,134,332	\$1,206,940	\$1,279,547	\$1,352,155	\$1,424,763	\$1,471,427	\$1,518,090	\$1,564,754	\$1,611,418	\$1,658,081	\$1,704,745	\$1,751,408	\$1,798,072	\$1,844,736	\$1,891,399	\$1,938,063	\$1,984,727	\$2,031,390	\$2,078,054	\$2,124,717
Shoppers Goods Stores	\$7,799,435	\$8,274,802	\$8,840,688	\$9,406,575	\$9,972,462	\$10,538,349	\$11,104,235	\$11,467,920	\$11,831,604	\$12,195,288	\$12,558,972	\$12,922,657	\$13,286,341	\$13,650,025	\$14,013,709	\$14,377,394	\$14,741,078	\$15,104,762	\$15,468,446	\$15,832,131	\$16,195,815	\$16,559,499
Full-Service Restaurants	\$2,190,663	\$2,324,182	\$2,483,125	\$2,642,068	\$2,801,011	\$2,959,955	\$3,118,898	\$3,221,047	\$3,323,197	\$3,425,347	\$3,527,496	\$3,629,646	\$3,731,796	\$3,833,945	\$3,936,095	\$4,038,245	\$4,140,394	\$4,242,544	\$4,344,694	\$4,446,844	\$4,548,993	\$4,651,143
Limited- Service Eating Places	\$2,259,717	\$2,397,444	\$2,561,397	\$2,725,351	\$2,889,304	\$3,053,258	\$3,217,211	\$3,322,581	\$3,427,950	\$3,533,320	\$3,638,689	\$3,744,059	\$3,849,429	\$3,954,798	\$4,060,168	\$4,165,537	\$4,270,907	\$4,376,277	\$4,481,646	\$4,587,016	\$4,692,385	\$4,797,755
Total: All Categories	\$19,401,177	\$20,583,656	\$21,991,305	\$23,398,954	\$24,806,603	\$26,214,252	\$27,621,901	\$28,526,569	\$29,431,238	\$30,335,906	\$31,240,574	\$32,145,243	\$33,049,911	\$33,954,580	\$34,859,248	\$35,763,916	\$36,668,585	\$37,573,253	\$38,477,921	\$39,382,590	\$40,287,258	\$41,191,92
Secondary Tra	de Area (Rocheste	er (excluding DMC)))																			
Food and Beverage Stores	\$220,897,336	\$226,115,304	\$232,750,087	\$239,384,870	\$246,019,652	\$252,654,435	\$259,289,218	\$265,115,745	\$270,942,272	\$276,768,799	\$282,595,326	\$288,421,853	\$294,248,380	\$300,074,907	\$305,901,434	\$311,727,961	\$317,554,488	\$323,381,015	\$329,207,542	\$335,034,069	\$340,860,596	\$346,687,12
Health and Personal Care Stores	\$38,626,444	\$39,538,866	\$40,699,034	\$41,859,202	\$43,019,370	\$44,179,538	\$45,339,707	\$46,358,542	\$47,377,377	\$48,396,213	\$49,415,048	\$50,433,883	\$51,452,719	\$52,471,554	\$53,490,389	\$54,509,225	\$55,528,060	\$56,546,896	\$57,565,731	\$58,584,566	\$59,603,402	\$60,622,237
Shoppers Goods Stores	\$297,114,175	\$304,132,514	\$313,056,514	\$321,980,515	\$330,904,516	\$339,828,517	\$348,752,518	\$356,589,388	\$364,426,258	\$372,263,129	\$380,099,999	\$387,936,869	\$395,773,740	\$403,610,610	\$411,447,480	\$419,284,351	\$427,121,221	\$434,958,091	\$442,794,962	\$450,631,832	\$458,468,702	\$466,305,57
Full-Service Restaurants	\$79,784,683	\$81,669,331	\$84,065,712	\$86,462,092	\$88,858,473	\$91,254,853	\$93,651,233	\$95,755,684	\$97,860,135	\$99,964,586	\$102,069,037	\$104,173,488	\$106,277,939	\$108,382,390	\$110,486,841	\$112,591,292	\$114,695,743	\$116,800,194	\$118,904,645	\$121,009,096	\$123,113,547	\$125,217,99
Limited- Service Eating Places	\$82,728,376	\$84,682,559	\$87,167,355	\$89,652,151	\$92,136,947	\$94,621,743	\$97,106,539	\$99,288,635	\$101,470,730	\$103,652,826	\$105,834,922	\$108,017,017	\$110,199,113	\$112,381,209	\$114,563,304	\$116,745,400	\$118,927,496	\$121,109,591	\$123,291,687	\$125,473,783	\$127,655,878	\$129,837,97
Total: All Categories	\$719,151,013	\$736,138,574	\$757,738,702	\$779,338,830	\$800,938,958	\$822,539,086	\$844,139,214	\$863,107,994	\$882,076,773	\$901,045,552	\$920,014,332	\$938,983,111	\$957,951,891	\$976,920,670	\$995,889,449	\$1,014,858,229	\$1,033,827,008	\$1,052,795,787	\$1,071,764,567	\$1,090,733,346	\$1,109,702,125	\$1,128,670,9
	Aroa (Olmetod Ca	. (excluding Roche	(stor)																			
icitiary frade	rited (Onlisted CO.	. (cherading notife	JC())																			

FIGURE APPENDIX 4-13 - TOTAL CAPTURED EXPENDITURES BY SOURCE MARKET, 2013 TO 2034 (SOURCE: ECONOMIC CENSUS 2007; ESRI BUSINESS ANALYST; ICSC OI G., "EXPENDITURES OF COLLEGE-AGE STUDENTS AND NON STUDENTS"; BLS; UNIVERSITY OF MINNESOTA - ROCHESTER; AECOM, 2014)

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

FICE WORKER RETAIL SPENDING PATTERNS; PAULIN,



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Food and Beverage Stores	\$83,364,679	\$85,024,521	\$87,207,193	\$89,389,865	\$91,572,537	\$93,755,210	\$95,937,882	\$97,697,567	\$99,457,252	\$101,216,937	\$102,976,622	\$104,736,308	\$106,495,993	\$108,255,678	\$110,015,363	\$111,775,048	\$113,534,733	\$115,294,419	\$117,054,104	\$118,813,789	\$120,573,474	\$122,333,159
Health and Personal Care Stores	\$15,009,164	\$15,308,005	\$15,700,979	\$16,093,952	\$16,486,925	\$16,879,898	\$17,272,871	\$17,589,689	\$17,906,507	\$18,223,324	\$18,540,142	\$18,856,960	\$19,173,777	\$19,490,595	\$19,807,413	\$20,124,230	\$20,441,048	\$20,757,866	\$21,074,683	\$21,391,501	\$21,708,319	\$22,025,136
Shoppers Goods Stores	\$113,180,428	\$115,433,920	\$118,397,234	\$121,360,549	\$124,323,864	\$127,287,179	\$130,250,493	\$132,639,538	\$135,028,582	\$137,417,627	\$139,806,671	\$142,195,715	\$144,584,760	\$146,973,804	\$149,362,849	\$151,751,893	\$154,140,937	\$156,529,982	\$158,919,026	\$161,308,071	\$163,697,115	\$166,086,160
Full-Service Restaurants	\$29,765,306	\$30,357,952	\$31,137,273	\$31,916,595	\$32,695,917	\$33,475,239	\$34,254,560	\$34,882,855	\$35,511,149	\$36,139,444	\$36,767,738	\$37,396,033	\$38,024,327	\$38,652,622	\$39,280,916	\$39,909,211	\$40,537,505	\$41,165,800	\$41,794,094	\$42,422,389	\$43,050,683	\$43,678,978
Limited- Service Eating Places	\$30,920,901	\$31,536,555	\$32,346,133	\$33,155,711	\$33,965,289	\$34,774,866	\$35,584,444	\$36,237,131	\$36,889,818	\$37,542,506	\$38,195,193	\$38,847,880	\$39,500,567	\$40,153,254	\$40,805,941	\$41,458,628	\$42,111,315	\$42,764,002	\$43,416,690	\$44,069,377	\$44,722,064	\$45,374,751
Total: All Categories	\$272,240,478	\$277,660,953	\$284,788,812	\$291,916,672	\$299,044,532	\$306,172,392	\$313,300,251	\$319,046,780	\$324,793,309	\$330,539,838	\$336,286,367	\$342,032,895	\$347,779,424	\$353,525,953	\$359,272,482	\$365,019,011	\$370,765,540	\$376,512,068	\$382,258,597	\$388,005,126	\$393,751,655	\$399,498,184
Employees																						
Food and Beverage Stores	\$11,082,180	\$11,082,180	\$11,418,743	\$11,755,306	\$12,091,869	\$12,428,432	\$12,764,995	\$13,101,558	\$13,438,121	\$13,774,684	\$14,111,247	\$14,447,810	\$14,784,373	\$15,120,936	\$15,457,499	\$15,794,062	\$16,130,625	\$16,467,188	\$16,803,751	\$17,140,314	\$17,476,878	\$17,813,441
Health and Personal Care Stores	\$5,541,090	\$5,541,090	\$5,709,371	\$5,877,653	\$6,045,934	\$6,214,216	\$6,382,497	\$6,550,779	\$6,719,060	\$6,887,342	\$7,055,624	\$7,223,905	\$7,392,187	\$7,560,468	\$7,728,750	\$7,897,031	\$8,065,313	\$8,233,594	\$8,401,876	\$8,570,157	\$8,738,439	\$8,906,720
Shoppers Goods Stores	\$20,317,329	\$20,317,329	\$20,934,362	\$21,551,394	\$22,168,426	\$22,785,458	\$23,402,491	\$24,019,523	\$24,636,555	\$25,253,587	\$25,870,620	\$26,487,652	\$27,104,684	\$27,721,716	\$28,338,749	\$28,955,781	\$29,572,813	\$30,189,845	\$30,806,878	\$31,423,910	\$32,040,942	\$32,657,974
Full-Service Restaurants	\$4,208,135	\$4,208,135	\$4,335,935	\$4,463,735	\$4,591,535	\$4,719,335	\$4,847,135	\$4,974,935	\$5,102,735	\$5,230,535	\$5,358,335	\$5,486,135	\$5,613,935	\$5,741,735	\$5,869,535	\$5,997,335	\$6,125,135	\$6,252,935	\$6,380,736	\$6,508,536	\$6,636,336	\$6,764,136
Limited- Service Eating Places	\$4,956,897	\$4,956,897	\$5,107,437	\$5,257,976	\$5,408,516	\$5,559,056	\$5,709,596	\$5,860,135	\$6,010,675	\$6,161,215	\$6,311,755	\$6,462,294	\$6,612,834	\$6,763,374	\$6,913,913	\$7,064,453	\$7,214,993	\$7,365,533	\$7,516,072	\$7,666,612	\$7,817,152	\$7,967,692
Total: All Categories	\$46,105,631	\$46,105,631	\$47,505,848	\$48,906,064	\$50,306,281	\$51,706,497	\$53,106,714	\$54,506,930	\$55,907,147	\$57,307,364	\$58,707,580	\$60,107,797	\$61,508,013	\$62,908,230	\$64,308,446	\$65,708,663	\$67,108,880	\$68,509,096	\$69,909,313	\$71,309,529	\$72,709,746	\$74,109,962
Visitors																						
Food and Beverage Stores	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202
Health and Personal Care Stores	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972
Shoppers Goods Stores	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945
Full-Service Restaurants	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706
FIGUR	E APPENI	DIX 4-13 -	TOTAL CA	PTURED E	EXPENDIT	URES BY S	SOURCE N	ARKET, 20)13 TO 203	34 (CONTI	NUED)											



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Limited- Service Eating	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706
Places Total: All	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532
Categories Students																						
Food and Beverage Stores	\$623,606	\$623,606	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346
Health and Personal Care Stores	\$30,754	\$30,754	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723
Shoppers Goods Stores	\$902,013	\$902,013	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682
Full-Service Restaurants	\$163,612	\$163,612	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805
Limited- Service Eating Places	\$164,607	\$164,607	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544
Total: All Categories	\$1,884,591	\$1,884,591	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100
Inflow																						
Food and Beverage Stores	\$32,549,703	\$33,274,971	\$34,234,999	\$35,195,026	\$36,155,054	\$37,115,081	\$38,075,109	\$38,896,067	\$39,717,024	\$40,537,982	\$41,358,940	\$42,179,897	\$43,000,855	\$43,821,813	\$44,642,770	\$45,463,728	\$46,284,685	\$47,105,643	\$47,926,601	\$48,747,558	\$49,568,516	\$50,389,474
Health and Personal Care Stores	\$6,558,040	\$6,685,266	\$6,864,669	\$7,044,072	\$7,223,475	\$7,402,878	\$7,582,281	\$7,737,341	\$7,892,401	\$8,047,461	\$8,202,520	\$8,357,580	\$8,512,640	\$8,667,700	\$8,822,760	\$8,977,819	\$9,132,879	\$9,287,939	\$9,442,999	\$9,598,059	\$9,753,119	\$9,908,178
Shoppers Goods Stores	\$47,102,931	\$48,077,651	\$49,384,674	\$50,691,698	\$51,998,721	\$53,305,745	\$54,612,768	\$55,733,431	\$56,854,094	\$57,974,758	\$59,095,421	\$60,216,084	\$61,336,747	\$62,457,410	\$63,578,073	\$64,698,736	\$65,819,399	\$66,940,063	\$68,060,726	\$69,181,389	\$70,302,052	\$71,422,715
Full-Service Restaurants	\$12,995,649	\$13,256,731	\$13,602,975	\$13,949,220	\$14,295,464	\$14,641,709	\$14,987,953	\$15,284,223	\$15,580,492	\$15,876,762	\$16,173,031	\$16,469,301	\$16,765,570	\$17,061,840	\$17,358,109	\$17,654,379	\$17,950,648	\$18,246,918	\$18,543,187	\$18,839,457	\$19,135,727	\$19,431,996
Limited- Service Eating Places	\$13,487,360	\$13,758,116	\$14,119,003	\$14,479,890	\$14,840,776	\$15,201,663	\$15,562,550	\$15,871,619	\$16,180,688	\$16,489,757	\$16,798,826	\$17,107,896	\$17,416,965	\$17,726,034	\$18,035,103	\$18,344,173	\$18,653,242	\$18,962,311	\$19,271,380	\$19,580,449	\$19,889,519	\$20,198,588
Total: All	\$112,693,683	\$115,052,735	\$118,206,320	\$121,359,905	\$124,513,491	\$127,667,076	\$130,820,661	\$133,522,681	\$136,224,700	\$138,926,719	\$141,628,739	\$144,330,758	\$147,032,777	\$149,734,796	\$152,436,816	\$155,138,835	\$157,840,854	\$160,542,874	\$163,244,893	\$165,946,912	\$168,648,932	\$171,350,951
All Markets plus	s Inflow																					
Food and Beverage Stores	\$358,670,335	\$366,648,287	\$377,674,331	\$388,234,635	\$398,794,939	\$409,355,242	\$419,915,546	\$428,946,080	\$437,976,614	\$447,007,148	\$456,037,682	\$465,068,216	\$474,098,750	\$483,129,284	\$492,159,819	\$501,190,353	\$510,220,887	\$519,251,421	\$528,281,955	\$537,312,489	\$546,343,023	\$555,373,557
Health and Personal Care Stores	\$72,169,195	\$73,568,677	\$75,565,080	\$77,538,513	\$79,511,947	\$81,485,381	\$83,458,815	\$85,164,473	\$86,870,131	\$88,575,789	\$90,281,447	\$91,987,105	\$93,692,763	\$95,398,421	\$97,104,079	\$98,809,737	\$100,515,395	\$102,221,053	\$103,926,711	\$105,632,369	\$107,338,027	\$109,043,685
Shoppers Goods	\$519,034,257	\$529,756,173	\$544,807,100	\$559,184,358	\$573,561,616	\$587,938,874	\$602,316,132	\$614,643,426	\$626,970,721	\$639,298,015	\$651,625,310	\$663,952,604	\$676,279,898	\$688,607,193	\$700,934,487	\$713,261,781	\$725,589,076	\$737,916,370	\$750,243,664	\$762,570,959	\$774,898,253	\$787,225,548
Stores Full-Service Restaurants	\$143,115,755	\$145,987,649	\$149,918,532	\$153,727,222	\$157,535,912	\$161,344,602	\$165,153,292	\$168,412,256	\$171,671,221	\$174,930,186	\$178,189,150	\$181,448,115	\$184,707,080	\$187,966,044	\$191,225,009	\$194,483,973	\$197,742,938	\$201,001,903	\$204,260,867	\$207,519,832	\$210,778,797	\$214,037,761
Limited- Service Eating Places	\$148,525,564	\$151,503,885	\$155,596,576	\$159,566,329	\$163,536,083	\$167,505,836	\$171,475,590	\$174,875,351	\$178,275,112	\$181,674,874	\$185,074,635	\$188,474,396	\$191,874,158	\$195,273,919	\$198,673,680	\$202,073,442	\$205,473,203	\$208,872,964	\$212,272,726	\$215,672,487	\$219,072,248	\$222,472,010
Total: All	\$1,239,630,515	\$1,265,580,080	\$1,300,269,519	\$1,334,958,957	\$1,369,648,396	\$1,404,337,835	\$1,439,027,274	\$1,468,749,486	\$1,498,471,699	\$1,528,193,911	\$1,557,916,124	\$1,587,638,336	\$1,617,360,548	\$1,647,082,761	\$1,676,804,973	\$1,706,527,186	\$1,736,249,398	\$1,765,971,611	\$1,795,693,823	\$1,825,416,035	\$1,855,138,248	\$1,884,860,46

FIGURE APPENDIX 4-13 - TOTAL CAPTURED EXPENDITURES BY SOURCE MARKET, 2013 TO 2034 (CONTINUED)



Detailed Retail Expenditures by Source Market

Detailed Retail	Expendi	itures by	Source N	larket																			
	AVG. SPENDING, BASE YEAR	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Retail Markets																							
On-Site Households		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Trade Area (DMC)		1,906	2,022	2,161	2,299	2,437	2,576	2,714	2,803	2,892	2,981	3,069	3,158	3,247	3,336	3,425	3,514	3,603	3,692	3,780	3,869	3,958	4,047
Secondary Trade Area (Rochester (excluding DMC))		43,301	44,324	45,624	46,925	48,225	49,526	50,827	51,969	53,111	54,253	55,395	56,537	57,679	58,821	59,964	61,106	62,248	63,390	64,532	65,674	66,816	67,958
Tertiary Trade Area (Olmsted Co. (excluding Rochester))		14,744	15,037	15,423	15,809	16,195	16,581	16,967	17,278	17,590	17,901	18,212	18,523	18,834	19,146	19,457	19,768	20,079	20,391	20,702	21,013	21,324	21,635
Employees		6,965	6,965	7,177	7,388	7,600	7,811	8,023	8,234	8,446	8,657	8,869	9,080	9,292	9,503	9,715	9,926	10,138	10,349	10,561	10,772	10,984	11,196
Visitors		501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529
Students		596	596	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040
On-Site Households																							
Food and Beverage Stores	\$3,227	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health and Personal Care Stores	\$525	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Shoppers Goods Stores	\$4,092	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Full-Service Restaurants	\$1,149	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Limited-Service Eating Places	\$1,185	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total: All Categories	\$10,178	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Trade Area (DMC)																							
Food and Beverage Stores	\$3,227	\$6,150,631	\$6,525,504	\$6,971,762	\$7,418,020	\$7,864,278	\$8,310,536	\$8,756,794	\$9,043,595	\$9,330,396	\$9,617,198	\$9,903,999	\$10,190,800	\$10,477,601	\$10,764,402	\$11,051,204	\$11,338,005	\$11,624,806	\$11,911,607	\$12,198,408	\$12,485,210	\$12,772,011	\$13,058,812
Health and Personal Care Stores	\$525	\$1,000,731	\$1,061,724	\$1,134,332	\$1,206,940	\$1,279,547	\$1,352,155	\$1,424,763	\$1,471,427	\$1,518,090	\$1,564,754	\$1,611,418	\$1,658,081	\$1,704,745	\$1,751,408	\$1,798,072	\$1,844,736	\$1,891,399	\$1,938,063	\$1,984,727	\$2,031,390	\$2,078,054	\$2,124,717
Shoppers Goods Stores	\$4,092	\$7,799,435	\$8,274,802	\$8,840,688	\$9,406,575	\$9,972,462	\$10,538,349	\$11,104,235	\$11,467,920	\$11,831,604	\$12,195,288	\$12,558,972	\$12,922,657	\$13,286,341	\$13,650,025	\$14,013,709	\$14,377,394	\$14,741,078	\$15,104,762	\$15,468,446	\$15,832,131	\$16,195,815	\$16,559,499
Full-Service Restaurants	\$1,149	\$2,190,663	\$2,324,182	\$2,483,125	\$2,642,068	\$2,801,011	\$2,959,955	\$3,118,898	\$3,221,047	\$3,323,197	\$3,425,347	\$3,527,496	\$3,629,646	\$3,731,796	\$3,833,945	\$3,936,095	\$4,038,245	\$4,140,394	\$4,242,544	\$4,344,694	\$4,446,844	\$4,548,993	\$4,651,143
Limited-Service Eating Places	\$1,185	\$2,259,717	\$2,397,444	\$2,561,397	\$2,725,351	\$2,889,304	\$3,053,258	\$3,217,211	\$3,322,581	\$3,427,950	\$3,533,320	\$3,638,689	\$3,744,059	\$3,849,429	\$3,954,798	\$4,060,168	\$4,165,537	\$4,270,907	\$4,376,277	\$4,481,646	\$4,587,016	\$4,692,385	\$4,797,755
Total: All Categories	\$10,178	\$19,401,177	\$20,583,656	\$21,991,305	\$23,398,954	\$24,806,603	\$26,214,252	\$27,621,901	\$28,526,569	\$29,431,238	\$30,335,906	\$31,240,574	\$32,145,243	\$33,049,911	\$33,954,580	\$34,859,248	\$35,763,916	\$36,668,585	\$37,573,253	\$38,477,921	\$39,382,590	\$40,287,258	\$41,191,927
Secondary Trade Area (Roch	nester (excludir	ng DMC))																					
Food and Beverage Stores	\$5,101	\$220,897,336	\$226,115,304	\$232,750,087	\$239,384,870	\$246,019,652	\$252,654,435	\$259,289,218	\$265,115,745	\$270,942,272	\$276,768,799	\$282,595,326	\$288,421,853	\$294,248,380	\$300,074,907	\$305,901,434	\$311,727,961	\$317,554,488	\$323,381,015	\$329,207,542	\$335,034,069	\$340,860,596	\$346,687,123
Health and Personal Care Stores	\$892	\$38,626,444	\$39,538,866	\$40,699,034	\$41,859,202	\$43,019,370	\$44,179,538	\$45,339,707	\$46,358,542	\$47,377,377	\$48,396,213	\$49,415,048	\$50,433,883	\$51,452,719	\$52,471,554	\$53,490,389	\$54,509,225	\$55,528,060	\$56,546,896	\$57,565,731	\$58,584,566	\$59,603,402	\$60,622,237
Shoppers Goods Stores	\$6,862	\$297,114,175	\$304,132,514	\$313,056,514	\$321,980,515	\$330,904,516	\$339,828,517	\$348,752,518	\$356,589,388	\$364,426,258	\$372,263,129	\$380,099,999	\$387,936,869	\$395,773,740	\$403,610,610	\$411,447,480	\$419,284,351	\$427,121,221	\$434,958,091	\$442,794,962	\$450,631,832	\$458,468,702	\$466,305,57
Full-Service Restaurants	\$1,843	\$79,784,683	\$81,669,331	\$84,065,712	\$86,462,092	\$88,858,473	\$91,254,853	\$93,651,233	\$95,755,684	\$97,860,135	\$99,964,586	\$102,069,037	\$104,173,488	\$106,277,939	\$108,382,390	\$110,486,841	\$112,591,292	\$114,695,743	\$116,800,194	\$118,904,645	\$121,009,096	\$123,113,547	\$125,217,99
Limited-Service Eating Places	\$1,911	\$82,728,376	\$84,682,559	\$87,167,355	\$89,652,151	\$92,136,947	\$94,621,743	\$97,106,539	\$99,288,635	\$101,470,730	\$103,652,826	\$105,834,922	\$108,017,017	\$110,199,113	\$112,381,209	\$114,563,304	\$116,745,400	\$118,927,496	\$121,109,591	\$123,291,687	\$125,473,783	\$127,655,878	\$129,837,974

FIGURE APPENDIX 4-14 - TOTAL FORECAST EXPENDITURES BY SOURCE MARKET, 2013 TO 2034 (SOURCE: ECONOMIC CENSUS 2007; ESRI BUSINESS ANALYST; ICSC OF G., "EXPENDITURES OF COLLEGE-AGE STUDENTS AND NON-STUDENTS"; BLS; UNIVERSITY OF MINNESOTA - ROCHESTER; AECOM, 2014)

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

FICE WORKER RETAIL SPENDING PATTERNS; PAULIN,



	AVG. SPENDING, BASE YEAR	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Total: All Categories	\$16,608	\$719,151,013	\$736,138,574	\$757,738,702	\$779,338,830	\$800,938,958	\$822,539,086	\$844,139,214	\$863,107,994	\$882,076,773		\$920,014,332	\$938,983,111	\$957,951,891	\$976,920,670	\$995,889,449	\$1,014,858,229	\$1,033,827,008	\$1,052,795,787	\$1,071,764,567	\$1,090,733,346	\$1,109,702,125	
Tertiary Trade Area (Olms	sted Co. (excludii	ng Rochester))																					
Food and Beverage Stores	\$5,654	\$83,364,679	\$85,024,521	\$87,207,193	\$89,389,865	\$91,572,537	\$93,755,210	\$95,937,882	\$97,697,567	\$99,457,252	\$101,216,937	\$102,976,622	\$104,736,308	\$106,495,993	\$108,255,678	\$110,015,363	\$111,775,048	\$113,534,733	\$115,294,419	\$117,054,104	\$118,813,789	\$120,573,474	\$122,333,159
Health and Personal Care Stores	\$1,018	\$15,009,164	\$15,308,005	\$15,700,979	\$16,093,952	\$16,486,925	\$16,879,898	\$17,272,871	\$17,589,689	\$17,906,507	\$18,223,324	\$18,540,142	\$18,856,960	\$19,173,777	\$19,490,595	\$19,807,413	\$20,124,230	\$20,441,048	\$20,757,866	\$21,074,683	\$21,391,501	\$21,708,319	\$22,025,136
Shoppers Goods Stores	\$7,677	\$113,180,428	\$115,433,920	\$118,397,234	\$121,360,549	\$124,323,864	\$127,287,179	\$130,250,493	\$132,639,538	\$135,028,582	\$137,417,627	\$139,806,671	\$142,195,715	\$144,584,760	\$146,973,804	\$149,362,849	\$151,751,893	\$154,140,937	\$156,529,982	\$158,919,026	\$161,308,071	\$163,697,115	\$166,086,160
Full-Service Restaurants	\$2,019	\$29,765,306	\$30,357,952	\$31,137,273	\$31,916,595	\$32,695,917	\$33,475,239	\$34,254,560	\$34,882,855	\$35,511,149	\$36,139,444	\$36,767,738	\$37,396,033	\$38,024,327	\$38,652,622	\$39,280,916	\$39,909,211	\$40,537,505	\$41,165,800	\$41,794,094	\$42,422,389	\$43,050,683	\$43,678,978
Limited-Service Eating Places	\$2,097	\$30,920,901	\$31,536,555	\$32,346,133	\$33,155,711	\$33,965,289	\$34,774,866	\$35,584,444	\$36,237,131	\$36,889,818	\$37,542,506	\$38,195,193	\$38,847,880	\$39,500,567	\$40,153,254	\$40,805,941	\$41,458,628	\$42,111,315	\$42,764,002	\$43,416,690	\$44,069,377	\$44,722,064	\$45,374,751
Total: All Categories	\$18,465	\$272,240,478	\$277,660,953	\$284,788,812	\$291,916,672	\$299,044,532	\$306,172,392	\$313,300,251	\$319,046,780	\$324,793,309		\$336,286,367	\$342,032,895	\$347,779,424	\$353,525,953	\$359,272,482	\$365,019,011	\$370,765,540	\$376,512,068	\$382,258,597	\$388,005,126	\$393,751,655	\$399,498,184
Employees																							
Food and Beverage Stores	\$1,591	\$11,082,180	\$11,082,180	\$11,418,743	\$11,755,306	\$12,091,869	\$12,428,432	\$12,764,995	\$13,101,558	\$13,438,121	\$13,774,684	\$14,111,247	\$14,447,810	\$14,784,373	\$15,120,936	\$15,457,499	\$15,794,062	\$16,130,625	\$16,467,188	\$16,803,751	\$17,140,314	\$17,476,878	\$17,813,441
Health and Personal Care Stores	\$796	\$5,541,090	\$5,541,090	\$5,709,371	\$5,877,653	\$6,045,934	\$6,214,216	\$6,382,497	\$6,550,779	\$6,719,060	\$6,887,342	\$7,055,624	\$7,223,905	\$7,392,187	\$7,560,468	\$7,728,750	\$7,897,031	\$8,065,313	\$8,233,594	\$8,401,876	\$8,570,157	\$8,738,439	\$8,906,720
Shoppers Goods Stores	\$2,917	\$20,317,329	\$20,317,329	\$20,934,362	\$21,551,394	\$22,168,426	\$22,785,458	\$23,402,491	\$24,019,523	\$24,636,555	\$25,253,587	\$25,870,620	\$26,487,652	\$27,104,684	\$27,721,716	\$28,338,749	\$28,955,781	\$29,572,813	\$30,189,845	\$30,806,878	\$31,423,910	\$32,040,942	\$32,657,974
Full-Service Restaurants	\$604	\$4,208,135	\$4,208,135	\$4,335,935	\$4,463,735	\$4,591,535	\$4,719,335	\$4,847,135	\$4,974,935	\$5,102,735	\$5,230,535	\$5,358,335	\$5,486,135	\$5,613,935	\$5,741,735	\$5,869,535	\$5,997,335	\$6,125,135	\$6,252,935	\$6,380,736	\$6,508,536	\$6,636,336	\$6,764,136
Limited-Service Eating Places	\$712	\$4,956,897	\$4,956,897	\$5,107,437	\$5,257,976	\$5,408,516	\$5,559,056	\$5,709,596	\$5,860,135	\$6,010,675	\$6,161,215	\$6,311,755	\$6,462,294	\$6,612,834	\$6,763,374	\$6,913,913	\$7,064,453	\$7,214,993	\$7,365,533	\$7,516,072	\$7,666,612	\$7,817,152	\$7,967,692
Total: All Categories	\$6,620	\$46,105,631	\$46,105,631	\$47,505,848	\$48,906,064	\$50,306,281	\$51,706,497	\$53,106,714	\$54,506,930	\$55,907,147	\$57,307,364	\$58,707,580	\$60,107,797	\$61,508,013	\$62,908,230	\$64,308,446	\$65,708,663	\$67,108,880	\$68,509,096	\$69,909,313	\$71,309,529	\$72,709,746	\$74,109,962
Visitors																							
Food and Beverage Stores	\$8	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202	\$4,002,202
Health and Personal Care Stores	\$11	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972	\$5,402,972
Shoppers Goods Stores	\$65	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945	\$32,617,945
Full-Service Restaurants	\$28	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706
Limited-Service Eating Places	\$28	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706	\$14,007,706
Total: All Categories	\$140	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532	\$70,038,532
Students																							
Food and Beverage Stores	\$1,047	\$623,606	\$623,606	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346	\$1,089,346
Health and Personal Care Stores	\$52	\$30,754	\$30,754	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723	\$53,723
Shoppers Goods Stores	\$1,515	\$902,013	\$902,013	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682	\$1,575,682
Full-Service Restaurants	\$275	\$163,612	\$163,612	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805	\$285,805
Limited-Service Eating Places	\$276	\$164,607	\$164,607	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544	\$287,544
Total: All Categories	\$3,165	\$1,884,591	\$1,884,591	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100	\$3,292,100

FIGURE APPENDIX 4-14 - TOTAL FORECAST EXPENDITURES BY SOURCE MARKET, 2013 TO 2034 (CONTINUED)



	AVG. SPENDING, BASE YEAR	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
All Markets																							
Food and Beverage Stores		\$315,038,453	\$322,291,136	\$332,020,590	\$341,284,303	\$350,548,016	\$359,811,729	\$369,075,442	\$376,948,455	\$384,821,469	\$392,694,482	\$400,567,495	\$408,440,509	\$416,313,522	\$424,186,536	\$432,059,549	\$439,932,563	\$447,805,576	\$455,678,589	\$463,551,603	\$471,424,616	\$479,297,630	\$487,170,643
Health and Personal Care Stores		\$60,070,065	\$61,342,321	\$62,991,039	\$64,616,789	\$66,242,538	\$67,868,287	\$69,494,036	\$70,876,353	\$72,258,670	\$73,640,986	\$75,023,303	\$76,405,620	\$77,787,936	\$79,170,253	\$80,552,570	\$81,934,886	\$83,317,203	\$84,699,520	\$86,081,836	\$87,464,153	\$88,846,470	\$90,228,786
Shoppers Goods Stores		\$451,613,996	\$461,361,193	\$474,488,064	\$486,941,267	\$499,394,469	\$511,847,671	\$524,300,873	\$534,890,472	\$545,480,071	\$556,069,670	\$566,659,269	\$577,248,868	\$587,838,467	\$598,428,066	\$609,017,665	\$619,607,264	\$630,196,863	\$640,786,462	\$651,376,061	\$661,965,660	\$672,555,259	\$683,144,858
Full-Service Restaurants		\$125,911,970	\$128,522,783	\$131,979,622	\$135,314,267	\$138,648,912	\$141,983,558	\$145,318,203	\$148,153,098	\$150,987,993	\$153,822,888	\$156,657,784	\$159,492,679	\$162,327,574	\$165,162,469	\$167,997,364	\$170,832,259	\$173,667,154	\$176,502,049	\$179,336,944	\$182,171,840	\$185,006,735	\$187,841,630
Limited-Service Eating Places		\$130,081,307	\$132,788,872	\$136,370,136	\$139,828,463	\$143,286,790	\$146,745,117	\$150,203,445	\$153,143,597	\$156,083,749	\$159,023,902	\$161,964,054	\$164,904,206	\$167,844,359	\$170,784,511	\$173,724,664	\$176,664,816	\$179,604,968	\$182,545,121	\$185,485,273	\$188,425,425	\$191,365,578	\$194,305,730
Total: All Categories	5	\$1,080,831,200	\$1,104,421,714	\$1,134,557,351	\$1,164,692,988	\$1,194,828,625	\$1,224,964,262	\$1,255,099,899	\$1,280,719,875	\$1,306,339,852		\$1,357,579,805	\$1,383,199,782	\$1,408,819,758	\$1,434,439,735	\$1,460,059,711	\$1,485,679,688	\$1,511,299,664	\$1,536,919,641	\$1,562,539,617	\$1,588,159,594	\$1,613,779,570	



Average Retail Spending by Type and Source Market

ESTABLISHMENT TYPE	ON-SITE HOUSEHOLDS	PRIMARY TRADE AREA (DMC)	SECONDARY TRADE AREA (ROCHESTER (EXCLUDING DMC))	TERTIARY TRADE AREA (OLMSTED CO. (EXCLUDING ROCHESTER))	EMPLOYEES	VISITORS	STUDENTS
Food and Beverage Stores	\$3,227	\$3,227	\$5,101	\$5,654	\$1,591	\$8	\$1,047
Health and Personal Care Stores	\$525	\$525	\$892	\$1,018	\$796	\$11	\$52
Shoppers Goods Stores							
Furniture and Home Furnishings Stores	\$307	\$307	\$540	\$606	\$265	\$0	\$131
Electronics and Appliance Stores	\$286	\$286	\$503	\$566	\$265	\$0	\$11
Clothing and Clothing Accessories Stores	\$548	\$548	\$905	\$998	\$796	\$25	\$432
Sporting Goods, Hobby, Book, Music Stores	\$253	\$253	\$421	\$467	\$265	\$11	\$66
General Merchandise Stores	\$2,413	\$2,413	\$3,987	\$4,458	\$1,061	\$29	\$835
Miscellaneous Store Retailers	\$285	\$285	\$506	\$582	\$265	\$0	\$40
Subtotal: Shoppers Goods Stores	\$4,092	\$4,092	\$6,862	\$7,677	\$2,917	\$65	\$1,515
Food Service Establishments							
Full-Service Restaurants	\$1,149	\$1,149	\$1,843	\$2,019	\$604	\$28	\$275
Limited-Service Eating Places	\$1,185	\$1,185	\$1,911	\$2,097	\$712	\$28	\$276
Drinking Places	\$66	\$66	\$102	\$110	\$67	\$8	\$19
Subtotal: Food Service Establishments	\$2,401	\$2,401	\$3,855	\$4,226	\$1,383	\$64	\$570
Total: Selected Establishment Types	\$10,244	\$10,244	\$16,710	\$18,575	\$6,687	\$148	\$3,183

VISITORS	2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	203
-Site Household	ds																										
useholds																											
m New																											
velopments																											
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(
Households																											
mary Trade Area																											
useholds owth Rate	1,790 0%																										
usehold	0%																										
recast	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,
useholds																											
m New	116	116	128	128	128	128	128	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	
velopments																											
tal Baseline	1.000	2.022	2 1 5 0	2 2 7 0	2.405	2 5 2 2	2.661	2 720	2.017	2.005	2.072	2.052	2 1 2 0	2 200	2.200	2.264	2 4 4 2	2 5 2 1	2 5 0 0	2 (77	2 756	2.024	2.012	2 0 0 0	4.060	4 4 4 7	
useholds	1,906	2,022	2,150	2,278	2,405	2,533	2,661	2,739	2,817	2,895	2,973	3,052	3,130	3,208	3,286	3,364	3,443	3,521	3,599	3,677	3,756	3,834	3,912	3,990	4,068	4,147	4,2
IC Employee			11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	1
useholds					11		11	11	11		11			11	11		11	11		11			11	11			
Total Households	1,906	2,022	2,161	2,299	2,437	2,576	2,714	2,803	2,892	2,981	3,069	3,158	3,247	3,336	3,425	3,514	3,603	3,692	3,780	3,869	3,958	4,047	4,136	4,225	4,314	4,403	4,
condary Trade A	Area - Rocl	nester (exc	luding DM	IC)																							
useholds	42,278																										
owth Rate	0%																										
usehold recast	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42,278	42
useholds																											
m New	1,023	1,023	1,011	1,011	1,011	1,011	1,011	853	853	853	853	853	853	853	853	853	853	853	853	853	853	853	853	853	853	853	8
velopments																											
tal Baseline	43,301	44,324	45,335	46,346	47,358	48,369	49,381	50,234	51,086	51,939	52,792	53,645	54,498	55,351	56,204	57,057	57,910	58,763	59,616	60,469	61,322	62,175	63,028	63,881	64,734	65,587	66
useholds																											
IC Employee useholds			289	289	289	289	289	289	289	289	289	289	289	289	289	289	289	289	289	289	289	289	289	289	289	289	2
Total Households	43,301	44,324	45,624	46,925	48,225	49,526	50,827	51,969	53,111	54,253	55,395	56,537	57,679	58,821	59,964	61,106	62,248	63,390	64,532	65,674	66,816	67,958	69,101	70,243	71,385	72,527	73
rtiary Trade Area	a - Olmste	d Co. (excl	uding Rocl	hester)																							
	14,450																										
owth Rate	0%																										
usehold	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14,450	14
recast	11,150	1 1/150		1 1,130	1 1,150	11,150	1 1,150	1 1,130	1 1/100		1 1/100	1 1, 190		1 1/100	1 1/150		1 1/150	11,150	1 1, 190	1 1, 190	11,150	1 1/100	1 1/150	1 1, 190	1 1/150	1 1/150	
useholds		224			224	224	224	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	
m New	294	294	294	294	294	294	294	219	219	219	219	219	219	219	219	219	219	219	219	219	219	219	219	219	219	219	
velopments al Baseline																											
useholds	14,744	15,037	15,331	15,624	15,918	16,211	16,505	16,724	16,942	17,161	17,380	17,599	17,817	18,036	18,255	18,474	18,692	18,911	19,130	19,349	19,567	19,786	20,005	20,224	20,442	20,661	20



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039
DMC Employee			02	02	02	02	02		02																92		
Households			92	92	92	92	92	92	92	92	92	92	92	92	92	92	92	92	92	92	92	92	92	92	92	92	92
Total Households	14,744	15,037	15,423	15,809	16,195	16,581	16,967	17,278	17,590	17,901	18,212	18,523	18,834	19,146	19,457	19,768	20,079	20,391	20,702	21,013	21,324	21,635	21,947	22,258	22,569	22,880	23,191
Employees																											
Employees	26,342																										
Employees																											
from New			800	800	800	800	800	800	800	800	800	800	800	800	800	800	800	800	800	800	800	800	800	800	800	800	800
Developments																											
Percentage																											
Trade Area	74%																										
Residents*																											
Total Households	6,965	6,965	7,177	7,388	7,600	7,811	8,023	8,234	8,446	8,657	8,869	9,080	9,292	9,503	9,715	9,926	10,138	10,349	10,561	10,772	10,984	11,196	11,407	11,619	11,830	12,042	12,253
Visitors																											
Overnight Visitors	501,529																										
Visitors																											
from New																											
Developments											-						-										
Percentage																											
Trade Area	0%																										
Residents																											
Total Overnight Visitors	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529	501,529
Students																											
Students	794																										
Students																											
from New			593																								
Developments																											
Percentage	250/																										
Trade Area	25%																										
Residents Total Students	596	596	1,040	1 0/0	1,040	1,040	1,040	1 0/0	1,040	1,040	1,040	1 0/0	1 0/0	1 040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1.040
	590	390	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040
* Estimated from																											
FIGURE APP	'ENDIX 4	4-16 - SC	DURCE N	ЛARKET	HOUSE	HOLD A	ND EMP	PLOYME	NTFOR	ECASTS,	2013 TC) 2039 ((CONTIN	UED)													



Total Estimated Retail Spending by Resident Market

	PRIMARY TRADE AREA DMC	SECONDARY TRADE AREA ROCHESTER (EXCLUDING DMC)	TERTIARY TRADE AREA OLMSTED CO. (EXCLUDING ROCHESTER)	TOTAL
Households	1,790	42,278	14,450	58,518
Food and Beverage Stores	\$5,775,757	\$215,679,368	\$81,704,837	\$303,159,962
Health and Personal Care Stores	\$939,737	\$37,714,022	\$14,710,322	\$53,364,081
Shoppers Goods Stores				
Furniture and Home Furnishings Stores	\$549,617	\$22,816,248	\$8,755,762	\$32,121,627
Electronics and Appliance Stores	\$512,109	\$21,286,301	\$8,173,527	\$29,971,937
Clothing and Clothing Accessories Stores	\$980,931	\$38,275,849	\$14,421,371	\$53,678,151
Sporting Goods, Hobby, Book, and Music Stores	\$452,826	\$17,799,862	\$6,750,432	\$25,003,120
General Merchandise Stores	\$4,319,246	\$168,542,600	\$64,419,256	\$237,281,102
Miscellaneous Store Retailers	\$509,339	\$21,374,977	\$8,406,589	\$30,290,905
Subtotal: Shoppers Goods Stores	\$7,324,069	\$290,095,837	\$110,926,937	\$408,346,843
Food Service Establishments				
Full-Service Restaurants	\$2,057,145	\$77,900,034	\$29,172,661	\$109,129,840
Limited-Service Eating Places	\$2,121,990	\$80,774,192	\$30,305,247	\$113,201,429
Drinking Places	\$118,525	\$4,309,053	\$1,589,606	\$6,017,184
Subtotal: Food Service Establishments	\$4,297,660	\$162,983,279	\$61,067,514	\$228,348,452
Total: Selected Establishment Types	\$18,337,223	\$706,472,506	\$268,409,609	\$993,219,338

FIGURE APPENDIX 4-17 - RESIDENT MARKET TOTAL SPENDING BY ESTABLISHMENT TYPE, 2013 (SOURCE: ECONOMIC CENSUS 2007; ESRI BUSINESS ANALYST; AECOM, 2014)

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT



Average Retail Spending per Household ESRI CATEGORY	PRIMARY TRADE AREA DMC	SECONDARY TRADE AREA ROCHESTER (EXCLUDING	TERTIARY TRADE AREA OLMSTED CO. (EXCLUDING	AVERAGE	ESRI CATEGORY	PRIMARY TRADE AREA DMC	SECONDARY TRADE AREA ROCHESTER (EXCLUDING DMC)	TERTIARY TRADE AREA OLMSTED CO. (EXCLUDING ROCHESTER)	AVERAG
	Dille	DMC)	ROCHESTER)		Video Game Hardware/Accessories	\$23	\$33	\$33	\$33
Apparel and Services					Video Game Software	\$23	\$36	\$39	\$37
Men's	\$199	\$326	\$360	\$330	Streaming/Downloaded Video	\$3	\$5	\$5	\$5
Women's	\$337	\$553	\$612	\$561	Rental of Video Cassettes and DVDs	\$21	\$34	\$36	\$34
Children's	\$204	\$326	\$350	\$328	Installation of Televisions	\$1	\$1	\$1	\$1
Footwear	\$155	\$247	\$270	\$250	Audio	\$83	\$138	\$153	\$140
Watches & Jewelry	\$103	\$185	\$207	\$188	Rental and Repair of TV/Radio/Sound	\$3	\$5	\$6	\$5
Apparel Products and Services	\$144	\$177	\$177	\$176	Equipment	ĊOOF	ć720	<u>خ071</u>	6760
Computer					Pets	\$385	\$739	\$871	\$760
Computers and Hardware for Home Use	\$151	\$245	\$267	\$248	Toys and Games	\$101	\$165	\$180	\$167
Portable Memory	\$6	\$10	\$10	\$10	Recreational Vehicles and Fees	\$99	\$262	\$323	\$272
Computer Software	\$15	\$24	\$26	\$24	Sports/Recreation/Exercise Equipment	\$100	\$186	\$212	\$190
Computer Accessories	\$11	\$20	\$23	\$21	Photo Equipment and Supplies	\$54	\$94	\$105	\$96
Entertainment & Recreation					Reading	\$103	\$182	\$209	\$186
Fees and Admissions					Catered Affairs	\$19	\$32	\$35	\$32
Membership Fees for Clubs	\$96	\$209	\$244	\$214	Food				
Fees for Participant Sports, excl. Trips	\$72	\$148	\$170	\$151	Food at Home				
Admission to Movie/Theatre/Opera/Ballet	\$112	\$193	\$213	\$196	Bakery and Cereal Products	\$519	\$821	\$912	\$835
Admission to Sporting Events, excl. Trips	\$39	\$80	\$93	\$82	Meats, Poultry, Fish, and Eggs	\$820	\$1,285	\$1,418	\$1,303
Fees for Recreational Lessons	\$73	\$152	\$175	\$155	Dairy Products	\$388	\$623	\$695	\$634
Dating Services	\$0	\$1	\$1	\$1	Fruits and Vegetables	\$717	\$1,118	\$1,231	\$1,133
TV/Video/Audio					Snacks and Other Food at Home	\$1,277	\$2,024	\$2,243	\$2,055
Cable and Satellite Television Services	\$633	\$1,005	\$1,123	\$1,023	Food Away from Home	\$2,367	\$3,815	\$4,188	\$3,863
Televisions	\$115	\$195	\$217	\$198	Alcoholic Beverages				
Satellite Dishes	\$1	\$2	\$2	\$2	Alcoholic Beverages at Retail Establishments*	\$247	\$375	\$402	\$377
VCRs, Video Cameras, and DVD Players	\$10	\$16	\$17	\$16	Alcoholic Beverages at Food Service Establishments*	\$176	\$266	\$286	\$268
Miscellaneous Video Equipment	\$6	\$10	\$11	\$10		¢2Ε6	¢551	\$607	ĊEEO
Video Cassettes and DVDs	\$28	\$43	\$46	\$43	Nonalcoholic Beverages at Home	\$356	\$551	\$607	\$559

* ECONOMIC CENSUS 2007 INDICATES THAT 58% OF ALCOHOL SALES OCCUR AT RETAIL ESTABLISHMENTS AND 42% OCCUR AT FOOD SERVICE ESTABLISHMENTS



ESRI CATEGORY	PRIMARY TRADE AREA DMC	SECONDARY TRADE AREA ROCHESTER (EXCLUDING DMC)	TERTIARY TRADE AREA OLMSTED CO. (EXCLUDING ROCHESTER)	AVERAGE	ESRI CATEGORY	PRIMARY TRADE AREA DMC	SECONDARY TRADE AREA ROCHESTER (EXCLUDING DMC)	TERTIARY TRADE AREA OLMSTED CO. (EXCLUDING ROCHESTER)	AVERAGE
Financial					Household Operations				
Investments	\$1,211	\$2,414	\$2,760	\$2,463	Child Care	\$304	\$549	\$591	\$552
Vehicle Loans	\$2,526	\$4,643	\$5,278	\$4,735	Lawn and Garden	\$217	\$481	\$589	\$500
Health					Moving/Storage/Freight Express	\$63	\$81	\$80	\$80
Nonprescription Drugs	\$80	\$141	\$164	\$145	Housekeeping Supplies	\$491	\$831	\$946	\$849
Prescription Drugs	\$302	\$548	\$651	\$566	Insurance				
Eyeglasses and Contact Lenses	\$53	\$100	\$118	\$103	Owners and Renters Insurance	\$246	\$582	\$718	\$606
Home					Vehicle Insurance	\$826	\$1,419	\$1,595	\$1,445
Mortgage Payment and Basics	\$4,470	\$11,597	\$14,177	\$12,016	Life/Other Insurance	\$223	\$505	\$621	\$525
Maintenance and Remodeling Services	\$730	\$1,900	\$2,363	\$1,978	Health Insurance	\$1,585	\$2,903	\$3,394	\$2,984
Maintenance and Remodeling Materials	\$118	\$322	\$413	\$338	Personal Care Products	\$325	\$529	\$583	\$536
Utilities, Fuel, and Public Services	\$3,490	\$5,916	\$6,687	\$6,032	School Books and Supplies	\$148	\$225	\$242	\$227
Household Furnishings and Equipment					Smoking Products	\$405	\$538	\$573	\$543
Household Textiles	\$75	\$125	\$140	\$127	Transportation				
Furniture	\$332	\$584	\$654	\$593	Vehicle Purchases (Net Outlay)	\$2,365	\$4,309	\$4,898	\$4,395
Floor Coverings	\$15	\$30	\$36	\$31	Gasoline and Motor Oil	\$2,110	\$3,635	\$4,103	\$3,704
Major Appliances	\$155	\$322	\$383	\$332	Vehicle Maintenance and Repairs	\$742	\$1,304	\$1,473	\$1,328
Housewares	\$44	\$77	\$87	\$79	Travel				
Small Appliances	\$31	\$52	\$59	\$53	Airline Fares	\$312	\$563	\$633	\$573
Luggage	\$6	\$11	\$13	\$11	Lodging on Trips	\$243	\$509	\$603	\$524
Telephones and Accessories	\$39	\$59	\$62	\$59	Auto/Truck/Van Rental on Trips	\$21	\$41	\$47	\$42
					Food and Drink on Trips	\$271	\$526	\$609	\$538



Estimated Resident Retail Spending by Category

ESRI CATEGORY	PRIMARY TRADE AREA DMC	SECONDARY TRADE AREA ROCHESTER (EXCLUDING DMC)	TERTIARY TRADE AREA OLMSTED CO. (EXCLUDING ROCHESTER)	TOTAL
Households	1,790	42,278	14,450	58,518
Apparel and Services				
Men's	\$355,387	\$13,775,544	\$5,195,224	\$19,326,155
Women's	\$603,359	\$23,397,881	\$8,842,429	\$32,843,669
Children's	\$365,041	\$13,800,630	\$5,053,702	\$19,219,373
Footwear	\$277,119	\$10,453,278	\$3,908,409	\$14,638,806
Watches & Jewelry	\$185,001	\$7,837,975	\$2,994,730	\$11,017,706
Apparel Products and Services	\$257,187	\$7,488,169	\$2,555,899	\$10,301,255
Computer				
Computers and Hardware for Home Use	\$270,583	\$10,352,947	\$3,860,277	\$14,483,807
Portable Memory	\$10,298	\$401,918	\$150,643	\$562,859
Computer Software	\$26,277	\$1,020,656	\$380,017	\$1,426,950
Computer Accessories	\$18,969	\$854,705	\$336,974	\$1,210,648
Entertainment & Recreation				
Fees and Admissions				
Membership Fees for Clubs	\$172,232	\$8,817,438	\$3,532,632	\$12,522,302
Fees for Participant Sports, excl. Trips	\$129,418	\$6,246,071	\$2,459,334	\$8,834,823
Admission to Movie/Theatre/ Opera/Ballet	\$200,277	\$8,163,956	\$3,081,390	\$11,445,623
Admission to Sporting Events, excl. Trips	\$69,836	\$3,384,288	\$1,349,896	\$4,804,020
Fees for Recreational Lessons	\$131,310	\$6,419,761	\$2,524,488	\$9,075,559
Dating Services	\$852	\$22,736	\$7,443	\$31,031
TV/Video/Audio				
Cable and Satellite Television Services	\$1,133,952	\$42,497,588	\$16,229,222	\$59,860,762
Televisions	\$205,905	\$8,239,402	\$3,141,774	\$11,587,081

ESRI CATEGORY	PRIMARY TRADE AREA DMC	SECONDARY TRADE AREA ROCHESTER (EXCLUDING DMC)	TERTIARY TRADE AREA OLMSTED CO. (EXCLUDING ROCHESTER)	TOTAL
Satellite Dishes	\$1,870	\$80,836	\$31,528	\$114,234
VCRs, Video Cameras, and DVD Players	\$17,331	\$672,005	\$249,755	\$939,091
Miscellaneous Video Equipment	\$10,164	\$434,598	\$162,537	\$607,299
Video Cassettes and DVDs	\$49,378	\$1,814,454	\$663,665	\$2,527,497
Video Game Hardware/Accessories	\$40,853	\$1,386,497	\$482,309	\$1,909,659
Video Game Software	\$40,963	\$1,542,119	\$563,711	\$2,146,793
Streaming/Downloaded Video	\$5,340	\$196,298	\$70,003	\$271,641
Rental of Video Cassettes and DVDs	\$37,601	\$1,419,764	\$518,681	\$1,976,046
Installation of Televisions	\$934	\$44,423	\$17,374	\$62,731
Audio	\$147,807	\$5,848,136	\$2,205,645	\$8,201,588
Rental and Repair of TV/Radio/ Sound Equipment	\$5,499	\$223,031	\$87,420	\$315,950
Pets	\$689,051	\$31,224,891	\$12,579,753	\$44,493,695
Toys and Games	\$180,554	\$6,975,947	\$2,606,595	\$9,763,096
Recreational Vehicles and Fees	\$177,135	\$11,057,387	\$4,671,843	\$15,906,365
Sports/Recreation/Exercise Equipment	\$179,551	\$7,871,629	\$3,060,568	\$11,111,748
Photo Equipment and Supplies	\$96,008	\$3,988,417	\$1,517,287	\$5,601,712
Reading	\$183,520	\$7,691,180	\$3,019,247	\$10,893,947
Catered Affairs	\$33,941	\$1,361,111	\$501,264	\$1,896,316
Food				
Food at Home				
Bakery and Cereal Products	\$929,390	\$34,728,522	\$13,178,115	\$48,836,027
Meats, Poultry, Fish, and Eggs	\$1,468,057	\$54,307,265	\$20,492,925	\$76,268,247
Dairy Products	\$693,872	\$26,356,760	\$10,039,573	\$37,090,205
Fruits and Vegetables	\$1,283,846	\$47,247,915	\$17,794,864	\$66,326,625
Snacks and Other Food at Home	\$2,284,991	\$85,577,859	\$32,413,035	\$120,275,885
Food Away from Home	\$4,236,556	\$161,285,737	\$60,514,676	\$226,036,969
Alcoholic Beverages				

FIGURE APPENDIX 4-19 - RESIDENT MARKET TOTAL SPENDING BY PRODUCT CATEGORY, 2013 (SOURCE: ECONOMIC CENSUS 2007; ESRI BUSINESS ANALYST; AECOM, 201 * ECONOMIC CENSUS 2007 INDICATES THAT 58% OF ALCOHOL SALES OCCUR AT RETAIL ESTABLISHMENTS AND 42% OCCUR AT FOOD SERVICE ESTABLISHMENTS.

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

4)



ESRI CATEGORY	PRIMARY TRADE AREA DMC	SECONDARY TRADE AREA ROCHESTER (EXCLUDING DMC)	TERTIARY TRADE AREA OLMSTED CO. (EXCLUDING ROCHESTER)	TOTAL	ESRI CATEGORY	PRIMARY TRADE AREA DMC
Alcoholic Beverages at Retail	\$442,760	\$15,838,638	\$5,806,729	\$22,088,127	Lawn and Garden	\$387,583
Establishments*	<i>\</i>	÷ 15/000/000	43,000,725		Moving/Storage/Freight Express	\$113,123
Alcoholic Beverages at Food Service Establishments*	\$314,790	\$11,260,822	\$4,128,419	\$15,704,031	Housekeeping Supplies Insurance	\$879,341
Nonalcoholic Beverages at Home	\$637,931	\$23,295,931	\$8,768,639	\$32,702,501	Owners and Renters Insurance	\$441,196
Financial					Vehicle Insurance	\$1,478,969
Investments	\$2,167,181	\$102,054,690	\$39,885,988	\$144,107,859		\$398,958
Vehicle Loans	\$4,521,273	\$196,306,407	\$76,268,717	\$277,096,397	Health Insurance	\$2,837,217
Health					Personal Care Products	
Nonprescription Drugs	\$142,851	\$5,967,700	\$2,372,658	\$8,483,209		\$582,607
Prescription Drugs	\$541,026	\$23,161,051	\$9,404,418	\$33,106,495	School Books and Supplies	\$264,974
Eyeglasses and Contact Lenses	\$95,464	\$4,237,129	\$1,703,153	\$6,035,746	Smoking Products	\$725,464
Home					Transportation	¢4 224 057
Mortgage Payment and Basics	\$8,001,694	\$490,294,343	\$204,856,063	\$703,152,100	Vehicle Purchases (Net Outlay)	\$4,234,057
Maintenance and Remodeling Services	\$1,305,957	\$80,316,838	\$34,143,287	\$115,766,082	Gasoline and Motor Oil Vehicle Maintenance and Repairs	\$3,777,224 \$1,327,606
Maintenance and Remodeling					Travel	
Materials	\$211,681	\$13,598,957	\$5,969,445	\$19,780,083	Airline Fares	\$559,076
Utilities, Fuel, and Public Services	\$6,247,316	\$250,129,518	\$96,622,421	\$352,999,255	Lodging on Trips	\$434,733
Household Furnishings and Equipm	ent				Auto/Truck/Van Rental on Trips	\$37,866
Household Textiles	\$133,996	\$5,298,588	\$2,027,953	\$7,460,537	Food and Drink on Trips	\$484,623
Furniture	\$593,756	\$24,684,495	\$9,451,410	\$34,729,661		
Floor Coverings	\$26,535	\$1,275,003	\$514,446	\$1,815,984		
Major Appliances	\$276,606	\$13,618,388	\$5,529,657	\$19,424,651		
Housewares	\$79,256	\$3,269,461	\$1,258,671	\$4,607,388		
Small Appliances	\$55,745	\$2,202,086	\$853,963	\$3,111,794		
Luggage	\$10,610	\$469,485	\$180,959	\$661,054		
Telephones and Accessories	\$69,648	\$2,475,800	\$891,746	\$3,437,194		
Household Operations						
Child Care	\$544,211	\$23,205,798	\$8,532,670	\$32,282,679		

(E)

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

SECONDARY TRADE AREA ROCHESTER XCLUDING DMC)	TERTIARY TRADE AREA OLMSTED CO. (EXCLUDING ROCHESTER)	TOTAL
\$20,340,902	\$8,504,856	\$29,233,341
\$3,411,367	\$1,155,174	\$4,679,664
\$35,136,356	\$13,666,704	\$49,682,401
\$24,614,954	\$10,376,569	\$35,432,719
\$60,005,165	\$23,047,159	\$84,531,293
\$21,344,780	\$8,970,367	\$30,714,105
\$122,749,905	\$49,042,622	\$174,629,744
\$22,364,074	\$8,424,553	\$31,371,234
\$9,522,002	\$3,499,758	\$13,286,734
\$22,756,656	\$8,286,535	\$31,768,655
\$182,161,974	\$70,780,767	\$257,176,798
\$153,662,990	\$59,284,470	\$216,724,684
\$55,122,371	\$21,287,484	\$77,737,461
\$23,821,284	\$9,140,411	\$33,520,771
\$21,529,680	\$8,710,900	\$30,675,313
\$1,732,649	\$680,330	\$2,450,845
\$22,221,137	\$8,801,725	\$31,507,485



4.4 RESIDENTIAL DEMAND ANALYSIS

Demographics of Reside	ential Markets			
	PRIMARY TRADE AREA DMC	SECONDARY TRADE AREA ROCHESTER (EXCLUDING DMC)	TERTIARY TRADE AREA OLMSTED CO. (EXCLUDING ROCHESTER)	TOTAL
Population				
2013	2,770	106,366	38,386	147,522
2018	2,878	110,332	39,974	153,184
Forecast Annual Growth Rate, 2013 to 2018	0.8%	0.7%	0.8%	0.8%
Households				
2013	1,790	42,278	14,450	58,518
2018	1,892	44,011	15,126	61,029
Forecast Annual Growth Rate, 2013 to 2018	1.1%	0.8%	0.9%	0.8%
Median Household Income				
2013	\$25,056	\$62,260	\$74,126	\$64,052
2018	\$29,295	\$76,580	\$89,644	\$78,352
Forecast Annual Growth Rate, 2013 to 2018	3.2%	4.2%	3.9%	4.1%
			C 2012 TO 2010	

TOTAL	SHARE
109	0.4%
14,701	55.8%
4,567	17.3%
5,965	26.4%
26,342	100.0%
400	2.0%
10,840	54.2%
3,470	17.3%
5,290	26.4%
20,000	26.4%
1 1 1 2 2 1 3 5	09 4,701 4,567 5,965 26,342 400 0,840 3,470 5,290

Potential Residential Der	nand in Do	wntown Roc	hester, MN			
	2015-2019	2020-2024	2025-2029	2030-2034	2035-2039	TOTAL
For-Sale Single-Family Dema	nd					
Rochester Demand	1,617	1,648	1,648	1,648	1,648	8,209
Existing Share to DMC Area*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Induced Capture from DMC Project	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
DMC Area Demand	1	1	1	1	1	3
For-Sale Multifamily Demand	ł					
Rochester Demand	693	887	887	887	887	4,243
Existing Share to DMC Area	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%
Induced Capture from DMC Project	1.5%	3.0%	3.0%	3.0%	3.0%	2.8%
DMC Area Demand	25	45	45	45	45	206
Rental Multifamily Demand						
Rochester Demand	1,876	1,720	1,720	1,720	1,720	8,755
Existing Share to DMC Area	8.9%	8.9%	8.9%	8.9%	8.9%	8.9%
Induced Capture from DMC Project	2.5%	5.0%	5.0%	5.0%	5.0%	4.5%
DMC Area Demand	214	240	240	240	240	1,173
Senior Housing Demand						
Rochester Demand	1,510	400	400	400	400	3,112
Existing Share to DMC Area	26.4%	26.4%	26.4%	26.4%	26.4%	26.4%
Induced Capture from DMC Project	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
DMC Area Demand	398	106	106	106	106	821
Total DMC Area Demand	638	391	391	391	391	2,203

	2015-2019	2020-2024	2025-2029	2030-2034	2035-2039	TOTAL
For-Sale Single-Family Demai	nd					
Rochester Demand	1,617	1,648	1,648	1,648	1,648	8,209
Existing Share to DMC Area*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Induced Capture from DMC Project	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
DMC Area Demand	1	1	1	1	1	3
For-Sale Multifamily Demand						
Rochester Demand	693	887	887	887	887	4,243
Existing Share to DMC Area	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%
Induced Capture from DMC Project	1.5%	3.0%	3.0%	3.0%	3.0%	2.8%
DMC Area Demand	25	45	45	45	45	206
Rental Multifamily Demand						
Rochester Demand	1,876	1,720	1,720	1,720	1,720	8,755
Existing Share to DMC Area	8.9%	8.9%	8.9%	8.9%	8.9%	8.9%
Induced Capture from DMC Project	2.5%	5.0%	5.0%	5.0%	5.0%	4.5%
DMC Area Demand	214	240	240	240	240	1,173
Senior Housing Demand						
Rochester Demand	1,510	400	400	400	400	3,112
Existing Share to DMC Area	26.4%	26.4%	26.4%	26.4%	26.4%	26.4%
Induced Capture from DMC Project	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
DMC Area Demand	398	106	106	106	106	821
Total DMC Area Demand	638	391	391	391	391	2,203

* Existing share based on analysis of U.S. Census Bureau American Community Survey tenure by units in structure data from 2008 to 2012.

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT



Potential Residential Demand Among DMC Employees in Downtown Rochester, MN								
DMC EMPLOYEES BEYOND BASELINE								
% Living in DMC	25,000	30,000	35,000	40,000	45,000	50,000		
0.4%	70	80	90	110	120	130		
1.0%	170	200	230	270	300	330		
1.5%	250	300	350	400	450	500		
2.0%	330	400	470	530	600	670		
2.5%	420	500	580	670	750	830		
3.0%	500	600	700	800	900	1,000		
3.5%	580	700	820	930	1,050	1,170		
4.0%	670	800	930	1,070	1,200	1,330		
FIGURE APPENDIX 4-23 - DEMAND FOR ADDITIONAL HOUSING IN DMC AREA RESULTING FROM DMC EMPLOYMENT								







APPENDIX 5.0 DESIGN GUIDELINES

5.1 INTRODUCTION

5.2 ARCHITECTURAL CHARACTER

- 5.2.1 Use
- 5.2.2 Massing
- 5.2.3 Architectural Features
- 5.2.4 MATERIALS

5.3 DISTRICT CHARACTER

5.4 STREETSCAPE

- 5.4.1 PARKING
- 5.4.2 Access & Entrances
- 5.4.3 REFUSE COLLECTION

5.5 SIGNAGE

5.6 LIGHTING

5.1 INTRODUCTION

The Destination Medical Center Master Plan is a bold concept for the future growth of the downtown core of Rochester, Minnesota. It seeks to provide an urban framework that will create a memorable civic experiences appealing to a wide audience that will include iconic places and attractions where people want to be and unique venues that cannot be found elsewhere in Southeast Minnesota. The goal is to provide well-connected, compact and walkable downtown streets and public spaces. Including close to 13 million square feet of projected development in the following seven core areas: Commercial Research and Technology, Learning Environment, Hospitality and Convention, Sports and Recreation, Livable Communities, Retail, Dining, Arts and Entertainment, and Health and Wellness, the plan will unfold over a 20 year timeframe. The proposed DMC vision is a market driven plan that is financed through mix of public and private sources.

DMC recommended projects will be evaluated through an EDA review process of which the Design Guidelines are included as a criteria. Proposed projects may vary from specific details enumerated, but in general the guidelines seek to guide development in approach and intent to remain consistent with the Master Plan, which is incorporated into the DMC Development Plan. (Figure Appendix 5.1)



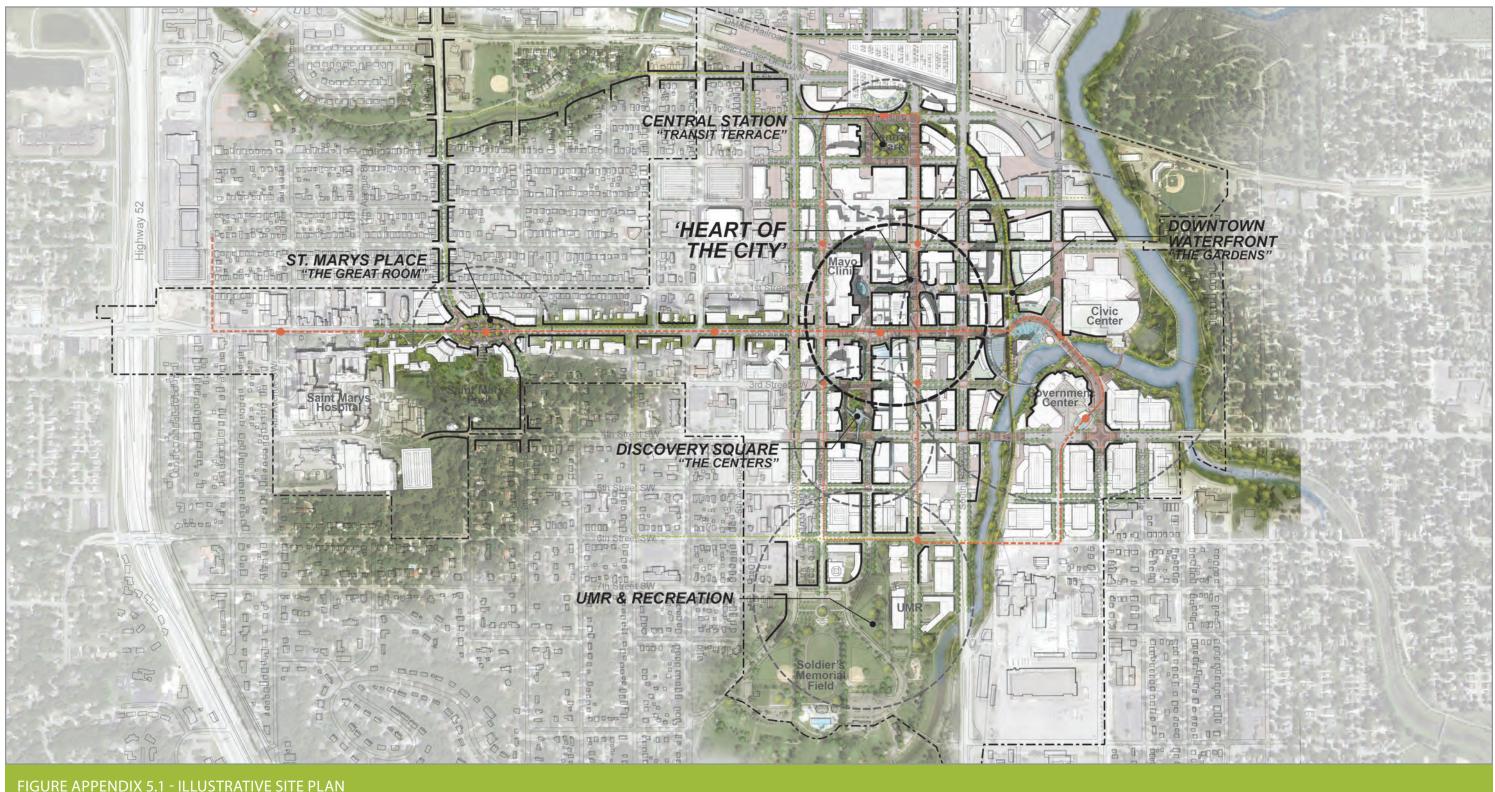


FIGURE APPENDIX 5.1 - ILLUSTRATIVE SITE PLAN



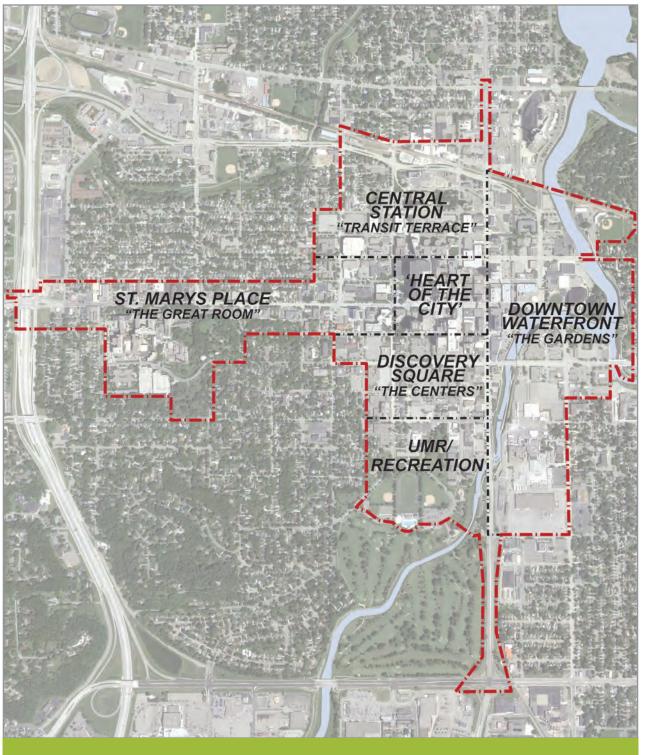


FIGURE APPENDIX 5.2 - DMC DEVELOPMENT DISTRICT AND SUB-DISTRICT

The goals of the DMC Design Guidelines are to provide high quality, attractive spaces that employ contemporary urban planning techniques but connect to the unique history of the city and region. To this end, the Guidelines are focused on the impact of buildings on the public environment. The goal is to create an ever-changing, lively atmosphere and visual appeal within the DMC Development District (Development District), centered on the downtown core. The goal is to provide a human scale, good wayfinding, and a comfortable walking environment for the pedestrian. The automobile is still considered and sought to be convenient, but not to dominate the view.

The Guidelines are also intended to create visual interest throughout the Development District from near and far. Up close, ground level design standards produce comfortable, inviting and stimulating environments. From afar, a variable skyline of roofs, vertical shafts and signage create strong visual interest. These goals are achieved through a general consistency of design intent as communicated through standards concerning such features as fenestration, materials, color, scale, lighting and signage. The Guidelines also encourage visual interest throughout the project area, achieved through a variety of forms and materials. The goal for the full execution of the project is the appearance of a variety of buildings and spaces that have evolved over time.

The purpose of the Design Guidelines is to give direction to all designers and stakeholders involved in the project. It is meant to serve as a quick reference to the proposed development actions.

5.2 ARCHITECTURAL CHARACTER

5.2.1 Use

The DMC Development District has been subdivided into six districts per the designations below (Figure Appendix 5.2). Each district is subject to a particular aspect of the Guidelines, which identify physical design constraints such as height restrictions, service access and build-to/set-back lines, as well as use regulations. The six districts are:

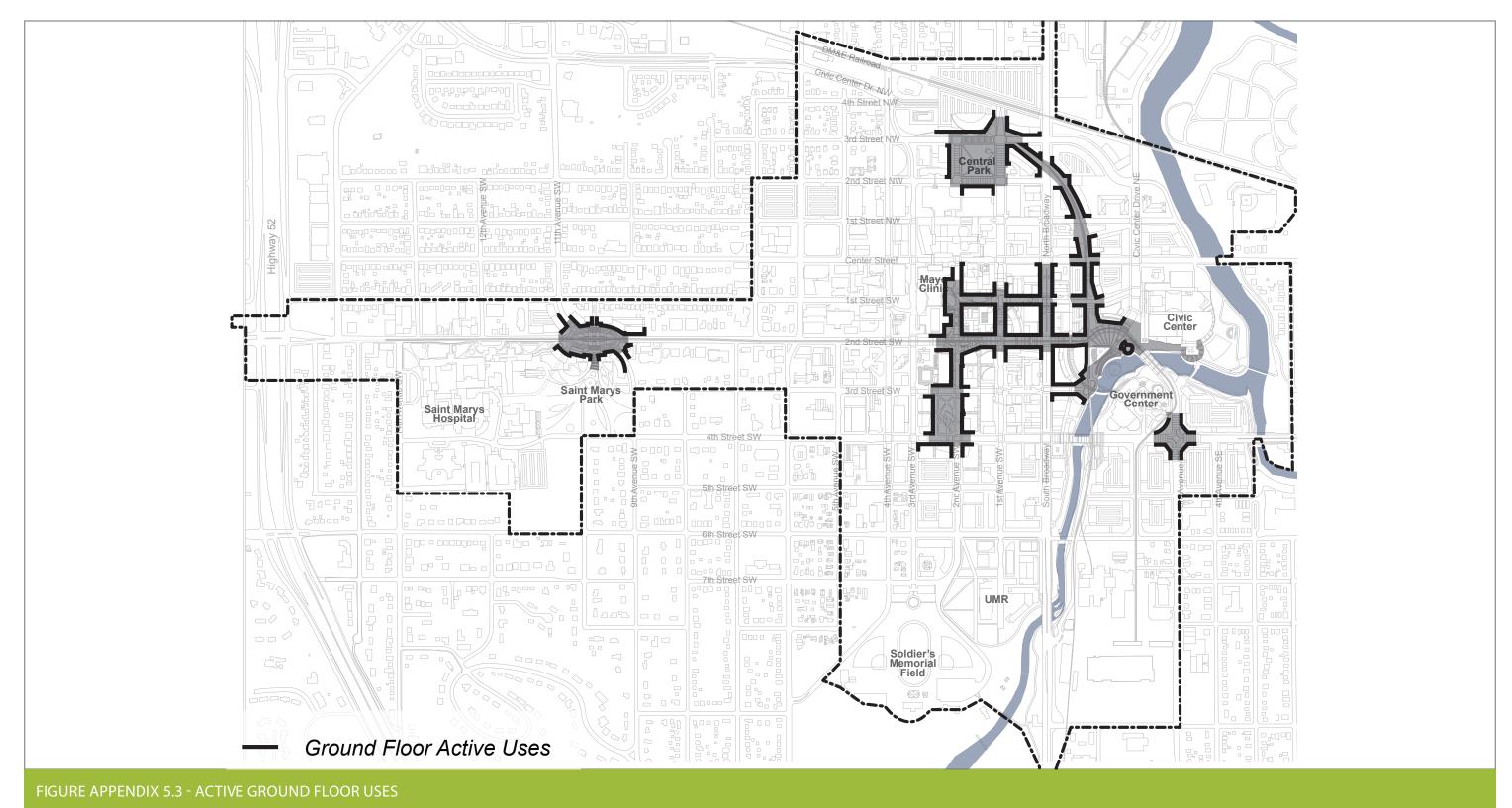
- Heart of the City
- Discovery Square
- Downtown Waterfront
- Central Station
- St Marys Place
- UMR & Recreation

In order to create a vibrant, 24-hour pedestrian friendly environment, all areas allow a mix of uses consistent with the seven core areas: Commercial Research and Technology, Learning Environment, Hospitality and Convention, Sports and Recreation, Livable Communities, Retail, Dining, Arts and Entertainment, and Health and Wellness.

ACTIVE GROUND FLOOR USES

Active uses that engage pedestrians shall be encouraged fronting public places and along street frontages. Ground level land uses shall be established and designed to animate public sidewalks, pedestrian streets,







plazas and waterfront promenades to provide visual appeal. Active ground floor areas include the following uses: (Figure Appendix 5.3)

- Commercial uses, such as retail stores, retail service establishments, food and beverage establishments; and/or entertainment facilities
- Lobbies for above grade uses such as healthcare, bio-tech, office residential and hotel with an emphasis on high quality design, visual transparency and where possible, uses that engage the street.
- Institutional uses, such as museums and similar facilities of an educational or heritage nature.

SUBWAY / SKYWAY CONNECTIONS

Skyways and Subways are a critical component of the pedestrian system, particularly during the winter months. Their expansion should be limited to improvements that close gaps in the system of the downtown core only.

5.2.2 Massing

The Design Guidelines define building mass, street wall heights, and façade articulation necessary to create a lively urban waterfront environment. The building bulk controls are intended to create scale relationships between new buildings and surrounding areas that will help define urban spaces for anticipated activities in the area. The Design Guidelines seek to integrate new development within the urban scale of Downtown Rochester and to step down as they approach adjacent residential neighborhoods.

BUILD-TO-LINES

Street walls on public rights-of way are encouraged to vary in height and be expressed in distinguishable façade types to evoke multiple buildings and uses. The majority of lineal length of the building frontage shall be set at the parcel boundary line or within 10 feet from it. The first two stories of a building are required to be set at the front property line. Variation in street wall facades is encouraged along upper levels and roof lines. In areas where active ground floor uses are encouraged, building entrances should be located approximately every 30-35 feet – but at a maximum of 75 feet. Recesses are welcome so as to allow for more outdoor dining space as well as to highlight key entrances to stores and uses above grade.

HEIGHT LIMITS

The Development District, particularly with a focus on the downtown core, is intended to create a varied skyline, with buildings of different heights. Street wall height is measured at build-to-lines, which define the mandatory primary façade position on all blocks.

The calculation of building heights does not include architectural embellishments such as cornices or corner towers or functional elements such as elevator overruns, HVAC equipment or roof bulkheads. Building height and setback requirements vary within the DMC Development District (see Figure Appendix 5.4) with the highest buildings encouraged within the downtown core adjacent to key places and discouraged adjacent to established residential neighborhoods. Buildings should be a minimum of two stories or approximately 30 feet high where possible, unless otherwise prohibited by existing regulations. Buildings setbacks and horizontal treatments shall be employed on buildings greater than three stories or 40 feet to ensure that buildings maintain a pedestrian scale and that broad vistas are not compromised. Buildings within the Tall Building Core shall have a setback of a minimum of 10 feet, but may rise as a uniform tower without additional setbacks to the building crown. Buildings that fall outside of the Tall Building Core shall

adhere to the Rochester Downtown Alliance Urban Village Overlay Zone Design Guidelines' requirements for setbacks.

5.2.3 ARCHITECTURAL **F**EATURES

New buildings shall be constructed with finish materials that give modern expression to the materials commonly used throughout the project area. The design of new buildings and structures should be timeless and enduring, seeking inspiration from the rich heritage of Rochester and Southeast Minnesota.

Architectural features (shapes, colors, clocks, towers, corners, etc.) should be used to create variety and offer visual relief and d interest. The intent of these features is to emphasize major view corridors and significant places throughout the Development District and also to attract views from major thoroughfares, key places and the waterfront.

Final architectural features of building and parcels may vary from the specific details enumerated in these Design Guidelines, but the general objectives, approach, and intent to remain generally consistent with the DMC Development Plan.

SKYLINE

The goal for the project is to create a varied and highly decorative skyline as seen from afar. The varied rooflines are achieved by changing heights, varying roof types and roof angles and the addition of vertical elements to contrast with the roofs.

Mechanical and HVAC equipment should be integrated into the roof design and screened in a method that is integral to the architectural design of the building and that adds visual interest to the skyline.

BUILDING EDGES

Special care and design attention along with more decorative treatment and materials are desired for all edges of buildings. These are the most visible part of the urban scene. Edges include roof lines, canopies, cornices and more prominent window openings and entrances.

BUILDING CORNERS

Building corners are should be made more noticeable. Changes in orientation, shapes, additional materials, colors and projections are all favored means of adding special visual appeal to interesting streets, public spaces and waterfront. These are the building parts that foster longer and more dramatic views.

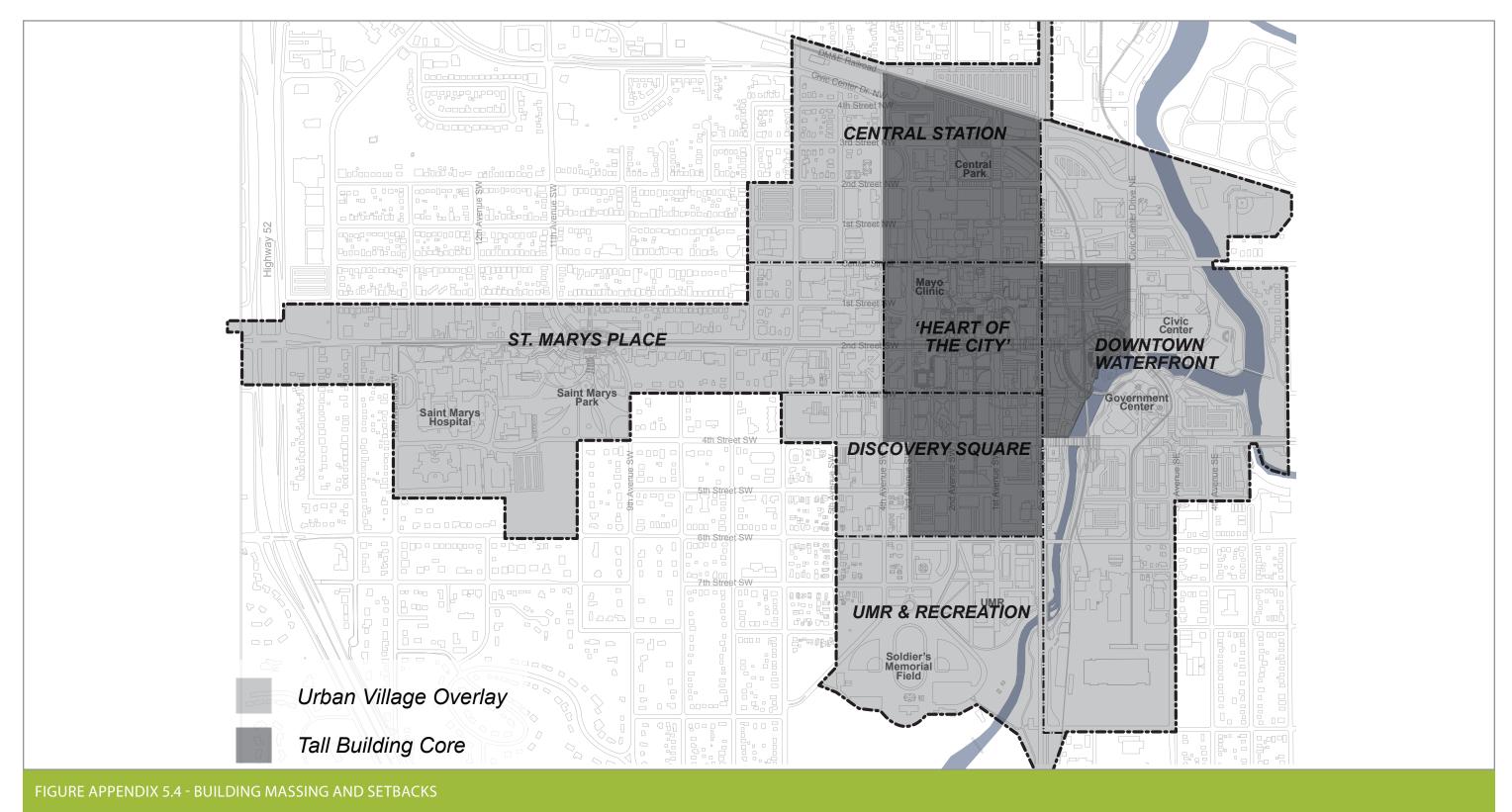
BUILDING BASES

Bases should be a minimum of two stories and articulated by material changes to emphasize the ground floor activity and provide the highest quality for the pedestrian environment. The diversity of storefront articulation on one parcel will break down the scale of the overall parcel and the street wall.

STOREFRONT AND RETAIL FACADES

The design of storefronts, entranceways and awnings should promote a sense of openness; making sites visually accessible creating a vibrant atmosphere with displays that encourage active street life and window shopping.







- Storefronts should be integrated into the design and materials of the entire building. The storefront's bulkhead/kneewall should be constructed of a durable material.
- The design of the doors should contribute to the character of and be compatible with the storefront design and materials within the DMC Development District.
- Interior display lighting should be installed to include adjustable incandescent light fixtures. No fluorescent lighting shall be utilized for signage purposes.
- Any storefront with a ground level restaurant uses may have a hardscape front yard that extends to the sidewalk area as exterior café space or terrace area. The use of temporary railings may be permitted to separate café dining from sidewalk areas, provided railings utilized are complimentary building materials and reference the architectural character of the area. Railing parts and fittings shall be removable and designed so as not to damage any street maintenance equipment.

CORNICES

A crowning projection, or cornice, shall be encouraged at the top of a building along the street wall at the top of the building for those under 60 feet, and at the setback of those over 60 feet. These elements can generally be modest in detail but cornices within the core of the downtown and adjacent to key places, should be more pronounced.

APPURTENANCES

Canopies, awnings and marquees are permitted and encouraged as they provide weather protection and visual interest to the streetscape. Canopies can be constructed of a variety of materials including both fabric and metal. Fabric awnings can be retractable.

Lettering and logos are permitted on the awning. It is desirable for these projecting elements to incorporate outdoor heating systems to lengthen the comfortable use of outdoor spaces. Awnings and canopies may be lit from the exterior.

5.2.4 MATERIALS

New buildings shall be constructed with finish materials that give modern expression to the materials commonly used throughout Rochester's rich architectural history. Final materials may vary from the specific details enumerated in these Design Guidelines, but the general objectives, approach and intent shall remain consistent with the approved DMC Development Plan.

BUILDING MATERIALS AND COLOR

The use of innovative building technologies is encouraged throughout the Development District and should be contrasted with traditional building materials to reference the architectural character of Rochester and Southeast Minnesota.

New buildings shall be constructed with materials common throughout Rochester and Southeast Minnesota. Use of materials such as brick, stone, steel and wood is recommended for the first 60 vertical feet of a building's base, especially on pedestrian-oriented street wall facades. The use of these high-quality materials are intended to convey a solid and permanent look.

The use of asbestos shingles, imitation stone, imitation brick, stucco, exterior insulation finish systems or vinyl aluminum siding is discouraged on any building façade visible from pedestrian streetscape areas, including pedestrian/service easements and visible upper stories.

Masonry facades shall include the use of stone as architectural accents for lintels, sills, copings and keystones. Foundation bases, sills and lintels shall to the greatest extent possible use local sandstone or limestone. Masonry finishes are encouraged to be natural rather than highly finished or polished and should be made from regionally produced or quarried stone.

GLASS AND FENESTRATION

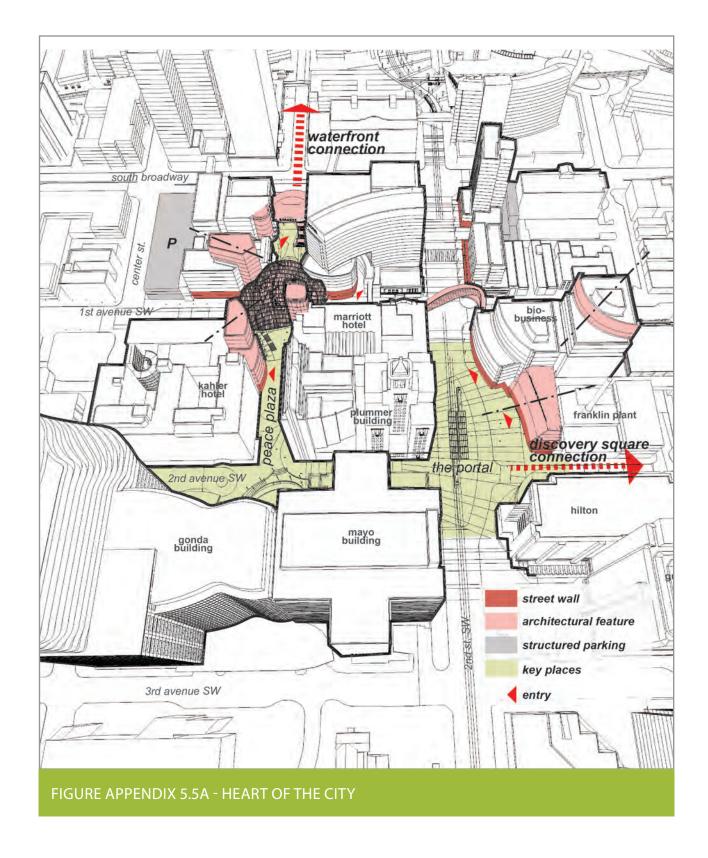
Glazing and openings shall promote flexibility of ground floor uses and the potential for change over time. Storefronts should be integrated into the design and materials of the entire building and reflect the unique character and design of each retailer.

Window proportions, groupings and rhythms shall be integral elements of the design of each building façade and urban street-wall. Glazing systems shall be designed to promote area-wide visibility, accessibility and safety during evening hours and during the winter season.

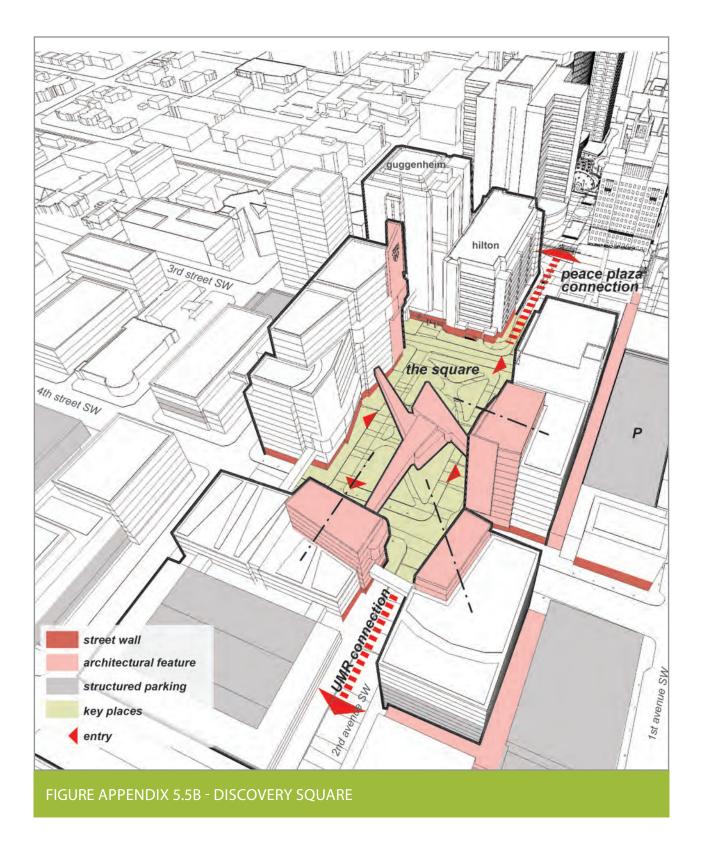


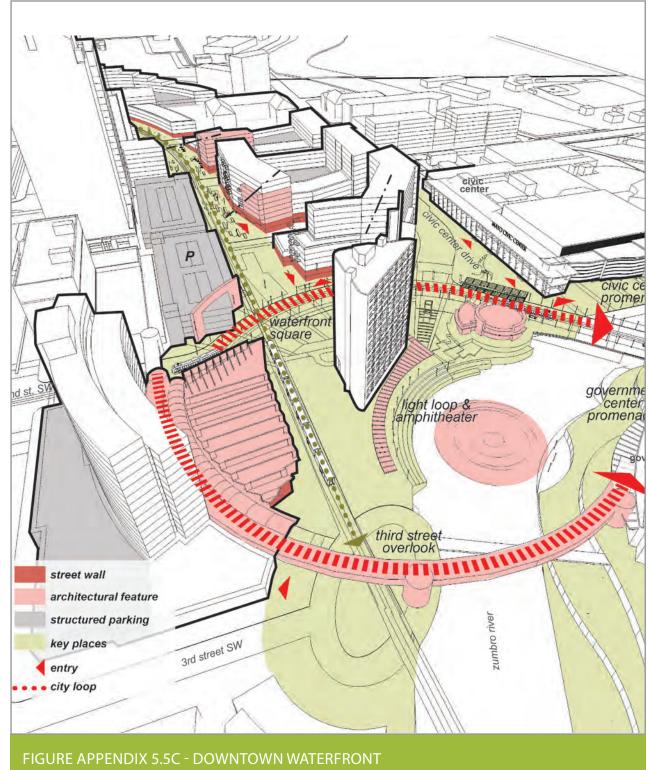
5.3 DISTRICT CHARACTER

Six unique districts, as discussed were established as part of the Development Plan. These districts define the character and scale within the overall DMC Development District. They provide new uses and environments centered on the existing assets of Rochester. The following series of district axonometric diagrams illustrate the development guideline goals as they apply at the district level. Included within these graphics are street walls, architectural features, structured parking with screening and key places. (Figures Appendix 5A-E)





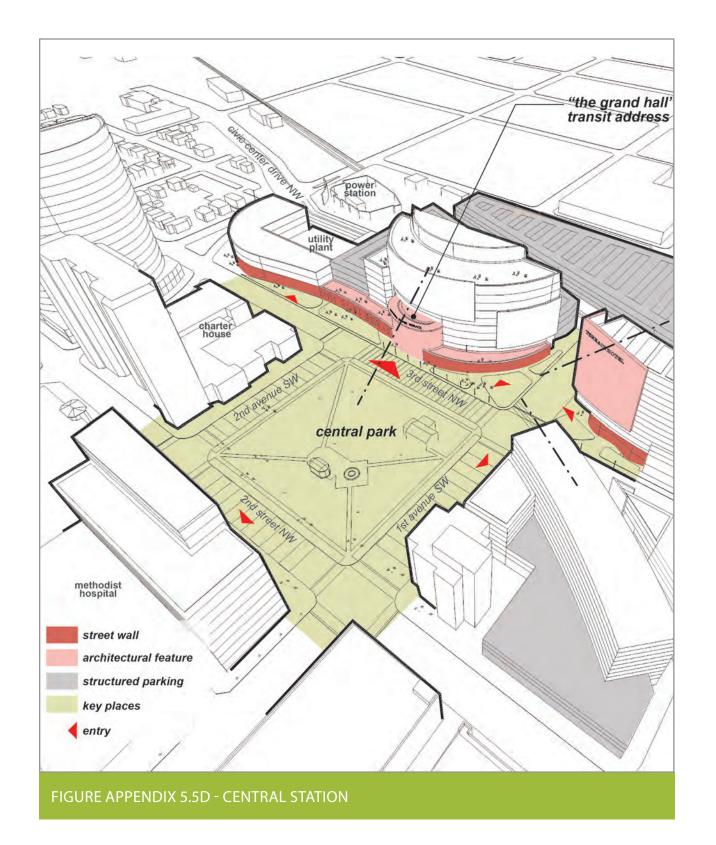


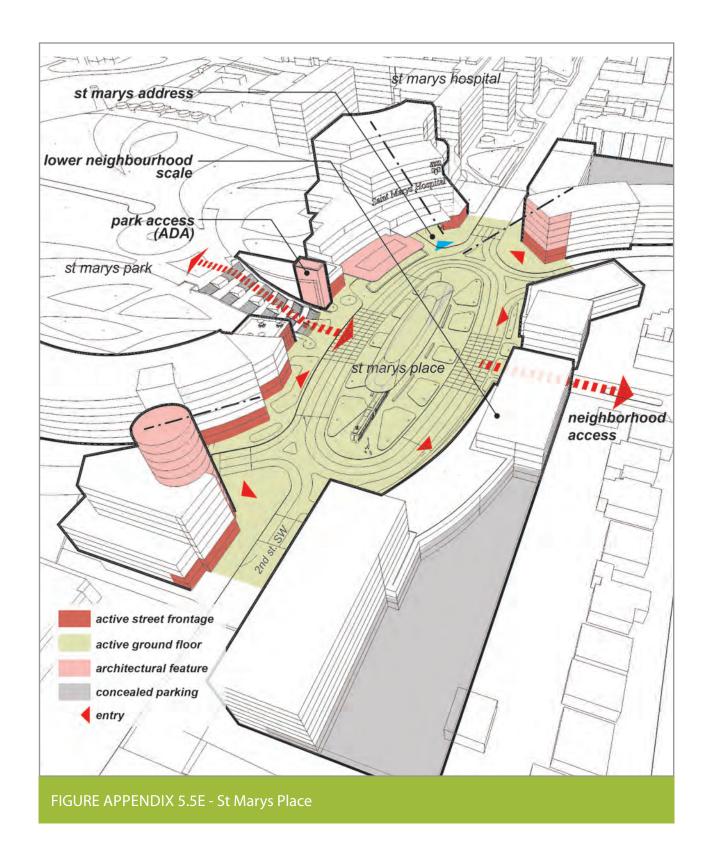


DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

APPENDIX 5.0 - DESIGN GUIDELINES | PAGE 9









5.4 STREETSCAPE

Streetscapes within the Development District are meant to be pedestrian-friendly environments, featuring a consistent pallet of signage, lighting, paving and street furniture. Streets should be well lit and active so as to feel safe both by day and by night.

All streets will handle both vehicular and pedestrian traffic, while some streets will prioritize pedestrian movement more than others. Second Street will be the central spine of the project area, combining multiple modes of transportation including vehicles and streetcars while also allowing for ease of pedestrian access. Continuous dedicated off-street bikeways are included throughout the district. Broadway, Civic Center Drive and Second Street are important vehicular connections and entry points to the site as they provide direct connections to the district from major arterials and population centers. Transit facilities and bus stops will be provided at key locations on major streets in the district as shown. (Figure Appendix 5.6)

Street paving materials shall be installed with City- approved materials. Where possible, at significant locations within the district, materials will be used that elevate the character of the streetscape. The palette of materials and furnishings chosen for use within the district should help to build a unique character for the district, but should be consistent with City approved materials.

5.4.1 PARKING

Throughout the DMC Development District, parking is intended to be convenient, but not dominate the view. Parking will be located within blocks, but will be setback or otherwise screened to not be visible from key locations. (Figure Appendix 5.7)

Non-enclosed surface parking areas shall be fully screened from rights-of-way by means of landscaping, solid walls or decorative fencing consistent with the architectural guidelines. Structured parking areas are intended to be shared and to be hidden from major rights-of-way, key places and the waterfront. Above-ground structured parking within a development parcel should be either completely encapsulated (i.e. clad in such a manner that it is indistinguishable from the building elements around it) or visually screened by means of other uses like substantial perimeter planters or other architectural elements that effectively shield vehicles within the structure from view at grade level.

Where parking is visible, the exteriors fronting on public thoroughfares are to be designed as street oriented architecture with the same principles found in these guidelines for traditional occupied buildings, except for mandatory ground level uses.

Ceiling-mounted lighting within parking structures should be screened from grade-level view. Where parking exists on top floors, elements such as trellises or plantings shall screen views from above. At street level, other uses, preferably active uses, shall screen above-grade parking from predominant public views where possible.

Off-street parking shall be provided for Residential uses within the DMC Development District at a recommended factor of 1.0 spaces/unit. I t is encouraged to locate off-street parking within the same block as the residential use for which it is being constructed.

Garage exhaust for below grade parking garages will be vented through the roof of the highest building of the roof of the podium. The garage exhaust at the roof shall be active – with exhaust fans and emergency generators having the option of being located in the garage levels below the first floor or on the roof of the building above.

5.4.2 Access and Entrances

Within access and entrance zones, curb cuts should not be located within 50 feet of the end of any block or intersection. Vehicular curb cuts should be coordinated with Rochester Public Works Department, MnDOT and local zoning requirements and be designed to work in coordination with pedestrian and bicycle circulation. All parking service entries are to be designed with attractive doors. Parking signage and lighting should be coordinated with building and public space design.

5.4.3 REFUSE COLLECTION

Refuse collection areas and dumpster locations shall be fully enclosed within portions of principal buildings for which they serve and shall be screened from view so as not to affect other views from around the site.

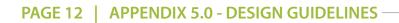
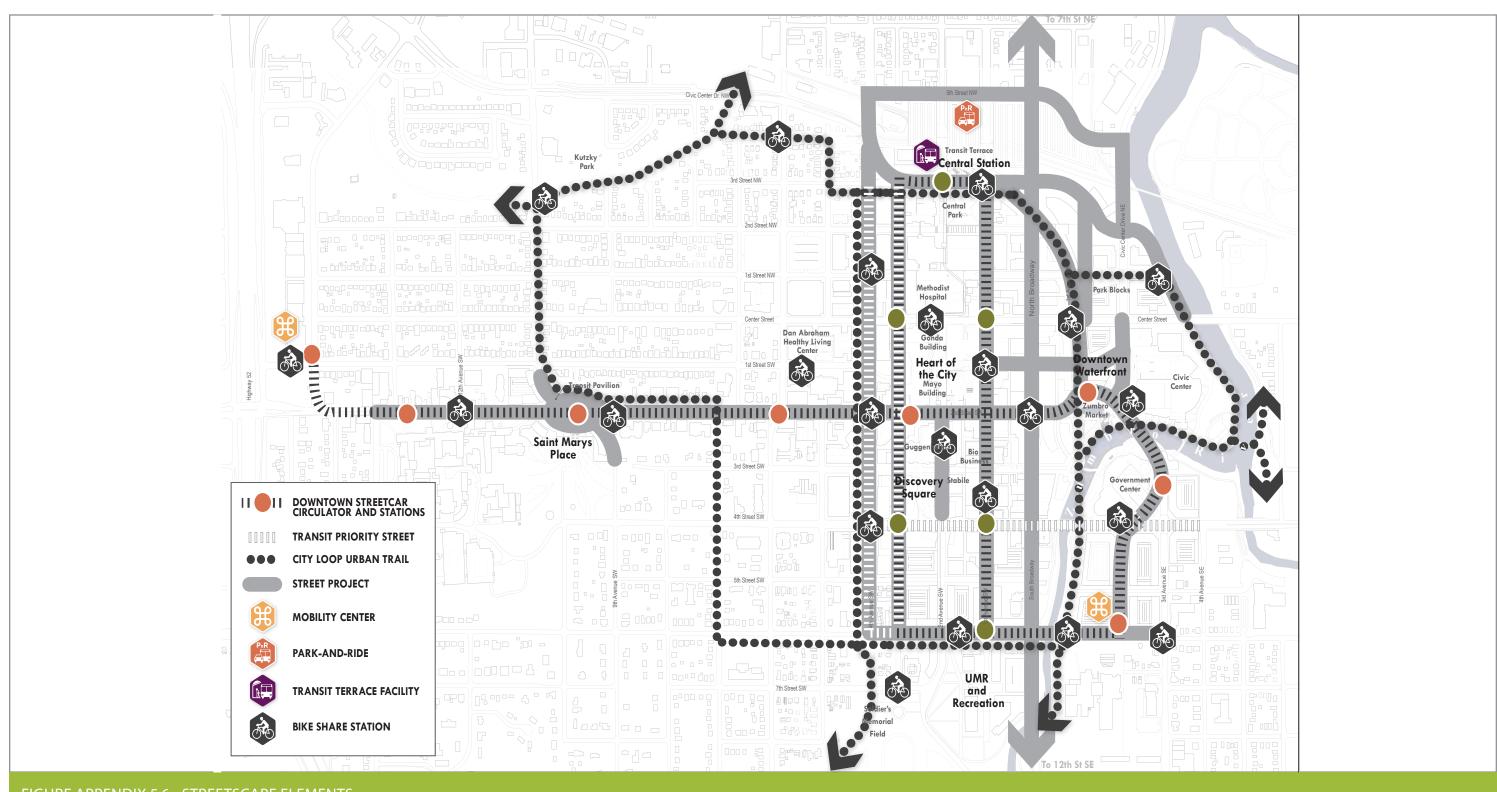
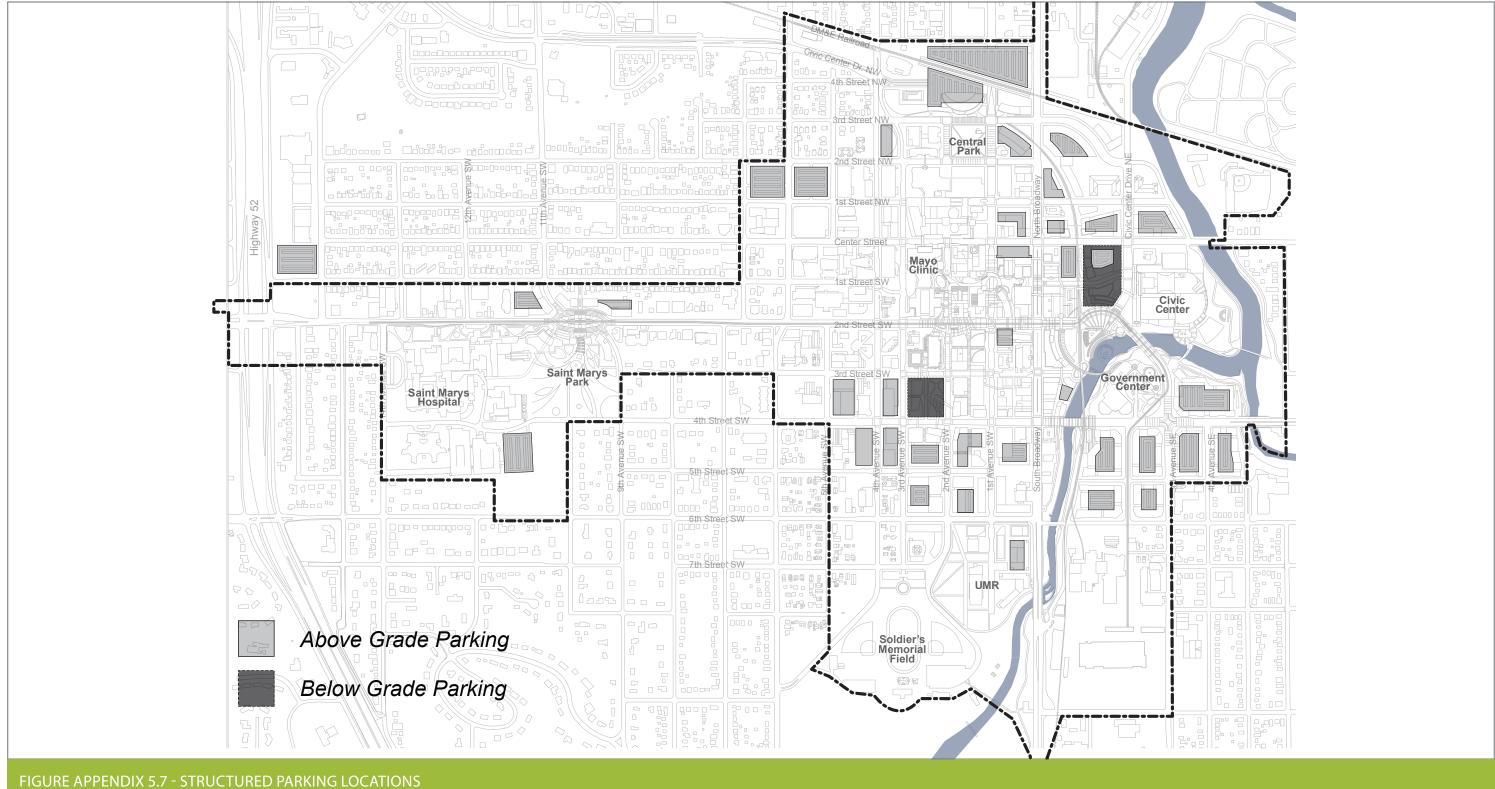


FIGURE APPENDIX 5.6 - STREETSCAPE ELEMENTS

A Global Destination for Health & Healing









5.5 SIGNAGE

The DMC Development Plan imagines a wide variety of signage types and locations including canopies and vertical marquees. Signage should be designed to be integral with building design. They should be pedestrian-oriented in size, placement, material and color as well as auto oriented to be seen from afar.

Lighting should come from direct shielded light sources and be carefully integrated into the overall design of the building so as to provide visibility and safety but avoid creating glare or light distribution that adversely affect motorists or pedestrians.

Neon signs may be allowed so long as they are carefully designed in size, shape and color that complement the architecture of the building and the district.

5.6 LIGHTING

The vision for the DMC Development District seeks a maximum amount of light, to create a variety of environments and experiences. Lighting should be used for artistic purposes and carefully integrated with the architecture, such as to accentuate edges.

Commercial buildings are intended to be inviting to the public, to encourage visitors to enter the site from the city streets, to shop at the retail stores and eat at the restaurants, and to generally stay longer and take full advantage of the waterfront area. Balanced against an appropriate level of street illumination is the need to limit light that is cast up and into upper floor of buildings or the atmosphere. Lighting fixtures should be scaled to the pedestrian. Architectural accent lighting should highlight corners and roof edges.

Storefront lighting is one of the best sources of sidewalk lighting in urban areas. It is warm and welcoming and contributes to a sense of activity and watchfulness. It also generally provides a greater amount of light directly onto the sidewalk than to street-level luminaries. Retail storefronts are an effective way to provide lighting from the buildings.







APPENDIX 6.0 2015 MILESTONE SCHEDULE

The following provides an outline of the major milestone dates for the project known as of the date issued. This milestone schedule is not meant to be a comprehensive document and does not represent all meetings, conference calls, actions, tasks or deadlines associated with the project. This schedule is subject to change without notification.

January 5 th	Due Date: EDA Payment Application #10 Submitted to EDA for preliminary review/approvals
January 10 th	Due Date: EDA Payment Application #10 Submitted to DMCC for preliminary review/approvals
January 28 th	DMCC, City and Public Preliminary Review and Comment Period of Draft Development Plan Complete
January 29 th	DMCC Board of Directors Meeting, Official Submission of
January 30 th	DMCC and City Make Draft Development Plan Available at Offices and Websites
January 31 st	Target Date: EDA Completes Annual Report for review by DMCC Board, DMCC Board submits February 15th (See Below)
February 1 st	Due Date: Additional budget recommendations from DMCC to City (if budget is not approved in previous year)
February 3 rd	Due Date: EDA Payment Application #11 Submitted to EDA for preliminary review/approvals
February 10 th	Due Date: EDA Payment Application #11 Submitted to DMCC for preliminary review/approvals
February 15 th	Due Date: DMCC/City Submit Annual Report to DEED
February 26 th	DMCC Board of Directors Meeting to Discuss Plan
March 3 rd	Due Date: EDA Payment Application #12 Submitted to EDA for preliminary review/approvals
March 10 th	Due Date: EDA Payment Application #12 Submitted to DMCC for preliminary review/approvals
March 1 st	Target Date: Completion of McGladry Review of Mayo Clinic Investments
March TBD	EDA Board Meeting: Any Final Actions on Development Plan / Approval of 2014 Investment Certification
March 5 th	Due Date: EDA Payment Application #12 Submitted to EDA for preliminary review/approvals
March 10 th	Due Date: EDA Payment Application #12 Submitted to DMCC for preliminary review/approvals
March 26 th	DMCC Board of Directors Meeting
April 1 st	Due Date: Submittal of 2014 Certification of Investment to DEED
April 5 th	Due Date: EDA Payment Application #13 Submitted to EDA for preliminary review/approvals
April 10 th	Due Date: EDA Payment Application #13 Submitted to DMCC for preliminary review/approvals
April 30 th	DMCC Board of Directors Meeting
May 5 th	Due Date: EDA Payment Application #14 Submitted to EDA for preliminary review/approvals
May 10 th	Due Date: EDA Payment Application #14 Submitted to DMCC for preliminary review/approvals
May 28 th	DMCC Board of Directors Meeting
June 5 th	Due Date: EDA Payment Application #15 Submitted to EDA for preliminary review/approvals
June 10 th	Due Date: EDA Payment Application #15 Submitted to DMCC for preliminary review/approvals
June 25 th	DMCC Board of Directors Meeting
July 5 th	Due Date: EDA Payment Application #16 Submitted to EDA for preliminary review/approvals
July 10 th	Due Date: EDA Payment Application #16 Submitted to DMCC for preliminary review/approvals
July 15 th	Due Date: DMCC report to DEED – Open Appointments, Annual Report Compilation
July 30 th	DMCC Board of Directors Meeting

Due Date: 2016 EDA Operating Budget Submittal to DMCC Due Date: DEED Certification of Amount of GSIA
Due Date: EDA Payment Application #17 Submitted to EDA for preliminary review/approvals
Due Date: EDA Payment Application #17 Submitted to DMCC for preliminary review/approvals
DMCC Board of Directors Meeting
Due Date: DMCC to Submit 2016 DMC Budget Request to the City of Rochester Due Date: DEED to Provide GSIA Funding to City
Due Date: EDA Payment Application #18 Submitted to EDA for preliminary review/approvals
Due Date: EDA Payment Application #18 Submitted to DMCC for preliminary review/approvals
DMCC Board of Directors Meeting
Due Date: EDA Payment Application #19 Submitted to EDA for preliminary review/approvals
Due Date: EDA Payment Application #19 Submitted to DMCC for preliminary review/approvals
DMCC Board of Directors Meeting
Due Date: EDA Payment Application #20 Submitted to EDA for preliminary review/approvals
Due Date: EDA Payment Application #20 Submitted to DMCC for preliminary review/approvals
DMCC Board of Directors Meeting
Due Date: EDA Payment Application #21 Submitted to EDA for preliminary review/approvals
Due Date: EDA Payment Application #21 Submitted to DMCC for preliminary review/approvals
DMCC Board of Directors Meeting

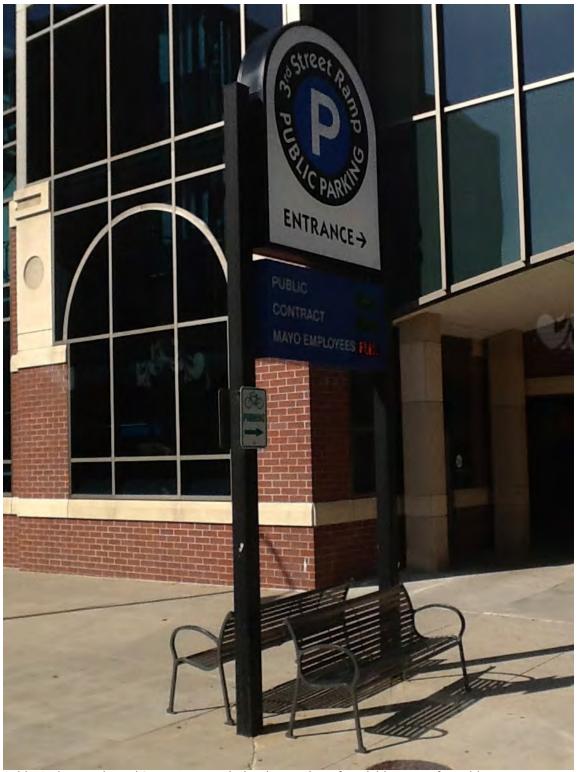
DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

APPENDIX 6.0 - 2015 MILESTONE SCHEDULE | PAGE 1









Public Parking at the 3rd Street Ramp includes the number of available spaces for public, contract employees, and Mayo Clinic Employees.

APPENDIX 7.0 ACCESS (TRANSPORTATION DEMAND MANAGEMENT) AND PARKING

7.1 PARKING EXISTING CONDITIONS

Short and long-term parking in private and public ramps, surface lots, and on-street is available in the DMC Development District. The Mayo Clinic controls more than 70% of the off-street parking in downtown Rochester, with city-owned parking constituting most of the balance. Annually, the Mayo Clinic spends more than \$5 million on the operations and maintenance of parking and transportation for patients and employees. Hotel shuttles supplement visitor and patient access to the Mayo Clinic.

Parking in downtown Rochester is available for a wide variety of downtown users and consists of a blend of on- and off-street facilities. Parking structures and lots are located throughout downtown; parking is one of the major land uses in the downtown study area.

	LC	Т	RA	MP	ON-STREET		
	NUMBER OF FACILITIES	COST TO PARK	NUMBER OF FACILITIES	COST TO PARK	NUMBER	COST TO PARK	
City-owned	8 (1,453 spaces)	\$0.70 to \$1.30 per hour, \$3.00 per day or event at selected lots	5 (2,973 spaces)	\$0.00 to \$13.00 (<1hr to 24 hours)	More than 1,274 metered spaces	\$0.35 to \$1.30 per hour	
FIGURE APPEND	DIX 7.1-1 - CITY OI	ROCHESTER OW					

CITY OF ROCHESTER LOTS, RAMPS AND ON-STREET METERS

The City of Rochester offers public parking at their five ramps. Hourly parking for city-owned ramps is free for periods less than an hour and between \$3 and \$13 for one to 24-hour periods. Monthly lease rates are available at all Cityowned lots. Prices range from \$75 to \$155 per month depending on whether a specific space is assigned.

On-street metered parking in downtown ranges from 30-minute limits (mostly in the core of downtown) that cost \$0.65 for 30-minutes to 10 hour parking outside of the downtown core that costs \$0.35 per hour. Two-hour meters have the highest rate at \$1.30 per hour. The City manages 1,274-metered spaces with in the downtown area.

City-owned parking lots are located throughout the Development District with a range of rates and time limits. The cost for parking in the parking lots range from \$0.70 per hour to \$1 per hour. Civic Center lots and Mayo Field cost \$3 for event parking. There are 1,453 total parking lot spaces. Monthly lease of city parking spaces on city-owned lots costs between \$40 and \$75 per month.

Image from Nelson\Nygaard





Mayo Clinic's Graham Parking Ramp.

Image from Nelson\Nygaard

MAYO CLINIC RAMPS AND LOTS

The Mayo Clinic owns and operates 23 surface lots and ten ramps offering employee and visitor parking. Three ramps are specifically for Mayo patients and visitors. With over 101,000 monthly visitor transactions, these highly utilized parking spaces have a turnover rate of three times per day. Long-term parking passes, from five to 25 days, are available for visitors, ranging in cost from \$25 to \$75. Employee parking is limited, with an employee waitlist for downtown parking. Off-shift parking is more readily available at select ramps.

The Mayo Clinic offers extensive park-and-ride options that include shuttle buses and taxi vouchers for afterhours rides to the park-and-ride lots. Additionally, 1,317 employees hold motorcycle parking permits for 779 available stalls located on-site.

JMBER OF	COSTTO				ON-STREET		
ACILIITES	COST TO PARK	NUMBER OF FACILITIES	COST TO PARK	NUMBER	COST TO PARK		
23 39 spaces)	\$2.00 first hr; up to \$12 per day or employee parking	10 (8,782 spaces)	\$2.00 first hr; up to \$12 per day or employee parking		NA		
	23	23 39 spaces) \$2.00 first hr; up to \$12 per day or employee	23 39 spaces) \$2.00 first hr; up to \$12 per day or employee (8,782 spaces)	23 39 spaces) \$2.00 first hr; up to \$12 per day or employee (8,782 spaces) \$2.00 first hr; up to \$12 per day or employee	23 39 spaces) \$2.00 first hr; up to \$12 per day or employee (8,782 spaces) \$2.00 first hr; up to \$12 per day or employee employee		



7.2 TRANSPORTATION DEMAND MANAGEMENT EXISTING CONDITIONS

Downtown Rochester experiences commuter access and parking pressures usually found in much larger cities. As a result, the Mayo Clinic's policy is to prioritize patient and visitor parking. To help address the demand for employee access, Mayo Clinic supports a host of transportation demand management (TDM) programs and carries a significant annual operating cost to reduce employee commuting by single-occupant automobiles. TDM programs help to reduce employee parking demand on the Mayo Clinic campuses and improve access to downtown Rochester. Programs and investments for employees include ride matching, shuttle services, park-and-ride lots, bicycle amenities, transit subsidies, and a guaranteed ride home program. The success of the Mayo Clinic's TDM programs are nationally recognized, receiving awards in 2009-2014 from the National Center for Transit Research as one of the nation's "Best Workplaces for Commuters." The Mayo Clinic TDM program is the only formal TDM program in the city. Mayo's investment to support transit, carpooling, bicycling, and walking to work benefit drivers as well, since fewer commuters are driving during times the roadway system is most utilized.

EXISTING TRANSPORTATION DEMAND MANAGEMENT PROGRAM SUBSIDIZED TRANSIT PASSES: CITY TRANSIT BUSES

The City of Rochester contracts transit service with the Rochester Public Transit (RPT), offering fixed route transit service throughout the city. RPT connects to downtown, Mayo Clinic buildings, neighborhoods, and park-and-ride locations. The Mayo Clinic supports a robust transit pass program, subsidizing up to \$80 per employee per month. This subsidy fully covers the monthly cost of a RPT transit pass.

To qualify for an annual transit pass, employees must purchase two monthly passes before the Mayo Clinic purchases an annual pass for the employee. Currently, the Mayo Clinic issues more than 425 monthly and more than 1,000 annual passes. The transit pass program also provides employees more than 13,000 20-ride punch card tickets annually, allowing flexible transportation options.

SUBSIDIZED TRANSIT PASSES: CITY TRANSIT BUSES

Many Mayo Clinic employees live outside of Rochester. Rochester City Lines (RCL) offers commuter bus service to 41 communities throughout southeast Minnesota.

Mayo Clinic employees may use the \$80 transit subsidy noted above to pay for RCL commuter bus service. Depending on the employee's home location, the monthly cost to the employee (which accounts for the \$80 transit subsidy) ranges from \$93 to \$171 per month. The \$80 transit subsidy can also be used toward RCL 10-ride punch card tickets. Mayo Clinic employees use more than 6,500 10-ride punch card tickets, 275 monthly passes, and almost 1,500 annual passes per year.

PARK-AND-RIDE SPONSORSHIP

RPT leases six park-and-ride lots, all located adjacent to fixed-route RPT transit service to downtown Rochester. The Mayo Clinic sponsors the park-and-ride lots by subsidizing RPT's leases. Since RPT buses serve these lots, employees can park and ride at no out-of-pocket cost. See the Transit Existing Conditions section for more details.



and park and ride lots.

Image from Nelson\Nygaard







Rochester City Lines and other commuter bus carriers provide service for employees and visitors throughout Southeast Minnesota.

Image from Nelson\Nygaard





Mayo Clinic shuttles offer convenient connections between Mayo campuses and shuttle lots between 4:30am and 12am.

Image from Nelson\Nygaard



Covered, outdoor bicycle parking on the Mayo Clinic Campus.

Image from Nelson\Nygaard

INTERCAMPUS SHUTTLES

The Mayo Clinic sponsors an intercampus shuttle service that is free to employees, visitors, and patients. For employees, the shuttles allow all-day mobility between the downtown Mayo Clinic buildings, the Saint Marys campus, and shuttle lots, especially during inclement weather. For visitors and patients, the shuttles support a "park once" strategy that allows them to park once in visitor lots or to remain parked at their hotels.

RIDESHARE AND RIDE MATCHING

Through the Mayo Clinic Intranet, employees may directly register for match rides. When a carpool reaches three or more employees, the carpool is eligible for free onsite parking in a gated lot usually reserved for top doctor's and Mayo Clinic executives. A number of websites, such as carpoolworld.com and zimride.com, support ride matching for commute trips of all lengths and for non-commute trips for infrequent users. Currently, about 280 carpools are in operation with almost 850 employees registered for the service.

GUARANTEED RIDE HOME

To support employees who walk, bike, take transit, and share rides to work, the Mayo Clinic offers a Guaranteed Ride Home program. The program guarantees a taxi ride when employees have a family emergency, need to stay late for work, or miss the bus. The program is meant to offer assurance to employees weary of giving up their vehicle in case emergencies arise. This is a free service within the City of Rochester; for rides outside of Rochester, the employee pays up front but may submit the receipt for reimbursement.

BICYCLE AND PEDESTRIAN COMMUTE AMENITIES

Bicycle parking, bicycle racks on shuttles and buses, on-site bike maintenance tools, and showers and locker rooms all support Mayo employees to bike and walk to work.

- Bicycle parking. Bicycle parking in downtown Rochester and at the Mayo Clinic is generally limited to unsecured, outdoor bicycle parking. There are approximately two dozen bicycle parking locations in downtown (779 available bicycle parking spaces) where cyclists can park their bikes, including both Mayo- and City-owned facilities.
- Bicycle racks on shuttle buses. Many Mayo Clinic shuttle buses are equipped with bicycle racks.
- Fixit stations. The Mayo Clinic provides free repair stands, tools and pumps at the 3rd Street Ramp and at Soldiers Memorial Field Park.
- Showers and locker rooms. Showers and locker rooms are available to employees who pay a membership fee of \$27 per month to use the Dan Abraham Healthy Living Center.



7.3 ROCHESTER DMC - PARKING MANAGEMENT/TRANSPORTATION MANAGEMENT **ASSOCIATION (TMA) CASE STUDIES**

Build out of the DMC Plan will increase parking demand in the Development District and increase the range of job types, visitation trips, and events that bring people downtown. There is extensive potential for sharing parking uses among the different land uses proposed for the DMC; while the shared parking analysis calculated a significant potential reduction from a number of spaces needed to provide parking for individual uses, the scale of development will still require approximately 16,000 spaces throughout the DMC's sub-districts.

Managing parking is a key strategy to ensuring that the proposed vision for the Destination Medical Center can be achieved and that valuable downtown land is used efficiently. The implementation of an overall maximum supply of parking to be tied to an overall development potential as defined in the DMC Development Plan will facilitate a faithful adherence to shared parking.

The basic intent of shared parking is to define an overall development entitlement for downtown and, as individual components or phases are introduced, assign a proportionate number of parking spaces proportional to that component from a centrally-managed parking inventory. This promotes an environment where the diverse mix of land uses prompts a greater degree of utilization of existing and future parking resources throughout the day. The overall shared parking strategy is supported by numerous management strategies, such as unbundling of parking costs, dynamic parking pricing, flexible standards for different levels of intensity of a given use (for example, lower parking requirements for small retail businesses than for large ones), and employee incentive programs. A key to implementation is a decision making body that can manage parking across multiple property owners and management groups and has the option to use TDM and pricing levers.

This type of program would be relatively new, although it has multiple comparable examples of strategies used throughout the United States.

BERGAMOT AREA PLAN - SANTA MONICA, CALIFORNIA

One example for this type of program is in the Bergamot neighborhood in Santa Monica, California, where the City of Santa Monica has implemented both minimum and maximum parking requirements for development and established a TMA to oversee coordination of parking supply being contributed by individual development projects.¹ This approach fits within an overall citywide policy of no net additional vehicle trips with new development, and the management program required that all non-residential parking provided be shared within the district, with the following characteristics:

- Individual spaces or parking areas cannot be reserved for any individual, tenant, or class of individuals except vehicles with disabled placards.
- Parking pricing must be the same for all users, although parking at non-peak times may be made available at lower rates.

The Bergamot Area Plan is available online at http://www.smgov.net/uploadedFiles/Departments/PCD/Plans/Bergamot-Area-Plan/Bergamot%20Area%20Plan%20Final%20Adopted%2012.10.13(1).pdf

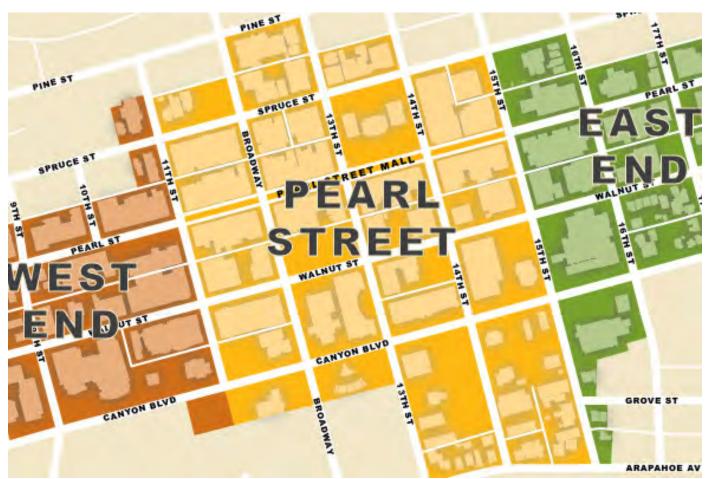


The Bergamot neighborhood in Santa Monica established minimum and maximum parking requirements for development.

Image from Nelson\Nygaard

DEVELOPMENT PLAN **DESTINATION MEDICAL CENTER** DRAFT





Boulder's Central Area General Improvement District is responsible for parking management in a 35-block area of downtown Boulder.

Image from Nelson\Nygaard

The Bergamot Area Plan also establishes parking maximums for different levels of projects, with commercial projects requiring a minimum of 2 spaces per 1,000 square feet and with any parking constructed beyond that ratio to be shared across the entire district. Once 5,000 new spaces have been constructed, the minimum requirements are no longer in effect. For residential projects, the Plan requires a minimum 1.5 spaces and maximum of 2 spaces per residential unit, regardless of size or number of bedrooms, with 1 space per unit being reserved for the unit itself (Similar to the proposed DMC Parking Management Plan approach). Any spaces beyond the 1.5 per unit minimum that a project constructs must be shared.

ONGOING EFFORTS TO REDUCE DEMAND

The Plan also incorporates an understanding that more parking would be required at the beginning of its life span as driving remained a primary form of transportation, but that these requirements may be adjusted as implementation of the plan continues and increased use of transportation demand management strategies and alternative commute modes become more widespread.

Even in the short-term, the plan features multiple approaches for reducing aggregate parking demand even within the context of an increase in land use intensity and programmable space. One approach is an adaptive reuse provision based on the general commercial parking provision of 2 spaces per 1,000 square feet discussed previously, coupled with a threshold floor area of 5,000 square feet below which no additional parking spaces are required with a change of use in existing space. The Plan also offers exemptions for minor additions of new floor area in an existing uses, and it offers an in-lieu fee option for any projects with a gross floor area of under 15,000 square feet to pay a per-space fee for all required spaces and for any projects 15,000 square feet or greater to pay the fee for 50 percent of their requirement.

COCONUT GROVE PARKING IMPROVEMENT TRUST - MIAMI, FLORIDA Coconut Grove is one of the leading main-street retail and dining districts in central Miami and, due both to geographic separation from downtown Miami and its neighborhood scale of buildings and blocks, does not have a large supply of public parking to meet visitor demand. The City of Miami established an ordinance in 1993 that established minimum parking requirements for retail establishments of 20,000 square feet or greater but also defined an in-lieu payment option for developers and property owners.² This may take the form of a one-time payment or a monthly amount per space, and these revenues fund an improvement trust that maintains and constructs public parking facilities as well as other improvements, including the 416-space Oak Avenue Parking Garage.³

CENTRAL AREA GENERAL IMPROVEMENT DISTRICT - BOULDER, COLORADO The Central Area General Improvement District (CAGID) is a business improvement district responsible for parking management in a 35-block area of downtown Boulder. CAGID manages both parking garages and on-street systems, with a total supply of approximately 4,000 spaces, and it also functions as a TMA promoting transportation options to, from and within downtown.

² http://www.metroplanning.org/news/blog-post/6719

³ Carl Walker Parking. White Paper: Parking In-Lieu Fees. Available online at http://www.manitouspringsgov.com/library/ documents/general/White_Paper_Parking_in-Lieu-Fees.pdf



There are no minimum parking requirements for non-residential developments within the CAGID area, although CAGID uses an annual in-lieu requirement for spaces in public lots or garages that a developer or business owner may resell to employees, representing a substantial discount over construction costs for structured parking. In addition, the City of Boulder has implemented reduced and more flexible requirement for new development in mixed-use districts outside of the CAGID area, with a single parking requirement for all nonresidential uses that allows similar flexibility in conversion and expansion of use as what is featured in the Santa Monica Bergamot plan.

DOWNTOWN DEVELOPMENT AUTHORITY (DDA) - ANN ARBOR, MICHIGAN

In 1992, the City of Ann Arbor gave control of its seven parking structures to a newly created Downtown Development Authority (DDA). This guasi-public agency agreed to finance a \$40 million garage repair and replacement program, using funds from a tax increment financing district.

The City is responsible for parking enforcement, but the DDA operates the downtown parking structures and several lots. In 2002 it took responsibility for the remaining public parking system including the on-street meters. Today, the DDA manages a diverse parking inventory, including on- and off-street parking spaces, with the goal of balancing parking demand with maximum benefit to the community. As of 2007, the DDA managed 1,063 on-street and 4,707 off-street parking spaces. Given its responsibility to manage car parking in downtown, the DDA also manages and funds bicycle parking.

Beginning in the 1990s, the DDA viewed its role as providing people with a menu of transportation options, such as subsidized downtown Zipcars, prioritized parking for vanpools/carpools, free parking for the airport shuttle, and subsidized transit passes (called the go!pass). Over the years, the demand for parking has increased alongside the demand for transit, biking and walking facilities, and Zipcars. A menu of options for people traveling downtown has been a key to the system's success.

The DDA is funded in part by a tax increment financing (TIF) district that has been in place since 1982. TIF money is used to fund pedestrian improvement projects, affordable housing grants, and downtown studies.

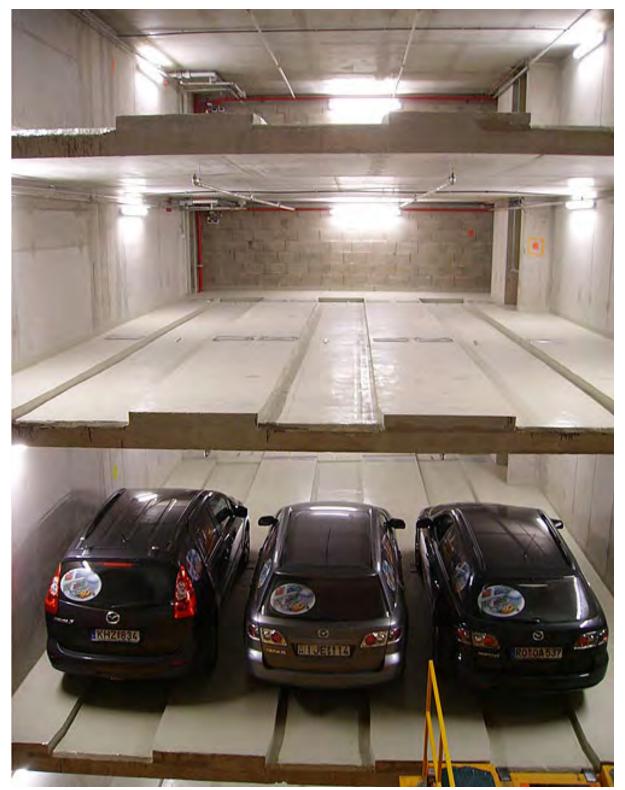
Parking revenue is a second primary source of funding for the DDA. Parking revenue is used to operate the parking facilities, and pay for repairs and maintenance, regular equipment upgrades, and debt service. The remainder is used to fund alternative transportation programs that support the downtown including the go!pass, the Link shuttle, bike lockers, and the getDowntown program (described in further detail below). In recent years, the DDA has provided approximately \$600,000 per year or 95% of the funding for go!passes for downtown employees (employers are expected to make up the remaining 5% which amounts to approximately \$10 per employee per year).



Image from Nelson\Nygaard

DEVELOPMENT PL **DESTINATION MEDICAL CENTER** DRAFT





Automated parking saves space in dense urban environments.

Image from roadtraffictechnology.com

7.4 AUTOMATED PARKING

Automated parking facilities, also called "robotic" or "mechanical" garages, utilize computer-controlled, motorized vertical lifts and horizontal shuttles to transport vehicles from the arrival level to a remote compartment for storage without human assistance. They are analogous to automated valet parking. These facilities are of particular interest for use in dense, urban environments. Crime prevention has become a major selling point of these structures from a personal safety standpoint as users either leave their vehicle outside of the facility, or pull into a main point of entry, but never walk through a parking structure. In turn, the motor vehicle itself is stored on a lift, which cannot be accessed by other moving motor vehicles, eliminating property damage to vehicles that often occurs in a conventional garage.

Automated parking garages provide greater efficiency and flexibility in design as these facilities can be constructed above or below ground on small parcels, or retrofitted into existing buildings. There are additional "green benefits" to these facilities as car engines are turned off during the parking process.¹ Most manufacturers report car retrieval times of 2 minutes or less, although the ideal facility would not have high peak hour entry and exit volumes and would have a high percentage of repeat users, in order to maintain car retrieval rates.²

The advantages and disadvantages of automated parking facilities are summarized below.

Advantages of Automated Parking Facilities:³

- Perception of security as patrons do not walk to and from their space
- Feasibility for small sites that cannot accommodate a conventional ramped parking structure
- High parking efficiency (i.e., sf/space and cf/space)
- No driving while searching for an available space
- Up to an 83% reduction in fuel emissions compared to conventional parking garages⁴
- Patrons wait for their car in controlled environments
- Less potential for vehicle vandalism
- Minimal staff needed if used by familiar parkers
- structures
- Easier facade integration without ramping floors or openings in exterior walls
- Lighting and ventilation are at a minimum, steeply reducing energy costs
- Consolidating parking into these compact facilities can significantly reduce the amount of impervious surface created by conventional parking facilities, helping to mitigate stormwater impacts
- Automated parking facilities can be used to earn points toward LEED certification⁵

- 4 Schwartz, Sam, "The Garage of the Future Must be Green," Parking, March 2009. 5
- Sanders-McDonald, Shannon, "Automated Parking Garages," Green Parking Council, March 2013.

DEVELOPMENT PL **DESTINATION MEDICAL CENTER** DRAFT

Retrieval time can be less than the combined driving/parking/walking time in conventional ramped

Article Abstract, "Construction Begins on Automated Facility in NYC," Parking Today Magazine, June 2008.

Gary Cudney, "Automated Parking: Is It Right For You?" Parking Today Magazine, May 2003. 3 Ibid.



DISADVANTAGES OF AUTOMATED PARKING:⁶

- Higher construction cost per space (may be offset by the potential for lower land costs per space and the system manufacturers claim that operating and maintenance cost will be less than for a conventional ramped parking structure)
- Redundant systems will result in higher costs (redundant systems are often developed in case one system within the facility breaks down)
- Can be confusing for new users
- Not recommended for high peak hour volume facilities
- Fear of breakdown and loss of access to the motor vehicle
- Uncertain building department review and approval process
- Necessitates a maintenance contract with the supplier

EXAMPLES OF AUTOMATED PARKING GARAGES CESENA, ITALY

The late 1990s saw the first commercial installation of a completely automated parking system.⁷ TREVIPARK was a new construction and engineering development that provided an alternative parking system ideally suited for use in inner city and urban settings.

The TREVIPARK system solves many of the traditional problems associated with urban parking; congestion, pollution, land space, security; through the installation of compact, circular, underground silos that optimize space, are easily installed, and are completely automatic. The first installation of this modular, automated parking system was in Cesena, Italy. The local authorities sought a parking solution that would minimize interference in the surrounding area, both to underground utilities and existing overland structures. The compact TREVIPARK system offered a number of features that led to its approval by the Italian authorities. These included automatic parking without the driver; vehicle parking utilizing a 360° vertical, rotating lift placing vehicles directly into a parking bay; average parking and retrieval time of 50 seconds; and high security. Due to its compact design, it could be placed in close proximity to existing buildings in the town center. The garage holds up to 108 vehicles.

The design for Cesena was chosen for its innovative use of space and its structural strength; the circular nature of the TREVIPARK system is integral to the vertical lifting device which operates under uniform dimensions throughout, gives optimal area containment, and creates an extremely strong structure that will resist deformation under stress. Drivers stop their vehicles on a parking lane. After exiting the vehicle and inserting a card at an automatic telling machine, the system, through multiple sensors, performs various security and height checks and then conveys the vehicle to the lift. The lift descends, rotates and transfers the vehicle into an available parking bay. Drivers can retrieve their vehicles using the same card at the exit point.

Due to its reduced entry and exit bay sizes and automatic operation, TREVIPARK offers a number of environmental advantages over conventional parking systems. This includes reduced energy consumption, air and noise

DEVELOPMENT P DESTINATION MEDICAL DRAF

Ibid. 6

http://www.mingdynastyhk.com/2008/06/cesena-automatic-underground-parking-system-italy/ 7



pollution. Its compact construction allows for minimal impact on existing architecture and road systems. It fits in with existing structures without being a concrete eyesore. The system is very user friendly and safety is heightened by its automatic operation. There is no reason for anybody but system technicians to enter the underground levels. The system also features advanced fire-fighting, anti-flood, ventilation and security systems that are computer controlled and constantly monitored by a control center.

To date there are nine TREVIPARK systems operational across Europe. Systems are under construction in Stockholm, Turin and Rome. Systems are subject to planning permission in London and Copenhagen. Following the initial Cesena installation of two silos, four subsequent silos have been installed for a total of 312 spaces. Design features are also variable; underground levels range from one to nine, optional kiosks for sheltered and secure waiting areas can also be incorporated into any design. The underground structure can also be used as part of the foundation system for any above ground structures built on top of the car park. TREVIPARK can also be built as an over ground car-parking facility.

DUBAI, IBN BATTUTA GATE

The first automated, multi-story car park in the Middle East opened in Dubai as part of the Ibn Battuta Gate Complex. The garage automation was built by Robotic Parking Systems, Inc. in conjunction with its Middle East distributor MAG Robotic Systems / Robotic Systems FZE. The new robotic car park has a capacity of 765 vehicles and is able to handle 250 cars per hour.

The Ibn Battuta Gate development includes 40,000 square meters of office space, residential apartments and a five star hotel. "This robotic car park will be especially convenient for the office tenants; parking or retrieval can be completed in less than 160 seconds. It is safe and secure and obviously doesn't expose expensive paint work to the abrasive elements during lengthy office hours," said Asteco Managing Director Andrew Chambers.

The main advantages, according to Ramanathan Ramasubba, project leader of the company's technical design division, are that motorists will not have to worry about their cars overheating in the sun or about returning to the vehicle to find the doors scratched. "It all works on sensor," he said, explaining that motorists would use one of eight entrances with a green light outside and put the car in a space the size of a normal garage.⁸

After leaving the car, the driver enters his or her name on a touch screen and answers a list of questions: Is the engine turned off? Is the handbrake on? Are there any people, pets or mobile phones left inside? The process takes less than two minutes.

The pallet the car is standing on is then rotated 180 degrees – so the vehicle will be facing the road when the motorist gets it back - and raised to another level where the car is transferred to another carrier and moved across the warehouse to a free space. This all takes less than three minutes.

To get the car back, the driver inserts his ticket into a machine similar to a paid-parking machine and watches

http://www.robopark.com/articles/2009/National_14Aug09_take_pain_out_of_parking.html 8



on a screen as the car is brought back down. A separate screen displays the driver's name and the gate at which the car will reappear. It takes less than three minutes to retrieve a car.

The Ibn Battuta Gate garage reduces CO₂ emissions by more than 100 tons per year with comparable reductions in other pollutants and greenhouse gases. It additionally saves 9,000 gallons of gasoline per year thus contributing significantly to carbon footprint reductions that earn up to 17 LEED points for the project by simply introducing robotic systems into it.⁹

BERLIN, GERMANY

The project "Quartier am Salzufer" is located in Berlin at one of the top office locations between City West and City East. The automated parking structure is designed by Wöhr Parking Systems.

The Wöhr-Combilift 551-345 is designed for independent parking on two levels without a pit. There is always one parking place less on entrance level (EL) than on the upper level (UL) in order to create an empty space. The empty space on entrance level is needed to lower an UL platform into EL for parking or exiting. This is possible at any space within the grid.

The platforms on entrance level (EL) are laterally shifted whereas the platforms on upper level (UL) are vertically lowered or lifted. The shifting of the EL platforms is electro-mechanical, the lifting and lowering of the UL platforms is hydraulic. The operating device is usually located centrally at a pillar in front of the system. Here the permanent user selects his parking space by means of a coded key.

The system is a combination of lifting and shifting. The smallest module is 2 for 3 cars, the largest 10 for 19 cars or simplifying: The x module allows 2x -1 car park places. The garage has spaces for 153 vehicles.¹⁰

MUMBAI, INDIA

Mumbai has a number of automated parking facilities. At Bhulabhai Desai Road there is a fully automated multilevel car parking tower with a capacity to park 240 cars in an incredibly compact facility with 20 levels above the ground.

HOBOKEN, NEW JERSEY

The first fully-automated parking facility in the United States was built in Hoboken, New Jersey in 2002. The garage was constructed on a 100'x100' lot at 56 feet tall and holds 312 vehicles. A surface parking lot of that size could only accommodate between 25-30 vehicles, while a conventional parking garage of a similar size could only hold about 80-100.

When a vehicle enters the garage, the driver is directed by a marquee providing instructions for positioning the car. After the car is positioned, the driver exits the vehicle and swipes an ID card to initiate the automated parking process.¹¹



The Wohr-Combilift 551-345 in Berlin, Germany Image from roadtraffictechnology.com

⁹ http://www.robopark.com/home_broadband.php

¹⁰ http://www.wehr.de/downloads/objektblaetter/Objetkblatt_05_SALZUFER_BERLIN.pdf

¹¹ http://www.cio.com/article/2438958/consumer-technology/robotic-parking-garages-come-to-hoboken.html





Automated parking garages can hold anywhere from 10 to 5,000 cars.

Images from Robotic Parking Systems, Inc.





Munich residential parking. By day (left) and at night (right) when the facility is illuminated for two minutes once the car is retrieved.

Images from Wohr Parking

BUILDERS AND OPERATORS OF AUTOMATED PARKING SYSTEMS There are several main manufacturers of automated parking systems: Robotic Parking, SpaceSaver Parking Systems, Automotion Parking Systems, A.P.T. Parking/Westfalia and Unitronics.

ROBOTIC PARKING

Robotic Parking[™] systems is a U.S. based designer, manufacturer and operator of fully automated, modular parking systems that can accommodate from 100 to 5,000+ cars. Robotic Parking Systems has a full scale manufacturing facility in North America dedicated to designing and building custom automated parking garages only. Robotic Parking has built parking systems in the US and abroad. The company built the first automated parking system in the Middle East in Dubai.¹²

SPACE SAVER PARKING SYSTEMS

Space Saver Parking Company is the US-based representative of Wohr of Stuttgart, Germany. The company has built has built over 300,000 parking spaces in Europe, Asia, Australia and the US.¹³

AUTOMOTION PARKING SYSTEMS

Automotion Parking Systems is the North American distributor for Germany's Stolzer Parhaus. The company has installed several automated facilities in New York City, as well as over 30 facilities in 11 countries.¹⁴

A.P.T PARKING/WESTFALIA

A.P.T. Parking/ Westfalia has built more than 300 automated storage facilities. In 2007, they had proposals to build garages in New York, Baltimore, Tampa, Miami, Ft. Lauderdale, Las Vegas, Philadelphia, Jersey City, and Los Angeles. Internationally, the company has completed projects in Germany and Austria, and is constructing new automated parking structures in Dubai and Abu Dhabi.¹⁵

UNITRONICS

Unitronics is a global company, a designer, developer, producer & marketer of Programmable logic Controllers (PLCs) the computer 'brains' that automate mass production lines. The company is headquartered in Israel. In 2008, the company completed the retrofit of the Hoboken Automated Parking facility in New Jersey, the largest automated parking garage in the US.¹⁶

Typical Automated Parking Garage Dimensions Automated parking facilities are attractive to developers as the structural foot print is much smaller than standard, ramped parking garages. While facilities have been designed to hold up to approximately 100 parked cars in a street frontage of 23-25 feet, garages vary significantly in width, typically predicated by whether they are above or below ground.

¹² http://www.robopark.com

http://wohr-parking.co.uk 13

http://automotionparking.com/company.php 14

¹⁵ http://www.aptparking.com/index.php

¹⁶ http://www.unitronics.com



EXAMPLE CONFIGURATIONS

The latest robotic parking models, shown on the right, serve lots of 10' x 60' x 85' (ht.) or 25' x 21' x 85' (ht.)¹⁷

Wohr Parking developed a residential underground parking system in Munich, Germany where residents pull into a garage at street level, creating a small street frontage system. The underground garage measures 400' x 40' x 40' and has spots for 284 vehicles.¹⁸

CAR RETRIEVAL RATES

Almost every manufacturer of automated parking structures places retrieval rates for vehicles at about two minutes. Retrieval rates depend on the technology used in the structure, the number of parking spots, and high peak demand rates.

CAPITAL AND OPERATING COSTS OF AUTOMATED PARKING

The cost of developing automated parking versus traditional parking garages becomes a trade-off between the lower cost of land development and the higher cost of the automated systems; for this reason, automated parking facilities are usually developed when limited land availability drives a less land-intensive parking solution and the savings in land costs meet or exceed the increased cost of the automated structure. The manufacturer Robotic Parking, mentioned previously, estimates that automated garages reach a level of being cost-competitive once land values reach \$80 to \$100 per square foot.¹⁹ Costs are also typically driven by the layout of the property on which garages are to be constructed and the loading/unloading speed required for the system. Figure Appendix 7.4-1 shows a cost comparison for a downtown garage in Chicago with 620 parking spots, 24-hour, year round operation, with a valet service.²⁰

The Summit Park 74-car automated parking facility in Washington, DC cost \$1.5 million to build, or approximately \$20,000 per parking stall.²¹ In addition, the annual cost of maintaining the system, including monthly preventative maintenance inspections and lubrication, and all required normal repairs, is about \$400 per space per year.²²

7.5 PARKING RATIOS

Figure Appendix 7.5-1 shows land use, parking supply, and peak parking demand data for a collection of successful downtowns or Main Street districts across the country. Each of these mixed-use areas showed supplies of 2 to 3 spaces per 1,000 SF of development. With utilization rates of 50-70% of the supply, providing parking of 1.3 to 2.7 spaces per 1,000 square feet of development would suffice to meet parking demand (with variations based on access by non-auto modes, TDM programming, and parking price).

DESCRIPTION		ITIONAL	AUTOMATED PARKING					
DESCRIPTION	CONVEN	MONAL	with comp	. # of stalls	with comp. size of lot			
Land	30,000 sq ft	\$12m	15,000 sq ft	\$6m	30,000 sq ft	\$12m		
Turn Key Garage Contstruction Costs	620 u. \$12k	\$7.44m	639 u. x \$13,000	\$8.307m	1430 u. x \$10,250	\$14,657,500		
Soft Cost	5% cont. cost	\$372k	5% const. cost	\$415,350	5% const. cost	\$732,875		
Total	\$19,81	12,000	\$14,72	22,350	\$27	,390		
Cost/ Space	\$31	,954	\$23,	,040	\$19	,154		

FIGURE APPENDIX 7.4-1 - CAPITAL AND OPERATING COSTS OF AUTOMATED PARKING

CITY/TOWN	PORTION	BUILT SQUARE FOOTAGE (SF)	PARKING SUPPLY	PEAK WEEKDAY UTILIZATION	PEAK UTILIZATION	SUPPLY RATIO/ 1,000 SF	PEAK DEMAND RATIO/1,000 SF
Columbus, IN	Downtown	2,185,475	5,831	3,513	60%	2.67	1.61
Santa Monica, CA	Downtown	4,403,918	9,838	6,900	70%	2.23	1.57
Needham, MA	Downtown	554,670	1,329	856	64%	2.40	1.54
Melrose, MA	Downtown	619,930	1,275	844	66%	2.06	1.36
Dublin, OH	Historic Dublin	504,000	1,354	652	48%	2.69	1.29
Livermore, CA	Downtown	975,000	2250	1,245	55%	2.31	1.28

FIGURE APPENDIX 7.5-1 - PAST STUDIES: DOWNTOWN PARKING RATIOS

CITY	LAND USE DATA	PARKING DA
Columbus, IN	City of Columbus	Nelson\Nygaard
Santa Monica, CA	City of Santa Monica	Walker Parking
Needham, MA	City of Needham	Nelson\Nygaard
Melrose, MA	City of Melrose	Nelson\Nygaard
Dublin, OH	City of Dublin	Rich and Associat
Livermore, CA	City of Livermore	Nelson\Nygaard

FIGURE APPENDIX 7.5-2 - DATA SOURCES

DEVELOPMENT **DESTINATION MEDICAL** DRAF



¹⁷ http://www.robopark.com/productline.html

http://www.woehr.de/downloads/objektblaetter/Objektblatt_04_DONNERSBERGERSTR_MUC.pdf 18

¹⁹ http://www.roboticparking.com/news/newsletter/issue27.pdf

²⁰ http://www.robopark.com/revenue.html

²¹ http://www.spacesaverparking.com/projects/automaticparkingdebut.html

http://www.expo1000.com/parking/interviews/space saver.htm 22





Reserving or having designated spaces for carpool and rideshare spaces is a widely used practice at all types of development.

Image from Nelson\Nygaard

Rideshare programs available in Rochester:

- Rideshare Easy Commute: a commuter benefits and incentives program designed to be easily implemented by employers for their employees. The program provides employees with an internet-based ridematching tool, and enables them to track their savings, among other things.¹
- Rideshare Easy Fleet: an all-inclusive lease program that provides vehicles of varying sizes to employers for employee transportation needs. The monthly fee includes vehicle maintenance, insurance coverage, gas, and more.²
- Easy Street[®]: a commuter van service provided directly to commuters, rather than through employers, and provides over 400 daily routes. Fares are charged by seat and include insurance, gasoline, and maintenance for the vans.³
- EasyGreenCarpools[®]: a rideshare program similar to EasyStreet[®] with fuel-efficient vehicles. The fare includes access to the vehicle, plus insurance, registration, maintenance and repairs, and 24/7 roadside assistance.⁴
- NuRide: a website that offers ridematching services for commuters looking for carpool or commute п partners.⁵
- Mayo preferential parking: Mayo provides preferential parking for carpoolers.
- The Rideshare Company, Easy Commute, http://www.rideshare.com/easycommute/
- The Rideshare Company, Easy Fleet, http://www.rideshare.com/Easyfleet/
- The Rideshare Company, EasyStreet[®], http://www.rideshare.com/Easy_Street/
- The Rideshare Company, EasyGreenCarpoools®, http://www.rideshare.com/Easy_Green_Carpools/ 4
- NuRide, http://www.nuride.com/

7.6 TDM STRATEGIES

INSTITUTE AN EMPLOYEE CASHOUT PROGRAM Many employers in Rochester offer free or subsidized parking for their employees. A parking "cash out" program gives employees the choice of keeping their parking space at work or accepting a cash payment in lieu of the space. This strategy not only provides an opportunity for current drivers to choose another form of commuter benefit, in the form of more take-home pay, but also provides equity for employees who do not drive, and thus cannot take advantage of the parking benefit. This provides a monetary incentive to find alternative means of transportation to work, reducing demand for parking. Similarly, charging employees for parking can reveal the "true" cost of providing the space and incentivize employees to commute via transit, shuttle, walking, or biking.¹

When parking rates are structured on a daily schedule, this can also provide maximum flexibility to commuters who might prefer to cycle or use transit on most days, but don't want to forfeit their driving options entirely.

RIDESHARE AND RIDE MATCHING

One of the greatest impediments to carpool and vanpool formation can be finding suitable partners with similar work schedules, origins, and destinations. Facilitated rideshare matching can overcome this obstacle by enabling commuters who are interested in ridesharing to enter their travel preferences into a database and receive a list of potential rideshare partners. The success of these programs is largely determined by the number of participants and, in turn, the number of potential matches that can be made. Rideshare programs may be administered through individual employers, but are often most effective when coordinated through an Access Management Authority or some other centralized organization.

POTENTIAL RIDESHARE TOOLS:

- the community to help motorists identify potential driving companions.
- cost-saving benefits of sharing commute rides.
- commuters has proven effective in encouraging rideshare commuting.

DEVELOPMENT P **DESTINATION MEDICAL** DRAF1

• **Ride Matching**: Drive-alone trips can be greatly reduced by organizing a ride-matching service within

Discounted Rideshare Parking: Discounting parking costs for rideshare participants can increase the

Preferential Rideshare Parking: Reserving the "best" parking spaces for the most efficient auto-

Best Workplace for Commuters. "Parking Cash Out: Implementing Commuter Benefits as once of the Nation's Best Workplaces for Commuters." March 2005.



LIVE NEAR YOUR WORK INCENTIVE PROGRAMS

"Live Near Your Work" incentive programs encourage people to purchase homes near their place of work through matching grants or loans from the city and/or participating employers. These programs both encourage urban revitalization and provide an important tool for increasing commuting by foot, bike, and transit.

The City of New Haven initiated the Re: New Haven program, which provided up to \$80,000 in incentives for new homeowners within the city. This included up to \$10,000 in interest-free down-payment assistance for first-time homebuyers, forgivable for those who remain in the purchased home for five years; up to \$30,000 in energy-saving renovations/upgrades, also forgivable after 10 years of residing in the renovated home; and free tuition to in-state college for students who graduate in good-standing from a New Haven public school.

As the residential living opportunities grow in Downtown Rochester, the Mayo Clinic and other employers should consider the benefits of incenting employees to live near work.



CASE STUDY: Greater Circle Living, Cleveland

The Greater Circle Living program offers a \$10,000 forgivable loan for a down payment or closing costs for the purchase of a home for any employee of a nonprofit institution in the Greater University Circle area. The home must be within the boundaries of Greater University Circle to qualify.

Employees of Case Western Reserve University, Cleveland Clinic, Cleveland Museum of Art, and University Hospitals are eligible for an additional \$20,000 in forgivable loans. Those already living in the area are eligible for \$8,000 for exterior renovations or one month's rental payment.

Source: fairfaxrenaissance.org/GCL/index.html

DEVELOPMENT PL **DESTINATION MEDICAL CENTER** DRAFT





Car share in urban mixed-use districts is one of the most effective strategies for reducing vehicle ownership rates.

Image from Nelson\Nygaard

CAR SHARE

Ready access to car share vehicles can encourage non-driving commutes among those who may occasionally need to make car trips during the day. Car share access also reduces car ownership among residents by both attracting households with one or no cars, and by making it viable for others to reduce car ownership.

Promoting car-sharing in urban, mixed-use districts is one of the most effective and popular means for reducing vehicle ownership rates and accessory parking demand; local and regional congestion; and household transportation costs. Studies show that each car sharing vehicle takes between 5 and 15 private cars off the road. Furthermore, by applying a cost to each use of a vehicle, reliance upon car-share vehicles tends to reduce vehicle miles traveled. Research indicates that car sharing members drive 44% less than they would if they owned their own car.² Zipcar reports that 90% of its members drive less than 5,500 miles per year.³

From an economic development perspective, shared vehicles are an attractive amenity for both residential and commercial customers. By adding an additional transportation alternative, car sharing can provide urban properties with increased accessibility, making them more attractive sites for tenants who might otherwise look for a suburban location.⁴

Each subdistrict within the Development District should be home to a pod of carshare vehicles located within the publicly managed supply, especially where there is a concentration of both residents and employees. Potential pods may include: St. Marys Place, Central Station, UMR, The Gardens, and Downtown Waterfront.

Rochester is a marginal size market for larger carshare companies such as ZipCar to introduce service without some level of subsidy or market encouragement. Many smaller cities have locally managed and operated programs that provide comparable services. Cities such as Ithaca, NY, Boulder, CO, Madison, WI, and Burlington, VT are examples of small cities that have successful local car share programs.

SUBSIDIZED TRANSIT PASS

Transit subsidies can include direct cost-sharing between employers and employees or simply enrolling commuters in the federal program that allows transit fares to be purchased with pre-tax income. In recent years, growing numbers of transit agencies have teamed with cities, employers, operators of multi-family residential complexes and even with entire mixed-use districts and residential neighborhoods to provide transit pass programs. The principle of subsidized transit passes is similar to that of group insurance plans – transit agencies can offer deep bulk discounts when selling passes to a large group with universal enrollment on the basis that not all those offered the pass will actually use them regularly. In Santa Clara County, CA and Portland, OR, property managers can bulk-purchase transit passes for their tenants/residents at deeply discounted rates.

DEVELOPMENT PL **DESTINATION MEDICAL CENTER** DRAFT

Shaheen, Suan, Cohen, Adam, and Martin, Elliot (2010), "Car-sharing Parking Policy: A Review of North American Practices

Cohen, Adam P., Susan A. Shaheen, Ryan McKenzie. "Car-sharing: A Guide for Local Planners," (2008), Institute of

² and San Francisco Bay Area Case Study." Transportation Research Board. March 15, 2010.

³ http://www.zipcar.com/is-it/greenbenefits

⁴ Transportation Studies, University of California, Davis, Research Report UCD-ITS-RP-08-16.



Reduced-price passes have been shown to increase transit ridership and provide an incentive to reduce vehicle commuting and ownership. Studies have shown that free transit passes have contributed to reductions in car mode share of 4% to 22%. Many of these reductions have occurred in areas with very limited transit service. Currently, most Mayo employees qualify for free or subsidized transit passes (up to \$80 per month). This includes shuttle bus service connecting park-and-rides to downtown. This program drives the high-use of local and regional transit service. The DMC Transit Investment Strategy and ridership projections assume that Mayo Clinic transit subsidy programs remain in place and keep pace with inflation.

COMMUTER **B**USES

Popularized in the San Francisco Bay Area as the "Google Buses," commuter buses can be an efficient and costeffective way to get employees to work. They depart from locations convenient for a large amount of employees at a regularly scheduled time. Providing commuter buses allows employers to reduce parking demand at the worksite. To make this option more attractive to choice riders, many employers provide wi-fi, which allows employees to be productive during their commute. Where roadside park-and-ride parking is not an option, or at-capacity, arrangements to use lot-perimeter spaces in shopping centers are frequently a viable option.

Commuter buses have already proven to be a popular commuter benefit in Rochester. The current regional commuter bus operator – Rochester City Lines - offers commuter-bus shuttles from Minneapolis. These buses are coach style buses equipped with WiFi and other comforts. Subscription to travel between Minneapolis and Rochester costs \$268 per month, or about \$14 roundtrip per workday. Rochester City Lines also offers direct commute service from dozens of other regional communities. The specific current offerings are outlined in Appendix B: Transit. The DMC Transit Plan assumes that these offerings will grow with a projected 80 to 100 additional peak period commuter coaches entering and existing Rochester each day.

BIKE SHARE

Bike share is a flexible public transportation service that provides on-demand access to a network of public rentable bicycles. Urban bike share systems distribute bicycles across a service area at fixed docking station locations. Users can gain access to the system at payment kiosks, using either 24-hour subscriptions (credit card-based payment) or annual subscriptions, which use fobs to unlock bicycles. In addition, users can track bicycle availability and docking station capacity and utilization, which ensures system reliability and trip planning capabilities. Urban bike share is designed for relatively short trip-making (trips are generally between one and three miles); long trips incur higher trip fees (trips under 30 minutes are free). Bike share could provide employees, residents, and visitors a convenient and healthy way to get around the Mayo Clinic and downtown Rochester. Employers plan an important role in encouraging the use of bike share to reduce trips and encourage more transit use by providing last mile connections and midday mobility.

SHELTERED SECURE BIKE PARKING

Personal bicycles can represent major financial investments. As such, even a small chance of rain can reduce bicycle commuting when all parking options leave bikes exposed to the elements. Sheltered parking and bicycle lockers also offer more protection from theft and vandalism, compared to standard bicycle racks.



Google's commuter bus offers employees a convenient and comfortable ride to work.

Image from Nelson\Nygaard





A "bike train" on the Hudson River Greenway in New York City.

Image from Nelson\Nygaard



Car-free guide developed by Transportation and Parking Services at Princeton University.

CASE STUDY: Princeton University

The Transportation & Parking Services department at Princeton University developed a guide for students that encourages car-free living. The guide provides a list of various transportation resources available to students both on and off campus.

The guide, entitled "going places," illustrates all of the transportation options available to students without cars. Information is provided for how students can get around campus by foot, bike, or campus transit, as well as to various destinations off-campus in a very simple and clear format. This makes it quick and easy for students to figure out how to get where they need to go without having to worry about owning a vehicle. Providing sheltered or indoor bicycle parking for long-term parkers, such as residents and employees – as well as many convenient short-term racks on-street and near entries – helps treat bicycling as a serious alternative to the automobile by providing the same level of access, security and amenity that a car gets. All long-term spaces will be designed to accommodate bicycles with a length of 6-feet and a minimum width of 2-feet.

Covered or sheltered bicycle parking should be located in areas suitable for longer-term stays. The bicycle parking will:

- Be able to be accessed 24 hours a day
- Be clearly signed
- Have convenient access to surrounding streets
- Be safe and secure

BIKE BUDDY PROGRAM

Without experience with urban bicycling, hitting the streets can be a difficult barrier to overcome. A Bike Buddy program pairs beginning cyclists with experienced cyclists who already know safe routes to work and other important techniques for safe cycling. The buddies also provide "safety in numbers" on the road. In many cities, "bike trains" have become a popular way for cyclists to commute, where a large group is organized to bike together on a common commuting route.

GUARANTEED RIDE HOME PROGRAM

A Guaranteed Ride Home (GRH) program offers a free ride home in case of emergency. GRH programs are usually coupled with a carpool, walking/ biking, transit, or other TDM program. The program guarantees a ride, usually a taxi or other car-share, when program participants have a family emergency. The program is meant to offer assurance to employees weary of giving up their vehicle in case emergencies arise.

GRH programs are often managed and sponsored by employers or an entity such as the Access Management Authority. The sponsoring entity allows for a set amount of free taxi rides or use of car-share vehicles for unplanned trips home that cannot be accommodated by the employee's normal commute mode (e.g. working late past scheduled bus, carpool passenger with sick child at school). Statistics on such programs indicate that although they have relatively low utilization rates, they have very high satisfaction rates from participants providing a high benefit for a low cost.

A recent Nelson\Nygaard study evaluating the effectiveness of a regional GRH program in Alameda, California found that 95% of program participants felt that the GRH program did encourage alternative mode use. Another study found that 12-25% of program enrollees would otherwise drive to work if the GRH program did not exist. Mayo currently offers a GRH program for its employees who bike, walk, take transit, or share rides.

PROMOTIONAL MATERIALS

Brochures, guides, and other basic handouts can provide commuters with information about transit routes and schedules, ridesharing services, bicycle routes and facilities, and other transportation options available to them. These materials can be handed out at transportation fairs, provided to new employees and students



CASE STUDY: TransitScreen

TransitScreen offers a fully-customizable display of real time information for all alternative modes of transportation at a given location. If real time information is unavailable, then scheduled information is displayed. Displays are usually large televisions in a waiting area or walkway with significant foot

traffic, allowing people to make rational decisions about their travel in a matter of seconds. It also provides those without smartphones with easy access to travel-time information.

TransitScreen collaborates with residential and office developments, universities, and government agencies, to display all available rail, bus, bike share, and car share information.

TransitScreen recently launched "SmartWalk," a real-time information and wayfinding display that can be projected onto a sidewalk or wall.

	terret to part 4					CODE	Size.
	-	20	٠	william .	125	AMERIC	
	And Address of	100		Surger Links		AMERIC	- M
1	Inter succession in the succession	10.0	ŧ.	-	2.2		
н.	- a date in the local is	MR	H.	-		-	1011
				_			1.00
11	State of Concession, name	12.2	٨.	-		1.	
	And Statement	100	••	-		and the second	1
	and the local division in which the local division in the local di	22	•	Append Streemen			1.0
	and the local division of	100	•	Contraction of the		Side of Long Long	
•	Real Party Name	112	÷	and a second sec	1.00		-
-		- 9				•	
				10		-	-
		14					

A TransitScreen display developed for Code for America in San Francisco.

in Welcome packages, or made available at information centers and kiosks located at key locations within worksites, campuses, or urban centers. These can be particularly effective in urban areas that attract employees and students who may be relatively unfamiliar with having non-driving mobility options available to them.

DEDICATED WEBPAGE

Creating a single webpage or website that serves as a comprehensive source of parking, transportation, and TDM information, has proven highly effective in raising awareness of drive-alone mobility and commute options. Such websites can provide specific information on benefits and options available to employees, or commuters to a specific area, as well as links to city-or region-wide information.

Real-Time Traveler Information

Real-time travel information is increasingly incorporated into transit systems to provide users up-to-the-minute information on arrival times and/ or delays. Real-time travel information is a recent development as Global Positioning Systems (GPS) has become more widespread in electronic and mobile devices. Frequently real-time transit information systems provide the following types of information:

- Arrival times (clock or count-down formats)
- Vehicle location (live mapping)
- Service disruption/delays
- Other information, such as date, time, and weather⁵

With real-time travel information, users are informed of service and travel information through both interactive and non interactive media. Non-interactive media includes electronic displays or televisions in or around stations and transit stops as well as automated telephone hotlines. Interactive media for transportation users can be provided through internet portals or interactive voice response via telephone as well as mobile applications available on users' smart phones.6

In New York City, text message or Sort Messaging Service (SMS) technology has been implemented to allow users to receive information by texting a bus stop code to a central phone number. The computer system connected to the phone number determines the distance between the closest bus and the user, using GPS, and relays this information via text message.⁷

Other cities have begun piloting similar technology. In Pittsburgh, a Carnegie Mellon University Heinz College (CMUHC) research team began a bus tracking project in 2009 called myRide. "Using the GPS function of Google G1 phones that were deployed on the CMUHC shuttle system, the project team built a tool called myRide that identifies a vehicle's location, predicts its arrival time at a future stop, and displays the information on

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

'White Paper on Literature Review of Real-Time Transit Information Systems.' Federal Transit Administration (2002) http://ntl.

Rosenberg, N. "Anywhere on Staten Island, Technology Shows Where Bus Is." New York Times (accessed February 2, 2012). http://www.nytimes.com/2012/01/12/nyregion/anywhere-on-staten-island-technology-shows-where-next-bus-is.html

⁵ bts.gov/lib/jpodocs/repts te/13845.html

⁶ Ibid.

⁷



CASE STUDY: Boulder, Colorado

Boulder, Colorado's Central Area General Improvement District (CAGID)'s full-time transportation coordinator undertakes a variety of efforts to ensure downtown employees are aware of all of the

city's transportation options. The transportation coordinator and GO Boulder staff orchestrate many initiatives, including and not limited to:

- A monthly newsletter
- Bike to Work days and month
- Employee Transportation Coordinator (ETC) breakfasts
- Commuter Challenges (including participant rewards!)
- Rideshare matching to and from Denver International Airport
- Sharing information about local construction



Boulder Exemplary ETC Award winners in early 2012 for outstanding efforts in reducing

the myRide website. Although real-time bus information systems are already in place in cities like Chicago, this project is unique because it incorporates a Twitter feed riders can use to provide instant feedback and commentary on CMU Shuttle travel."8

Designated Mobility Coordinator

Mobility Coordinators administer and actively market demand management programs, providing centralized, coordinated information on transit routes and schedules, ridesharing information, bicycle routes and facilities, and other transportation options available to residents, employees and customers. The Coordinator also negotiates with transit agencies for low cost transit passes.

Typical roles of Mobility Coordinators include:

- Providing information about monthly transit passes
- Marketing, including distribution of new employee/tenant orientation materials
- Distribution of transportation news and commuter alerts
- Assisting with rideshare matching
- Providing Guaranteed Ride Home vouchers
- Audit and review corporate/building transportation needs
- compliance with regulatory requirements

Mobility coordinators have been used to great success throughout the United States to help administer TDM programs at specific businesses or developments, or across mixed-use districts.

DEVELOPMENT PL **DESTINATION MEDICAL CENTER** DRAFT

Consultation regarding pre-tax transportation fringe benefits, setting-up commute programs, and

Heinz College News. "Heinz College Project Team Offer Carnegie Mellon Students a Better Ride," (accessed February 3,

^{2009),} http://heinz.cmu.edu/news/news-detail/index.aspx?nid=1085









Bus shelter in downtown Rochester.

Image from Nelson\Nygaard

APPENDIX 8.0 TRANSIT FRAMEWORK

The Transit Technical Appendix includes a review of existing local and regional transit conditions, cost assumptions for future transit service, and the downtown circulator cost assumptions and modal evaluation.

8.1 EXISTING CONDITIONS

Transit plays a major role in access and mobility both to and within downtown Rochester. Transit service includes local service operated by Rochester Public Transit (RPT), peak-period regional express service operated by Rochester City Lines (RCL), and Mayo Clinic shuttle service connecting the various campuses and destinations within downtown. Approximately 10%¹ of commuters to downtown Rochester arrive by bus; a relatively high mode share when compared to similar size communities.² The City and Mayo Clinic have been able to sustain this high transit mode share largely due to programs and policies limiting automobile travel into downtown and encouraging transit use, including constrained employee parking at Mayo and Mayo-subsidized transit pass programs.

EXISTING ROCHESTER PUBLIC TRANSIT (RPT) SERVICE Rochester Public Transit (RPT) provides local transit service in the city of Rochester. Operated by the City of Rochester, the service operates all-day, peak only, and nightly routes on weekdays and Saturdays only. Service connections are available at park-and-ride lots located throughout the city. Figure Appendix 8.1-1 details the current service levels operated by RPT.

RPT operates a fleet of 45 buses each with a 38-person seated capacity and low floor wheelchair access. All RPT buses are equipped with a bike rack that can carry up to two bikes. RPT serves a total of 566 active stops throughout the city, 11% of which have shelters, and 22% of which have posted time tables.

Figure Appendix 8.1-2 illustrates the existing RPT network and current park-and-ride facilities. RPT service is designed as a "radial" network where routes traveling in areas throughout the city connect at the 2nd Street SW Transit Center which takes up curb space equivalent to about three city blocks on both sides of the street.³ The Transit Center is centrally located and acts as the main hub for all service, providing a single point for passenger boarding, alighting, and transfer activity. Most of the service traveling to downtown "pulses" with similar intervals at the Transit Center and often interlines 4 with other routes to allow for convenient transferring. This creates a very high concentration of bus vehicles during the peak hours. Based on existing levels of service, twenty-five 40-foot vehicles are scheduled to be the Transit Center during peak service times (4:00 p.m. – 4:15 p.m. and 5:00 p.m. – 5:15 p.m.). Projected long-term ridership will create capacity challenges given the spatial constraints at the existing Transit Center.

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

Rochester sustains a small mode share more than double than all nine peer transit systems included in the 2006 RPT

Interlining involves two or more routes end-to-end with the same vehicles, typically when routes share the same frequency. This practice improves efficiency by limiting vehicle staging and minimizing vehicle requirements.

Downtown Rochester Master Plan, 2010.

² Transit Development Plan.

This is equivalent to approximately 900 feet in curb length. 3

⁴



RPT RIDERSHIP AND PRODUCTIVITY

The existing transit routing for both local and regional service within the DMC District boundary is shown on Figure Appendix 8.1-3. Figure Appendix 8.1-4 illustrates RPT transit routing within the vicinity of the RPT Transit Center. Transit service is highly concentrated along 2nd Street SW approaching the Transit Center. This provides high levels of localized transit service between Saint Marys Medical Center, the downtown core, and the Government Center.

SERVICE TYPE	NUMBER OF ROUTES	SERVICE HOURS	FREQUENCY	BASE FARE
All-day local	20	5:20am - 7:00pm	20-60 minutes	
Direct/Peak only	7	5:30am - 8:30am 3:00pm - 6:30pm	15-30 minutes	\$2.00
Evening	4	5:30am - 10:30pm	30-60 minutes	
All-day local	6	8:00am - 7:30pm	60 minutes	
	All-day local Direct/Peak only Evening	SERVICE TYPEROUTESAll-day local20Direct/Peak only7Evening4	SERVICE TYPEROUTESSERVICE HOURSAll-day local205:20am - 7:00pmDirect/Peak only75:30am - 8:30amEvening45:30am - 10:30pm	SERVICE TYPEROUTESSERVICE HOURSFREQUENCYAll-day local205:20am - 7:00pm20-60 minutesDirect/Peak only75:30am - 8:30am 3:00pm - 6:30pm15-30 minutesEvening45:30am - 10:30pm30-60 minutes

FIGURE APPENDIX 8.1-1 - EXISTING RPT SERVICE LEVELS

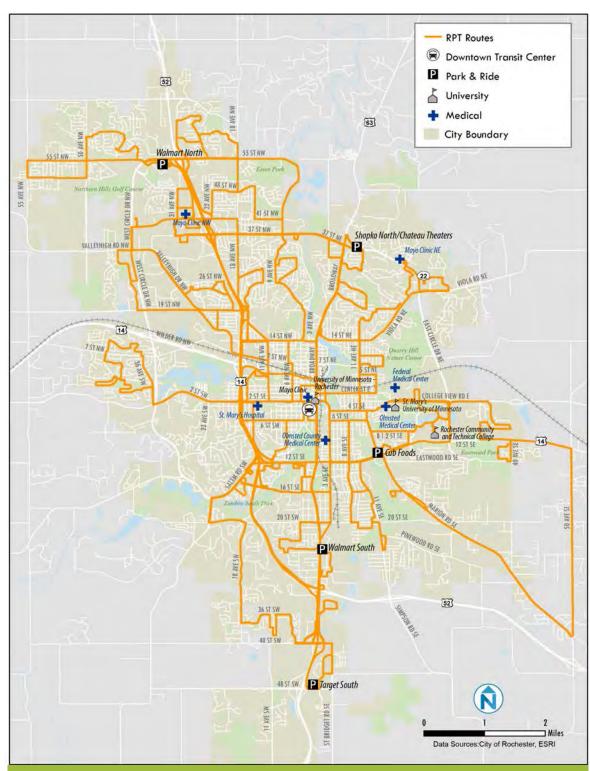
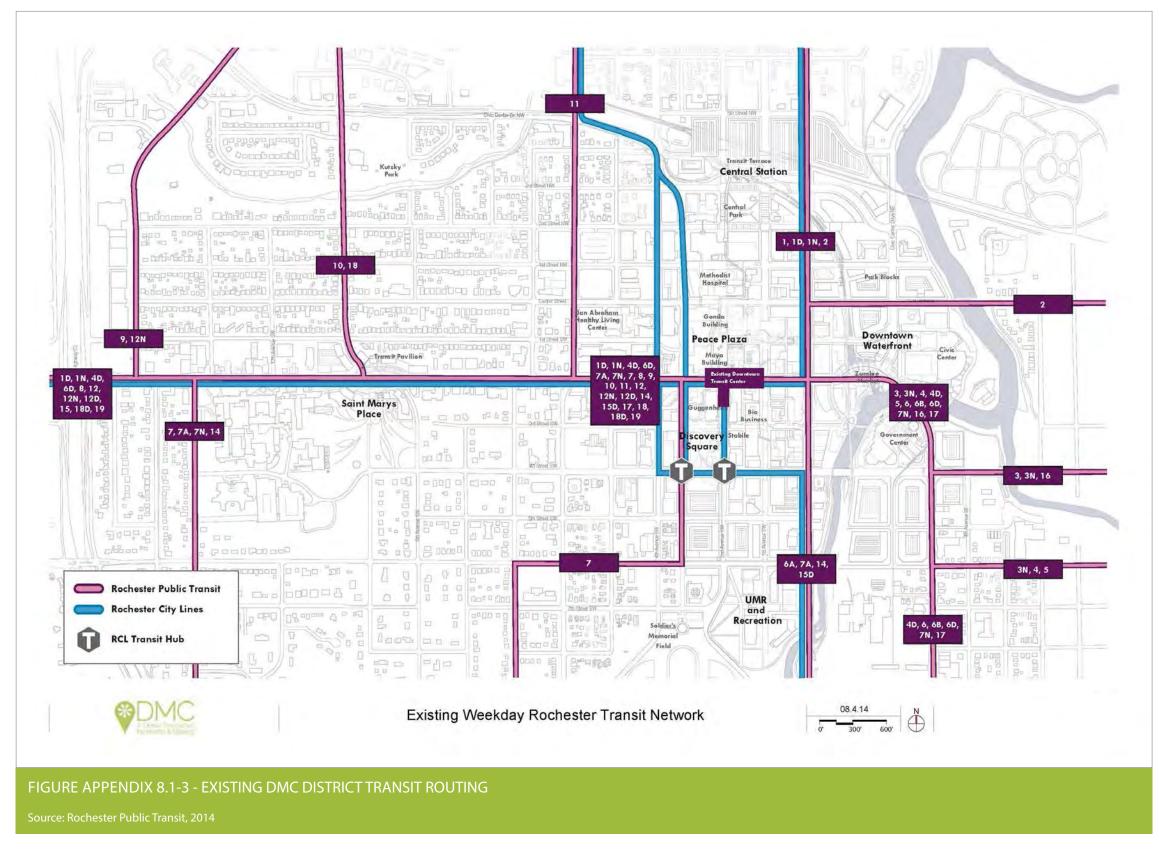


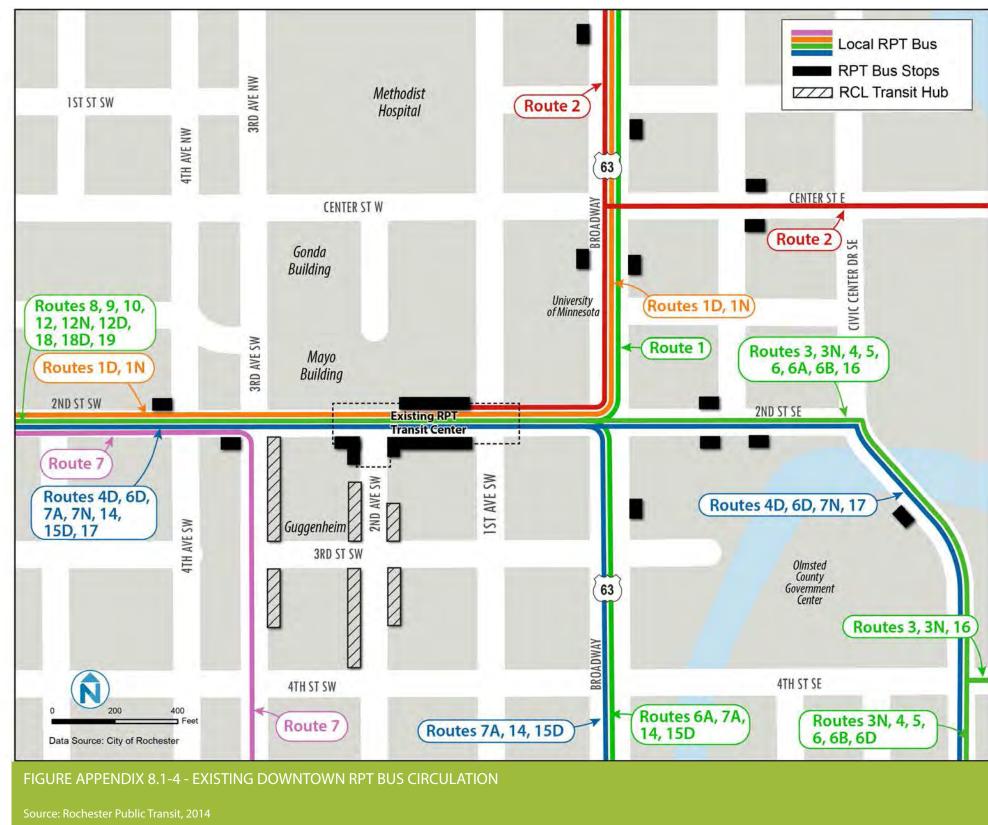
FIGURE APPENDIX 8.1-2 - EXISTING RPT TRANSIT SERVICE AND PARK & RIDES

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT













RPT carried approximately 6,670 passengers per average weekday in 2012. This is the highest weekday ridership has reached since 2008. Figure Appendix 8.1-5 illustrates the historical average weekday ridership between 2007 and 2012. As shown, ridership has been increasing steadily since 2010. For analysis purposes, each weekday RPT route was categorized into service corridors within Rochester based on their geographic routing, as shown in Figure Appendix 8.1-6. The north, northwest, and south corridors contain approximately 20 of the 31 total weekday routes.

SERVICE CORRIDOR	RPT ROUTES
North	1 1D 1N 10 11 55
Northeast	2 16
Northwest	9 12 12D 12N 18 18D
South	6 6A 6B 6D 7A 7N 14 15D
Southeast	4 4D 5 17
Southwest	7 3 3N 8
East	3 3N
West	8
FIGURE APPENDIX 8.1-	6 - RPT SERVICE CORRIDORS

Figure Appendix 8.1-7 illustrates the total average daily ridership along routes in each service corridor. Ridership is highly concentrated on routes traveling in the north, northwest, and south directions, making up nearly three-quarters of total daily ridership. This is a result of above average population density,⁵ high park-and-ride utilization, commute demand,⁶ and transit dependent populations,⁷ all of which contribute to high transit ridership demand. Service hours for routes within these major corridors also contribute to higher ridership, making up approximately 80% of total weekday service hours.

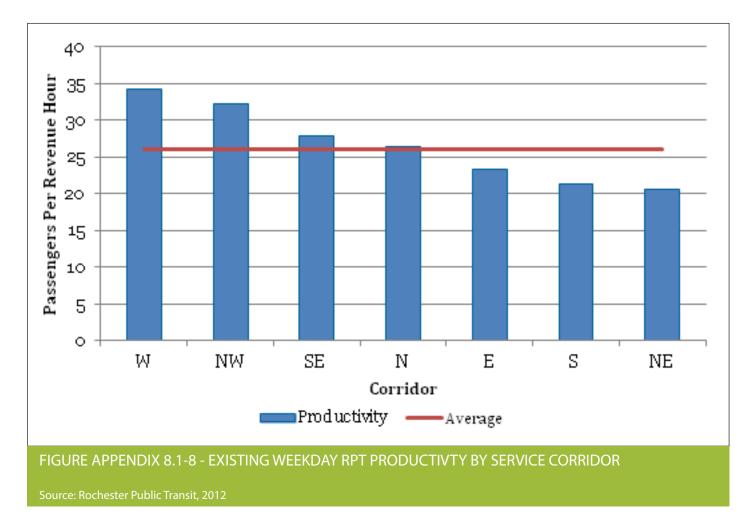
⁵ Based on Olmsted County data, population densities within proximity of routes traveling within these three corridors equate to about 1.46 persons per acre, or nearly 45% higher than the total service area average.

⁶ The 2006 RTP Transit Development Plan indicated that nearly half of total weekday ridership is made up of "choice" riders, which is largely attributable to the high number of Mayo Clinic employees commuting via transit.

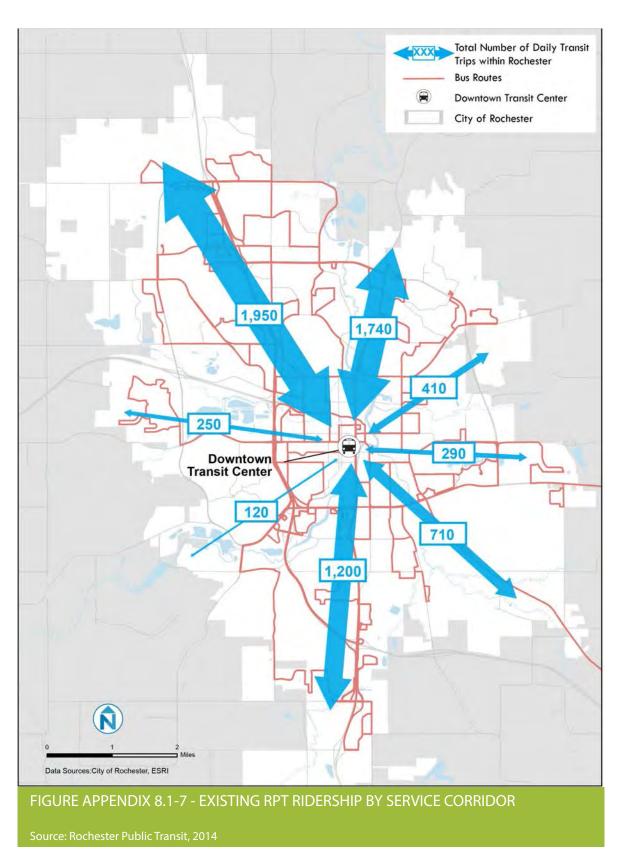
US Census-based transit dependent populations (low-income, seniors, youth, and zero-vehicle households) wihtin proximity of 7 routes within these corridors make the majority of the total transit dependent population within the service area.



Service productivity is a measure of passengers per revenue hour of service, or in other words, how effective resources spent on transit operations are at capturing ridership. The RPT system is highly productive for a system of its size.⁸ As shown in Figure Appendix 8.1-8, the local system operates with an average of approximately 26 passengers per weekday service hour largely due to the high transit mode share of trips traveling into downtown Rochester.



⁸ Using 2012 NTD data, RPT local service is more productive than seven of nine peer transit systems included in the 2006 RPT *Transit Development Plan*.

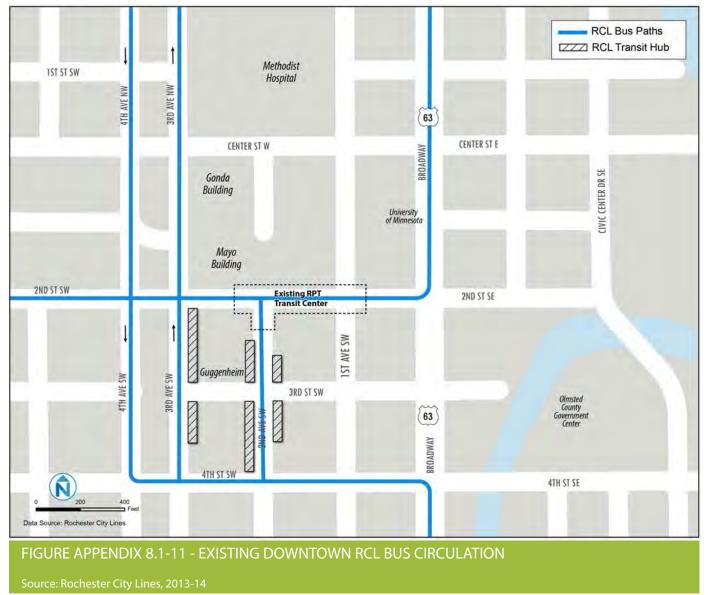


DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT



PARK-AND-RIDE LOT	PARKING CAPACITY	UTILIZATION RATE	RPT ROUTE SERVED
Cub Foods (15th Ave SE)	100	19%	3N 4 4D 17
Shopko North/Chateau Theater (Hwy 63 North)	150	86%	1 1N 1D 55
Wal-Mart North (55th St NW)	500	75%	12 12MD 12N 18D 55
Target South (48th St SE)	190	56%	6MD 7N 14 15D
Wal-Mart South (25th St SE)	160	75%	6MD 6A 6D 7N
FIGURE APPENDIX 8.1-9 - RPT PARK-AND-RIDE S	SUMMARY		

Source: Rochester Public Transit, 2014



RPT PARK-AND-RIDE FACILITIES

Park-and-ride lots provide commuters and visitors an opportunity to travel into the downtown core, decreasing traffic congestion and limiting parking supply needs. RPT leases six park-and-ride lots throughout the city, each providing direct connections to transit service (see the location of the park-and-ride lots in Figure Appendix 8.1-2 above). It is free to park at the park-and-rides.

RPT park-and-ride lots are served by a mix or all-day local, direct/peak only, and evening service. The lots are typically located at large commercial shopping areas where a certain number of spaces are designated for RPT park-and-ride use (e.g., Wal-Mart). Figure Appendix 8.1-9 shows the total number of parking spaces available and the utilization. Total parking capacity at the park-and-ride locations amounts to 1,100 spaces. On average, 62% of the total park-and-ride capacity is utilized with three lots showing utilization rates at or above three-quarters full. This utilization is attributable in part to of the cost of parking, the relative shortage of parking relative to demand , and the convenience of not having to find a parking space downtown.

EXISTING ROCHESTER CITY LINES (RCL) SERVICE

Rochester City Lines (RCL) regional commuter express service is privately operated transit service that connects regional park-and-ride lots and outlying neighborhoods directly to downtown Rochester. Operating at typical peak commute times on weekdays only (see Appendix 8.1-10), the service is designed primarily for the commuter market traveling to downtown Rochester. RCL service operates from 40 regional communities; each route operates between one and four round trips per weekday. Nearly all of the RCL routes make two stops within downtown: one at St. Mary's Hospital on 2nd Street SW and one at the RCL transit hub in the downtown core located on 2nd and 3rd Avenues SW between 2nd Street SW and 4th Street SW. The RCL transit hub is separate from the RPT transit center. Figure Appendix 8.1-10 details the route origins in each service corridor along with the number of one-way trips into and out of downtown Rochester and the range in passenger fares. RCL operates a total of 102 daily one-way trips.

RCL bus service currently utilizes several routes into, out of, and through downtown Rochester. The designated RCL transit hub is used for passenger loading and vehicle staging. Figure Appendix 8.1-11 illustrates the existing RCL

routes used in downtown to access the RCL transit hub. The hub requires the equivalent of four city blocks for passenger loading and vehicle staging. The RCL transit hub is centrally located and convenient to access all major employment centers within downtown and RPT service.

Tł do ac

RCL service is unique in that most vehicles are driven by a licensed operator who also works in downtown Rochester, minimizing the operations costs for deadhead and travel time twicel in most eveness transit operations. This preserves

time typical in most express transit operations. This presents a constraint, however, given the space required to keep the vehicles in downtown during regular work hours. RCL service will need additional curb/staging space in downtown if it expects to accommodate the targeted increase in transit travel demand over the next 20 years.

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

Transit Facilities in Downtown Rochester

The existing RPT and RCL transit facilities in downtown Rochester will need to be expanded to accommodate needed service levels targeted to meet long-term ridership growth.



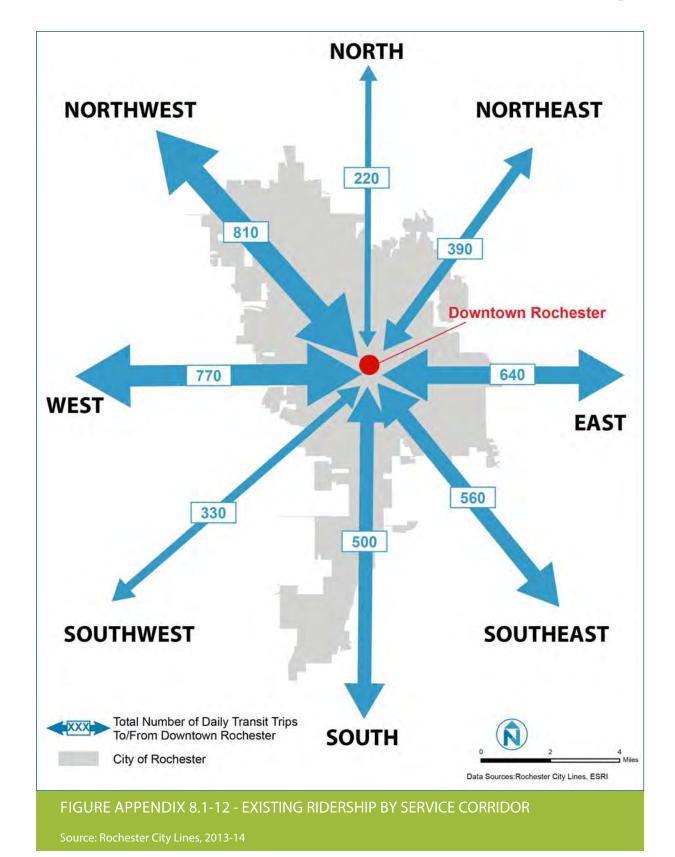
SERVICE CORRIDOR	RCL ROUTE ORIGINS	DAILY ONE- WAY TRIPS	OPERATING HOURS ^a	FARE ^b Cash / monthly
North	Lake City, Oak Center, Reinke's Corners, Zumbro Falls	4	Arrive: 6:40am - 7:40am Depart: 4:10pm - 5:10pm	\$10-12 / \$173-208
Northeast	Elgin, Kellogg, Plainview, Viola, Wabasha	11	Arrive: 6:40am - 7:40am Depart: 4:10pm - 5:10pm	\$10-14 / \$173-251
Northwest	Bloomington, Cannon Falls, Hampton, Inver Grove Heights, Pine Island, Zumbrota	24	Arrive: 6:40am - 8:40am Depart: 3:35pm - 5:15pm	\$10-25 / \$173-304
South	Grand Meadow, LeRoy, Racine, Spring Valley, Stewartville	8	Arrive: 6:40am - 7:40am Depart: 3:40pm – 5:12 pm	\$10-14 / \$173-251
Southeast	Chartfield, Fountain, Marion, Preston	15	Arrive: 6:15am - 7:40am Depart: 3:40pm - 5:10pm	\$10-12 / \$173-208
Southwest	Austin, Dexter	6	Arrive: 6:40am - 7:40am Depart 3:45pm - 5:15pm	\$12-14 / \$208-251
East	Dover, Eyota, Lewiston, St. Charles, Stockton, Utica, Winona	12	Arrive 6:40am - 7:40am Depart: 3:40pm - 5:10pm	\$10-14 / \$173-251
West	Bron, Claremont, Dodge Center, Hayfield, Kasson, Owatonna	22	Arrive: 6:30am - 7:40am Depart: 3:40pm - 5:15pm	\$10-14 / \$173-251
FIGURE APP	ENDIX 8.1-10 - RCL SERVICE SUMMARY			

a Times show arrivals to and departures from downtown Kochster.

Source: Rochester City Lines, 2014

Figure Appendix 8.1-12 illustrates the total daily ridership traveling along express routes in each regional corridor. RCL carried approximately 4,200 passengers per average weekday between May 2013 and April 2014. Ridership is highly concentrated along regional routes traveling in the northwest, southeast, east, and west directions, making up nearly two-thirds of total daily ridership. This is largely a result of communities in these corridors making up 83% of total population and 84% of total working individuals served by all RCL routes.⁹ Most RCL riders are employees of the Mayo Clinic; transfers between RCL and RPT service are rare since the transit hub is located within close proximity to all Mayo Clinic buildings.

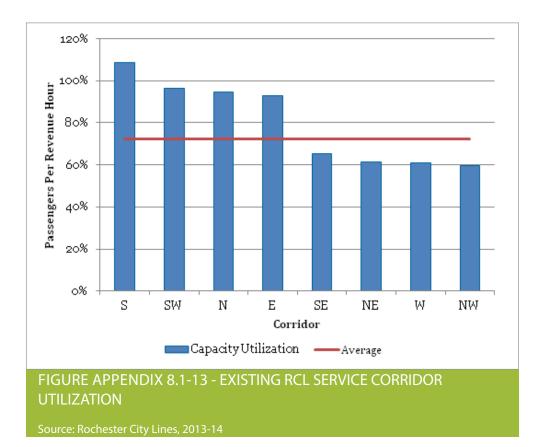
As a for profit business, RCL will introduce new trips to downtown Rochester only if between 35 and 45 passengers sign up for the service. This makes the RCL system highly productive, limiting unused seated capacity from traveling long distances. RCL service is funded through passenger fares and does not receive public subsidy. Most riders are Mayo employees who receive a monthly commute subsidy that covers a portion of their monthly transit fare. As shown in Figure Appendix 8.1-13, the regional express system operates all trips at approximately 72% capacity.¹⁰



9 Source: US Census10 RCL operates over-the-road coach vehicles with capacity of 57 seats.

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT





SHUTTLE	AVERAGE DAILY RIDERSHIP
Intercampus (2nd St SW)	3,538
East Lot	977
West Lot	1,951
MSC Red	196
MSC Grey	191
NE Clinic	98
Total	6,952
FIGURE APPENDIX 8.1-15 - MAYO	O CLNIC SHUTTLE EMPLOYEE RIDERSHIP
Source: Mayo Clinic, 2013	

MAYO CLINIC SHUTTLES

The high concentration of Mayo Clinic employees and visitors require shuttle service between Mayo facilities and to various parking lot locations. Mayo Clinic funds and operates six weekday shuttles throughout the day with direct connections to Mayo facilities. All shuttle services are free for patients, visitors, and employees. Two shuttles are designated to take employees from two off-site parking lots ("east lot" and "west lot") to various Mayo Clinic buildings. Many of the shuttles utilize 2nd Street SW to connect Mayo Clinic buildings with other destinations the shuttles serve, overlapping with many of the RPT and RCL services along this corridor. Mayo shuttle stop locations and service hours are highlighted in Figure Appendix 8.1-14. Figure Appendix 8.1-15 details the average daily employee ridership for each of the six shuttles. The shuttles carry nearly 7,000 daily passengers, with more than half traveling on the Intercampus shuttle along 2nd Street SW.

SHUTTLE NAME	AVAILABILITY	STOP LOCATIONS	SERVICE HOURS	VEHICLES OPERATING
Intercampus (2nd St SW)	Patients/visitors	St. Mary's - Mayo Clinic via 2nd St SW	4:30am - 8:00pm	4
East Lot	Employees	East Park-and-Ride lot - Guggenheim and St. Mary's	5:30am - 8:10pm	4
West Lot	Employees	West park-and-ride lot - Guggenheim, St. Mary's, NW Clnic and Downtown Mayo Clinic	4:30am - 12:40am	6
MSC Red	Employees	NW Clinic, South Mayo, Valley High Dr, Technology Dr, Mayo Clinic Support, Superior Dr Support Center	6:29am - 6:47pm	1
MSC Grey	Employees	NW Clinic, South Mayo, Valley High Dr, Technology Dr, Mayo Clinic Support, Superior Dr Support Center	6:29am - 6:47pm	1
NE Clinic	Employees	NE Clinic, Assisi Heights, South Mayo	6:00am - 5:30pm	1

FIGURE APPENDIX 8.1-14 - MAYO SHUTTLE SERVICE SUMMARY

Source: Mayo Clinic, 2013

Transit Service in Downtown Rochester

Downtown Rochester is served by three forms of fixed-route transit: Rochester Public Transit local service, Rochester City Lines commuter express service, and Mayo Clinic Shuttle service. Many of the routes serve the major destinations along the 2nd Street Sw corridor creating some service redundancy. Opportunities may exist to consolidate and more cost-effectively deliver transit service along this prime transit corridor, making the overall system more legible.



8.2 LOCAL AND REGIONAL TRANSIT SERVICE OPTIMIZATION ANALYSIS

LOCAL TRANSIT SERVICE ANALYSIS

To estimate future cost estimates for local transit services, service levels are assumed to increase to accommodate expected levels of future transit demand as described in Section 7.4.2.4. Future productivity (passengers per revenue hour) is assumed to increase by 30% as a result of enhanced park-and-ride services, DMC-supported parking and transportation demand management strategies, and focusing local service resources on productive corridors within Rochester, thereby creating more cost-effective and productive service. Figure Appendix 8.2-1 details the cost assumptions behind increases in future levels of local transit service.

The DMC plan envisions growth in park-and-ride travel demand for access into downtown Rochester, particularly northwest, west, south, and southeast of downtown. In order to accommodate this demand and build off of the existing park-and-ride based transit services, newly enhanced high-frequency, high-quality park-and-ride based transit services with higher capacity vehicles are expected to connect these markets to downtown from permanent park-andride facilities. This service will operate along the streetcar circulator pathway, lanes, and stations to provide integrated service along 2nd Street SW and 3rd Avenue SE. The operating cost assumptions for this new service are shown in Figure Appendix 8.2-2. The total net new operating cost is expected to reach \$700,000 per year, which is included in the total local operating cost estimates described above. This cost assumes the reallocation of existing park-and-ride based RPT service (all "Direct" routes).

SERVICE	FUTURE DAILY RIDERSHIP ESTIMATE			FUTURE NEW DAILY REVENUE HOURS		FUTURE TOTAL REVENUE HOURS	
	LOW	HIGH	PRODUCTIVITY	LOW	HIGH	LOW	HIGH
Local weekday service (including park-and-ride service)	19,594	25,557	33.8	379.6	556.2	580.3	756.9
Local Saturday service	2,007	2,617	20.2	54.0	84.2	99.3	129.5
Total cost				\$8.1m	\$12.5m	\$14.5m	\$18.9m

FIGURE APPENDIX 8.2-1 - LOCAL SERVICE COST ASSUMPTIONS

SERVICE	OPERATING ASSUMPTIONS	DAILY REVENUE HOURS	TOTAL ANNUAL COST
New park-and-ride service	10-minute weekday frequency 6:00am - 8:00pm	90.0	\$2.17m
Existing park-and-ride bus service	All RPT "D" routes and 6A/6B	60.7	\$1.47m
Difference (net new cost)		29.3	\$700,000

FIGURE APPENDIX 8.2-2 - ENHANCED PARK-AND-RIDE SERVICE COST ASSUMPTIONS

Note: Annual cost Appendixs are based on 2012 NTD RPT cost per hour of \$94.71 and a 255 weekday year. Cost for park-and-ride service shown is the midrange estimate.

DEVELOPMENT PL **DESTINATION MEDICAL** DRAF1



REGIONAL EXPRESS SERVICE ANALYSIS

Regional express services levels are also expected to increase to accommodate expected levels of future regional express transit demand as described in Section 7.4.2.4. Using the estimated future ridership and the existing capacity utilization, the future number of trips to sustain that same level of capacity utilization was calculated. Figure Appendix 8.2-3 details the future ridership estimates, existing capacity utilization, future capacity required to sustain that utilization, and future new trips for each corridor, assuming a 57-seat vehicle. Using the existing 102 daily trips operated by RCL, total net new one-way trips (OWT) required range between 159 and 239. Assuming one vehicle does a round trip (or two OWT's), the total new trips will require **between 80 and 120 new vehicles**.

REGIONAL EXPRESS		RIDERSHIP MATE	EXISTING CAPACITY	FUTURE NEW CAPACITY REQUIRED		FUTURE TOTAL ONE-WAY TRIPS REQUIRED	
CORRIDOR	LOW	HIGH	UTILIZATION	LOW	HIGH	LOW	HIGH
North	540	710	95%	572	746	10	13
Northeast	970	1,260	62%	1,575	2,054	28	36
Northwest	2,090	2,730	59%	3,519	4,589	62	81
South	1,260	1,640	109%	1,156	1,508	20	26
Southeast	1,390	1,810	65%	2,130	2,779	37	49
Southwest	850	1,110	96%	881	1,149	15	20
East	1,520	1,980	93%	1,630	2,126	29	37
West	2,090	2,730	61%	3,425	4,468	60	78
Total	10,710	13,970	72%	14,888	19,419	261	341

FIGURE APPENDIX 8.2-3 - REGIONAL EXPRESS SERVICE LEVEL ASSUMPTIONS



8.3 DOWNTOWN CIRCULATOR MODEL EVALUATION

BACKGROUND

The downtown circulator is expected to provide mobility for travel within downtown Rochester including a variety of transit markets, including visitors, residents, patients, and commuters. The circulator (as described in Section 7.5.2) will provide mobility for short, frequent trip making within the District, connections to the regional transit network, and "last-mile" connections for commuters parking at mobility and parking hubs on the periphery of downtown. Figure Figure Appendix 8.3-1 illustrates the alignment of the downtown circulator. Two segments (East-West and North-South) are expected to be built in separate phases to coincide with development plans, demand projections, and availability of funding.

MODES CONSIDERED

Three mode alternatives were considered for downtown circulator operations within downtown Rochester. The modes were evaluated using a set of simplified evaluation criteria based on DMC goals and objectives. The outcome of the evaluation process was to select the best mode alternative for downtown circulator operations. The modes that were considered include the following:

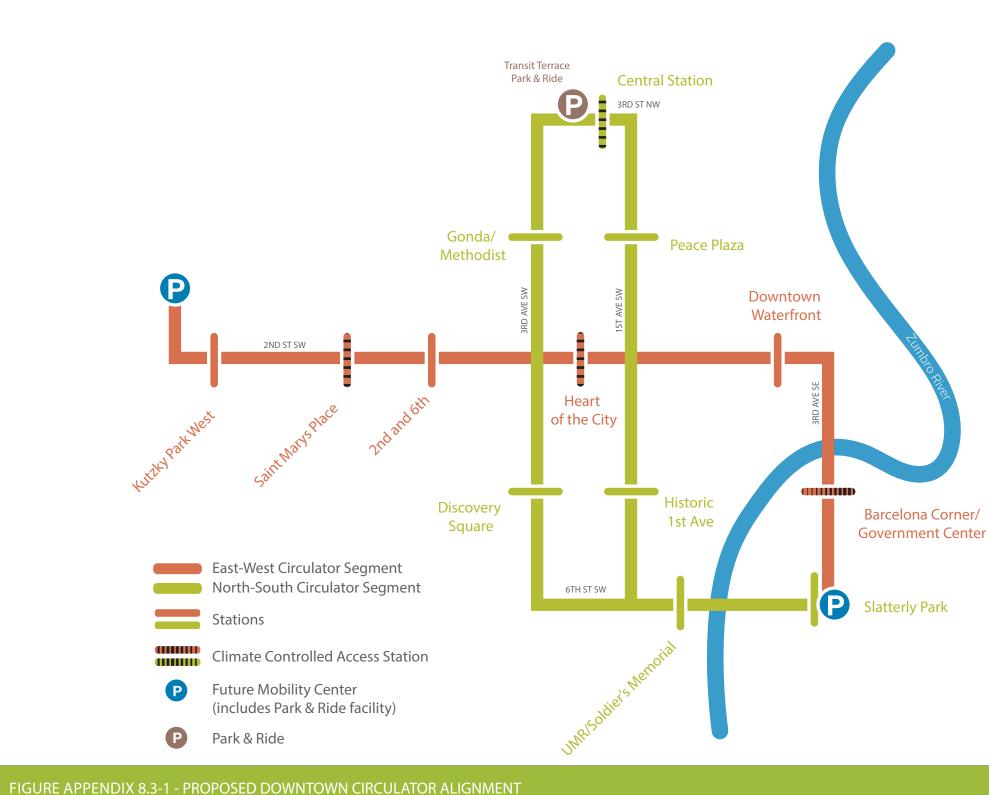
- Modern streetcars are electrically-powered vehicles running on rails embedded in street pavement with overhead power supply. Service can operate in exclusive lanes all day, exclusive at certain times of day (e.g., peak only), or shared with general purpose traffic. Streetcars provide high-frequency service with vehicles that can carry more passengers than buses. Vehicles are low-floor and double ended with doors on both sides, allowing drivers to easily switch sides without turning. Max capacity is typically 130 passengers in a 66-foot vehicle. Stations are typically 60 to 100 feet long and 10 to 14 feet wide to accommodate vehicle size. Mode has a relatively higher level of economic development potential due to the permanence of the infrastructure and results of recent cases where streetcars have created high potential for land use development.
- **Enhanced buses** electrically-powered rubber tire vehicles with overhead power supply and similar station features as streetcars. Service can operate in exclusive lanes all day, exclusive at certain times of day (e.g., peak only), or shared with general purpose traffic. Enhanced bus provides high-frequency service with vehicle Modern streetcar in Seattle, WA capacities less than streetcar vehicles. Capital costs are generally lower than streetcars due to no tracks being required. Vehicles are low-floor and single ended with doors on both sides, requiring vehicle to be physically turned around for reverse operations. Max capacity is typically 90 passengers in an articulated 60-foot vehicle. Stations are typically a minimum 60 feet long and 8 - 14 feet wide. Very few examples of enhanced trolley bus lines in the US have been able to provide substantial evidence of land use development potential. However, the infrastructure permanence similar to the streetcar suggests high potential for economic development.



Image from Nelson\Nygaard

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT







Elevated rapit transit (ART) rail vehicles operating on an elevated, grade-separated fixed guideway which avoid impacts of at-grade traffic conflicts. For purposes of this analysis, this mode alternative is assumed to operate with technology similar to an automated people mover (APM),¹ which is self-propelled using a traction motor and does not require a driver. Capital costs are substantially more than streetcar or bus modes due to elevated guideway costs, driverless technology, and elevated stations. This mode is particularly relevant to integrate with an existing elevated pedestrian walkway network, although the level of complexity to do so is substantial, including providing elevators, escalators, ramps, etc. Vehicles are low-floor and double ended, with total capacity of 105 passengers in a 42-foot vehicle.² Service speed and reliability is slightly better to a streetcar operating in exclusive travel lanes, since it designed to avoid all traffic control devices and potential traffic incidences.

Figure Appendix 8.3-2 details the right-of-way (ROW) operating conditions that were considered service operations. However, for purposes of the evaluation, only the fully exclusive ROW options were used in the evaluation to more accurately compare similar operating conditions across the three modes.

CIRCULATOR MODE	RIGHT-OF-WAY OPTION	DETAILS		
	Exclusive center-running All-day	Streetcar operates on exclusive ROW at all time, maximizing reliability and speed		
Modern streetcar	Exclusive center-running Peak-only	Streetcar operates on exclusive ROT during peaks only, when reliability and speed are most important		
	Shared center-running	Streetcar shares tracks with general purpose traffic, leading to potential reliability issues due to congestions		
	Exclusive center-running All-day	Enhanced bus operates on exclusive ROW at all time, maximizing reliability and speed		
Enhanced bus	Exclusive center-running Peak-only	Enhanced bus operates on exclusive ROT during peaks only, when reliability and speed are most important		
	Shared center-running	Enhanced bus shares tracks with general purpose traffic, leading to potential reliability issues due to congestions		
Elevated Automated Rapid Transit (ART)	Exclusive elevated	ART vehicles are elevated on exclusive track, maximizing reliability and speed		

FIGURE APPENDIX 8.3-2 - DOWNTOWN CIRCULATOR RIGHT-OF-WAY OPTIONS

2 Capacity of Bombardier Innovia APM 100 vehicles, which are currently being operated along the Miami Metromover.



Enhanced trolley bus in Lyon, France





Elevated automated people mover in Miami

Image by Flickr user Hugh Millward

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

Technology is typically present at airports, but some cities in the United States currently operate an elevated APM. The Miami Metromover is the most notable example and carried more than 9 million pasengers in 2012.



ESTIMATED COSTS

Estimated costs for full exclusive ROW options were developed for each mode. Costs were estimated using a cost per mile value derived from similar project development examples. Figure Appendix 8.3-3 details the cost Appendixs used for each alternative. The costs include all facilities, stations, site work, systems, traffic control and lighting, right-of-way allowances, all professional services, and contingency. The costs represent double track miles for rail and double running way miles for enhanced bus. In order to estimate vehicle requirements and operating costs, a conceptual operating plan was used for each alternative. Figure Appendix 8.3-4 illustrates the assumptions used for the operating plan.

CIRCULATOR MODE	RIGHT-OF-WAY OPTION	CAPITAL COST PER MILE	VEHICLE UNIT COST	OPERATING COST PER HOUR ^a
Modern streetcar	Exclusive center-running All-day	\$58.1m	\$4.5m	\$123.12
Enhanced bus	Exclusive center-running All-day	\$35.0m	\$1.5m	\$104.18
Elevated Automated Rapid Transit (ART) ^b	Exclusive elevated	\$85.0m	\$2.8m	\$142.06
FIGURE APPENDIX 8.3-3 - COST ASSUMP	TIONS			

Cost rates are derived from the 2012 NTD Rochester Public Transit cost per revenue hour of \$94.71 and adding premium increase for each mode as follows: streetcar +30%; enhanced bus +10%; ART: +50% Cost rates are derived from recent studies on the Tampa and Sacramento International Airport people movers.

CIRCULATOR MODE	RIGHT-OF-WAY OPTION	AVERAGE SPEED	WEEKDAY SERVICE FREQUENCY	REQUIRED VEHICLES (WITH SPARES) [®]			
Modern streetcar	Exclusive center-running All-day	14.1		9			
Enhanced bus	Exclusive center-running All-day	14.1	Peak/midday: 4-5 minutes Off-peak: 8-10 minutes	9			
Elevated Automated Rapid Transit (ART)	Exclusive elevated	20	on-peak. of to minutes	9			
FIGURE APPENDIX 8.3-4 - CONCEPTUAL OPERATING ASSUMPTIONS a Assumes a 20 percent spare ratio.							



Total cost estimates for each alternative are detailed in Figure Appendix 8.3-5. The capital cost estimate is based on a 1.76 mile double track east-west segment and a 1.01 mile north-south bi-directional couplet segment. A cost estimate variance of 7-15% was used to present low and high conceptual cost estimates on all three modes. Additional costs for an operations and maintenance facility (OMF), vehicles, and annual operations are also shown.

CIRCULATOR MODE	FACILITI LOW	ES COST HIGH	OMF	TOTAL VEHICLE COSTS	TOTAL C CO: LOW		ANNUAL OPERATING COSTS
Modern streetcar	\$147.0m	\$175.0m	\$4.0m	\$40.5m	\$191.5m	\$219.5m	\$3.6m
Enhanced bus	\$88.4m	\$105.5m	\$4.0m	\$13.5m	\$105.9m	\$123.0m	\$3.1m
Elevated Automated Rapid Transit (ART)	\$201.5m	\$255.5m	\$14.0m	\$32.0m	\$247.5m	\$301.5m	\$4.2m

IGURE APPENDIX 8.3-5 - COST ESTIMATES

Note: Cot estimates do not include planning and preliminary design, which is estimated to cost between \$5.7 million

FTA 'SMALL STARTS' PROJECT DEVELOPMENT FUNDING

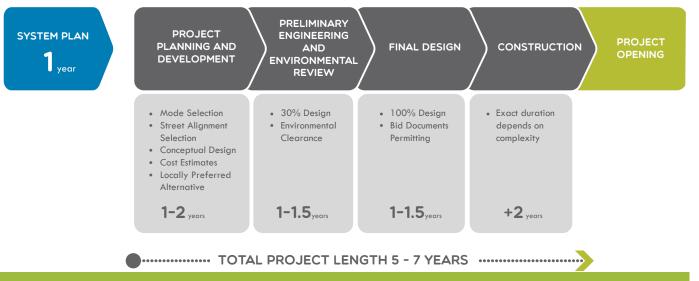
Major transit investment projects seeking less than \$250 million in capital construction funding can receive federal funding through the Federal Transit Administration (FTA)'s "Small Starts" grant process. In order to request federal funding through this funding package, the sponsoring agency must conduct rigorous analysis to satisfy the requirements developed by the Federal FTA. All requested federal funding can only be used for capital construction (including vehicles and maintenance facilities) and cannot be used to fund service operations. Figure Appendix 8.3-6 illustrates the four phased FTA "Small Starts" Project Development process, typically a 5-7 year timeframe between project inception and project opening.

The following are key next steps in advancement of the Rochester Downtown Streetcar project, focused on planning, design and construction for the east to west streetcar line and assuming a federalized project that would position the project sponsor to compete for a Federal capital grant.

- Conduct local transit study of mode and alignment alternatives. Although the DMC Transportation Plan has recommended a mode and alignment, more detailed study of these options will be required to support project adoption into FTA Project Development status.
- Adopt a Locally Preferred Alternative. It is expected that both the Rochester City Council and ROCOG would • adopt a locally preferred mode and alignment alternative.
- **FTA Project Development Status.** Once the FTA approves the City's (or project sponsor's) request to advance into Project Development, the sponsor has two years to complete the National Environmental Policy Act (NEPA) process and submit sufficient information on the cost, financial commitments, and project rating to gualify for a Project

DEVELOPMENT **DESTINATION MEDICAL** DRAF







Construction Grant Agreement (PCGA).

- Conduct an evaluation of the Project against Small Starts project evaluation criteria, which were recently updated as part of MAP-21. Providing ranking against Small Starts criteria by August 2017 to allow them to include the Project in their New Starts Report to Congress and be in a position to recommend funding in the President's FY2019 or 2020 Budget. Fifty percent of the Project rating is based on the strength of the City's capacity to finance and deliver the Project, the remaining 50% is based on an assessment against the following six criteria (each valued equally).
- Land Use. Criterion includes existing density and zoned development capacity.
- **Economic Development**. Criterion includes the potential for economic development to occur as part of the transit development. Project sponsors are allowed to submit economic development scenarios that project specific development for a mode investment like streetcar.
- Cost Effectiveness. The criterion for cost effectiveness for Small Starts projects is the cost/ride for the federal share of the Project. To achieve a high rating, the cost per ride must be below \$1.00.
- Mobility Benefits. Mobility benefits are determined by the number of people served or benefitted by the investment. Environmental Benefits. Environmental benefits are determined by the use of the mode and the effectiveness in reducing environmental impacts. The benefits of the development are not included in this criterion which is limited
- to evaluating the mode being utilized.
- Congestion Relief. No rules or guidelines have been established as this criterion was added in MAP-21 late in the process and were not included in preliminary notice of the rule making. FTA intends to issue special guidance on this criterion.
- Conduct NEPA analysis and documentation of Project impacts. An initial step in this process will be formal agreement with FTA regarding the class of action or type of NEPA evaluation required. Based on conversations with the FTA, the City expects that an Environmental Assessment level of NEPA documentation will be appropriate for this project and that a full EIS will not be required. Once that formal decision has been made and documented, the Project will advance through required environmental analysis, documentation and public findings, and assuming all impacts can be mitigated, develop the documentation of a Finding of No Significant Impact (FONSI).
- Develop finance plan. FTA evaluates projects on the local capacity to finance and build the Project and the level of commitment for the local sources of funding. The project sponsor's financial commitment to the Project includes capital and operations. Formal financial commitments are not necessary to advance into Project Development. During Project Development, the project sponsor must produce formal commitments of the local capital funds and funding for 20 years of operation for the system. The local sponsors commit to operate the Project for 20 years as part of the PCGA. Concurrent with environmental documentation and preliminary engineering and final design, the City will develop capital and operating plans that commit local funds to match federal capital grant funds and support service operations. Financing scenarios assume that a portion of the Project cost will be funded through an FTA Small Starts grant, which provides grants up to \$75 million for transit projects with a total project cost not exceeding \$250 million. A number of local, regional, and state sources are being evaluated to provide local match. FTA's Section 5309 funding program, which includes Small Starts, allows for federal grants covering up to 80% of the project cost (not to exceed \$75 million).
- **Commence Preliminary Engineering and Final Design**. Once the Circulator Project has been advanced by the FTA to project development status, Rochester's project sponsor will begin work on preliminary engineering and final design.



- **Develop a construction phasing plan**. It will be critical to understand how the Project construction can be phased and implemented to limit impacts on downtown travelers and downtown businesses and to limit conflicts with other construction projects.
- **Construct the project**. A streetcar project of this type can be conducted in 12 to 24 months depending on the level of disruption and traffic diversion accepted. These trade-offs would be outlined in the construction phasing plan.
- **Begin operation**. Under this schedule, the project could commence operation within 6 to 8 years of beginning project planning.

The FTA "Small Starts" funding process is highly competitive and includes a series of evaluation criteria that are rated and compared to other projects seeking funding. Each criterion is rated on a *HIGH* to *LOW* rating scale based on specific calculations. The Project Justification criteria are listed below in Figure Appendix 8.3-7, along with example evaluation measures and the link to DMC Goals. The local financial commitment is also evaluated and requires evidence of stable and dependable financing sources to construct and operate the transit project, and maintain the system without requiring a reduction in existing service. For "Small Starts" projects, a plan to secure a local funding share of the capital costs to match the FTA funding, sustain additional operating and maintenance costs for the project provided it is less than five percent of the total operating budget, and ensure the project sponsor is in a reasonably good financial position. Projects meeting these criteria and requesting less than 50% of the total project capital cost will receive a *HIGH* rating for this criterion. More than 50% will result in a *MEDIUM* rating.

FTA EVALUATION CRITERIA	EXAMPLE EVALUATION MEASURES	LINK TO DMC VISION AND GOALS		
Mobility Improvements	 Project ridership (dependant and non-dependant) Travel time Multi-modal accessibility Access to jobs and destinations 	Achieve high quality experience for visitors and residents		
Economic Development	 Transit-supporting land use policies and zoning Potential impact of transit project on land use Capacity for new investment 	Leverage available funding to attract investment; Generate new tax revenue		
Environmental Benefits	- Benefits to safety, health, energy, air quality			
Cost- Effectiveness	 Annual operating and maintenance costs Project capital costs Federal share of project costs 	Leverage availble funding to attract investment		
Land Use	 Population densities Access to jobs Parking impacts Affordable housing potential 	Create new jobs		
Congestion Relief	- FTA has not developed measure			
FIGURE APPENDIX 8.3-7 - EVALUATION CRITERIA				



FIGURE APPENDIX 8.3-8 - EVALUATION COMPLETE DOWNTOWN CIRCULATOR)

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

nning)	ENHANCED BUS (Exclusive Center Running)	ELEVATED AUTOMATED RAPID TRANSIT (Exclusive)		
5 M	5105.9 - \$123.0 M	О \$247.5 - \$301.5 м		
	53.T M	\$4.2 M		
	\ominus	•		
	\ominus	•		
	•	\bigcirc		
	•	a second s		
	•	O		
	Θ	•		
	•	0		
	Θ	0		
	Θ	Θ		
Least Supportive of DMC Goals				
ON RESULTS SUMMARY (TOTALS FOR DR)				



MODAL EVALUATION

Each of the three mode alternatives was evaluated based on a set of quantitative and qualitative measures corresponding to DMC goals and objectives and rated on a relative scale for each measure. The rating is based on a 5-point scale from low to high to represent how supportive each mode is of DMC goals and objectives. The quantitative evaluation focuses primarily on the above cost Appendices, while the qualitative evaluation measures are more subjective. Figure Appendix 8.3-8 summarizes the quantitative and qualitative evaluation for the full build-out (both phases) of each mode alternative. A brief summary of each qualitative rating is included in Appendix 8.3-9, including a summary rating for each mode.

EVALUATION CRITERIA	MODERN STREETCAR	ENHANCED BUS	ART
Ridership	<u>High</u> : Mode generates most ridership based on peer examples, at-grade access, and capacity.	<u>Medium</u> : Mode generates slightly lower than streetcar due to less vehicle capacity.	<u>Medium-High</u> : Ridership could match that of streetcar, but the elevated nature of the mode requires additional time and constraints to access, thus limiting highest ridership potential.
Traffice impacts	<u><i>Medium</i></u> : Moderate traffic impacts due to at-grade operations.	<u><i>Medium</i></u> : Moderate traffic impacts due to at-grade operations.	<i><u>Medium-High</u></i> : Results in fewer traffic impacts since mode is elevated.
Service reliability	<u><i>Medium-High</i></u> : Exclusive lane optimizes reliability although potential conflicts with traffic remain at intersections.	<u>Medium-High</u> : Exclusive lane optimizes reliability although potential conflicts with traffic remain at intersections.	High : Elevation optimizes reliability by removing any conflicts with traffic operations.
ADA and overall accessibility	<u><i>Medium-High</i></u> : Sufficiently accessible for ADA with curb ramps and designated seating.	<u><i>Medium-High</i></u> : Sufficiently accessible for ADA with curb ramps and designated seating.	<u><i>Medium</i></u> : Sufficiently accessible for ADA with elevators and designated seating.
Ease of use/ transparency	<u>High</u> : Streetcars are visible, easy to use, well defined, branded, and frequent.	<u>High</u>: Enhanced buses are visible, easy to use, well defined, branded, and frequent.	<u><i>Medium-Low</i></u> : ART can be difficult to access and are removed from at-grade view.
Ability to handle projected capacity	<u>Medium-High</u> : Streetcars have higher capacity than enhanced buses, but can only operate with one train.	<u>Medium</u> : Enhanced buses have less capacity than streetcars and can only operate with one vehicle.	<u>High</u> : ART individual cars have less capacity than streetcars, but trains can operate with two vehicles, increasing overall capacity. Also, speed and reliability provide opportunity for higher frequencies.

FIGURE APPENDIX 8.3-9 - QUALITATIVE EVALUATION (TOTALS FOR COMPLETE DOWNTOWN CIRCULATOR)



EVALUATION CRITERIA	MODERN STREETCAR	ENHANCED BUS	ART
Local/regional transit network integration	<u>Medium-High</u> : Streetcars can stop near major bus transit stations and provide effective transferring.	<u>High</u>: Enhanced buses can operate along designated transit way and transition into the broader network.	Low : ART service cannot integrate with local bus network and the elevated design presents access constraints to at-grade bus transfers.
Urban form	<u>High</u>: Streetcar development presents a great opportunity to enhance pedestrian facilities and identify placemaking locations.	<u>Medium</u> : Enhanced bus development presents some potential for urban form improvements, although results of similar examples are minimal.	Low : Elevated nature of ART limits urban form potential and creates visual/noise impacts.
Supports economic development	<u>High</u>: Streetcars have a proven track record to attract development within proximity of the line.	<u><i>Medium</i></u> : Enhanced bus has the potential to attract development, although results of similar examples are minimal.	<u><i>Medium</i></u> : ART has the potential to attract development, although results of similar examples are minimal.
Overall	<u>Medium-High</u>	Medium	Medium-Low

FIGURE APPENDIX 8.3-9 - QUALITATIVE EVALUATION (TOTALS FOR COMPLETE DOWNTOWN CIRCULATOR)

Note: Overall rating is based on quantitative and qualitative ratings. A numerical value was given to each rating as follows: 5 = High; between 4 and 5 = Medium-High; between 3 and 4 = Medium; between 2 and 3 = Medium-Low; less than 2 = Low. The final rating is based on the average of the numerical rating for all evaluation measures using the same scale.

MODAL SELECTION

Based on the evaluation of the each mode, the modern streetcar was selected as the recommended mode for downtown circulator operations. The streetcar provides the best mobility benefits and supports the DMC goals and objectives more than the other modes considered.

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT







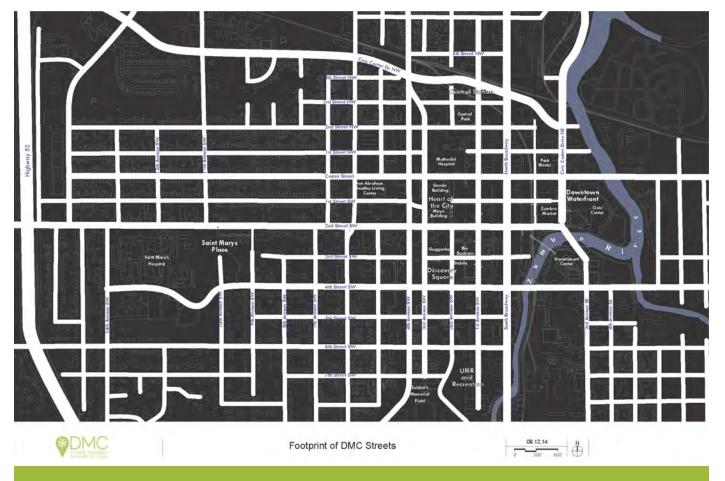


FIGURE APPENDIX 9.1-1 - FOOTPRINT OF STREET NETWORK IN THE DMC DEVELOPMENT DISTRICT

APPENDIX 9.0 STREETS AND TRAFFIC ANALYSIS

The Streets and Traffic Analysis Technical Appendix provides an overview of street classifications, modal priorities, traffic volumes, capacity constraints, and other issues related to the movement of people, vehicles, and delivery of goods in downtown Rochester. This appendix also summarizes the results of the traffic analysis for the base network and proposed street investments.

9.1 SUPPLEMENTAL EXISTING CONDITIONS OF THE STREET SYSTEM

In most American cities, streets make up a large portion of total land area in downtowns and comprise the majority of available public space. This is also the case in downtown Rochester. Figure Appendix 9.1-1 communicates the prominence of the streets and sidewalk within the DMC Development District. Roughly 30% of land within the DMC Development District is dedicated to streets. This graphic demonstrates that the density of connections and the relatively short block lengths in downtown Rochester create a dense fabric of public spaces that both move people and vehicles, but also serve as places of business, social happenings, recreation, and other community-related activities.

ROCHESTER STREET CLASSIFICATIONS

To accommodate planned growth in travel, the Rochester Downtown Master Plan (RDMP) developed a street classification system to make more efficient use of current street space given the anticipated level of demand in the future. Like the approach established in the Access and Parking Strategy in Seciton 7.5.1, the RDMP street classifications sought to carry more people in high-occupancy vehicles, such as transit and shuttles, and encourage travel by foot and bicycle where possible. The RDMP street types (which are not intended to replace the City's functional classifications) set priorities for movement of people, not just vehicles, and ensured that transit, cyclists and pedestrians all are provided safe and convenient access to and circulation through downtown. The RDMP street types are illustrated in Figure Appendix 9.1-2 and include:

- Primary Traffic Street primary function downtown
- Secondary Traffic Street serves an important function for motor vehicles accessing downtown
 destinations and parking facilities, but auto movement is necessarily balanced with other priorities
- Main Street/ Pedestrian Street primary street function is to provide access to retail business, short-term storage for vehicles and highest quality pedestrian environment
- **Complete Street/ Bicycle Street** serve as key bicycle corridors and high quality pedestrian thoroughfares while maintaining slow-speed auto circulation function
- Transit Mobility Street provision of fast and reliable transit movement is a key street function, balanced with a high quality pedestrian environment allowing safe and comfortable access to transit stops

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

• Primary Traffic Street – primary function is to efficiently move motor vehicles into and out of



The DMC Access and Parking Strategy (Section 7.5.1) builds on the Rochester Downtown Master Plan's (RDMP) street classifications. The Plan uses these classifications, but differs in a few important ways. The streets investment framework is largely supportive of the streets framework and street classifications established in the Rochester Downtown Master Plan (RDMP). Some corridor improvements proposed in the Streets Investment Strategy differ from the RDMP classifications, responding to updates to local and regional travel demand opportunities for iconic street designs and supplemental analysis and recommendations related to park-and-ride access and downtown transit circulation. A key similarity between the two frameworks is maintaining Broadway and Civic Center Drive as primary traffic streets. Major changes to the streets framework are as follows:

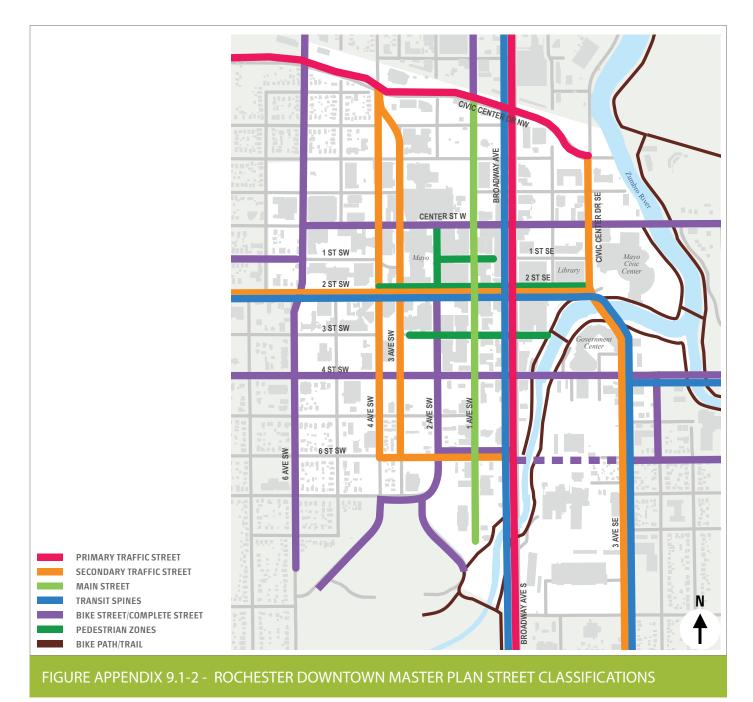
- Expanding the transit spine network to 3rd, 4th, and 1st Avenues. Transit priority is shifted off of Broadway.
- Pedestrian priorities, or pedestrian zones, are expanded to the new network of shared streets along 1st and 2nd Avenues, 1st Street, and the proposed new street connections in the Downtown Waterfront.
- "Bike Streets" in the RDMP have been updated in the Rochester Bicycle Master Plan. Likewise, the proposed City Loop facility will establish a world-class multi-use trail that will serve as the downtown backbone to the bikeway network. The planned bicycle network is supported by the DMC Streets Investment Framework, except where planned bikeways are proposed for upgrade as part of the City Loop project.

9.2 EXISTING VOLUMES AND INTERSECTION PERFORMANCE

Existing street network conditions were reviewed to establish a baseline to compare and determine any future impacts associated with the proposed land use and transportation system plans to the study area. The evaluation of existing conditions includes average daily traffic volumes, peak hour intersection turning movement counts, field observations, and an intersection capacity analysis.

Figure Appendix 9.2-1 shows existing (2014) and projected (2040) volumes for downtown Rochester roadway links. While only certain segments of Civic Center Drive NW and Broadway currently exceed average daily traffic (ADT) of 25,000, no streets outside of the Civic Center and Broadway corridors will reach the 25,000 ADT threshold by 2040. This is largely due to the anticipated increase in regional and citywide transit ridership as well as more effective use of the network to move people to their final destination. The largest increase in traffic volumes will occur on Civic Center Drive NW and 4th Street SE, while 2nd Street SW will actually see a drop in traffic volumes.

The reasons why downtown's existing and future traffic volumes funnel into a few corridors is due to geography, the location of parking structures in downtown, and the limited number of portals on the periphery of downtown. Figure Appendix 9.2-2 shows the Development District's ring of constraint, where traffic ingress and egress are funneled. The greatest constraint is located on downtown Rochester's west edge, as only three downtown portals are able to accommodate the sizable demand entering from the northwest of downtown.



DEVELOPMENT **DESTINATION MEDICAL CENTER** DRAFT

APPENDIX 9.0 - STREETS AND TRAFFIC ANALYSIS | PAGE 3



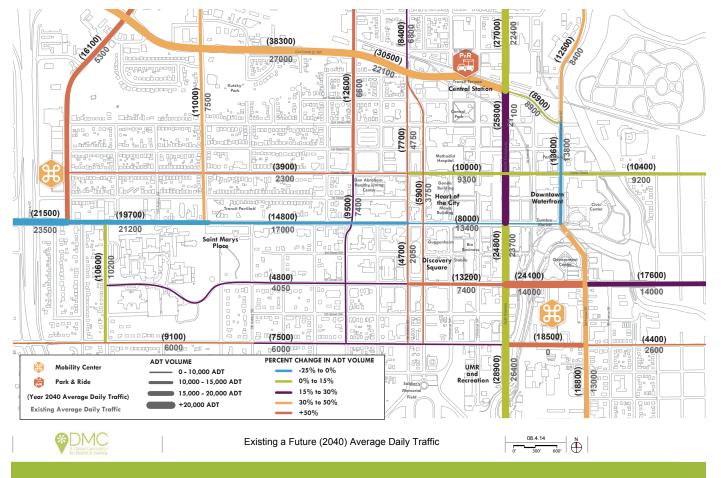
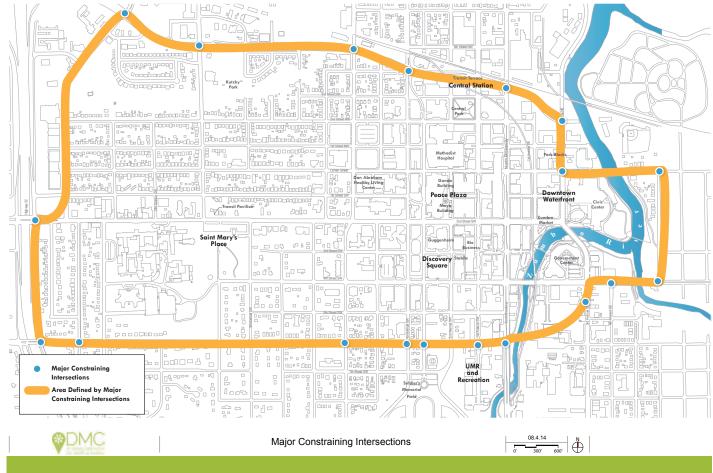


FIGURE APPENDIX 9.2-1 - EXISTING AND FUTURE (2040) AVERAGE DAILY TRAFFIC VOLUMES



DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

FIGURE APPENDIX 9.2-2 - MAJOR CONSTRAINING INTERSECTIONS



DATA COLLECTION

Weekday AM and PM peak period turning movement counts were collected in August 2014 at the following study intersections:

- Civic Center Drive NW/4th Avenue NW
- Civic Center Drive NW/Silver Lake Drive NE
- **Civic Center Drive NE/Center Street**
- Civic Center Drive SE/2nd Street SE
- Center Street/1st Avenue SE
- 3rd Avenue SE/4th Street SE
- 3rd Avenue SE/6th Street SE
- 2nd Street SW/4th Avenue SW
- 2nd Street SW/3rd Avenue SW
- 6th Street SW/4th Avenue SW
- 6th Street SW/3rd Avenue SW
- 6th Street SW/1st Avenue SW

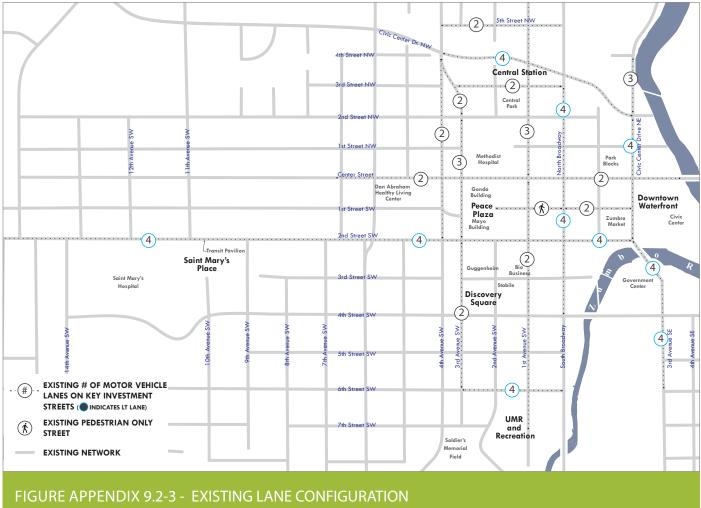
Additionally, the City of Rochester provided AM and PM peak period turning movement counts collected in March and September 2013 at the following intersections:

- 2nd Street SE/14th Avenue SW
- North Broadway/Civic Center Drive
- Broadway/Center Street
- South Broadway/2nd Street
- South Broadway/4th Street
- South Broadway/6th Street •

Historical average daily traffic values within the study area were provided by the Minnesota Department of Transportation (MnDOT). Peak hour intersection turning movement volumes are provided in Figure Appendices 9.3-6 through 9.3-9.

OBSERVATIONS

Field observations were completed to identify the roadway characteristics within the study area (i.e. roadway geometry, posted speed limits, and traffic controls). Broadway (CSAH 63), Civic Center Drive (west of Broadway), and 2nd Street are all principal arterial roadways. Fourth Avenue West, 3rd Avenue West, Silver Lake Drive/Civic Center Drive/3rd Avenue East, and 6th Street SW (east of 4th Avenue SW) are all minor arterial roadways. The remaining study corridors are either collectors or local roadways. The existing lane configurations are shown in Figure Appendix 9.2-3.



DEVELOPMENT **DESTINATION MEDICAL** DRAFT

APPENDIX 9.0 - STREETS AND TRAFFIC ANALYSIS | PAGE 5



LOS DESIGNATION	SIGNALIZED INTERSECTION AVERAGE DELAY/VEHICLE (SECONDS)	UNSIGNALIZED INTERSECTION AVERAGE DELAY/VEHICLE (SECONDS)
A	Less than 10	Less than 10
В	10-20	10-15
С	20-35	15-25
D	35-55	25-35
E	55-80	35-50
F	Grater than 80	Greater than 50

FIGURE APPENDIX 9.2-4 - LEVEL OF SERVICE CRITERIA FOR SIGNALIZED AND UNSIGNALIZED INTERSECTIONS

INTERSECTION	LEVEL OF SERVICE (DELAY)		
INTERSECTION	AM PEAK HOUR	PM PEAK HOUR	
2nd Street SW/14th Avenue SW	C (21 seconds)	B (19 seconds)	
Civic Center Drive/4th Avenue NW/3rd Avenue NW	C (26 seconds)	C (31 seconds)	
2nd Street SW/4th Avenue SW	B (16 seconds)	B (15 seconds)	
2nd Street SW /3rd Avenue SW	B (16 seconds)	B (16 seconds)	
6th Street SW/4th Avenue SW	A (7 seconds)	A (9 seconds)	
6th Street SW /3rd Avenue SW ^A	A/A (7 seconds)	A/A (9 seconds)	
6th Street SW /1st Avenue SW	B (19 seconds)	B (19 seconds)	
North Broadway/Civic Center Drive	C (21 seconds)	C (30 seconds)	
Broadway/Center Street	C (24 seconds)	C (23 seconds)	
South Broadway/2nd Street	B (16 seconds)	C (21 seconds)	
South Broadway/4th Street	C (22 seconds)	B (23 seconds)	
South Broadway/6th Street	A (9 seconds)	B (12 seconds)	
Civic Center Drive/Silver Lake Drive ^A	B/C (21 seconds)	A/C (15 seconds)	
Civic Center Drive/Center Street	C (25 seconds)	C (24 seconds)	
Civic Center Drive/2nd Street SE	B (11 seconds)	B (14 seconds)	
3rd Avenue SE/4th Street SE	C (29 seconds)	C (21 seconds)	
3rd Avenue SE/6th Street SE ^A	A/A (9 seconds)	A/A (8 seconds)	

FIGURE APPENDIX 9.2-5 - EXISTING PEAK HOUR OPERATIONS ANALYSIS

A - Indicates an unsignalized intersection with side street stop control where the overall LOS is shown followed by the worst approach LOS approach.

INTERSECTION CAPACITY ANALYSIS

An operations analysis was conducted to determine how traffic operates at the study intersections under existing conditions. All intersections were analyzed using Synchro/SimTraffic software and the Highway Capacity Manual (HCM). Intersection operations analysis results identify a Level of Service (LOS) which indicates how well an intersection is operating. Intersections are ranked from LOS A through LOS F. The LOS results are based on average delay per vehicle, which correspond to the delay threshold values shown in Figure Appendix 9.2-4. LOS A indicates the best traffic operation and LOS F indicates an intersection where demand exceeds capacity. Overall intersection LOS A through D is generally considered acceptable.

For side-street stop controlled intersections, special emphasis is given to providing an estimate for the level of service of the minor approaches. Traffic operations at an unsignalized intersection with side-street stop control can be described in two ways. First, consideration is given to the overall intersection level of service. This takes into account the total number of vehicles entering the intersection and the capability of the intersection to support these volumes.

Second, it is important to consider the delay on the minor approach. Since the mainline does not have to stop, the majority of delay is attributed to the minor approaches. It is typical of intersections with higher mainline traffic volumes to experience high levels of delay (i.e. poor levels of service) on the side-street approaches, but an acceptable overall intersection level of service during peak hour conditions.

Results of the existing operations analysis shown in Figure Appendix 9.2-5 indicate that all study intersections currently operate at an acceptable overall LOS C or better during the AM and PM peak hours with the existing geometric layout and traffic control. No significant queuing or delay issues were observed. Existing traffic operations are summarized and compared to 2040 intersection operations in Figure Appendices 9.3-4 and 9.3-5. While traffic analysis is one of the tools used to evaluate impacts and benefits of proposed projects on the street network, many other factors were accounted for including quality of service metrics (e.g., improvements to pedestrian, transit, and bicycle travel), economic/retail indicators (e.g., ability to catalyze development), and real and perceived safety factors (e.g., projects that are statistically proven to improve safety and comfort).



9.3 TRAFFIC FORECASTS, ROADWAY CONFIGURATION AND INTERSECTION **OPERATIONS**

Traffic forecasts for 2040 were developed using travel demand modeling of travel pattern changes based on the Rochester-Olmstead Council of Governments (ROCOG) travel demand model, incorporating land use changes in the DMC Development District defined in the proposed phasing program. Further, transit and travel demand management assumptions provided by project staff were accounted for in the traffic forecast development. Additional information about the development of these traffic forecasts can be found in Section 7.4. The following roadway network assumptions were assumed under 2040 conditions:

- Reduction in capacity on 2nd Street SW to accommodate a two-way dedicated transitway
- Reconfiguration of roadway network in the Central Station area
- Transit-only lanes on the 3rd Avenue/4th Avenue one-way pair system as well as portions of 1st Avenue NW and 6th Street SW
- Reconfiguration of roadway network in vicinity of Government Center, including a new river crossing at 6th Street SW
- Left-turn restriction on Broadway Avenue at 2nd Street SW and 3rd Street SW
- Reduction in capacity on Civic Center Drive as part of a lane reallocation

The proposed lane and intersection configuration are shown in Figure Appendices 9.3-2 and 9.3-3, respectively. Daily volumes for 2040 are shown in Figure Appendix 9.2-1, while 2040 AM and PM peak hour turning movement volumes are provided in Figure Appendices 9.3-6 and 9.3-7.

INTERSECTION OPERATIONS ANALYSIS

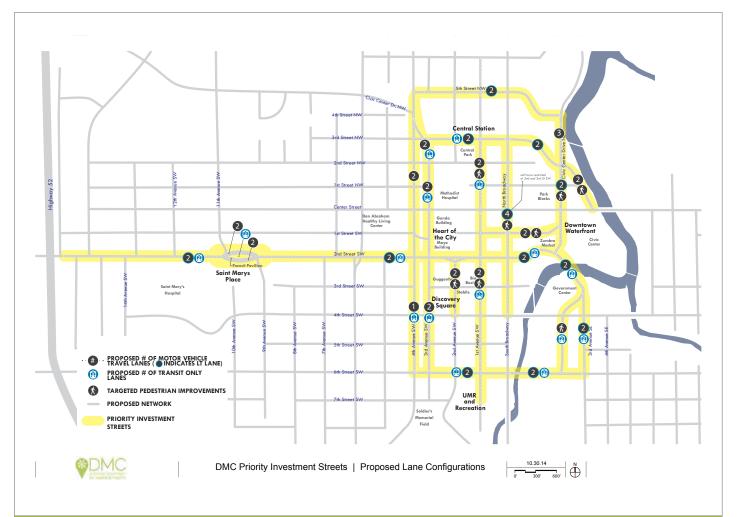
All intersections were analyzed once again using a combination of the HCM and Synchro/SimTraffic software. While the reported intersection delays were based on the HCM results, SimTraffic was also reviewed to help provide an understanding of how the study area is expected to operate. Results of the operations analysis shown in Figure Appendix 9.3-1 indicate that all of the study area intersections are expected to operate at a LOS D or better during the AM and PM peak hours, except the Civic Center Drive/4th Avenue NW/3rd Avenue NW intersection, which operates at a LOS E during the PM peak hour.

With the closure of Civic Center Drive from 4th Avenue to Silver Lake Road a significant number of vehicles are expected to make northbound left-turn and eastbound right-turn movements at the Civic Center Drive/4th Avenue NW/3rd Avenue NW intersection. Even with the restriction of northbound through movements, the intersection is expected to be operated near capacity. Year 2040 intersection operations are summarized in Figure Appendices 9.3-4 and 9.3-5.

	LEVEL OF SERVICE (DELAY)		
INTERSECTION	AM PEAK HOUR	PM PEAK HOUR	
2nd Street SW/14th Avenue SW	D (43 seconds)	C (29 seconds)	
4th Avenue NW/5th Street NW	A (7 seconds)	B (15 seconds)	
Civic Center Drive/4th Avenue NW/3rd Avenue NW	D (46 seconds)	E (70 seconds)	
3rd Street NW/4th Avenue NW	A/F (84 seconds)	A/D (46 seconds)	
3rd Street NW/3rd Avenue NW	C (31 seconds)	C (20 seconds)	
2nd Street SW/4th Avenue SW	D (44 seconds)	D (54 seconds)	
2nd Street SW /3rd Avenue SW	C (31 seconds)	C (25 seconds)	
6th Street SW/4th Avenue SW	B (15 seconds)	C (25 seconds)	
6th Street SW /3rd Avenue SW	A/C (23 seconds)	A/C (21 seconds)	
6th Street SW /1st Avenue SW	C (21 seconds)	C (23 seconds)	
North Broadway/5th Street	B (15 seconds)	B (14 seconds)	
North Broadway/3rd Street	C (23 seconds)	C (24 seconds)	
Broadway/Center Street	C (22 seconds)	C (34 seconds)	
South Broadway/2nd Street	B (12 seconds)	C (22 seconds)	
South Broadway/4th Street	D (43 seconds)	C (31 seconds)	
South Broadway/6th Street	D (48 seconds)	D (41 seconds)	
Silver Lake Drive/5th Street NE	C (22 seconds)	B (10 seconds)	
Civic Center Drive/3rd Street NE	D (35 seconds)	B (16 seconds)	
Civic Center Drive/Center Street	D (45 seconds)	D (50 seconds)	
Civic Center Drive/2nd Street SE	C (23 seconds)	C (28 seconds)	
3rd Avenue SE/4th Street SE	C (31 seconds)	C (32 seconds)	
3rd Avenue SE/6th Street SE	C (32 seconds)	C (25 seconds)	
FIGURE APPENDIX 9.3-1 - YEAR 2040 PEAK HOUR OPERATIONS ANALYSIS (PROPOSED INTERSECTION CONFIGURATION)			

DEVELOPMENT **DESTINATION MEDICAL** DRAF1





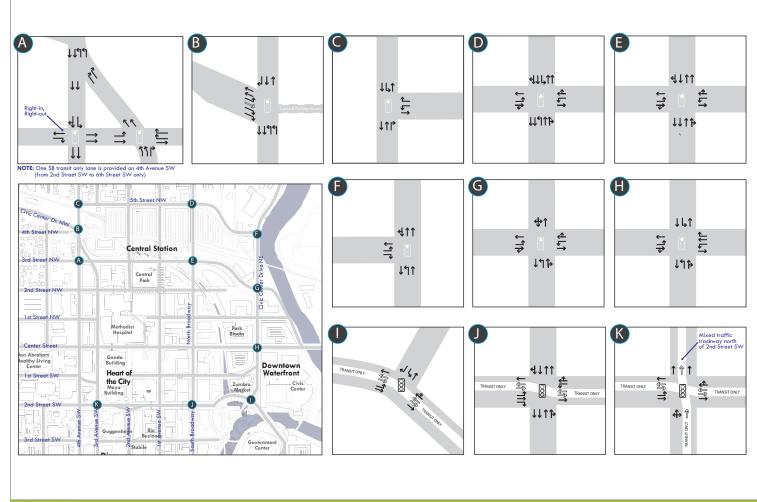


FIGURE APPENDIX 9.3-2 - PROPOSED LANE CONFIGURATION

FIGURE APPENDIX 9.3-3 - PROPOSED INTERSECTION CONFIGURATIONS



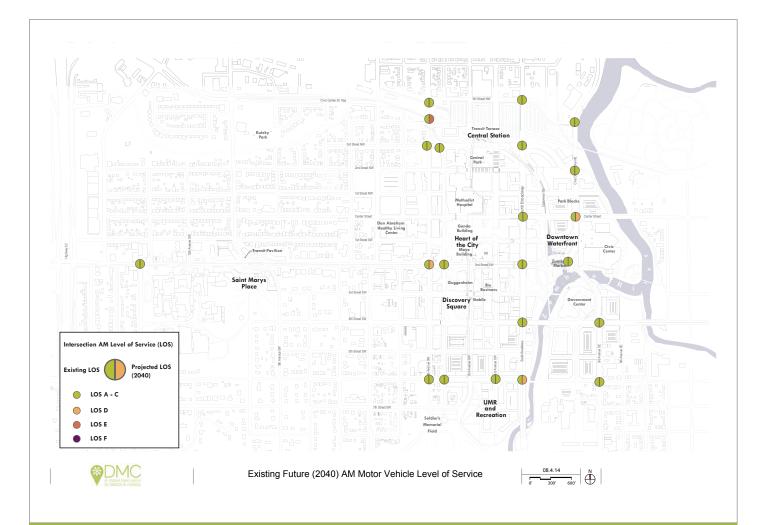


FIGURE APPENDIX 9.3-4 - EXISTING AND YEAR 2040 AM MOTOR VEHICLE LEVEL OF SERVICE

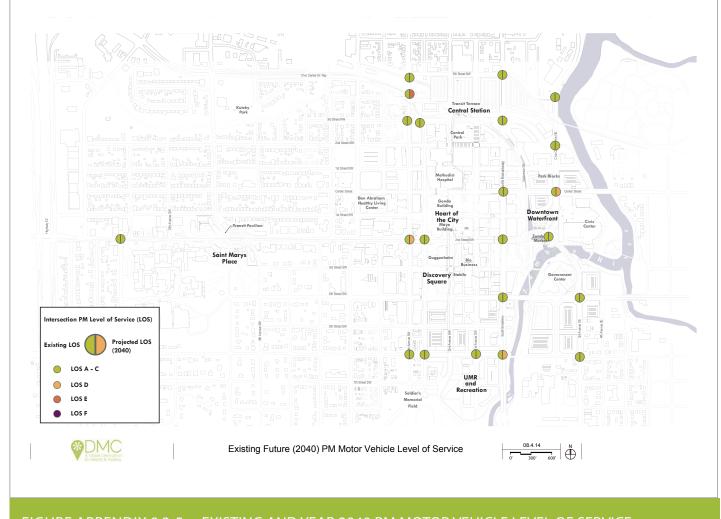


FIGURE APPENDIX 9.3-5 - EXISTING AND YEAR 2040 PM MOTOR VEHICLE LEVEL OF SERVICE

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

APPENDIX 9.0 - STREETS AND TRAFFIC ANALYSIS | PAGE 9



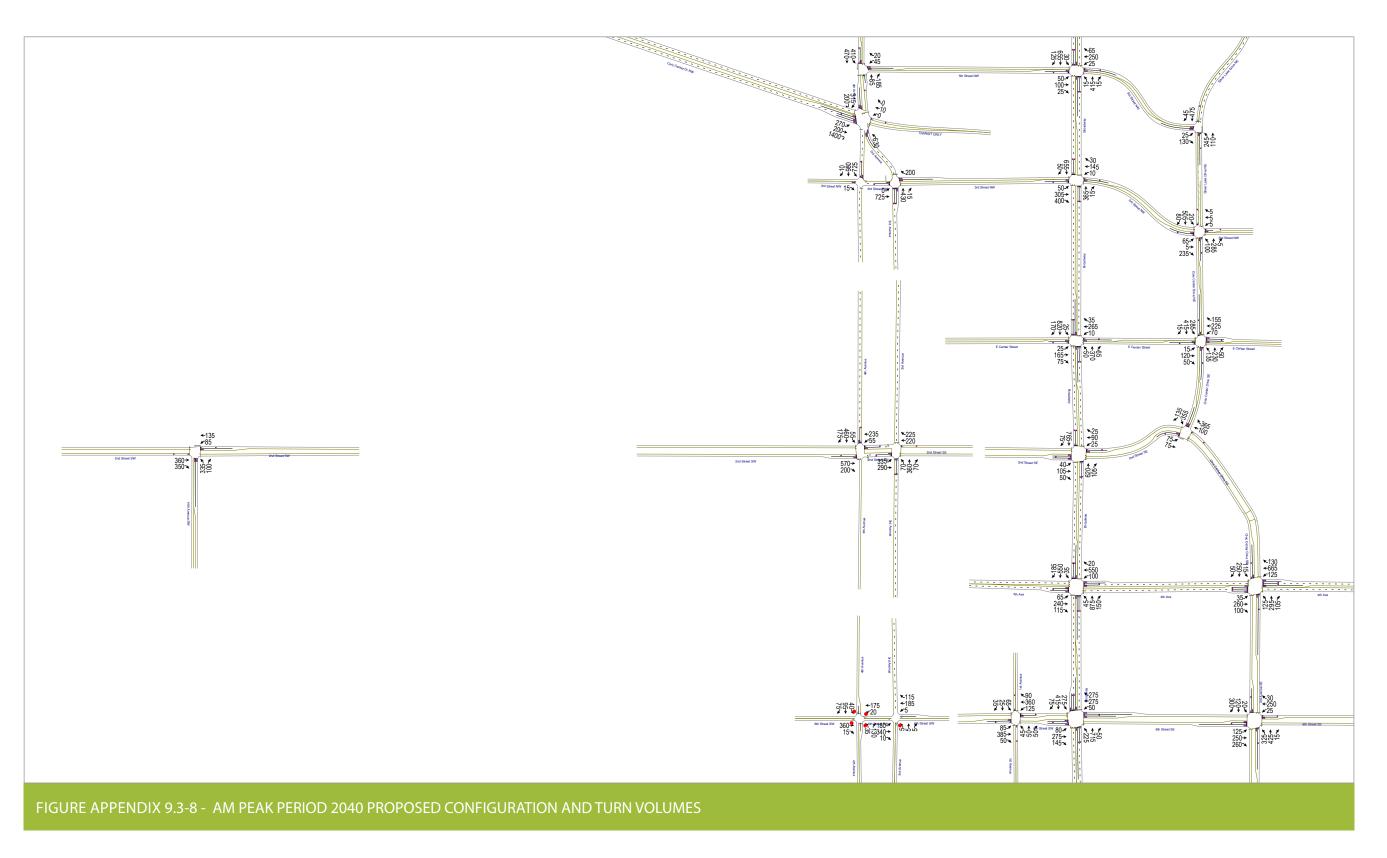




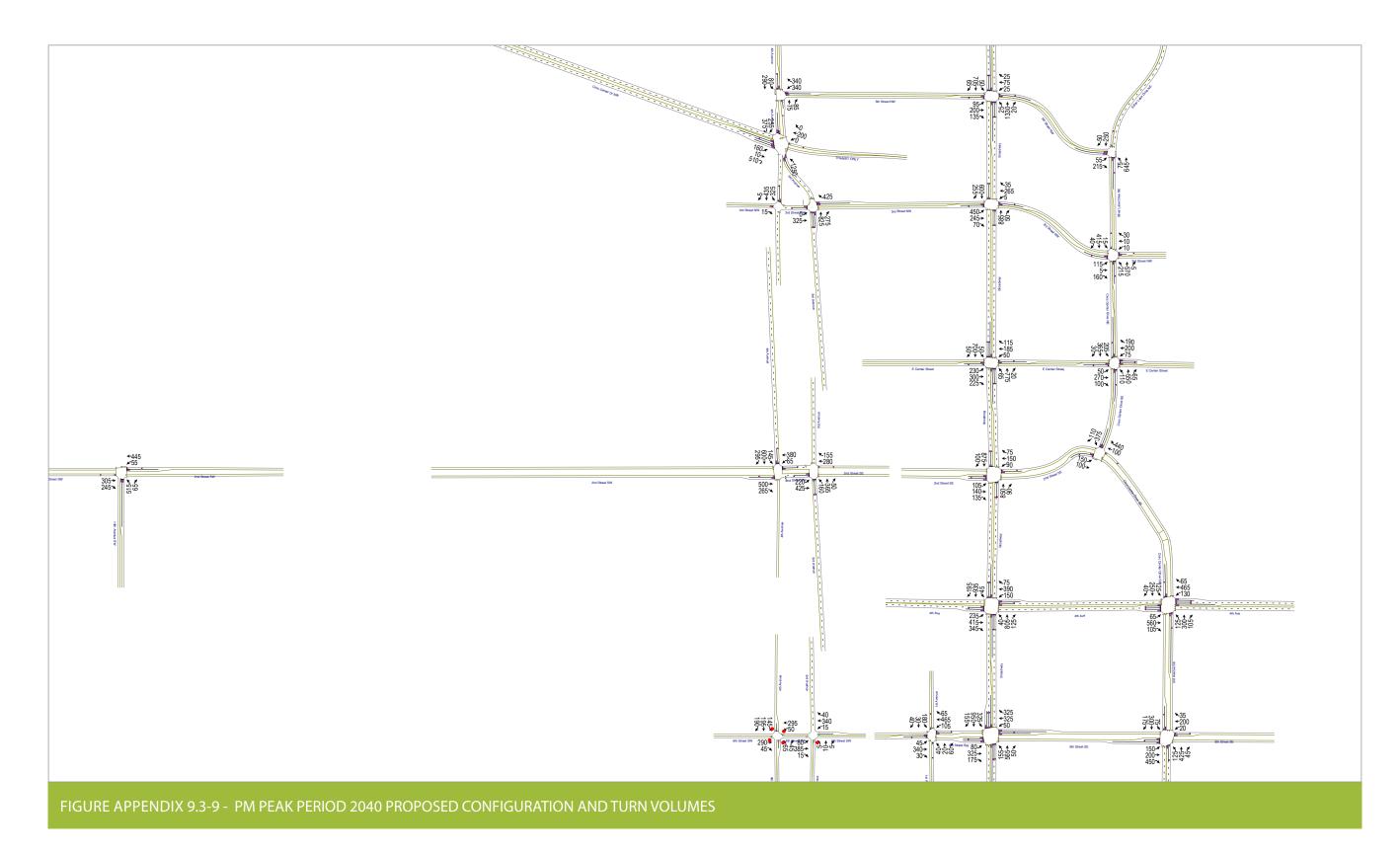


APPENDIX 9.0 - STREETS AND TRAFFIC ANALYSIS | PAGE 11









APPENDIX 9.0 - STREETS AND TRAFFIC ANALYSIS | PAGE 13



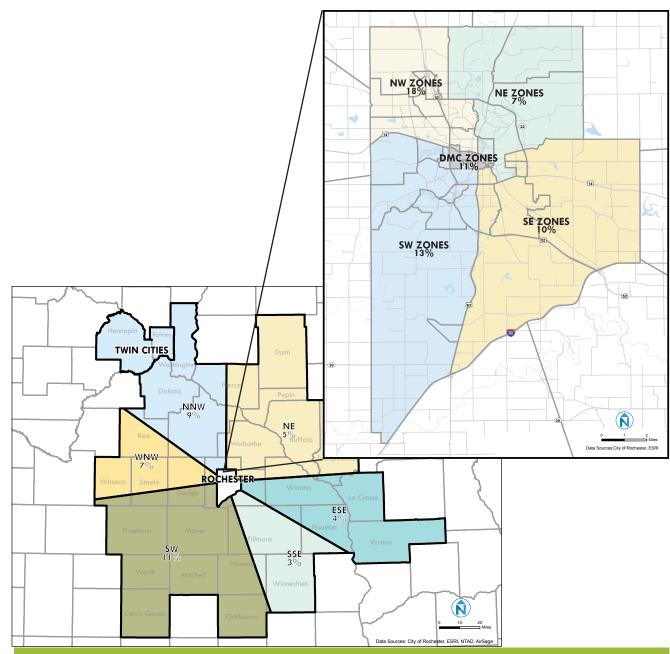


FIGURE APPENDIX 9.4-1 - PERCENT OF TRIPS TO THE DMC AREA FROM TRAVEL ZONES IN THE EXURBAN AND THE GREATER ROCHESTER AREA

Source: AirSage

9.4 TRAVEL PATTERNS FROM AIRSAGE LOCATIONAL DATA

This section summarizes key travel pattern information from a dataset developed from anonymous, locational signaling data from mobile devices purchased from AirSage Corporation. The information is used to assess the origins and purposes of travel to the downtown Rochester area, which informs the transportation planning process. While not a statistically controlled dataset, it does contain over 40,000 records sampled to the DMC Development District, and includes both resident and visitors to the Rochester area.

Travel is aggregated to the area generally corresponding to the DMC study boundaries, four quadrants of the greater Rochester city and suburban area, and six quadrants of the exurban area surrounding Rochester, including Hennepin and Ramsey counties (Figure Appendix 9.4-1). Figure Appendices 9.4-2 and 9.4-3 summarize the number and share of all trips and work trips to the DMC Development District. Supplementing the analysis and results presented in Section 7.2 (Current Systems), the following pages present additional analysis including time-of-day, visitor, and Twin City travel market analysis.

		ALL T	RIPS	VISITO	RTRIPS
S	SUBAREA	TRIPS	PERCENT OF TRIPS	TRIPS	PERCENT OF TRIPS
	NNW*	3,835	9%	729	18%
, a	NE	2,142	5%	116	3%
Exurban area	ESE	1,867	4%	185	5%
oan	SSE	1,442	3%	34	1%
xurl	SW	4,512	11%	580	14%
	WNW	3,143	7%	212	5%
	Subtotal	16,941	40%	1,856	46 %
sa	NW	7,439	18%	592	15%
رر area	NE	3,135	7%	90	2%
Urban/ Suburban a	SE	4,183	10%	355	9%
nqr	SW	5,628	13%	632	16%
SL	Subtotal	20,385	49 %	1,670	42%
DMC I Distrie	Development ct	4,701	11%	487	12%
Total 1	Trips	42,027	100%	4,013	100%
FIGU					

FIGURE APPENDIX 9.4-2 - ALL TRIPS TO DMC DEVELOPMENT DISTRICT

 * Hennepin and Ramsey Counties account for 1,149 (3%) of all trips and 768 (10%) for visitor trips.

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

		WORK	TRIPS					
	SUBAREA	TRIPS	PERCENT OF TRIPS					
	NNW*	1,063	7%					
, a	NE	1,085	7%					
Exurban area	ESE	744	5%					
ban	SSE	723	5%					
xur	SW	1,740	11%					
	WNW	1,337	8%					
	Subtotal	6,844	43%					
ea	NW	3,318	21%					
Urban/ Suburban area	NE	1,396	9%					
rbaı rbar	SE	1,880	12%					
nqr	SW	2,345	15%					
l SI	Subtotal	8,940	57%					
DMC D Distric	Development :t	2	0%					
Total T	rips	15,786						
	FIGURE APPENDIX 9.4-3 - WORK TRIPS TO DMC DEVELOPMENT DISTRICT							

* Hennepin and Ramsey Counties account for 153 (1%)



TIME OF DAY/VISITOR ANALYSIS

Trips destined for the DMC Development District were tabulated by time of day (beginning of the trip) to identify peak and off-peak patterns (Figure Appendix 9.4-4). AM peak period trips are dominated by work trips at 60% of the total, with visitor traffic accounting for 8%. Overall, and in the midday (47%) and PM peak (66%) time periods, resident nonwork trips are the highest; the specific activity of these non-work trips, which could include trip activities similar to those of a visitor, could not be determined from the data.

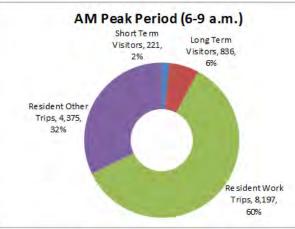
Visitor traffic, as a percent, is highest in the midday at 15% of the total trips, and 10% of the total daily trips to the DMC Development District. Long-term visitors (of more than a couple of days) are significantly higher percentage of visitor trips than short term visitors. Long-term visitors account for 84% of the visitor trips, with 94% of the PM peak period visitor trips.

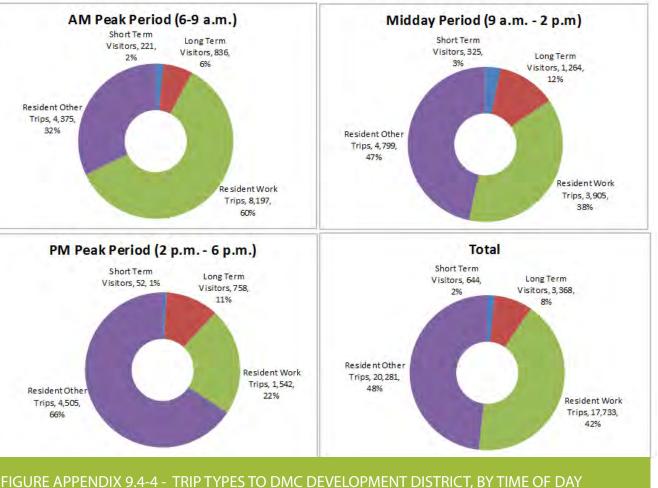
HENNEPIN AND RAMSEY COUNTY TRAVEL

Over 1,000 daily trip to the DMC Development District are made from Hennepin or Ramsey County, the core of the Twin Cities area (Figure Appendix 9.4-5). Trips to the DMC Development District are more likely to be made in the a.m. or midday time periods. Overall, 64% of the trips are made by residents of those counties (16% for work, 48% as visitors). However, 36% of the trips are made by those identified as long-term visitors to the Twin Cities; these visitors could be residing in the Twin Cities while attending to business or personal matters in the DMC Development District. Additional Airsage data cross-tabulations are presented in Figure Appendices 9.4-6 through 9.4-9.

	AM PEAK PERIOD 6-9 AM		MID 9 AM ·		PM PEAK 2 PM ·		DAILY TRIPS		
	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	
Long term visitor	66	19%	159	44%	82	51%	342	32%	
Short term visitor	10	3%	17	5%	6	3%	39	4%	
Resident work trips	58	17%	45	13%	22	14%	171	16%	
Resdient non-work trips	208	61%	138	38%	52	32%	515	48%	
All trips	343	100%	358	100%	161	100%	1066	100%	

FIGURE APPENDIX 9.4-5 - TRIPS TO DMC DEVELOPMENT DISTRICT FROM HENNEPIN AND RAMSEY COUNTIES





DEVELOPMENT PL DESTINATION MEDICAL CENTER DRAFT

APPENDIX 9.0 - STREETS AND TRAFFIC ANALYSIS | PAGE 15



				RESIDEN	IT TRIPS					VISITO	RTRIPS				סווסכ
	SUBAREA	WORK	TRIPS	OTHER	TRIPS	TOTAL RESI	DENT TRIPS	LONG	TERM	SHORT	TERM	TOTAL VISI	TOR TRIPS	ALLT	RIPS
		TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT
	Hennepin County	145	1%	425	2%	570	1%	287	9%	32	5%	319	8%	889	2%
	Ramsey County	26	0%	172	1%	198	1%	55	2%	7	1%	62	2%	260	1%
	Total NNW*	1,284	7%	1,822	9%	3,106	8%	635	19%	94	15%	729	18%	3,835	9%
area	NE	1,126	6%	900	4%	2,026	5%	63	2%	53	8%	116	3%	2,142	5%
)an	ESE	773	4%	909	4%	1,682	4%	138	4%	47	7%	185	5%	1,867	4%
Exurban	SSE	742	4%	666	3%	1,408	4%	23	1%	11	2%	34	1%	1,442	3%
ш	SW	1,803	10%	2,129	10%	3,932	10%	360	11%	221	34%	580	14%	4,512	11%
	WNW	1,390	8%	1,541	8%	2,931	8%	121	4%	91	14%	212	5%	3,143	7%
	Subtotal	7,119	40%	7,966	39 %	15,085	40%	1,340	40%	516	80%	1,856	46%	16,941	40%
sa .	NW	3,577	20%	3,271	16%	6,848	18%	571	17%	21	3%	592	15%	7,439	18%
ן ה area	NE	1,506	8%	1,539	8%	3,045	8%	85	3%	6	1%	90	2%	3,135	7%
Urban/ urban	SE	2,046	12%	1,781	9%	3,827	10%	333	10%	23	4%	355	9%	4,183	10%
U	SW	2,594	15%	2,402	12%	4,996	13%	580	17%	52	8%	632	16%	5,628	13%
SL	Subtotal	9,723	55%	8,992	44%	18,715	49 %	1,568	47%	102	16%	1,670	42%	20,385	49 %
DMC	Development District	891	5%	3,323	16%	4,214	11%	461	14%	26	4%	487	12%	4,701	11%
Total	Frips	17,733	100%	20,281	100%	38,014	100%	3,368	100%	644	100%	4,013	100%	42,027	100%

FIGURE APPENDIX 9.4-6 - DAILY TRIPS TO DMC DEVELOPMENT DISTRICT BY ORIGINATION AND PURPOSE

* Includes Hennepin and Ramsey Counties

Source: Airsage Data, April 2014



				RESIDEN	NT TRIPS					VISITO	R TRIPS				סוס
	SUBAREA	WORK	TRIPS	OTHEF	RTRIPS	TOTAL RESI	DENT TRIPS	LONG	TERM	SHORT	TERM	TOTAL VISI	TOR TRIPS	ALLT	RIPS
		TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT
	Hennepin County	44	1%	151	3%	195	2%	51	6%	7	3%	57	5%	252	2%
	Ramsey County	14	0%	58	1%	73	1%	16	2%	3	2%	19	2%	92	1%
	Total NNW*	574	7%	564	13%	1,138	9%	145	17%	34	16%	179	17%	1,317	10%
area	NE	591	7%	202	5%	793	6%	20	2%	25	11%	45	4%	838	6%
Dan	ESE	407	5%	194	4%	601	5%	22	3%	17	8%	39	4%	640	5%
Exurbar	SSE	386	5%	147	3%	533	4%	4	0%	7	3%	11	1%	544	4%
	SW	911	11%	464	11%	1,375	11%	62	7%	76	34%	138	13%	1,513	11%
	WNW	834	10%	342	8%	1,177	9%	16	2%	35	16%	51	5%	1,228	9%
	Subtotal	3,703	45%	1,914	44%	5,617	45%	269	32%	194	88%	464	44%	6,081	45%
e	NW	1,644	20%	612	14%	2,257	18%	185	22%	4	2%	189	18%	2,446	18%
ו/ ו area	NE	633	8%	381	9%	1,015	8%	28	3%	1	0%	29	3%	1,044	8%
Urban/ Suburban	SE	870	11%	396	9%	1,266	10%	129	15%	8	4%	138	13%	1,403	10%
lp u	SW	1,264	15%	586	13%	1,849	15%	171	20%	11	5%	183	17%	2,032	15%
SL	Subtotal	4,412	54%	1,975	45%	6,387	51%	514	61%	24	11%	538	51%	6,925	51%
DMC	Development District	82	1%	486	11%	567	5%	53	6%	3	1%	56	5%	623	5%
Total	Trips	8,197	100%	4,375	100%	12,572	100%	836	100%	221	100%	1,058	100%	13,629	100%

FIGURE APPENDIX 9.4-7 - AM PEAK PERIOD (6 AM TO 9 AM) TRIPS TO DMC DEVELOPMENT DISTRICT BY ORIGINATION AND PURPOSE

* Includes Hennepin and Ramsey Counties

Source: Airsage Data, April 2014



				RESIDEN	IT TRIPS					VISITO	RTRIPS				סחוס.
	SUBAREA	WORK	TRIPS	OTHER	TRIPS	TOTAL RESI	DENT TRIPS	LONG	TERM	SHORT	TERM	TOTAL VISI	TOR TRIPS	ALLT	KIPS
		TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT
	Hennepin County	38	1%	111	2%	149	2%	131	10%	16	5%	147	9%	296	3%
	Ramsey County	8	0%	41	1%	48	1%	27	2%	1	0%	28	2%	77	1%
_	Total NNW*	296	8%	439	9%	735	8%	288	23%	42	13%	330	21%	1,065	10%
area	NE	193	5%	194	4%	387	4%	26	2%	22	7%	48	3%	435	4%
	ESE	141	4%	215	4%	356	4%	51	4%	19	6%	70	4%	426	4%
Exurbai	SSE	118	3%	130	3%	248	3%	10	1%	4	1%	15	1%	262	3%
Ш	SW	311	8%	478	10%	789	9%	131	10%	121	37%	252	16%	1,041	10%
	WNW	252	6%	341	7%	593	7%	66	5%	44	14%	110	7%	703	7%
	Subtotal	1,310	34%	1,798	37%	3,108	36%	572	45%	252	78 %	824	52%	3,932	38%
a	NW	911	23%	904	19%	1,815	21%	185	15%	13	4%	198	12%	2,013	20%
ו/ ו area	NE	325	8%	328	7%	652	7%	21	2%	2	1%	23	1%	676	7%
Urban/ urban	SE	446	11%	471	10%	917	11%	104	8%	7	2%	111	7%	1,028	10%
Urban uburban	SW	551	14%	523	11%	1,073	12%	189	15%	33	10%	222	14%	1,295	13%
SL	Subtotal	2,233	57%	2,225	46%	4,458	51%	499	39%	55	17%	554	35%	5,012	49 %
DMC	Development District	362	9%	776	16%	1,137	13%	193	15%	18	6%	211	13%	1,348	13%
Total [•]	Trips	3,905	100%	4,799	100%	8,703	100%	1,264	100%	325	100%	1,589	100%	10,292	100%

FIGURE APPENDIX 9.4-8 - MIDDAY PERIOD (9 AM TO 2 PM) TRIPS TO DMC DEVELOPMENT DISTRICT BY ORIGINATION AND PURPOSE

* Includes Hennepin and Ramsey Counties

Source: Airsage Data, April 2014



				RESIDEN	IT TRIPS					VISITO	RTRIPS				סחוס
	SUBAREA	WORK TRIPS		OTHER TRIPS TOTAL RESIDENT T		DENT TRIPS	LONG TERM		SHORT	TERM	TOTAL VISITOR TRIPS		ALL T	RIPS	
		TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT	TRIPS	PERCENT
	Hennepin County	20	1%	45	1%	65	1%	73	10%	3	6%	76	9%	141	2%
	Ramsey County	2	0%	20	0%	23	0%	9	1%	2	5%	11	1%	34	0%
	Total NNW*	87	6%	249	6%	336	6%	130	17%	11	20%	141	17%	476	7%
area	NE	63	4%	185	4%	247	4%	11	1%	0	0%	11	1%	259	4%
ban	ESE	52	3%	185	4%	237	4%	50	7%	5	9%	54	7%	292	4%
Exurbai	SSE	43	3%	113	3%	157	3%	4	1%	0	1%	5	1%	161	2%
	SW	108	7%	376	8%	485	8%	107	14%	14	27%	121	15%	606	9%
	WNW	75	5%	301	7%	375	6%	33	4%	10	19%	42	5%	418	6%
	Subtotal	428	28%	1,409	31%	1,837	30%	334	44%	40	76%	374	46%	2,212	32%
a	NW	293	19%	831	18%	1,125	19%	111	15%	3	6%	114	14%	1,238	18%
n/ i area	NE	125	8%	343	8%	468	8%	18	2%	1	2%	19	2%	487	7%
Urban/ Suburban a	SE	173	11%	365	8%	538	9%	44	6%	0	0%	44	5%	581	8%
D ul	SW	218	14%	594	13%	812	13%	111	15%	3	6%	114	14%	926	14%
SL	Subtotal	809	52%	2,134	47%	2,943	49 %	283	37%	7	13%	290	36%	3,233	47%
DMC	Development District	304	20%	962	21%	1,266	21%	141	19 %	5	10%	146	18%	1,413	21%
Total	Trips	1,542	100%	4,505	100%	6,047	100%	758	100%	52	100%	810	100%	6,857	100%

FIGURE APPENDIX 9.4-9 - PM PEAK PERIOD (2 PM TO 6 PM) TRIPS TO DMC DEVELOPMENT DISTRICT BY ORIGINATION AND PURPOSE

* Includes Hennepin and Ramsey Counties

Source: Airsage Data, April 2014









The skyway system connects major buildings in downtown Rochester.

Images from Nelson\Nygaard



Peace Plaza carries visitors from the rear of the Mayo Clinic to a variety of retail and entertainment venues within the downtown.

APPENDIX 10.0 ACTIVE TRANSPORTATION

The Active Transportation Technical Appendix includes a review of existing pedestrian and bicycle conditions, a summary of potential interim improvements to the City Loop, and a summary of the bike share feasibility study conducted for the City of Rochester, Olmsted County, and Nice Ride MN in 2013.

10.1 EXISTING CONDITIONS

Bicycle and pedestrian access to downtown Rochester represent 7% of commuter access to downtown Rochester. Walking is the primary mode of transportation for people circulating within downtown. Pedestrian movements occur on three levels: sidewalks, trails, and plazas at the street level, the above grade public skyway system, and the largely Mayo-owned pedestrian subway system.

Bicycling and walking support mobility and access for employees, residents, and visitors and offer recreational opportunities for people of all ages. Walking on the regional trail system is a common activity for downtown visitors. Although the street network is built out, the walking environment in downtown Rochester could be improved. Bicycling in downtown Rochester today is also challenging due to limited on-street facilities and the lack of connectivity between the city's robust trails network, downtown, and outlying neighborhoods.

PEDESTRIAN ENVIRONMENT

OVERVIEW OF THE EXISTING PEDESTRIAN NETWORK

Downtown Rochester has a highly developed pedestrian system. Both the City of Rochester and the Mayo Clinic have made significant investment in the pedestrian network in the Development District, including an extensive "subway" system that provides underground pedestrian connections and skyways that provide above street connections. The primary use of the subway system is to connect Mayo Clinic facilities, while the skyways connect a number of public and private buildings and parking ramps east of the Mayo Clinic as far away as the Government Center and Mayo Civic Center. These below and above grade systems are well utilized due to the concentration of medical, retail, office, and entertainment uses in the District.

Significant improvements have been made in recent years to enhance the pedestrian environment in downtown; the most significant investment is the Peace Plaza pedestrian mall and other enhancements include pedestrian crossing treatments in the core of downtown. Pedestrians are generally well accommodated in downtown and near Mayo Clinic facilities including a complete sidewalk network and safety amenities at intersections. Intersection amenities on many of the District intersections include pedestrian countdown heads, detectable warnings, blended transitions at the curb, and ample crossing GREEN time). Pedestrian improvements along 2nd Street SW and 1st Ave NW/SW enhance the connection between Mayo Clinic and Saint Marys Hospital. High visibility crossings (including a rectangular rapid flash beacon that warns drivers when pedestrians are crossing) and curb ramps enhance pedestrian safety along this well-traveled pedestrian corridor. Peace Plaza provides a focal point in the heart of downtown on 2nd Avenue between 2nd Street SW and W Center Street. The Plaza carries visitors from the heart of the Mayo Clinic to a variety of retail and entertainment venues within the downtown.

Images from Nelson\Nygaard



INTERSECTION	AVERAGE DAILY PEDESTRIAN COUNT (PEAK HOUR)
1st Avenue NW and 2nd Street NW	445 avg daily pedestrians
4th Street South and Broadway	352 avg daily pedestrians
Pedestrian/Bike Bridge across Zumbro River behind Civi Center	234 avg dialy pedestrians
West Silver Lake Dr and Civic Center	108 avg daily pedestrians
FIGURE APPENDIX 10.1-1 - INTERSECTIONS WITH MA.	OR PEDESTRIAN MOVEMENTS IN THE

DEVELOPMENT DISTRICT

Source: City of Rochester, Pedestrian Counts, 2012



High visibility crossings supported by rectangular rapid flashing beacons enhance pedestrian crossing safety along 2nd Street SW.

The extensive regional trail network that radiates out from downtown Rochester (described in more detail in the bicycle section below) also provides opportunity for recreation close to downtown. Trails that connect into downtown include the Zumbro River, Bear Creek, Cascade Creek, and portions of the Silver Creek trails.

PEDESTRIAN COUNTS IN DOWNTOWN ROCHESTER

As shown in Figure Appendix 10.1-1, the highest concentration of pedestrian traffic is in downtown Rochester. Based on pedestrian counts conducted by the City of Rochester in 2012 at eight locations in downtown, the following intersections in the District experience the heaviest average daily pedestrian traffic during the peak hour (counts were conducted between 4:00 and 6:00 pm): Almost all of the intersections where multiple pedestrian collisions occurred between 2002 and 2012 were also located in the downtown area, thus making ongoing attention to safety a concern.

PEDESTRIAN ENVIRONMENTAL ASSESSMENT

The pedestrian environment in downtown is mostly built out with full sidewalk coverage, an extensive skyway and subway network, and most intersections retrofitted to accommodate people with a variety of mobility impairments; however, there are a number of opportunities to improve the walking environment in downtown and particularly in the Development District. Outside of the downtown core, intersections and curb ramp designs are not constructed to the current best practice in universal design guidance. Along the block face, pedestrians are faced with a number of crossings and driveway interactions that increase exposure and decrease user visibility. A number of streets also have a number of driveway accesses (and therefore, turn conflicts) including 3rd Avenue, 4th Avenue, 2nd Street, parts of Broadway, and 1st Avenue. Valet and parking ramp accesses are particularly problematic for people walking as they represent major conflicts points.

The Rochester-Olmsted Council of Government's 2035 Transportation Plan outlined a number of issues relevant to pedestrian conditions in the downtown area were identified:

- intersection of 2nd Street SW and 1st Avenue SW.
- side of Civic Center Drive east of Broadway.)
- cyclists using the sidewalk.

Images from Nelson\Nygaard

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

Intersections where pedestrian accidents occurred between 1996 and 2001 were overwhelmingly concentrated in the downtown area. The greatest number, five, occurred at two different locations along Broadway, its intersections with 2nd and 4th streets. This was followed by four accidents at the

 The downtown sidewalk network is essentially complete. According to maps developed in the late-1990s, only the 3rd Avenue NW connector to 4th Avenue NW and Civic Center Drive east of Broadway and west of 4th Avenue NW lack sidewalks. (Visual survey indicates that sidewalks have been added on the south

 Pedestrians in the city generally face a number of chal¬lenges including poor surface conditions, hightraffic streets, and gaps in pedestrian paths. In the downtown area, pedestrians must often contend with



Downtown Rochester's pedestrian conditions along street segments and intersections were assessed using the Pedestrian Environmental Quality Index (PEQI) in 2010.¹ In general, pedestrian conditions in downtown were found to be favorable, particularly in the east-west direction along the street segments between Mayo facilities along 1st Street NW, W Center Street and 1st Street SW. A number of intersections in this area, however, scored low, meaning that pedestrian crossing amenities were lacking. Street segments along N/S Broadway, 2nd Street SW and 1st Avenue NW/SW did not provide pedestrians with a safe, inviting, or engaging pedestrian realm. The complete PEQI assessment can be found in the Rochester Downtown Master Plan.

1 This tool provides a qualitative, remove observation method for assessing the quality of existing sidewalk and intersection conditions Note: the assessment did not include Rochester's system of skyways and subways.

Recommended Pedestrian Improvements in Recent Planning Efforts

A Downtown Pedestrian District was identified in the ROCOG 2035 Transportation Plan. This recognizes the high level of pedestrian activity in downtown Rochester due to Mayo Clinic employees, visitors, and patients, conventions and event associated with Mayo Civic Center, and hotel conference facilities located downtown. The downtown area has a highly developed pedestrian system including sidewalks, skyways, and subways. Therefore, pedestrian needs in the downtown area are not driven by a need to fill in system gaps, but rather focused on pedestrian amenity improvements and identifying steps that can be taken to improve the safety on non-motorized users. The following priority pedestrian corridors were identified for pedestrian improvements in the ROCOG 2035 Transportation Plan:

- 1st Avenue running from Central Park at the north end to Soldier's Field Memorial Park at the south
- 2nd Street as an east west corridor, connecting the Mayo Medical District in the west through the Downtown Core to the Civic/Cultural District in the east, terminating at the convergence of 3rd Avenue and Civic Center Drive
- 3rd and 6th Streets are shorter east/west segments connecting the Urban Village District to the Zumbro River trail system and the Civic/Cultural District

The Rochester Downtown Mobility Plan also provided a number of recommendations to improve the pedestrian experience in downtown Rochester. This plan prioritized the following pedestrian improvements:

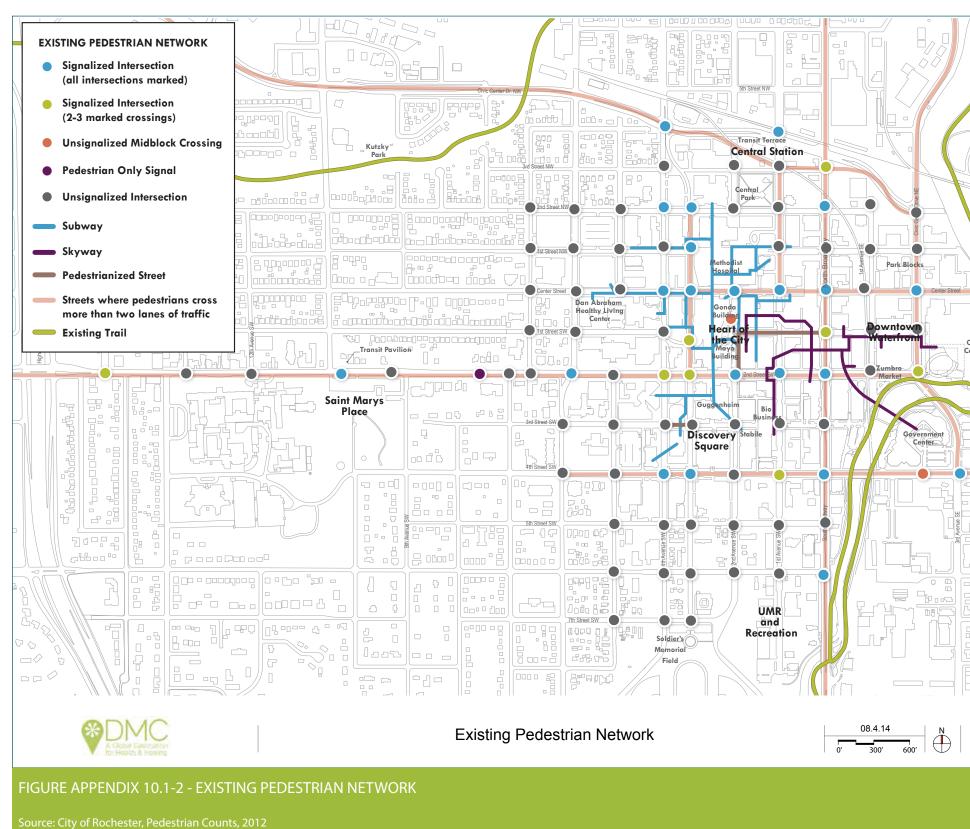
- Pedestrian improvements along Broadway between Civic Center Drive and 6th Street SW/SE using traffic control features and facility design
- Reinforce 1st Avenue NW/SW as a Main Street pedestrian-oriented zone
- Improve pedestrian visibility and comfort on 2nd Street SW/SE between 1st Avenue SW and Civic Center Drive SE by expanding pedestrian facilities
- Redesign 3rd Street SW as a shared street between 3rd Avenue SW and the Zumbro River
- Extend 6th Street SE pedestrian facilities across the Zumbro River between S Broadway and 3rd Avenue SE
- Guide skyway/subway network development sensibly in order to improve pedestrian connections, while maintaining a vibrant street-level pedestrian environment



While many intersections offer basic crossing facilities, these conflict points could be further supported with pavement markings and vertical elements that help increase pedestrian visibility and safety.

Images from Nelson\Nygaard









BICYCLE ENVIRONMENT EXISTING BIKEWAYS

Bicycle facilities in downtown Rochester primarily consist of off-street trails on the periphery of the DMC district boundary. Over 100 miles of off-street trails and paths extend throughout the city and into unincorporated areas of Olmsted County. The regional trail network connects downtown to the Zumbro River, Bear Creek, Cascade Creek and portions of the Silver Creek corridors. Although there are connections between the off-street trail system and downtown streets (for example at the Mayo Civic Center and at the Cascade Creek trailhead at Kutzky Park), clear trail linkages are limited.

The city of Rochester has approximately 12 miles of on-street bike lanes and five miles of signed bike routes. The only dedicated bike lane in downtown is on SW 6th Street between S Broadway and 4th Avenue SW providing connection to the Zumbro River Trail and the eastern extent of the Pill Hill neighborhood. Very limited onstreet bicycle facilities in downtown make it difficult to comfortably reach key downtown destinations and travel through the downtown area. The map of existing and planned bicycle facilities in Figure Appendix 10.1-3 displays where people riding bicycles can make downtown connections today and in the future.

TYPE OF INVESTMENT

Signed bike routes

Based on the results of a downtown bicycle survey conducted in 2007, the following facilities were identified as primary bicycle access routes in downtown Rochester:²

- 2nd Street SW/SE
- 1st Avenue SW/NW
- 6th Avenue SW/NW
- Center Street
- 3rd/4th Avenue West
- 11th Avenue West

Given the lack of dedicated bicycle facilities, people riding bicycles in downtown face challenging conditions and are often forced to mix with heavy traffic or ride illegally on sidewalks. Bicycle counts in 2009 revealed that the majority of people riding bicycles (63%) tend

Bike lanes 22.19 miles Sharrow routes 11.02 miles Advisory bike lanes 4.16 miles Bike boulevards 2.97 miles Cycle tracks 0.28 miles Paths 41.79 miles 8.46 miles Trails FIGURE APPENDIX 10.1-3 - INTERSECTIONS WITH MAJOR PEDESTRIAN MOVEMENTS IN THE DEVELOPMENT DISTRICT

NUMBER OF PLANNED MILES

29.84 miles

to ride on the street rather than the sidewalk; however, less than one guarter (23%) of people ride on Broadway as opposed to the sidewalk.

FUTURE PLANNED BIKEWAYS

Future planned bicycle facilities are highlighted in Figure Appendices 10.1-3 and 10.1-4. The Rochester Area Bicycle Master Plan articulates a vision for improving bicycling infrastructure and supportive programs in the





development with residential and retail at 1st Avenue SW.



Images from Nelson\Nygaard

DEVELOPMENT **DESTINATION MEDICAL CENTER** DRAFT

Rochester has an extensive off-street trail system with over 100 miles of trails available for non-motorized use. The trail shown above along the waterfront provides connections between residential neighborhoods and downtown.

A bicyclist rides on the pathway adjacent to the Medical Sciences Building.

City of Rochester, Downtown Bicycle Study, 2009. 2



greater Rochester area. The Plan outlines significant investment in the bicycle network infrastructure (\$30.8 million in infrastructure investment and \$670,000 in annual operations and maintenance).

Specific planned bikeway improvements in the district include:

- Bear Creek Trail
- Westside Access to St Mary's Hospital
- 3rd and 4th Avenue bike lanes from 14th Street North to 6th Street South (The City Loop would take the place of the 4th Avenue bike lane from 6th Street SW to 3rd Street NW)
- 9th Street SE/Slatterly Park
- 2nd Street/3rd Street SE Bicycle Boulevard from 6th Avenue to 19th Avenue
- 2nd Avenue SW bike lanes / 15th Avenue to 23rd Avenue SW
- 2nd Avenue SW/Soldier's Field to 2nd Street SW
- 3rd Avenue/4th Avenue West bike lanes from 14th Street North to 6th Street South
- 6th Street/10th Avenue SW shared lane markings (The City Loop would take the place of the 6th Street shared lane markings from 7th Avenue SW to the est side of the Zumbro River after construction of the 6th Street bridge connection)
- Kutzky Park Bikeway
- West Silver Lake Bikeway Connector to 1st Ave NE

The Plan also prioritizes a number of supportive programs including the development of a Rochester bicycle map, a Bike Ambassadors program, "share the road messaging," bike parking guidelines and incentives for developers, wayfinding signage, end-of-trip facilities, and bike racks on fixed-route transit vehicles.

EXISTING BICYCLE RIDERSHIP

Rochester's generally flat topography is conducive to biking, however inclement weather and the lack of bike friendly streets contribute to the relatively low and stagnant bicycle ridership. According to the US Census, bicycle commuting in Rochester has held steady at just under 1% of all work trip since 1990. In a recent bicycle count survey, 1,200 people enter or depart downtown using a bicycle every day.³

Given that downtown Rochester is a major employment hub and destination for 2.76 million visitors per year, the opportunity to increase the number of commuters bicycling to work is significant. Approximately 20% of Rochester residents travel less than 10 minutes to work, suggesting that many of these trips are short and are good candidate bike trips (less than two miles).⁴

Barriers to Bicycling in Rochester

The 2007 downtown bicycle survey identified weather, lack of bicycle-friendly streets, and concern for personal safety as the most common factors limiting bicycle ridership.

END-OF-TRIP FACILITIES

End-of-trip facilities, including bicycle parking, showers, locker rooms, and maintenance facilities, are very limited in downtown Rochester. Given the inclement weather, guality end-of-trip facilities are important, such as covered short-and long-term bicycle parking. There are approximately two dozen locations downtown (779 available bicycle parking spaces) where cyclists can park their bikes, including both Mayo- and City-owned facilities.⁵ The Dan Abraham Healthy Living Center facility does provide showers and lockers for Mayo clinic employees but it is not centrally located. The 2009 bike survey identified the following locations for additional bike parking: Saint Marys Building, Mayo Building, Graham Building, and near Galleria Mall/Peace Plaza.

SUMMARY OF BICYCLE NETWORK GAPS

The 2009 Downtown Bicycle Study identified a number of gaps in the bicycle network in Rochester including.

- connectivity between major regional destinations
- to the existing trail network
- Inclement weather and other cultural barriers
- example)
- directional indicators, and distance information
- downtown destinations
- Need for improved bicycle maps (online and in print)
- Need for improved street cleaning and pot hole maintenance

DEVELOPMENT PL **DESTINATION MEDICAL CENTER** DRAFT

Gaps in the downtown on-street network effectively create barriers for cross-town travel and

Limited east/west and north/south bicycle facilities limit bicycle travel to and within downtown and

Lack of guality covered and secure end-of-trip facilities (bike parking, bike lockers, and showers for

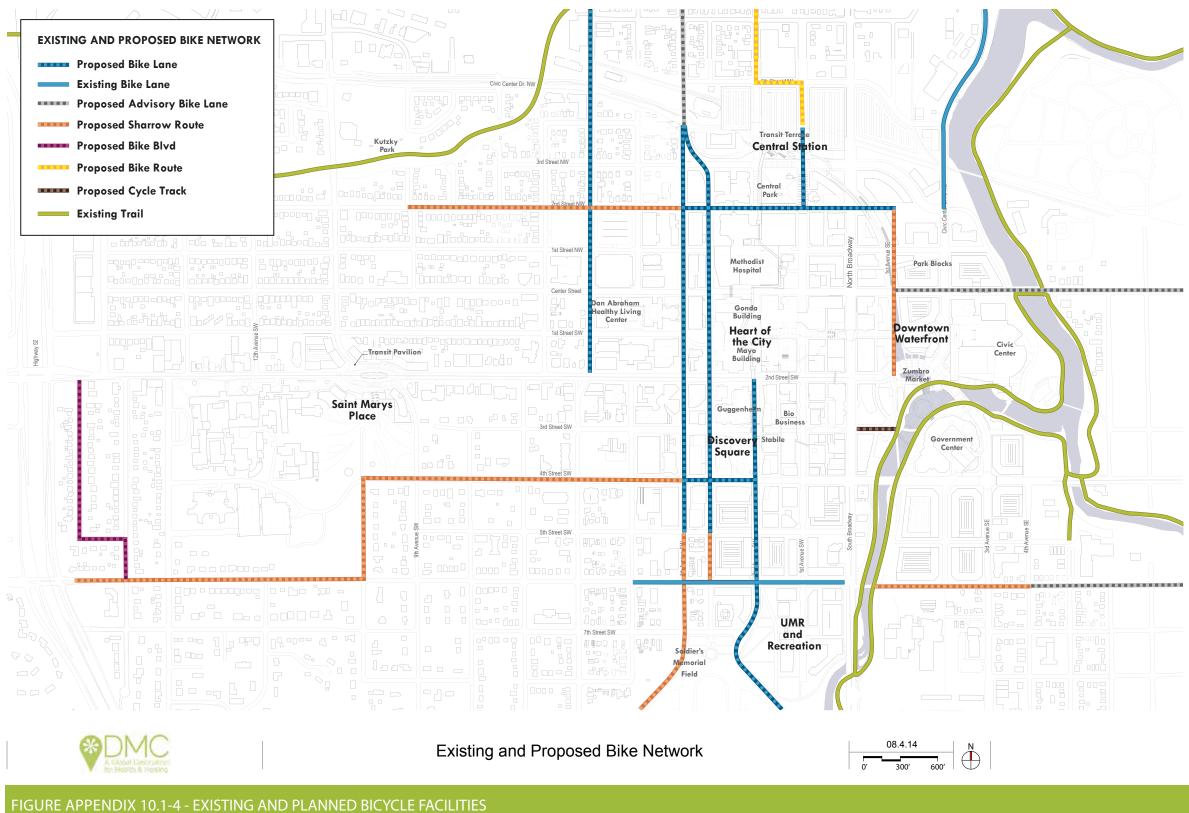
Improved wayfinding signage along the bikeway network including route identification, destination/

Lack of wayfinding directing users to safe and direct bicycle routes and trails, bicycle parking, and

City of Rochester Downtown Bicycle Survey, 2009. 3

Rochester-Olmstead Bicycle Master Plan, 2012. 4





APPENDIX 10.0 - ACTIVE TRANSPORTATION | PAGE 7



INTERIM BIKE BOULEVARD SEGMENT	FINAL CITY LOOP SEGMENT (at full build out)	LIKLIHOOD OF INITIAL PHASE CONSTRUCTION				
1st St SW from 11th Ave SW to 7th Ave SW (with short off-set connection at 2nd St SW)	City Loop design type on 2nd St SW from 11th Ave SW to 7th Ave SW	High				
1st Ave NW/SW from 3rd St NW to 6th St SW	City Loop design type on Cultural Crescent trail connection (requires facility transfer from Canadian Pacific)	Medium				
3rd St SW/SE from 1st Ave NW to the South Zumbro Trail	City Loop design type on Cultural Crescent trail connection (requires facility transfer from Canadian Pacific)	Low				
FIGURE APPENDIX 10.2-1 - POTENTIAL INTERIM BIKE BOULEVARD IMPROVEMENTS FOR THE CITY LOOP						

10.2 POTENTIAL INTERIM IMPROVEMENTS TO THE CITY LOOP TRAIL

The following section summarizes considerations for phasing the City Loop trail facility. While the City Loop would optimally be constructed in one implementation phase, funding considerations and other DMC transportation investment phasing may require the City Loop to be constructed in several phases. An initial project would construct the majority of the City Loop with short interim segments using low-cost bike boulevard treatments used where redevelopment is required to complete the project; subsequent investment that fill in the gaps in the consistent City Loop design aesthetic would be made concurrent with redevelopment. The Cultural Crescent segment is a good example of a segment where redevelopment will be required to complete the project. Potential interim facilities are displayed in Figure Appendix 10.2-1.



10.3 CITY LOOP DESIGN GUIDELINES

As shown in Section 7.5.4, the City Loop will provide a unique pedestrian experience that will be unmatched by any other street or trail in Rochester. Unique design features are used to contribute to the pedestrian experience and attract private development. The following sections will offer design guidance for various design elements to support future detailed corridor design, preliminary engineering, and eventual construction.

PEDESTRIAN WALKWAY

The pedestrian walkway on the City Loop will be more than just a sidewalk; it will be a place where people interact. The facility will be wide to accommodate users of all mobility levels and it will include street furniture that enhances the pedestrian experience and gives people opportunities to rest (see 'Street Furniture and Public Art' for more details). Expansion of the pedestrian area in commercial areas will increase the potential for outdoor café seating and small urban plazas that can serve as micro hubs for activity.

The pavement materials used for the walkway will consist of concrete, granite pavers, and bricks that are resistant to freeze and thaw damage. The combination of these materials will clearly differentiate the City Loop from other walkways in the city. On the approach to intersections, alternating bands of brick will alert pedestrians to changes in the travelway. The brick pavers contrast with the underlying concrete walkway and will also help low-vision pedestrians better navigate the facility.

The pedestrian realm will be separated from the two-way protected bikeway with a landscaped furnishing zone that includes street trees, street furniture, and public art. Where pedestrians need to cross the bikeway, either at mid-block locations, or in advance of the intersection, the same brick bands will be used to demarcate the crossing. For bicyclists traveling on the bikeway, these bands will appear as a crosswalk and they will know to stop for pedestrians crossing to reach a transit station.

PROTECTED BIKEWAY

The bikeway facility on the City Loop Trail will provide a maximum level of separation from motorized traffic using a landscaped buffer, grade-separation, and in some cases parking buffers. This facility will fully separate people on bicycles from the motorized traffic and offer a comfortable facility for people that are new to the city, using bike share (see Section 7.5.4.2), or looking for active recreation within the Development District boundaries. Research clearly demonstrates that increasing bicyclist's level of comfort requires physical separation from motorized traffic where traffic volumes and/or speeds are high. A well-designed protected bikeway that separates bicyclists from other traffic and minimizes conflicts at driveways and intersections will attract bicyclists of all skill levels and ages.

The City Loop is planned to be a two-way facility. This means that there will be a single bikeway facility on one side of the road to accommodate two-way bike traffic. To accommodate bi-directional bicycle traffic, the bikeway will be a minimum of 10' (5' for each direction) and 12' wide where possible. Separating the bikeway from the adjacent travel lane is a minimum 2.5' landscaped buffer area. In addition to being raised 6" from the street-level, this buffer will provide added comfort for people riding bicycles. The width of this buffer reduces the chances of car doors opening into the bikeway when a parking lane is adjacent to the landscaped buffer.



The pedestrian walkway on the Cultural Trail in Indianapolis clearly differentiates it from other walkways in the city. Image from Nelson\Nygaard





The Cultural Trail in Indianapolis provides a protected bikeway that separates bicycles from the adjacent roadway.

Image from Nelson\Nygaard



The Cultural Trail in Indianapolis provides a safe and inviting facility for all users.

Image from Nelson\Nygaard

Because motorists do not expect bicyclists traveling in the opposite direction at intersections and driveways, increased design emphasis is required in these conflict-prone areas (see 'Minimizing Conflict Strategies' for more details). The direction of travel on the two-way facility will be demarcated using a yellow dashed stripe and bicycle pavement markings that clearly show the correct direction of travel. The pavement material used for the surface of the facility will be unique from the asphalt roadway, as well as from the adjacent pedestrian walkway.

A protected bikeway is also separated from the pedestrian realm. Though less intensive treatments are required to establish this separation (e.g., alternative pavement materials and pavement markings) it is important that bicyclists and pedestrians operate in a separate zone. Without this separation, safe passing is compromised and potential conflicts between users increases.

MULTI-USE TRAIL SEGMENTS

Multi-use trail segments of the City Loop are shared spaces between active transportation modes. There is only non-motorized use allowed on a multi-use trail segment. Pedestrians, bicyclists, and people rolling are able to travel comfortably separated from motorized traffic. As a result, multi-use trails are the most popular type of active transportation facility with people of all ages and skill/comfort levels.

As stipulated in the City Loop Design Typology, not every City Loop segments' cross section must include separated pedestrian and bicycle facilities. Since the City Loop is intended as a low-speed urban facility, people walking and bicycling can share space where required by spatial constraint. As such, trails must be sufficiently wide to safely accommodate a wide range of users. In general, multi-use trails are preferred to have a 12' wide paved surface (10' minimum) and an additional 2' to 3' of buffer area on both sides. The buffer area could be defined by landscaping, different paver materials, or vertical elements like bollards. To help people practice safe passing and travel in the right direction, trail etiquette signage and pavement markings should be used.

THE CITY LOOP AND UNIVERSAL DESIGN

Using universal design means developing facilities that are accessible to nearly all people, regardless of age and ability. With the significant number of patients visiting Mayo and Rochester, there is a need to be highly cognizant of designs that do not impede persons with challenging mobility needs and other physical impairments. Figure Appendix 10.2-2 highlights the design considerations employed in the City Loop's design based on the type of impairment.



IMPAIRMENT	MOBILITY IMPACT	DESIGN SOLUTION
Wheelchair/ motorized scooter users	 Problems traversing soft or uneven surfaces Cross slopes cause undesirable downhill travel Cannot navigate narrow spaces 	 Solid surfaces with ADA-compliant curb ramps and curb cuts Maximum cross slope of 2 percent Increased width to aid maneuvering
Walking aid users	 Decreased stability, slower travel speeds and reflexes, and lower endurance Greater difficulty traversing steep inclines and cross slopes 	 Non-slip travel surfaces Increased pedestrian signal cycles at intersections Leading pedestrian intervals at signalized intersections
Hearing aid users	 Require line of sight to assess potential conflicts and obstacles 	 Clear sight distances and highly visible signals, signage, and markings
Vision aid users	 Reduced perception of obstacles in the travel path and a reliance on sounds and texture to navigate the built environment 	 Visual-tactile strips at crossings Accessible text on signage Accessible pedestrian signals Safety barriers
Cognitively challenged users	 Varies considerably, but generally impacts perception and understanding in a manner that impairs the ability to interpret and respond to informational cues 	 Signage with universal symbols/icons and less text

FIGURE APPENDIX 10.2-2 -CITY LOOP DESIGN CONSIDERATIONS FOR UNIVERSITY ACCESS

STREET **T**REES

Street trees will be an important component of the City Loop, adding to the active transportation user experience by creating an attractive place to walk, bike, stroll, or skate. Trees enhance the street realm by adding visual interest and improving the overall street aesthetic. They also provide shade during the hot summer months and treat stormwater runoff. For these reasons, it is important to consider tree species that have a widespreading canopy and vertical branching structure, as well as species that can tolerate water- and air-borne urban pollutants. Species with a long life-span and that can tolerate poor soil quality are also optimal.

Street trees visually narrow the roadway, helping to reduce traffic speeds. However, care should be taken to ensure that trees do not block visibility at intersections where low visibility can increase conflicts between motorists and bicyclists and pedestrians.



Street trees provide shade for pedestrians and a pleasant buffer from adjacent traffic.

Image from Nelson\Nygaard





Green street elements protect the quality of the groundwater.

Image from Nelson\Nygaard



Curb extensions reduce the crossing distance for pedestrians at intersections.

Image from Nelson\Nygaard



Medians give a place for pedestrians to comfortably wait mid-crossing.

Image from Nelson\Nygaard

GREEN STREET ELEMENTS

Green street elements may include any number of different features, but they all work to increase bioretention to protect the quality of the groundwater or treat stormwater runoff. Examples of green street elements include:

- Bio-swales
- Infiltration trenches
- Pervious pavement
- Tree wells
- Filter strips

The City Loop can incorporate any number of these features in the design. For example, curb extensions are recommended at many intersection locations to reduce pedestrian crossing distances and reduce vehicle travel speeds. These curb extensions may also be equipped with bio-swales to treat street stormwater runoff prior to entering the water treatment system. Similarly, tree wells could be used for the street trees adjacent to the sidewalk to treat runoff from the pedestrian area.

CURB EXTENSIONS

Curb extensions, also referred to as "bulb-outs," are extensions of the sidewalk that are designed to reduce pedestrian crossing distance and reduce pedestrian exposure. Curb extensions increase the visibility of pedestrians to motorists and vice versa. This improves motorist yield behavior at marked crossings creating a safer and more comfortable crossing experience for pedestrians. Curb extensions generally replace the 1-2 parking spaces on the near-side of an intersection with a width equal to that of the parking lane (approximately 8'). When combined with a bio-swale it is important to use vegetation that does not reduce the visibility of pedestrians.

MEDIAN REFUGE ISLANDS

Median refuge islands can be used at signalized or mid-block crossing locations where the City Loop crosses a major street. They give pedestrians a place to comfortably wait mid-crossing, enabling pedestrians to cross one direction of traffic at a time. This increases the number of available gaps in traffic to initiate a crossing. The refuge island should optimally be the width of the center turn lane or a minimum of 6' if no center turn lane exists. This facility may also be paired with curb extensions to further reduce the crossing distance.

MINIMIZING CONFLICT STRATEGIES FOR PEDESTRIANS

Minimizing conflicts at intersections for pedestrians can be accomplished through signalization or physical improvements. Improvements to signalization for pedestrians may include pedestrian signal heads at intersections, rectangular rapid flash beacons at mid-block crossings, and leading pedestrian intervals (LPIs) at signalized crossing locations with higher volumes of right turn movements. All of these strategies will be utilized with the development of the City Loop where they are deemed appropriate.

Separating pedestrian movements through physical improvements can be accomplished using grade separation, landscaped buffers/furnishing zones, and alternate pavement materials. Separating pedestrians from bicyclists and motorists is crucial at intersections and driveways. The City Loop will take measures to clearly define the



pedestrian walkway from the rest of the roadway/bikeway using alternate pavement materials. Intersections and driveways will use special pavement materials that are only used in potential conflict areas. The walkway will always be grade separated from the roadway and generally from the bikeway as well.

MINIMIZING CONFLICT STRATEGIES FOR PEOPLE ON BICYCLES

Minimizing conflicts at intersections for people on bicycles can also be accomplished in the same way that pedestrian conflicts are mitigated (through signalization or physical improvements). Two-way bike facilities, as is proposed for the City Loop, require additional design treatments to minimize conflicts between bicyclists and motorists. In general, all signalized intersections require separate signal phases for motor vehicle and bicycle movement. This is because motorists are not prepared to react to bicyclists riding through the intersection in the opposite direction of travel. Instead, loop or video detection should be installed to detect bicyclists at or approaching the intersection and initiate a separate phase for through movement.

Physical separation between people on bicycles and other modes can be accomplished in much the same way as separating the pedestrian realm. Using a combination of alternate pavement materials and grade separated landscaped buffers, the protected bikeway will feel like its own discrete facility. At intersections, the crossing will be marked with pavement materials different from the rest of the roadway surface. This same treatment will be used at driveway crossings where drivers will not be prepared to look in both directions for bicycle traffic. Driveway locations will also have accompanying signage and pavement markings to reinforce the need to look both ways and yield to bicyclists crossing the travelway.

STREET FURNITURE AND PUBLIC ART

Benches, pedestrian-scale lighting, trash receptacles, and drinking fountains are some examples of street furniture that are used to improve the pedestrian environment. The City Loop will include ample room in the furnishing zone for the provision of these amenities. Providing street furniture lets pedestrians know that the walkway isn't solely a place to walk from one destination to another. It encourages people to stop and linger, take the pulse of the city, and visit shops and eateries along the way.

Public art helps to activate the street space by adding visual interest to the streetscape. Grant programs to support the development of public art, such as murals, sculptures, and water features should be undertaken during the planning and design of the City Loop.



Textured pavement demarcates the conflict zones between automobiles and trai users.



Clearly marked signage signals bicyclists to take caution around pedestrians.



Public art makes for an inviting and interesting pedestrian experience.

Images from Nelson\Nygaard





LED lighting illuminates the pedestrian environment to improve safety.

Image from Nelson\Nygaard



Separation of bikes and transit improves safety.

Image from Nelson\Nygaard

LED LIGHTING

The City Loop should be illuminated at night to enable night time use and ensure user safety. LED lighting fixtures with subtle architectural elements should be utilized consistently along the City Loop's alignment. As done along the Indianapolis Cultural Trail, the LED lighting fixtures should contribute to user wayfinding and recognition of the facility. LED lighting features will serve as a continual reminder of the iconic transportation and recreation amenity, helping to engender visitor curiosity and built-in marketing as a visitor amenity.

TRANSIT INTEGRATION

On streets where transit and the City Loop are both present, such as 4th Avenue NW/SW, 6th Street SW, and 3rd Street NW, special design precautions will be necessary to foster an atmosphere of safety and comfort for all users. For example, transit users crossing the protected bikeway between the walkway and transit stop/stations will require their own dedicated crossing. Using brick or other alternate pavement material to demarcate the crossing, this area should be apparent to both pedestrians and bicyclists. Pedestrians should want to cross at the marked crossing because it is convenient and clearly marked. Bicyclists should know to yield to pedestrians in the crossing based on visual cues and signage. If bicyclist speeds on the approach are a concern, such as on a down slope grade, a raised crossing may be used.

The location of transit stops will always be to the inside of the City Loop on a raised platform, with the City Loop "wrapping around" the outside of the transit stop. This design reduces conflicts between transit operators and bicyclists, while also keeping bicyclists away from streetcar tracks (should they be used), which can be very dangerous to ride parallel to.



10.4 BIKE SHARE FEASIBILITY IN DOWNTOWN ROCHESTER

In 2013, Olmsted County, the City of Rochester, and Nice Ride Minnesota (MN) investigated the viability of a satellite Nice Ride bike share system in Rochester. The feasibility study and business plan was jointly commissioned to assist the three organizations in determining whether, where, and how bike sharing could be introduced as part of Rochester's multi-modal transportation system. The study recommended that the City, County, Nice Ride, and its private sector partners pursue a small downtown station-based bike share system and a supplemental Nice Ride Center program that offers longer term-bike rentals. This recommendation is carried through in the Active Transportation Strategy in Section 7.5.4. The Nice Ride Center concept is a bike share "light" system that is very low cost and could potentially serve as an early implementation item.

Station-based, urban bike share systems are not well suited for all cities or all areas of a city. As conveyed in the "Successful Bike Places" callout box, Nice Ride MN's barometer for bike share success is whether a potential growth market exhibits many elements of dense, mixed-use neighborhoods that tend to attract young, urban professionals. Using this threshold as a basic indicator, bike share is feasible in a relatively concentrated area of downtown Rochester that exhibits land use, demographic, and programming characteristics commonly seen in other cities that successfully operate bike share.

However, DMC investments in the City Loop trail and other supportive transit amenities (like streetcar and park-and-ride enhanced transit service), intensifies land use development, expands residential and supportive neighborhood amenities, and substantially increases jobs and annual visitors. This confluence of factors that generally support widespread bike share use will substantially inflate the demand for bike share trips—both for downtown circulation between destinations and for recreation trips on the City Loop.

The proposed bike share system is conservatively forecast to produce between 21,200 and 26,500 trips per year (using a 220 day season) if the system were implemented today. As the system matures and DMC-related growth is realized, bike share ridership will continue an upward trend in ridership. Bike share will also become firmly imprinted in Rochester's culture (which has happened in most places with a bike share system).

A long-term rental service such as the Nice Ride Center concept is feasible given the high rate of visitation and hotel stays and should be piloted simultaneously with the initial station-based bike share system rollout. "Centers" should be located at hotel concierges and Mayo Clinic Concierge Services or Patient Travel Services locations.

Successful Bike Places

Cities furnished with common elements of livable, bikeable communities are typically able to support a dense network of productive bike share stations. Nice Ride MN characterizes these communities as Bike Places or places that include:

- automobiles) preferences
- Dense residential and employment centers able to support 18-hour activity
- regional destinations
- A diversity of transportation options
- restaurants, bars, and other retail options
- Comfortable and extensive bicycle infrastructure
- Community programming, events, and cultural attractions
- Visitor amenities including hotels
- Parking pricing levels that might encourage non-auto travel
- Productive transit system and a strong transit culture
- General cultural awareness of bicycling

The collective conditions listed above make up a Bike Place and serve as the critical threshold of a community able to support a public bike share system.



Image from Nelson\Nygaard

DEVELOPMENT P **DESTINATION MEDICAL CENTER** DRAFT

• A demographic shift reflecting the national trend toward changing housing (urban rather than suburban), technology (reliance on smart phones), and travel (diminishing reliance on

• A continuous network of dense, mixed-use neighborhoods housing a variety of local and

• A wealth of urban amenities including public spaces and human-scale main streets with







Page 1 of 4

APPLICATION FOR FUNDING OF PUBLIC INFRASTRUCTURE PROJECT

c/o Destination Medical Cente	rporation r Economic Development A	aency	
General Information		,	
Name of Applicant:		Address:	
Contact Person			
Name:		Title:	
Tel #:	Fax #:	Email:	
Type of Entity (check one)			
Corporation	Partnership	Sole Proprietorship	Public Entity
State of Incorporation or Organization:			
Nature of Business (attached additional m	naterials, if available):		
Project Team / Consultants			
Architectural Firm:		Engineering Firm:	
Contact Person:		Contact Person:	
Address:		Address:	
Tel #:	Fax #:	Tel #:	Fax #:
Email:		Email:	
		1	
General Contractor:		Legal Counsel:	
Contact Person:		Contact Person:	
Address:		Address:	
Tel #:	Fax #:	Tel #:	Fax #:
Email:		Email:	
Accounting Firm:		Financial Adviser:	
Contact Person:		Contact Person:	
Address:		Contact Person: Address:	
	Fax #:		Fax #:
Address:	Fax #:	Address:	Fax #:
Address: Tel #: Email:	Fax #:	Address: Tel #:	Fax #:
Address: Tel #: Email: Marketing Consultant:	Fax #:	Address: Tel #:	Fax #:
Address: Tel #: Email: Marketing Consultant: Contact Person:	Fax #:	Address: Tel #:	Fax #:
Address: Tel #: Email: Marketing Consultant:	Fax #:	Address: Tel #:	Fax #:
Address: Tel #: Email: Marketing Consultant: Contact Person:	Fax #:	Address: Tel #:	Fax #:

Name of Project:

1. Location

Attach (and label Exhibit A) information which fully describes and illustrates the location and boundaries of the proposed project. Include map(s), legal description(s), property identification numbers, addresses and area (in sq. ft. or acres).

2. Ownership and Legal Structure

Attach (and label Exhibit B) the full name(s) of the entity(s) which will own the project, and fully describe their legal structure (i.e. principals, ownership interests, liability, relationship to parent organization, subsidiaries, etc). If available provide federal and state tax ID #s.

3. Zoning and Planning Analysis

Attach (and label Exhibit C) information which describes the current and proposed zoning, variances required, property consolidations or subdivisions, etc.

Requested Funding

Amount of requested DMC Funds:

Purpose of requested DMC Funds:

If DMC Funds are not provided, will the project (1) proceed as previously described utilizing other financing, (2) proceed in some alternative form, or (3) not proceed at all? If project will proceed in some alternative form, provide a summary below:

Other requested public financial assistance (federal, state or local):

Project Construction Schedule

Anticipated Construction Start Date:

If a phased project:	Phase Designation	% Complet
	· · · · · · · · · · · · · · · · · · ·	
		1 1 / 1 1 1

Describe expected general traffic impacts of the project, including (but not limited to) on and off street parking, projected auto/truck counts, traffic flow, peak traffic periods, etc.

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER

DRAFT Page 2 of 4

Lo	cation/Address:		
4.	Estimated Project Costs:		
	Land Acquisition	\$	
	Site Development		
	Building Cost		
	Equipment		
	Architectural/Engineering Fees		
	Legal Fees		
	Financing Costs		
	Broker Costs		
	Contingencies		
	Other (specify)		
	Total Costs	\$	
5.	Sources of Financing		
	Developer Equity	\$	
	Bank Loan/Private Financing Institution		
	Public Infrastructure Funding		
	Other		
	Total Sources		
6	Market Value		
	Total current market value	¢.	
	prior to construction:	\$	
	Total estimated market value at completion:	\$	
	What will the estimated real estate taxes of the completion? Please respond and include you	., .	

provided below:

Construction Completion Date:

ted

By Year

APPENDIX 11.0 - FORM(S) AND PROCEDURES FOR FUNDING APPLICATIONS | PAGE 1



Page 3 of 4

Current and Projected Employment

Indicate below how many new jobs will be **<u>created</u>** by the project:

Туре	Number of Jobs Created	Average Hourly Wage	Benefits
Professional/Managerial	FT:	\$	
	PT:	\$	
Technical/Skilled	FT:	\$	
	PT:	\$	
Unskilled/Semi-skilled	FT:	\$	
	PT:	\$	

Indicate below how many existing jobs will be **retained** by the project:

Туре	Number of Jobs Created	Average Hourly Wage	Benefits
Professional/Managerial	FT:	\$	
	PT:	\$	
Technical/Skilled	FT:	\$	
	PT:	\$	
Unskilled/Semi-skilled	FT:	\$	
	PT:	\$	

Financial Information

Have "you" personally, or your entity or any entities managed or controlled by you ever filed for bankruptcy?

 \Box YES \Box NO If yes, provide details on separate sheet.

Have "you" personally, or your entity or any entities managed or controlled by you ever defaulted on any bond or mortgage commitment?

☐ YES ☐ NO If yes, provide details on separate sheet.

Have you applied for conventional financing for the project?

YES NO If no, explain why; if yes, provide details on a separate sheet.

List financial references (include contact person and phone #)

Reference	Phone Number		

	ditional Project Information Required for Application <i>[if necessary]</i>
1.	Description
	Attach (and label Exhibit D) a complete description of the proposed
	each phase as well as the total project. Minimally, provide the follow
	a. Do you have control of the project site? Explain in detail.
	 Details of all known or suspected environmental issues with Time of project (patient) office, industrial worked beautien, beautient
	 c. Type of project (retail, office, industrial, rental housing, home d. New construction or rehabilitation/renovation. If renovation
	e. Description of structure which will need to be demolished.
	f. Description of owners/tenants who will need to be demonstrated.
	 g. Details of any historic preservation designations and/or relation
	h. For commercial/industrial:
	Number and size of structures (sq.ft.)
	Type of construction and materials
	Terms of sale (if applicable)
	Details/terms of signed leases (rates, duration, etc.) Projected terms for space not currently under lease
	Details of any market studies completed or underway
	i. For ownership housing:
	Type, number and size of units (sq. ft. & number of be
	Type of construction and materials
	Anticipated sales price
	Details of any market studies completed or underway j. For rental housing:
	Type and size of building (# of floors, units, etc.)
	Type of construction and materials
	Size of units (sq. ft.) and number of bedrooms
	Description of building/unit amenities
	List of utilities included in rent
	Monthly rental rates by unit type Details of any market studies completed or underway
2.	Development Budget (Sources and Uses) – During Construction Period
۷.	
	Attach (and label as Exhibit E) a complete development budget for consources and uses of funds.
	For each "use" of funds, indicate the methodology or means by which costs, actual cost, etc.)
	For each "source" of funds (debt, equity, public assistance, etc.), indica actual or anticipated financing terms/details.
3.	Development Budget (Sources and Uses) – Permanent Financing
	If ownership of the project is being retained by the applicant (or affi as Exhibit E-1) a complete development budget upon permanent f
4.	Operating Cash Flow Proforma (10 year)
	If ownership of the project is being retained by the applicant (or affi
	operating cash flow proforma for the project. The proforma should
	anticipated revenues, expenses, capital contributions/distributions,
	Flow Before Taxes (CFBT)" and "Cash Flow After Taxes (CFAT)."
5.	Payment of Application Fee (\$)
6.	Signed authorization allows DMCC to check background of personnel i
Ap	plicant Signature
	e undersigned certifies that the above information is true and correct to the e undersigned acknowledges and agrees that the \$ application fee
1 1 1 1	

Applicant Signature					
The undersigned certifies that the above information is true and correct to the best knowledge of the undersigned: The undersigned acknowledges and agrees that the \$ application fee associated with this request for public infrastructure funding is nonrefundable.					
Signature:	Date:				
Name and Title:					
FOR DMMC USE ONLY					
Complete application received:/Staff Initials:					
Non-Refundable Application Fee Paid:/Check #:					

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAF1

d project. If the project will proceed in phases, then provide information for wing information:

the site. Has any testing been completed or is underway? e ownership, etc.) n, provide details.

ted issues.

edrooms)

construction of the project. This budget should include a detailed listing of all

n this estimated cost was derived (i.e. appraisal, contractor estimate, 4% of hard

ate the status of the funding source (committed, pending, projected, etc.), and the

iliate or subsidiary) and permanent financing will be obtained, attach (and label financing.

iliate or subsidiary), attach (and label as **Exhibit E-2**) a projected 10-year l clearly identify all assumptions, and should provide a detailed listing of all , etc. The cash flow should clearly identify "Net Operating Income (NOI), "Cash

involved in project.

APPENDIX 11.0 - FORM(S) AND PROCEDURES FOR FUNDING APPLICATIONS | PAGE 3







APPENDIX 12.0 SUMMARY TERMS OF DEVELOPMENT / GRANT AGREEMENTS

The City shall make DMC Funds available for City and DMCC approved Public Infrastructure Projects consistent with the Development Plan the terms and conditions of the agreements. It is currently anticipated that the financing plans may provide for grants, loans and / or forgivable loans for Public Infrastructure Projects.

Grants may be made by the City for Public Infrastructure:

- Account
- determines appropriate

The terms and conditions of development/grant agreements, and notes, if applicable, may distinguish by type of project, type of applicant (public or private), type of payment ("pay-as-you-go" or up front funding), development sub-district and phase of the DMC Initiative, but shall not otherwise discriminate among recipients.

The basic terms of the agreement shall include:

- Customary representations and warranties by the City and the recipient
- Terms of use and ownership of the Public Infrastructure Project
- The representation that the grant is not subject to the Minnesota Business Subsidy Act
- Covenants for undertaking of the Public Infrastructure Projects
- Covenant to ensure tax-exemption of any underlying City bonds, if applicable
- Covenants for making grant and transmitting payments
- Covenants for applicable policies, if any
- Covenants required by DMC statute and terms of Development Plan
- Applicable interest rates
- Terms of transfer of property and assignment
- Events of default and remedies

Schedules and exhibits shall include:

- Legal description of the development property
- General project description
- Description of Public Infrastructure Project costs funded
- Payment schedule
- Form of Certificate of Completion
- Form of Recorded Covenants and Restrictions to ensure taxability of property
- Form of Note, if applicable, and if so, Form of Assignment of Note
- Form of Minimum Assessment Agreement, if applicable

DEVELOPMENT P **DESTINATION MEDICAL** DRAFT

 On a "pay-as-you-go" basis by notes issued by the City that provide for annual payments, with interest, for Public Infrastructure Projects secured equally and ratably by DMC Funds on deposit in the DMC

• With full funding up front from the proceeds of revenue or general obligation bonds, as the City

APPENDIX 12.0 - SUMMARY TERMS OF DEVELOPMENT / GRANT AGREEMENTS | PAGE 1







APPENDIX 13.0 SUMMARY TERMS OF DEVELOPMENT LOAN AGREEMENTS

The City shall make DMC Funds available for City and DMCC approved Public Infrastructure Projects consistent with the Development Plan and terms and conditions of project agreements. It is currently anticipated that the financing plans may provide for grants, loans and / or forgivable loans for Public Infrastructure Projects.

Loans may be made by the City for Public Infrastructure at below-market rates, and loans may be forgiven upon meeting certain terms/conditions.

The terms and conditions of development/loan agreements may distinguish by type of loan (forgivable or non-forgivable), type of project, type of applicant (public or private), development sub-district, and phase of the DMC Initiative, but shall not otherwise discriminate among borrowers.

The basic terms of the agreement shall include:

- Customary representations and warranties by the City and the recipient
- Terms of use and ownership of the Public Infrastructure Project
- The representation that a loan is not subject to the Minnesota Business Subsidy Act
- Covenants for undertaking of the Public Infrastructure Projects
- Covenant to ensure tax-exemption of any underlying City bonds, if applicable
- Covenants for making loan
- Etc.)
- Applicable interest rates and repayment terms
- Terms of transfer of property and assignment
- Events of default and remedies
- Covenants for applicable policies, if any

Schedules and exhibits shall include:

- Legal description of the development property
- General project description
- Description of Public Infrastructure Project costs funded
- Repayment schedule
- Form of Certificate of Completion
- Form of Recorded Covenants and Restrictions to ensure tax-ability of property
- Form of Note
- Form of Mortgage, if applicable

DEVELOPMENT P **DESTINATION MEDICAL** DRAFT

Covenants required by DMC statute and terms of Development Plan (M/WBC, American Made Steel,

APPENDIX 13.0 - SUMMARY TERMS OF DEVELOPMENT LOAN AGREEMENTS | PAGE 1







APPENDIX 14.0 DEVELOPMENT PLAN & COMMUNITY INPUT PROCESS

The DMC Development Plan has been established through an iterative process to build consensus around the DMC Vision, Master Plan and business-economic strategies that serve as the foundation of the report. A summary of the planning process and community input process that was undertaken to establish this plan follows.

PLANNING PROCESS

Initiated in March 2014, the preliminary draft of the Development Plan was established in 3 primary phases over an approximately 8 month period. Appendix 14.0 - 1 illustrates the schedule and DMCC/EDA Working Sessions and DMCC Board Meetings, which served as the primary milestone dates for the completion of the draft Development Plan.

During each phase of the process, the EDA Board hosted bi-monthly working sessions that included the EDA and DMCC Board members. During these meetings, the planning team reported on analyses, reviewed concepts and framed strategies for comment by leadership. Discussions facilitated during these meetings provided the DMC planning team the needed feedback and direction to advance planning concepts. At times throughout the process the planning team informally followed up with EDA and DMCC leadership and, where appropriate, board members to confirm the advancement of concepts and strategies.

In addition to interactions with the EDA and DMCC Boards, the planning team engaged in planning and briefing sessions with City/County staff, City/County leadership and various stakeholder groups to gather information, review concepts and vet assumptions and analysis throughout the process. These meetings included:

- 5 stakeholder meetings (e.g. downtown organizations, developers, businesses, etc.)
- 6 Meetings with Community Input Committee
- 12 Meetings with Leadership Group
- 11 Meetings of the Technical Committee (included EDA and City/County Staff)
- 78 Other Working Sessions/Meetings With City/County Staff
- 3 Briefings with City Council and County Board Members

These meetings provided valuable information and insights into the planning process and assisted the planning team on working through concerns as the plan came together. A detailed summary of these meetings is included in Appendix 2.0 of this report.

A draft of the DMC Development Plan was submitted in December 2014 for review by the DMCC Board and City. A description of the process to approve the plan is outlined in Figure Appendix 14-1 of this report.

COMMUNITY INPUT PROCESS

Upon initiation of the DMC Development Plan process, the DMCC Board instructed the planning team to facilitate a robust community input process to gather information and collect ideas of organizations, groups, specific audiences or the general public. The DMCC strategy for outreach was two-fold: to educate and to gain feedback from the public on the process, concepts and strategies included in the Development Plan.

The Community Input Process, and valuable feedback that resulted from it, directly and substantially shaped the DMC Vision and planning documents that are presented in this Development Plan.

The process was designed to create equity by facilitating communication though broad channels and allowing everyone to share ideas and voice concerns as the plan progressed. The outreach methods that were employed in this process included:

- O&A
- Meetings were listed on the DMC.MN website and open to the public
- DMC concepts
- Initiative, providing updates on the process and answer guestions
- Website with Q&A portal was created to help answer any guestions for the community

DEVELOPMENT PL DESTINATION MEDICAL CENTER DRAF

4 public forums were held to share the advancement of the DMC development plans, each public forum included presentations of the plan and then offered various opportunities for the public to ask questions and vet ideas with the planning team directly; e.g. questionnaires, input stations, public

80 person community input committee was formed, 10 users or experts in one (or more) of the 8 core areas of focus listed in the plan. This group worked throughout six months to identify timely questions to ask around the core areas of focus, the best context and effective way to communicate which shaped the community conversations, which occurred in June of 2014 to help inform the creative analysis phase of the plan150 plus Ambassadors met on a monthly basis to provide information and gather input through grass roots channels in the community. The Ambassadors met and were updated by the EDA which also included dialogue around DMC's progress and to share opinion on the concepts. Two meeting times were provided to per ambassador request to accommodate schedules.

Booth space at a popular community event, "Thursdays on First & 3rd" for public to give feedback on

121 presentations were given to various local and regional community groups describing the DMC



- Social Media was used to update the public and to serve as a platform to gather input and feedback
- Bi-weekly newsletter and on-going blogs clearly informed and updated the public
- A toolkit was created, in collaboration with the City Comprehensive Plan Team, to facilitate outreach to underserved communities and to allow individuals and groups to organize their own discussions on topics related to the DMC Plan. The toolkit was offered on line and at the Rochester Public Library.

For additional information on the Community Input Process, including agendas, meetings and social media activities visit the www.dmcmn.org website.

ON-GOING COMMUNITY INPUT / PUBLIC PROCESS

The process was and will continue to inform and build connectivity and trust with various audiences to publicly support the DMC development plan. As the plan advances, the EDA planning team intends to continue the tactics outlined above to gather feedback and input from the community on the Development Plan and to educate the public on how they- as citizens of Rochester – can influence and shape the strategies that are ultimately approved in the plan and the projects that are considered for approval by the DMCC Board and City.

THE DEVELOPMENT PLAN APPROVAL PROCESS

The DMC Act requires that the DMCC, working with the City and the EDA, prepare and adopt the Development Plan (or "Plan").

The DMCC must hold a public hearing before adopting the Plan:

- At least 60 days before the public hearing, the DMCC must make copies of the proposed Plan available to the public (1) at the DMCC and City offices during normal business hours, (2) on the DMCC's and City's Web sites, and (3) as otherwise determined appropriate by the DMCC.
- At least ten days before the public hearing, the DMCC must publish notice of the hearing in the official newspaper of the City.
- The Plan may not be adopted unless the DMCC makes certain findings, as further described in the Development Plan.
- The City must act on the Development Plan within 60 days following official submission of the proposed Plan to the City by the DMCCC.

SCHEDULE FOR PUBLIC CONSIDERATION AND ADOPTION OF DEVELOPMENT PLAN See Figure Appendix 14-1 for the schedule for public consideration and adoption of the Development Plan.



Development Plan Process*

Dec. 17, 2014 DMCC Board receives draft Development Plan	Dec. 18, 2014 DMCC and City make draft Development offices; draft Development Plan poste (dmccorporation.org) and City web side Jan. 29, 2015 DMCC amends draft D (if applicable); officiall Development Plan to	ed on the official DMCC ites and at DMC.MN Development Plan ly submits proposed	Feb. 26, 2015 DMCC Board meeting	Mar. 26, 2015 DMCC Board meeting
Dec 2014	Jan 2015	Feb 2015	Mar 2015	A 20
	Dec. 18, 2014 - Jan. 28, 201 DMCC, City and public preliminary re- comment period on draft Developme	view and ent Plan		Prior to DMCC adoption of City Council action on resolution adop
	as amended (proposed Dev DMCC (dmcco and at DMC.M	015 ty make proposed Development if applicable), available at office velopment Plan posted on the o prporation.org) and City web sit 1N (60 days prior to public heari 60-day statutory review process	s; fficial es ng;	60 days of official submission of propo

*The City or its planning commission may independently, or in conjunction with the DMCC Board, conduct public hearings or comment periods on the Development Plan prior to action on the Development Plan by the City Council or DMCC Board.

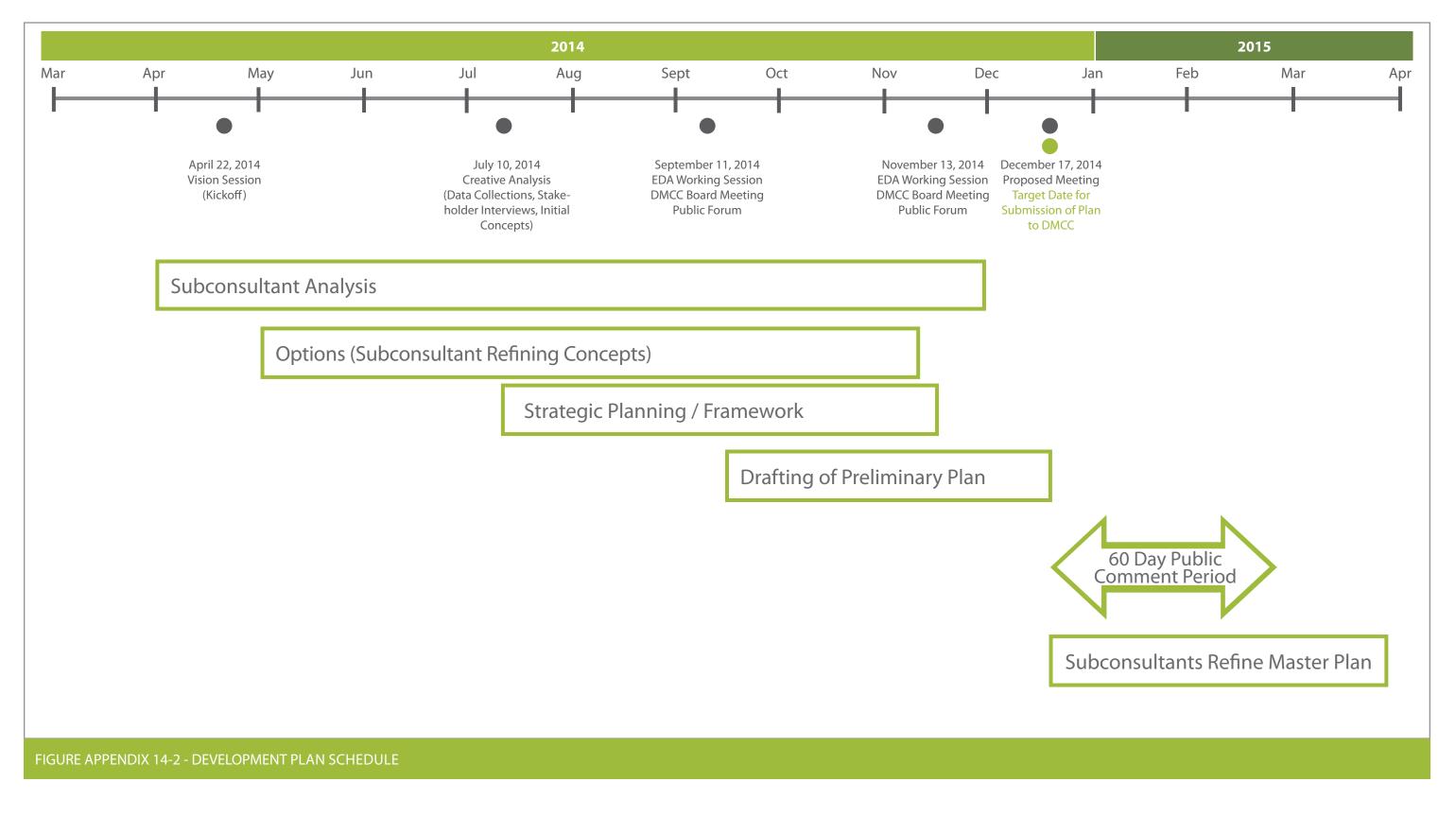
FIGURE APPENDIX 14-1 - DEVELOPMENT PIAN PROCESS

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT



APPENDIX 14.0 - DEVELOPMENT PLAN & COMMUNITY INPUT PROCESS | PAGE 3





DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

APPENDIX 14.0 - DEVELOPMENT PLAN & COMMUNITY INPUT PROCESS | PAGE 5







APPENDIX 15.0 VOLUME I		CAILED TABLE OF C	
Section 1.0	DMC 1.0 1.1	& Development Plan Statement of Purpo Project Mission State 1.1.1 Mission State 1.1.2 Statement of	os te
	1.2	Guiding Principles of	
	1.3	Summary of Master	
		1.3.1 DMC Vision	
		1.3.2 Summary of S	St
	1.4	Market Summary &	
		1.4.1 Market Summ	
		1.4.2 Program State	
Section 2.0	DMC	Capital Investment P	la
	2.1	Overview of the DM	
	2.2	Capital Investment	P
		2.2.1 Estimated Sou	J
		2.2.2 Estimated Use	2
		2.2.3 Operating, Pro	0
	2.3	Implementation Pla	1
	2.4	Metrics, Measureme	9
Section 3.0	DMC	Funding Application	F
	3.1	Process to Apply for	r
	3.2	Evaluation Criteria	
	3.3	Policy Consideratio	n
Section 4.0	Deve	elopment Plan Finding	J
	4.1	Requirement #1: Province of the second s	0
	4.2	Requirement #2: Ma	
	4.3	Requirement #3: Co	
	4.4	Requirement #4: St	
		4.4.1 Incorporation	
		4.4.2 Other Plannin	-
	4.5	Requirement #5: Cit	ty

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

ONTENTS **(& PHASE | STRATEGIES**

Overview

se tement Goals & Objectives ment Goals & Objectives of Development Plan Plan & Development Districts

ub-Districts **Program Statement** nary ement

lan (Phase I)

IC Financial Framework Plan urces of Funds (Phase I) es of Funds (Phase I) ogram & Activation Considerations an – DMC-CIP/Finance Plan ents & On-Going Reporting

Process & Evaluation Criteria

r Projects & Funding for Projects ns

JS

ovide an Outline for the Development of the DMC aximization of Opportunity for Private Enterprise onformance and/or Consistency with Plans rategic Planning Documents of the 7 Core Areas & Transportation ng Documents **Requirement #5: City Approval of Plan**



VOLUME II PLANNING DOCUMENTS

Section 5.0	Marl	xet Research	Section 6.0	Mast	er Plan	
	5.1	Executive Summary		6.1	DMC	Vision
	5.2	General Limiting Conditions			6.1.1	Relationship to
	5.3	Introduction			6.1.2	User Experience
	5.4	Demographics				6.1.2.1 Residen
		5.4.1 Historic Population				6.1.2.2 Commu
		5.4.2 Population & Household Projections				6.1.2.3 Busines
	5.5	Labor Force				6.1.2.4 Patient
		5.5.1 Historic Employment in Olmsted County				6.1.2.5 Visitor E
		5.5.2 Shift Share Analysis			6.1.3	Overview of Pla
		5.5.3 Living & Working Downtown		6.2	Regio	nal & Area Ana
		5.5.4 Employment in Rochester			6.2.1	Regional Map &
		5.5.5 Employment Projections			6.2.2	Existing Roadw
		5.5.6 Labor Force Challenges			6.2.3	Existing Condit
		5.5.7 The Science Gap			6.2.4	Summary of Cit
		5.5.8 Median Household Income			6.2.5	Overview of Pre
	5.6	DMC Core Areas – Economic Opportunities Analysis		6.3	Key P	laces
		5.6.1 Health & Wellness			6.3.1	Heart of the Cit
		5.6.2 Commercial, Technology & Research				6.3.1.1 Principle
		5.6.3 Hotel & Hospitality				6.3.1.2 Key Plac
		5.6.4 Retail, Dining, & Entertainment				6.3.1.3 Progran
		5.6.5 Learning Environment			6.3.2	Discovery Squa
		5.6.6 Sports & Recreation				6.3.2.1 Principle
		5.6.7 Livable City				6.3.2.2 Key Plac
		5.6.8 Development Program & Phasing Strategy				6.3.2.3 Progran
	5.7	Development & Planning Case Studies			6.3.3	Downtown Wa
		5.7.1 Cleveland Clinic (Cleveland, Ohio)				6.3.3.1 Principle
		5.7.2 Johns Hopkins Medical Center (Baltimore, Maryland)				6.3.3.2 Key Plac
		5.7.3 BIOCOM/CONNECT (San Diego, California)				6.3.3.3 Progran
		5.7.4 CORTEX (St. Louis, Missouri)			6.3.4	Central Station
		5.7.5 Phoenix Biomedical Campus (Phoenix, Arizona)				6.3.4.1 Principle
		5.7.6 Bellevue, Washington				6.3.4.2 Key Plac
		5.7.7 Des Moines, Iowa				6.3.4.3 Progran
		5.7.8 Madison, Wisconsin			6.3.5	St. Marys Place
		5.7.9 Oklahoma City, Oklahoma				6.3.5.1 Principle
		5.7.10 Portland, Oregon				6.3.5.2 Key Plac
						6.3.5.3 Progran
					6.3.6	UMR/Recreatio
						6.3.6.1 Principle
						6.3.6.2 Key Plac
						6.3.6.3 Progran

to DMC's Eight Core Areas ence Goals lent Experience muter Experience ness Experience nt Experience or Experience Planning Purpose & Strategy nalysis op & Overview dways/Access/Connections ditions/Land & Use City Land & Use Policies/Regulations Previous Studies & History
City iples Places ram (program plan, massing, & aerial) quare iples Places ram (program plan, massing, & aerial) Waterfront iples Places ram (program plan, massing, & aerial)
on iples Places ram (program plan, massing, & aerial) iples Places ram (program plan, massing, & aerial) tion iples Places ram (illustrative site plan & program plan)



Section

PLANNING DOCUMENTS **VOLUME II**

	6.4	Parks & Open Space 6.4.1 Open Space Network	7.4	Regio 7.4.1	onal & District An Integrate
		6.4.2 Skyway/Subway System		740	Investment F
	6 5	6.4.3 Public Art		7.4.2	Transportatio
	6.5	Historic District & Preservation Planning			7.4.2.1 Trave
		6.5.1 Planning Criteria			7.4.2.2 DMC 7.4.2.3 Mode
	6.6	6.5.2 Inventory of Historic Landmarks, Districts & Assets			
	6.6	Environmental & Sustainability Targets			7.4.2.4 Trans
		6.6.1 Background	7 5	Dogio	7.4.2.5 Parki
		6.6.2 Sustainability Framework Overview	7.5	-	
		6.6.3 Process for Implementation		7.5.1	Access & Par 7.5.1.1 Form
		6.6.4 Tools			
					7.5.1.2 Estab 7.5.1.3 Institu
7.0		sportation Plan			7.5.1.4 Mana
	7.1	Introduction			
		7.1.1 DMC Transportation Plan Purpose & Strategy			7.5.1.5 Explo 7.5.1.6 Unbu
		7.1.2 Transportation Principles for the DMC			7.5.1.7 Shift
	7.2	Overview of Current Systems			Mana
		7.2.1 DMC Development District Workforce Access Challenge		7.5.2	Transit Inves
		7.2.2 Access & Mobility Patterns		7.3.2	
		7.2.3 Current Systems & Opportunities			7.5.2.1 Optin 7.5.2.2 Inves
	7.3	Transportation Case Studies			7.5.2.2 mves 7.5.2.3 Deve
		7.3.1 Portland Streetcar			
		7.3.2 Indianapolis Cultural Trail			7.5.2.4 Const Dowr
		7.3.3 Nice Ride Minnesota Bike Share		7.5.3	Streets Inves
		7.3.4 Euclid Avenue Streetscape & Transit Enhancements		7.5.5	7.5.3.1 The D
		7.3.5 Hammarby Sjostad			7.5.3.2 Priori
		7.3.6 Legible London			
		7.3.7 East 4th Street Restaurant Row			7.5.3.3 Imple 7.5.3.4 Intelli
		7.3.8 Portland Transit Mall			
		7.3.9 Pearl Street Mall			Mana
		7.3.10 High End Commuter Bus			7.5.3.5 Distri
		7.3.11 Depot Square at Boulder Junction		751	7.5.3.6 Proje Active Trans
		7.3.12 Shared Streets		7.5.4	
		7.3.13 Integrated Parking Designs			7.5.4.1 Activ
					7.5.4.2 Deve 7.5.4.3 Estab
					Loop
					7.5.4.4 Codif
					7.5.4.5 Proje

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

Demand Analysis ed Approach to Development & Transportation Planning ion Demand Assessment el Demand Analysis Study Area Access & Functional Capacity e Share Targets sit Demand Assessment ng Demand Analysis t Transportation Improvements king Investment Strategy a Downtown Rochester Access Management Authority blish a Shared Parking Policy tute a Payment in Lieu of Parking Fee age Parking to Be Self-Sustaining pre Opportunities to Implement Automated Parking undle Parking Access Demand through Transportation Demand agement stment Strategy mize Local & Regional Transit Service Downtown st in Transit Priority Streets lop the Transit Terrace struct & Operate a High-Quality & Frequent ntown Streetcar Line stment Strategy OMC Streets Principles & Investment Framework ity Street Projects ementing DMC Street Investment Priorities ligent Transportation Systems & Transportation System agement ict Traffic Analysis ected Capital Costs portation Investment Strategy re Transportation Principles to Serve Downtown lop a World-Class Urban Trail–the City Loop Trail blish a Downtown Bike Share System Anchored to the City

fy Developer Requirements for End-of-Trip Facilities ected Capital Costs

APPENDIX 15.0 - DETAILED TABLE OF CONTENTS | PAGE 3



VOLUME II PLANNING DOCUMENTS

		 7.5.5 Regional Improvements 7.5.5.1 Implement a Regional Park-&-Ride Network 7.5.5.2 Establish a Regional Commuter Shuttle between Twin Cities and Rochester 	Section 9.0	Finar 9.1 9.2	DMC Funding Model Roles & Responsibilit 9.2.1 Governance & F	
		7.5.5.3 Improve Access to Rochester International Airport 7.5.5.4 Develop an Integrated TSA Checkpoint Screening & Shuttle 7.5.5.5 Support Regional High Speed Rail (i.e. ZipRail) 7.5.5.6 Non DMC-Supported Costs		9.3	9.2.2 Project Impleme Finance Plan (Long-T 9.3.1 General Infrastr 9.3.2 Key Assumption 9.3.3 Summary Assur	
Section 8.0	Dist	rict Infrastructure Master Plan		9.4	Strategic Work Plan,	
	8.1	Introduction		9.5	Strategic Challenges	
		8.1.1 Overview of the Infrastructure Master Plan Purpose & Strategy		9.6	Outline of Potential A	
		8.1.2 Infrastructure Planning Principles				
	8.2	Summary of Existing Conditions	Section 10.0	DMC	Business Development	
		8.2.1 Introduction		10.1	Business Developme	
		8.2.2 Subsurface Conditions		10.2	The Bio-Med-Tech St	
		8.2.3 Flood Zones		10.3	Summary of Strategic	
	8.3	Public Utilities				
		8.3.1 Existing Conditions	Section 11.0	Mark	eting & Communicatio	
		8.3.2 Project Design Criteria		11.1	Community Outreach	
		8.3.3 Coordination with Transportation Plan & City Plans		11.2	Strategic Work Plan,	
		8.3.4 Recommended Phasing/Improvements Strategies		11.3	Strategic Challenges,	
	8.4	Bridges/Subway/Skyway		11.4	Potential Strategic Pa	
		8.4.1 Existing Conditions				
	0.5	8.4.2 Project Design Criteria	Section 12.0	Com	munity Outreach Imple	
	8.5	Shared Parking		12.1	Marketing & Commu	
		8.5.1 Existing Conditions 8.5.2 Project Design Criteria		12.2	Strategic Implementa	
		8.5.2 Project Design Criteria8.5.3 Coordination with Transportation Plan & City Plans		12.3	Challenges, Risks & C	
		8.5.4 Recommended Phasing/Improvements Strategies				
	8.6	Parcel Development	Section 13.0	DMC	Operations Implement	
	0.0	8.6.1 Existing Conditions		13.1	DMC Consolidated Op	
		8.6.2 Project Design Criteria		13.2	DMCC Operations Su	
		8.6.3 Coordination with Transportation Plan & City Plans			13.2.1 DMCC Organiza	
		8.6.4 Recommended Phasing/Improvements Strategies			13.2.2 DMCC Operation	
	8.7	Civic Uses, Cultural Uses & Public Amenities		13.3	City Operations Sum	
		8.7.1 Parks & Open Space Project Design Criteria			13.3.1 City Operations	
		8.7.2 Recommended Phasing/Improvement Strategies		13.4	•	
	8.8	Technology Improvements			13.4.1 EDA Organizati	
		8.8.1 Overview of Strategies & Improvements			13.4.2 EDA Staffing Pla	
		8.8.2 Budget Estimate (Current Year)			13.4.3 EDA Operations	
	-					

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

Framework)

ent Implementation Plan

ment Overview & Goals Strategy egic Priorities

tions Implementation Plan

ach Principles an, Priorities, Goals & Objectives – 5 Years Jes, Risks & Considerations c Partnerships

plementation Plan

nunication Overview & Goals entation Work Plan – Phase 1 (5 Years) & Considerations

entation Plan

A Operating Budget - 2015 Proposed / 5-Year Projected Summary nizational Structure ations Budget 2015 / 5-Year Projected Immary ons Budget 2015 / 5-Year Projected Immary zational Structure g Plan ions Budget 2015 / 5-Year Projected



VOLUME II	PLANNING DOCUMENTS Economic & Fiscal Impact Report 14.1 Project Output		VOLUME III Appendix 1.0	APPENDICES Definitions
Section 14.0				
	14.1 14.2 14.3	Project Overview General Limiting Conditions Methodology	Appendix 2.0	DMC Planning & Coordination
	14.4 14.5	Baseline Analysis Sources of Potential Economic & Fiscal Impacts	Appendix 3.0 Appendix 4.0	AECOM Market Research
		14.5.1 Estimated Construction Costs to Build the Proposed DMC14.5.2 Estimated Operations at Proposed DMC Businesses & Organizations	Appendix 5.0	Design Guidelines
	14.6 14.7	Potential Economic Impacts of DMC Potential Fiscal Impacts of DMC 14.7.1 City of Rochester	Appendix 6.0 Appendix 7.0	2015 Milestone Schedule Access, TDM, & Parking
		 14.7.2 Olmsted County 14.7.3 State of Minnesota Fiscal Analysis of City of Rochester's General Fund with Proposed DMC 14.8.1 Methodology 14.8.2 Revenue Projections 14.8.3 Expenditure Projections 14.8.4 Net Fiscal Impact of Proposed DMC on City of Rochester's General Fund 	Appendix 8.0	Transit Framework
	14.8		Appendix 9.0 Appendix 10.0	Streets & Traffic Analysis Active Transportation
			Appendix 11.0 Appendix 12.0	Form(s) & Procedures for Fu Summary Terms of Develop
			Appendix 13.0	Summary Terms of Develop
			Appendix 14.0 Appendix 15.0	Development Plan & Commu Detailed Table of Contents

DEVELOPMENT PLAN DESTINATION MEDICAL CENTER DRAFT

ation Meetings

t Technical Description

Funding Applications opment/Grant Agreements

opment Loan Agreements

munity Input Process

APPENDIX 15.0 - DETAILED TABLE OF CONTENTS | PAGE 5