



# Transportation Disadvantaged Trip & Equipment Grant Recipient Information

<b>Legal Name</b>	Broward County Florida		
<b>Federal Employer Identification Number</b>	59-6000531-037		
<b>Registered Address</b>	1 N. University Drive		
<b>City and State</b>	Plantation, FL	<b>Zip Code</b>	33324
<b>Contact Person for this Grant</b>	Plantation, FL	<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	<b>Proposed Project Start Date</b>	7/1/2021
<b>Budget Allocation</b>			
	Grant Amount – State Allocation [90%]		\$4,294,953.00
	Grant Amount – Local Match [10%]		\$477,217.00
	Voluntary Dollar Amount		\$644.00
	Local Match for Voluntary Dollars [In Kind]		\$72
	<b>Total Project Amount</b>		<b>\$4,772,886.00</b>

Capital Equipment Request	
Description of Capital Equipment	\$ Amount
<b>Total Project Amount</b>	<b>\$ 0.00</b>

*Local Coordinating Board Review IS Required if Requesting Capital Equipment*

The purchase of capital equipment is included and has been reviewed by the \_\_\_\_\_ Local Coordinating Board.

\_\_\_\_\_  
**Signature of Local Coordinating Board Chairperson**

\_\_\_\_\_  
**Date**

I, the authorized Grantee Representative, hereby certify that the information herein is true and accurate and is submitted in accordance with the 2021-22 Program Manual and Instructions for the Trip & Equipment Grant.

\_\_\_\_\_  
**Signature of Grant Recipient Representative**

\_\_\_\_\_  
**Date**



## Transportation Disadvantaged Trip & Equipment Grant Service Rates

<b>Name of Grant Recipient</b>	Broward County Florida
<b>Project Location [County(ies)]</b>	Broward
<b>Service Rate Effective Date</b>	July 1, 2021

Grant Agreement Service Rates		
Type of Service Transportation Mode	Unit of Measure (Trip or Passenger Mile)	Cost Per Unit
* Ambulatory	Trip	46.35
* Wheel Chair	Trip	79.46
* Stretcher		
Bus Pass – Daily	Pass	
Bus Pass – Weekly	Pass	
Bus Pass – Monthly	Pass	70.00
Bus Pass- Monthly Reduced	Pass	40.00

\* **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.

# Preliminary Information Worksheet

Version 1.4

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

Check Applicable Characteristic:

<b>ORGANIZATIONAL TYPE:</b>	<b>NETWORK TYPE:</b>
<input checked="" type="radio"/> Governmental	<input type="radio"/> Fully Brokered
<input type="radio"/> Private Non-Profit	<input checked="" type="radio"/> Partially Brokered
<input type="radio"/> Private For Profit	<input type="radio"/> 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>2019</b> to Sept 30th of <b>2020</b>	Current Year's <b>APPROVED</b> Budget, as amended from Oct 1st of <b>2020</b> to Sept 30th of <b>2021</b>	Upcoming Year's <b>PROPOSED</b> Budget from Oct 1st of <b>2021</b> to Sept 30th of <b>2022</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	\$ 15,635,457	\$ 15,481,371	\$ 23,892,837	-1.0%	54.3%	
County Cash	\$ 510,463	\$ 510,383	\$ 472,509	0.0%	-7.4%	
County In-Kind, Contributed Services						
City Cash						
City In-kind, Contributed Services						
Other Cash	\$ 5,839,848	\$ 3,927,090	\$ 4,016,481	-32.8%	2.3%	
Other In-Kind, Contributed Services						
<b>Bus Pass Program Revenue</b>						

**CTD**

Non-Spons. Trip Program	\$ 4,594,349	\$ 4,593,446	\$ 4,294,953	0.0%	-6.5%	
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	\$ 1,256,004	\$ 881,592	\$ 1,254,125	-29.8%	42.3%	
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**

Alcoh, 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 2019 to Sept 30th of 2020	Current Year's <b>APPROVED Budget, as amended</b> from Oct 1st of 2020 to Sept 30th of 2021	Upcoming Year's <b>PROPOSED Budget</b> from Oct 1st of 2021 to Sept 30th of 2022	% 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						
<b>Balancing Revenue is Short By =</b>		None	None			
<b>Total Revenues =</b>	\$27,836,121	\$25,393,882	\$33,930,905	-8.8%	33.6%	

EXPENDITURES (CTC/Operators ONLY / Do NOT include Coordination Contractors!)						
Operating Expenditures						
Labor	\$ 691,526	\$ 673,950	\$ 947,706	-2.5%	40.6%	
Fringe Benefits	\$ 198,490	\$ 292,790	\$ 379,580	47.5%	29.6%	
Services	\$ 399,534	\$ 364,730	\$ 380,471	-8.7%	4.3%	
Materials and Supplies	\$ 10,015	\$ 12,080	\$ 12,080	20.6%	0.0%	
Utilities						
Casualty and Liability						
Taxes	\$ 56,449	\$ 81,760	\$ 81,760	44.8%	0.0%	
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services	\$ 19,384,254	\$ 19,159,890	\$ 26,858,702	-1.2%	40.2%	
Other						
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	\$ 1,256,004	\$ 881,592	\$ 1,254,125	-29.8%	42.3%	
Equip. Purchases with Local Revenue	\$ 5,839,848	\$ 3,927,090	\$ 4,016,481	-32.8%	2.3%	
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						
<b>Total Expenditures =</b>	\$27,836,121	\$25,393,882	\$33,930,905	-8.8%	33.6%	

**See NOTES Below.**

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

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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.

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### 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 <b>BUDGETED</b> Revenues
	from
	Oct 1st of
	<b>2021</b>
	to
	Sept 30th of
	<b>2022</b>
1	2

What amount of the <u>Budgeted Revenue</u> in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?	<u>Budgeted Rate Subsidy Revenue</u> <b>Excluded from the Rate Base</b>	What amount of the <u>Subsidy Revenue</u> 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>	\$	-

Local Government

District School Board	\$	-
Compl. ADA Services	\$	23,892,837
County Cash	\$	472,509
County In-Kind, Contributed Services	\$	-
City Cash	\$	-
City In-Kind, Contributed Services	\$	-
Other Cash	\$	4,016,481
Other In-Kind, Contributed Services	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

CTD

Non-Spons. Trip Program	\$	4,294,953
Non-Spons. Capital Equipment	\$	-
Rural Capital Equipment	\$	-
Other TD	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

USDOT & FDOT

49 USC 5307	\$	-
49 USC 5310	\$	1,254,125
49 USC 5311 (Operating)	\$	-
49 USC 5311(Capital)	\$	-
Block Grant	\$	-
Service Development	\$	-
Commuter Assistance	\$	-
Other DOT	\$	-
<b>Bus Pass Program Revenue</b>	\$	-

AHCA

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

DCF

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

DOH

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

DOE (state)

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

AWI

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

DOEA

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

DCA

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

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

\$	-	-
\$	-	23,892,837
\$	472,509	-
\$	-	-
\$	-	-
\$	-	-
\$	-	4,016,481
\$	-	-
\$	-	-

\$	4,294,953	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-

local match req.  
\$ 477,217  
\$ -  
\$ -  
\$ -

\$	-	-	-
\$	-	1,254,125	\$ 1,254,125
\$	-	-	-
\$	-	-	\$ -
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\$ 139,347  
\$ -

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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

Table with columns for Upcoming Year's BUDGETED Revenues and dates (Oct 1st of 2021 to Sept 30th of 2022). Includes rows for 1 and 2.

Table with columns for Budgeted Revenue, Budgeted Rate Subsidy Revenue, and Subsidy Revenue. Includes rows for 3, 4, and 5.

Main revenue table with categories: APD, DJJ, Other Fed or State, Other Revenues, Balancing Revenue to Prevent Deficit. Includes sub-totals like Total Revenues = \$ 33,930,905.

Summary table for revenue amounts, showing values like \$ 4,767,462, \$ 29,163,443, and \$ 1,254,125.

EXPENDITURES (CTC/Operators ONLY) table with categories: Operating Expenditures, Capital Expenditures. Includes sub-totals like Total Expenditures = \$ 33,930,905 and Adjusted Expenditures included in Rate Base = \$ 4,767,462.

\$ 27,909,318

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.

1 The Difference between Expenses and Revenues for Fiscal Year: 2019 - 2020

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 =	1,017,000
<b>Rate Per Passenger Mile = \$ 4.69</b>	
Total <u>Projected</u> Passenger Trips =	90,000
<b>Rate Per Passenger Trip = \$ 52.97</b>	

Fiscal Year

2021 - 2022

<b>Avg. Passenger Trip Length =</b>	<b>11.3 Miles</b>
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Rates If No Revenue Funds Were Identified As Subsidy Funds	
<b>Rate Per Passenger Mile = \$ 33.36</b>	
<b>Rate Per Passenger Trip = \$ 377.01</b>	

**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 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 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
Answer # 2 for Ambulatory Service	Answer # 2 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
Leave Blank	Leave Blank	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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Ambulatory	Wheelchair	Stretcher	Group
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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).....

..... And what is the projected total number of Group Vehicle Revenue Miles?  Loading Rate 0.00 to 1.00

Do NOT Complete Section IV

**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: 2021 - 2022			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	1,017,000	813,600	203,400	Leave Blank	0
Rate per Passenger Mile =		\$4.10	\$7.03	\$0.00	\$0.00
		per passenger per group			

		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	90,000	72,000	18,000	Leave Blank	Leave Blank
Rate per Passenger Trip =		\$46.35	\$79.46	\$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,...

		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) =				Leave Blank	Leave Blank
Rate per Passenger Mile for Balance =		\$4.10	\$7.03	\$0.00	\$0.00
		per passenger per group			

		Rates If No Revenue Funds Were Identified As Subsidy Funds			
		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =		\$29.19	\$50.05	\$0.00	\$0.00
		per passenger per group			
Rate per Passenger Trip =		\$329.88	\$565.52	\$0.00	\$0.00
		per passenger per group			

Program These Rates Into Your Medicaid Encounter Data