



Transportation Disadvantaged Trip & Equipment Grant Recipient Information

Legal Name	Broward County Florida		
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		
Project Location [County(ies)]	Broward		
Budget Allocation			
	Grant Amount – State Allocation [90%]		\$5,102,550.00
	Grant Amount – Local Match [10%]		\$566,950.00
	Voluntary Dollar Amount		
	Local Match for Voluntary Dollars [In Kind]		
	Total Project Amount		\$5,669,500.00

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

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 2023-24 Program Manual and Instructions for the Trip & Equipment Grant.

Signature of Grant Recipient Representative

Date



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, 2023

Grant Agreement Service Rates		
Type of Service Transportation Mode	Unit of Measure (Trip or Passenger Mile)	Cost Per Unit
* Ambulatory	Trip	25.54
* Wheel Chair	Trip	43.78
* Stretcher		
Bus Pass – Daily	Pass	
Bus Pass – Weekly	Pass	
Bus Pass – Monthly	Pass	70.00
Bus Pass- Monthly Reduced		40.00
ADA Paratransit Fare	Trip	3.50

*** 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.