

Transportation Disadvantaged Trip & Equipment Grant Recipient Information

Legal Name	Broward County Florida		
Federal France Identification			
Federal Employer Identification Number	59-6000531-037		
Registered Address	1 N. University Drive		
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		
Drainat Location (Country/ice)			
Project Location [County(ies)]	Broward		
	Budget Allocation		
		- State Allocation [90%]	\$5,368,687.00
		ınt – Local Match [10%]	\$596,520.00
		/oluntary Dollar Amount	\$0.00
	Local Match for Vo	luntary Dollars [In Kind] Total Project Amount	0.00 \$5,965,207.00
		Total Project Amount	\$5,965,207.00
	Capital Equipment Request		
		of Capital Equipment	\$ Amount
		of Capital Equipment	\$ Amount
		of Capital Equipment	\$ Amount
		of Capital Equipment Total Project Amount	\$ Amount \$ 0.00
	Description	Total Project Amount	
Local Coordinating Board Revi		Total Project Amount	
_	Description	Total Project Amount	\$ 0.00
_	Description Description	Total Project Amount	\$ 0.00
_	Description Description Description The provided if Requesting Capital Education The provided is included and has been reviewed.	Total Project Amount	\$ 0.00
The purchase of capital equiposition of Local Coordinating I, the authorized Grantee Repr	Description Description Description The provided if Requesting Capital Education The provided is included and has been reviewed.	Total Project Amount quipment ed by the Loc ate rmation herein is tro	\$ 0.00 cal Coordinating Board. Ue and accurate and is



Transportation Disadvantaged Trip & Equipment Grant Service Rates

Name of Grant Recipient	Broward County Florida
Project Location [County(ies)]	Broward
Service Rate Effective Date	July 1, 2025

Grant Agreement Service Rates			
Type of Service	Unit of Measure	Cost Per Unit	
* Ambulatory	(Trip or Passenger Mile) Trip	25.01	
* Wheel Chair	Trip	43.76	
* Stretcher			
Bus Pass – Daily	Pass		
Bus Pass – Weekly	Pass		
Bus Pass – Monthly	Pass	70.00	
Bus Pass- Monthly Reduced	Pass	40.00	
ADA Paratransit Fare	Trip	3.50	

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