



# Transportation Disadvantaged Trip & Equipment Grant Application Form

<b>Legal Name</b>	Broward County Board of County Commissioners d/b/a/ Broward County Mass Transit Administration		
<b>Federal Employer Identification Number</b>	59-6000531-037		
<b>Registered Address</b>	1 N. University Drive – Suite 3100-A		
<b>City and State</b>	Plantation, FL	<b>Zip Code</b>	33324
<b>Contact Person for this Grant</b>	Paul Strobis	<b>Phone Number Format 111-111-1111</b>	954-357-8321
<b>E-Mail Address [Required]</b>	pstrobis@broward.org		
<b>Project Location [County(ies)]</b>	Broward County	<b>Proposed Project Start Date</b>	7/1/2018
<b>Budget Allocation</b>			
Grant Amount – State Allocation [90%]		\$4,237,931.00	
Grant Amount – Local Match [10%]		\$470,881.00	
Grant Amount – Proviso [90%]		\$0.00	
Grant Amount – Proviso Match [10%]		\$0.00	
Voluntary Dollar Amount		\$788.00	
Local Match for Voluntary Dollars [In Kind]		\$88.00	
<b>Total Project Amount</b>		<b>\$4,709,688.00</b>	

Capital Equipment Request	
Description of Capital Equipment	\$ Amount
	\$0.00
	\$0.00
	\$0.00

*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

[illegible]

Draft ServiceRatesForm20180420.docx  
Form Revised 4/20/2018



## **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 and eligibility support documentation 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, 2019.
6. The Grantee recipient is aware that the approved project must be complete by June 30, 2019, 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 <b>ACTUALS</b> from Oct 1st of <b>2016</b> to Sept 30th of <b>2017</b>	Current Year's <b>APPROVED</b> Budget, as amended from Oct 1st of <b>2017</b> to Sept 30th of <b>2018</b>	Upcoming Year's <b>PROPOSED</b> Budget from Oct 1st of <b>2018</b> to Sept 30th of <b>2019</b>	% 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						
<b>Bus Pass Program Revenue</b>						

### Local Government

District School Board						
Compl. ADA Services	\$ 21,096,922	\$ 21,449,592	\$ 23,949,592	1.7%	11.7%	FY19 11.7% increase caused by cost per trip increase and growth in trips.
County Cash	\$ 422,610	\$ 432,228	\$ 434,707	2.3%	0.6%	
County In-Kind, Contributed Services						
City Cash						
City In-kind, Contributed Services						
Other Cash						
Other In-Kind, Contributed Services						
<b>Bus Pass Program Revenue</b>						

### CTD

Non-Spons. Trip Program	\$ 3,804,430	\$ 3,890,054	\$ 3,912,361	2.3%	0.6%	
Non-Spons. Capital Equipment	\$ -					
Rural Capital Equipment						
Other TD (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

### 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)						
<b>Bus Pass Program Revenue</b>						

### AHCA

Medicaid						
Other AHCA (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

### DCF

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

### DOH

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

### DOE (state)

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

### AWI

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

### DOEA

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

### DCA

Community Services						
Other DCA (specify in explanation)						
<b>Bus Pass Admin. Revenue</b>						

## 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 <b>ACTUALS</b> from Oct 1st of <b>2016</b> to Sept 30th of <b>2017</b>	Current Year's <b>APPROVED</b> Budget, as amended from Oct 1st of <b>2017</b> to Sept 30th of <b>2018</b>	Upcoming Year's <b>PROPOSED</b> Budget from Oct 1st of <b>2018</b> to Sept 30th of <b>2019</b>	% 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)						
<b>Bus Pass Program Revenue</b>						

### DJJ

(specify in explanation)						
<b>Bus Pass Program Revenue</b>						

### Other Fed or State

xxx						
xxx						
xxx						
<b>Bus Pass Program Revenue</b>						

### Other Revenues

Interest Earnings						
xxxx						
xxxx						
<b>Bus Pass Program Revenue</b>						

### Balancing Revenue to Prevent Deficit

Actual or Planned Use of Cash Reserve						
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Balancing Revenue is Short By =		None	None			
Total Revenues =	\$25,323,962	\$25,771,874	\$28,296,660	1.8%	9.8%	

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

#### Operating Expenditures

Labor	\$ 647,517	\$ 666,370	\$ 686,361	2.9%	3.0%	
Fringe Benefits	\$ 218,507	\$ 222,780	\$ 229,463	2.0%	3.0%	
Services	\$ 1,621,268	\$ 1,748,420	\$ 1,920,000	7.8%	9.8%	
Materials and Supplies	\$ 122,119	\$ 170,200	\$ 170,200	39.4%	0.0%	
Utilities						
Casualty and Liability						
Taxes						
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services	\$ 21,393,411	\$ 21,642,919	\$ 23,968,636	1.2%	10.7%	
Other	\$ 1,321,140	\$ 1,321,185	\$ 1,322,000	0.0%	0.1%	
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 =	\$25,323,962	\$25,771,874	\$28,296,660	1.8%	9.8%	
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Once completed, proceed to the Worksheet entitled "Budgeted Rate Base"

# 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 and 5

	Upcoming Year's BUDGETED Revenues from Oct 1st of 2018 to Sept 30th of 2019
1	2

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?	Budgeted Rate Subsidy Revenue Excluded from the Rate Base	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?
3	4	5

## REVENUES (CTC/Operators ONLY)

### Local Non-Govt

Farebox	\$ -
Medicaid Co-Pay Received	\$ -
Donations/ Contributions	\$ -
In-Kind, Contributed Services	\$ -
Other	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

### Local Government

District School Board	\$ -
Compl. ADA Services	\$ 23,949,592
County Cash	\$ 434,707
County In-Kind, Contributed Services	\$ -
City Cash	\$ -
City In-Kind, Contributed Services	\$ -
Other Cash	\$ -
Other In-Kind, Contributed Services	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

### CTD

Non-Spons. Trip Program	\$ 3,912,361
Non-Spons. Capital Equipment	\$ -
Rural Capital Equipment	\$ -
Other TD	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

### USDOT & FDOT

49 USC 5307	\$ -
49 USC 5310	\$ -
49 USC 5311 (Operating)	\$ -
49 USC 5311(Capital)	\$ -
Block Grant	\$ -
Service Development	\$ -
Commuter Assistance	\$ -
Other DOT	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

### AHCA

Medicaid	\$ -
Other AHCA	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

### DCF

Alcoh. Drug & Mental Health	\$ -
Family Safety & Preservation	\$ -
Comm. Care Dis./Aging & Adult Serv.	\$ -
Other DCF	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

### DOH

Children Medical Services	\$ -
County Public Health	\$ -
Other DOH	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

### DOE (state)

Carl Perkins	\$ -
Div of Blind Services	\$ -
Vocational Rehabilitation	\$ -
Day Care Programs	\$ -
Other DOE	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

### AWI

WAGES/Workforce Board	\$ -
AWI	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

### DOEA

Older Americans Act	\$ -
Community Care for Elderly	\$ -
Other DOEA	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

### DCA

Community Services	\$ -
Other DCA	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>

\$ -	\$ -	
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\$ -	\$ 23,949,592	
\$ -	\$ 434,707	
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\$ 3,912,361	\$ -	\$ -	local match req.
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YELLOW cells  
are **NEVER** Generated by Applying Authorized Rates

BLUE cells  
Should be funds generated by rates in this spreadsheet

GREEN cells  
**MAY BE** Revenue Generated by Applying  
Authorized Rate per Mile/Trip Charges

Fill in that portion of budgeted revenue in Column 2 that will be **GENERATED** through the application of authorized per mile, per trip, or combination per trip plus per mile rates. Also, include the amount of funds that are Earmarked as local match for Transportation Services and **NOT** Capital Equipment purchases.

If the Farebox Revenues are used as a source of Local Match Dollars, then identify the appropriate amount of Farebox Revenue that represents the portion of Local Match required on any state or federal grants. This does not mean that Farebox is the only source for Local Match.

Please review all Grant Applications and Agreements containing State and/or Federal funds for the proper Match Requirement levels and allowed sources.

GOLD cells

Fill in that portion of Budgeted Rate Subsidy Revenue in Column 4 that will come from Funds Earmarked by the Funding Source for Purchasing Capital Equipment. Also include the portion of Local Funds earmarked as Match related to the **Purchase of Capital Equipment** if a match amount is required by the Funding Source.

# 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 and 5

	Upcoming Year's BUDGETED Revenues from Oct 1st of 2018 to Sept 30th of 2019
1	2

## 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	\$ -
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Total Revenues = \$ 28,296,660

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?	Budgeted Rate Subsidy Revenue Excluded from the Rate Base	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?
3	4	5

\$ -	\$ -	
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\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	

\$ -	\$ -	
\$ 3,912,361	\$ 24,384,299	\$ -

## EXPENDITURES (CTC/Operators ONLY)

### Operating Expenditures

Labor	\$ 686,361
Fringe Benefits	\$ 229,463
Services	\$ 1,920,000
Materials and Supplies	\$ 170,200
Utilities	\$ -
Casualty and Liability	\$ -
Taxes	\$ -
Purchased Transportation:	
Purchased Bus Pass Expenses	\$ -
School Bus Utilization Expenses	\$ -
Contracted Transportation Services	\$ 23,968,636
Other	\$ 1,322,000
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 = \$ 28,296,660

minus EXCLUDED Subsidy Revenue = \$ 24,384,299

Budgeted Total Expenditures INCLUDED in

Rate Base = \$ 3,912,361

Rate Base Adjustment<sup>1</sup> =

Adjusted Expenditures Included in Rate  
Base = \$ 3,912,361

\$ 24,384,299

Amount of Budgeted  
Operating Rate  
Subsidy Revenue

### <sup>1</sup> 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.

<sup>1</sup> The Difference between Expenses and Revenues for Fiscal Year:

2016 - 2017

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	
Total <u>Projected</u> Passenger Miles =	1,770,720
Rate Per Passenger Mile = \$	2.21
Total <u>Projected</u> Passenger Trips =	143,961
Rate Per Passenger Trip = \$	27.18

Fiscal Year

2018 - 2019

Avg. Passenger Trip Length = 12.3 Miles

### Rates If No Revenue Funds Were Identified As Subsidy Funds

Rate Per Passenger Mile = \$ 15.98

Rate Per Passenger Trip = \$ 196.56

**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

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

CTC: Broward County Version 1.4  
County: Broward County

### 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 checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" 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"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" 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"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No
		Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

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		

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

Ambulatory	Wheelchair	Stretcher	Group
Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group 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 .....  
 per passenger mile?.....  
☒ Pass. Trip **Leave Blank**  
☐ Pass. 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: 2018 - 2019			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	1,770,720	1,451,990	318,730	Leave Blank	Leave Blank
Rate per Passenger Mile =		\$1.96	\$3.36	\$0.00	\$0.00
				per passenger	per group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	143,961	118,048	25,913	Leave Blank	Leave Blank
Rate per Passenger Trip =		\$24.08	\$41.28	\$0.00	\$0.00
				per passenger	per group
2. If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services,...					
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =					
Rate per Passenger Mile for Balance =		\$1.96	\$3.36	\$0.00	\$0.00
				per passenger	per group

Rate per Passenger Mile =

Rate per Passenger Trip =

Rates If No Revenue Funds Were Identified As Subsidy Funds				
Ambul	Wheel Chair	Stretcher	Group	
\$14.16	\$24.27	\$0.00	\$0.00	\$0.00
			per passenger	per group
Ambul	Wheel Chair	Stretcher	Group	
\$174.17	\$298.57	\$0.00	\$0.00	\$0.00
			per passenger	per group
Program These Rates Into Your Medicaid Encounter Data				