



Transportation Disadvantaged Trip & Equipment Grant Application Form

Legal Name	Broward County Board of County Commissioners d/b/a/ Broward County Mass Transit Administration		
Federal Employer Identification Number	59-6000531-037		
Registered Address	1 N. University Drive – Suite 3100-A		
City and State	Plantation, FL	Zip Code	33324
Contact Person for this Grant	Paul Strobis	Phone Number Format 111-111-1111	954-357-8321
E-Mail Address [Required]	pstrobis@broward.org		
Project Location [County(ies)]	Broward County	Proposed Project Start Date	7/1/2017
Budget Allocation			
	Planning Funds Transferred from Planning Agency		0
	Grant Amount – State Allocation [90%]		3890054
	Grant Amount – Local Match [10%]		432228
	Grant Amount – Proviso [90%]		0
	Grant Amount – Proviso Match [10%]		0
	Voluntary Dollar Amount		944
	Local Match for Voluntary Dollars [In Kind]		105
	<i>Total Project Amount</i>		\$4,323,331.00

Capital Equipment Request	
Description of Capital Equipment	\$ Amount

Local Coordinating Board Review IS Required if Requesting Capital Equipment

If the purchase of capital equipment is included in this Application Form, the application has been reviewed by the ____ Local Coordinating Board.

Signature of Local Coordinating Board Chairperson

Date

I, the authorized Grant Recipient Representative, hereby certify that the information contained in this form is true and accurate and is submitted in accordance with the 2017-18 Program Manual and Application for the Trip & Equipment Grant.

Signature of Grant Recipient Representative

Date



Transportation Disadvantaged Trip & Equipment Grant Service Rates Form

Applicant	Broward County Board of County Commissioners d/b/a/ Broward County Mass Transit
Project Location [County(ies)]	Broward
Service Rate Effective Date	7/1/2017

Grant Agreement Service Rates		
Type of Service Transportation Mode	Unit of Measure (Trip or Passenger Mile)	Cost Per Unit
* Ambulatory	Trip	31.31
* Wheel Chair	Trip	53.68
* Stretcher		
Bus Pass – Daily	Pass	
Bus Pass – Weekly	Pass	
Bus Pass – Monthly	Pass	
Reduced Fare Bus Pass - Monthly	Pass	40.00
Regular Fare Bus Pass - Monthly	Pass	70.00

*** Ambulatory, Wheel Chair and Stretcher** must all use the same Unit of Measure either **Trip or Passenger Mile**;
Cannot mix, all must be the same regardless of Transportation Mode.



TRANSPORTATION DISADVANTAGED TRIP & EQUIPMENT GRANT STANDARD ASSURANCES

The Grantee hereby assures and certifies that:

1. The Grantee has the requisite fiscal, managerial, and legal capacity to carry out the Transportation Disadvantaged Program and to receive and disburse State funds.
2. The Grantee is aware that the Trip & Equipment Grant is a reimbursement grant. Reimbursement of funds will be approved for payment upon receipt of a properly completed invoice with supporting documentation.
3. Trip & Equipment Grant funds will not be used to supplant or replace existing federal, state, or local government funds.
4. The Grantee understands that an approved written eligibility application is required and is to be maintained for each rider who receives a non-sponsored trip or bus pass and such documentation shall be made available upon request by CTD staff or its designee.
5. The Grantee is aware that if capital equipment is purchased with these grant funds, equipment must be received by the recipient no later than June 30, 2018.
6. The Grantee recipient is aware that the approved project must be complete by June 30, 2018, which means services must be provided by that date or reimbursement will not be approved.
7. Capital equipment purchased through this grant shall comply with the recipient's competitive procurement requirements or Chapter 287 or Chapter 427, Florida Statutes.

This certification is valid for the agreement period for which the grant application is filed.

Signature: _____ Date: _____

Name: Bertha Henry

Title: County Administrator

Agency: Broward County Board of County Commissioners d/b/a Broward County Mass Transit Administration

Service Area: Broward County, FL

Preliminary Information Worksheet

Version 1.4

CTC Name: Broward County
County (Service Area): Broward County
Contact Person: Paul Strobis
Phone # 954-357-8321

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:

- Governmental
- Private Non-Profit
- Private For Profit

NETWORK TYPE:

- Fully Brokered
- Partially Brokered
- Sole Source

Once completed, proceed to the Worksheet entitled "Comprehensive Budget"

Comprehensive Budget Worksheet

Version 1.4

CTC: **Broward County**
County: **Broward County**

1. Complete applicable **GREEN** cells in columns 2, 3, 4, and 7

	Prior Year's ACTUALS from Oct 1st of 2015 to Sept 30th of 2016	Current Year's APPROVED Budget, as amended from Oct 1st of 2016 to Sept 30th of 2017	Upcoming Year's PROPOSED Budget from Oct 1st of 2017 to Sept 30th of 2018	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

REVENUES (CTC/Operators ONLY / Do NOT include coordination contractors!)

Local Non-Govt

Farebox						
Medicaid Co-Pay Received						
Donations/ Contributions						
In-Kind, Contributed Services						
Other						
Bus Pass Program Revenue						

Local Government

District School Board						
Compl. ADA Services	\$ 18,941,704	\$ 19,455,146	\$ 22,980,378	2.7%	18.1%	
County Cash	\$ 404,984	\$ 422,714	\$ 445,232	4.4%	5.3%	
County In-Kind, Contributed Services						
City Cash						
City In-kind, Contributed Services						
Other Cash						
Other In-Kind, Contributed Services						
Bus Pass Program Revenue						

CTD

Non-Spons. Trip Program	\$ 2,961,448	\$ 3,804,426	\$ 4,007,085	28.5%	5.3%	
Non-Spons. Capital Equipment	\$ 683,410	\$ -	\$ -	-100.0%		
Rural Capital Equipment						
Other TD (specify in explanation)						
Bus Pass Program Revenue						

USDOT & FDOT

49 USC 5307						
49 USC 5310						
49 USC 5311 (Operating)						
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)						
Bus Pass Program Revenue						

AHCA

Medicaid						
Other AHCA (specify in explanation)						
Bus Pass Program Revenue						

DCF

Alcohol, Drug & Mental Health						
Family Safety & Preservation						
Comm. Care Dis./Aging & Adult Serv.						
Other DCF (specify in explanation)						
Bus Pass Program Revenue						

DOH

Children Medical Services						
County Public Health						
Other DOH (specify in explanation)						
Bus Pass Program Revenue						

DOE (state)

Carl Perkins						
Div of Blind Services						
Vocational Rehabilitation						
Day Care Programs						
Other DOE (specify in explanation)						
Bus Pass Program Revenue						

AWI

WAGES/Workforce Board						
Other AWI (specify in explanation)						
Bus Pass Program Revenue						

DOEA

Older Americans Act						
Community Care for Elderly						
Other DOEA (specify in explanation)						
Bus Pass Program Revenue						

DCA

Community Services						
Other DCA (specify in explanation)						
Bus Pass Admin. Revenue						

Comprehensive Budget Worksheet

Version 1.4

CTC: **Broward County**
County: **Broward County**

1. Complete applicable **GREEN** cells in columns 2, 3, 4, and 7

	Prior Year's ACTUALS from Oct 1st of 2015 to Sept 30th of 2016	Current Year's APPROVED Budget, as amended from Oct 1st of 2016 to Sept 30th of 2017	Upcoming Year's PROPOSED Budget from Oct 1st of 2017 to Sept 30th of 2018	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

APD

Office of Disability Determination						
Developmental Services						
Other APD (specify in explanation)						
Bus Pass Program Revenue						

DJJ

(specify in explanation)						
Bus Pass Program Revenue						

Other Fed or State

xxx						
xxx						
xxx						
Bus Pass Program Revenue						

Other Revenues

Interest Earnings						
xxxx						
xxxx						
Bus Pass Program Revenue						

Balancing Revenue to Prevent Deficit

Actual or Planned Use of Cash Reserve						
---------------------------------------	--	--	--	--	--	--

Balancing Revenue is Short By =		None	None		
Total Revenues =	\$22,991,546	\$23,682,286	\$27,432,695	3.0%	15.8%

EXPENDITURES (CTC/Operators ONLY / Do NOT include Coordination Contractors!)

Operating Expenditures

Labor	\$ 578,614	\$ 628,900	\$ 636,920	8.7%	1.3%	
Fringe Benefits	\$ 149,260	\$ 173,170	\$ 174,060	16.0%	0.5%	
Services	\$ 1,748,420	\$ 1,748,420	\$ 1,748,420	0.0%	0.0%	
Materials and Supplies		\$ 134,800	\$ 134,800		0.0%	
Utilities						
Casualty and Liability						
Taxes	\$ 43,159	\$ 46,530	\$ 48,720	7.8%	4.7%	
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services	\$ 17,889,481	\$ 19,346,316	\$ 21,972,522	8.1%	13.6%	
Other	\$ 1,823,268	\$ 1,604,150	\$ 2,717,253	-12.0%	69.4%	
Miscellaneous						
Operating Debt Service - Principal & Interest						
Leases and Rentals						
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect						

Capital Expenditures

Equip. Purchases with Grant Funds	\$ 683,410			-100.0%		
Equip. Purchases with Local Revenue	\$ 75,934			-100.0%		
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						
Total Expenditures =	\$22,991,546	\$23,682,286	\$27,432,695	3.0%	15.8%	

See NOTES Below.

Once completed, proceed to the Worksheet entitled "Budgeted Rate Base"

ACTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or applied as a Rate Base Adjustment to proposed year's rates on the next sheet.

Budgeted Rate Base Worksheet

Version 1.4

CTC: **Broward County**
County: **Broward County**

1. Complete applicable **GREEN** cells in column 3; **YELLOW** and **BLUE** cells are automatically completed in column 3
2. Complete applicable **GOLD** cells in column 5

	Upcoming Year's BUDGETED Revenues		
	from Oct 1st of 2017 to Sept 30th of 2018	What amount of the Budgeted Revenue in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?	What amount of the Subsidy Revenue in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?
1	2	3	4
		Budgeted Rate Subsidy Revenue EXCLUDED from the Rate Base	

APD			
Office of Disability Determination	\$ -		
Developmental Services	\$ -		
Other APD	\$ -		
Bus Pass Program Revenue	\$ -		
DJJ			
DJJ	\$ -		
Bus Pass Program Revenue	\$ -		
Other Fed or State			
xxx	\$ -		
xxx	\$ -		
xxx	\$ -		
Bus Pass Program Revenue	\$ -		
Other Revenues			
Interest Earnings	\$ -		
xxxx	\$ -		
xxxx	\$ -		
Bus Pass Program Revenue	\$ -		
Balancing Revenue to Prevent Deficit			
Actual or Planned Use of Cash Reserve	\$ -		
Total Revenues =	\$ 27,432,695		
		\$ 4,007,085	\$ 23,425,610

EXPENDITURES (CTC/Operators ONLY)	
Operating Expenditures	
Labor	\$ 636,920
Fringe Benefits	\$ 174,060
Services	\$ 1,748,420
Materials and Supplies	\$ 134,800
Utilities	\$ -
Casualty and Liability	\$ -
Taxes	\$ 48,720
Purchased Transportation:	
Purchased Bus Pass Expenses	\$ -
School Bus Utilization Expenses	\$ -
Contracted Transportation Services	\$ 21,972,522
Other	\$ 2,717,253
Miscellaneous	\$ -
Operating Debt Service - Principal & Interest	\$ -
Leases and Rentals	\$ -
Contrib. to Capital Equip. Replacement Fund	\$ -
In-Kind, Contributed Services	\$ -
Allocated Indirect	\$ -
Capital Expenditures	
Equip. Purchases with Grant Funds	\$ -
Equip. Purchases with Local Revenue	\$ -
Equip. Purchases with Rate Generated Rev.	\$ -
Capital Debt Service - Principal & Interest	\$ -
	\$ -
Total Expenditures =	\$ 27,432,695
minus EXCLUDED Subsidy Revenue =	\$ 23,425,610
Budgeted Total Expenditures INCLUDED in	
Rate Base =	\$ 4,007,085
Rate Base Adjustment ¹ =	
Adjusted Expenditures Included in Rate	
Base =	\$ 4,007,085

\$ 23,425,610

Amount of Budgeted
Operating Rate
Subsidy Revenue

¹ Rate Base Adjustment Cell

If necessary and justified, this cell is where you could optionally adjust proposed service rates up or down to adjust for program revenue (or unapproved profit), or losses from the Actual period shown at the bottom of the Comprehensive Budget Sheet. This is not the only acceptable location or method of reconciling for excess gains or losses. If allowed by the respective funding sources, excess gains may also be adjusted by providing system subsidy revenue or by the purchase of additional trips in a period following the Actual period. If such an adjustment has been made, provide notation in the respective explanation area of the Comprehensive Budget tab.

¹ The Difference between Expenses and Revenues for Fiscal Year: **2015 - 2016**

Once Completed, Proceed to the Worksheet entitled "Program-wide Rates"

Worksheet for Program-wide Rates

CTC: Broward County Version 1.4
County: Broward County

1. Complete Total Projected Passenger Miles and ONE-WAY Passenger Trips (**GREEN** cells) below

- Do **NOT** include trips or miles related to Coordination Contractors!
- Do **NOT** include School Board trips or miles UNLESS.....
- INCLUDE** all ONE-WAY passenger trips and passenger miles related to services you purchased from your transportation operators!
- Do **NOT** include trips or miles for services provided to the general public/private pay UNLESS..
- Do **NOT** include escort activity as passenger trips or passenger miles unless charged the full rate for service!
- Do **NOT** include fixed route bus program trips or passenger miles!

PROGRAM-WIDE RATES		Fiscal Year
Total <u>Projected</u> Passenger Miles =	1,406,060	2017 - 2018
Rate Per Passenger Mile = \$	2.85	
Total <u>Projected</u> Passenger Trips =	113,392	Avg. Passenger Trip Length = 12.4 Miles
Rate Per Passenger Trip = \$	35.34	
Rates If No Revenue Funds Were Identified As Subsidy Funds		
Rate Per Passenger Mile = \$	19.51	
Rate Per Passenger Trip = \$	241.93	

Once Completed, Proceed to the Worksheet entitled "Multiple Service Rates"

Vehicle Miles

The miles that a vehicle is scheduled to or actually travels from the time it pulls out from its garage to go into revenue service to the time it pulls in from revenue service.

Vehicle Revenue Miles (VRM)

The miles that vehicles are scheduled to or actually travel while in revenue service. Vehicle revenue miles exclude:

- Deadhead
- Operator training, and
- Vehicle maintenance testing, as well as
- School bus and charter services.

Passenger Miles (PM)

The cumulative sum of the distances ridden by each passenger.

Worksheet for Multiple Service Rates

CTC: **Broward County** Version 1.4
County: **Broward County**

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

SECTION I: Services Provided

1. Will the CTC be providing any of these Services to transportation disadvantaged passengers in the upcoming budget year?.....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Go to Section II for Ambulatory Service	Go to Section II for Wheelchair Service	STOP! Do NOT Complete Sections II - V for Stretcher Service	STOP! Do NOT Complete Sections II - V for Group Service

SECTION II: Contracted Services

1. Will the CTC be contracting out any of these Services TOTALLY in the upcoming budget year?....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Skip # 2, 3 & 4 and Go to Section III for Ambulatory Service	Skip # 2, 3 & 4 and Go to Section III for Wheelchair Service	Do Not Complete Section II for Stretcher Service	Do Not Complete Section II for Group Service

2. If you answered YES to #1 above, do you want to arrive at the billing rate by simply dividing the proposed contract amount by the projected Passenger Miles / passenger trips?.....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

3. If you answered YES to #1 & #2 above, how much is the proposed contract amount for the service?
How many of the total projected Passenger Miles relate to the contracted service?
How many of the total projected passenger trips relate to the contracted service?

Ambulatory	Wheelchair	Stretcher	Group
Leave Blank	Leave Blank	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

Effective Rate for **Contracted Services:**
per Passenger Mile =
per Passenger Trip =

Ambulatory	Wheelchair	Stretcher	Group
		Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service
Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service		

4. If you answered # 3 & want a Combined Rate per Trip PLUS a per Mile add-on for 1 or more services, INPUT the Desired per Trip Rate (but must be less than per trip rate in #3 above) =
Rate per Passenger Mile for Balance =

Combination Trip and Mile Rate			
Leave Blank and Go to Section III for Ambulatory Service	Leave Blank and Go to Section III for Wheelchair Service	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

Worksheet for Multiple Service Rates

CTC: Broward County Version 1.4
County: Broward County

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

SECTION III: Escort Service

1. Do you want to charge all escorts a fee? Yes No
Skip #2 - 4 and Section IV and Go to Section V
2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR Pass. Trip Pass. Mile **Leave Blank**
per passenger mile?.....
3. If you answered Yes to # 1 and completed # 2, for how many of the projected Passenger Trips / Passenger Miles will a passenger be accompanied by an escort? **Leave Blank**
4. How much will you charge each escort?..... **Leave Blank**

SECTION IV: Group Service Loading

1. If the message "You Must Complete This Section" appears to the right, what is the projected total number of Group Service Passenger Miles? (otherwise leave blank)..... **Do NOT Complete Section IV**
..... And what is the projected total number of Group Vehicle Revenue Miles? **Loading Rate 0.00 to 1.00**

SECTION V: Rate Calculations for Multiple Services:

1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Service will be calculated automatically
* Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, MINUS miles and trips for contracted services IF the rates were calculated in the Section II above
* Be sure to leave the service BLANK if you answered NO in Section I or YES to question #2 in Section II

		RATES FOR FY: 2017 - 2018			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	1,406,060	1,152,909	253,151	Leave Blank	0
Rate per Passenger Mile =		\$2.53	\$4.33	\$0.00	\$0.00
		<small>per passenger per group</small>			

		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	113,392	92,981	20,410	Leave Blank	Leave Blank
Rate per Passenger Trip =		\$31.31	\$53.68	\$0.00	\$0.00
		<small>per passenger per group</small>			

2. If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services,...

		Combination Trip and Mile Rate			
		Ambul	Wheel Chair	Stretcher	Group
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =	<input type="text"/>	<input type="text"/>	<input type="text"/>	Leave Blank	Leave Blank
Rate per Passenger Mile for Balance =		\$2.53	\$4.33	\$0.00	\$0.00
		<small>per passenger per group</small>			

		Rates If No Revenue Funds Were Identified As Subsidy Funds			
		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =		\$17.29	\$29.64	\$0.00	\$0.00
		<small>per passenger per group</small>			
Rate per Passenger Trip =		\$214.37	\$367.49	\$0.00	\$0.00
		<small>per passenger per group</small>			

Program These Rates Into Your Medicaid Encounter Data