

# Preliminary Information Worksheet

Version 1.4

<b>CTC Name:</b>	<input type="text"/>
<b>County</b> (Service Area):	<input type="text"/>
<b>Contact Person:</b>	<input type="text"/>
<b>Phone #</b>	<input type="text"/>

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:	NETWORK TYPE:
<input type="radio"/> Governmental	<input checked="" type="radio"/> Fully Brokered
<input type="radio"/> Private Non-Profit	<input type="radio"/> Partially Brokered
<input checked="" 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: 0  
County: 0

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

	Prior Year's <b>ACTUALS</b> from July 1st of <b>2017</b> to June 30th of <b>2018</b>	Current Year's <b>APPROVED</b> Budget, as <b>amended</b> from July 1st of <b>2018</b> to June 30th of <b>2019</b>	Upcoming Year's <b>PROPOSED</b> Budget from July 1st of <b>2019</b> to June 30th of <b>2020</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	\$ 99,218	\$ 95,000	\$ 95,000	-4.3%	0.0%	
Medicaid Co-Pay Received						
Donations/ Contributions						
In-Kind, Contributed Services						
Other	\$ 77,568			-100.0%		
<b>Bus Pass Program Revenue</b>						

### Local Government

District School Board						The FDOT 5310 is less for FY18/19.
Compl. ADA Services						
County Cash	\$ 832,135	\$ 1,216,757	\$ 808,995	46.2%	-33.5%	
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	\$ 776,283	\$ 831,307	\$ 741,294	7.1%	-10.8%	
Non-Spons. Capital Equipment						
Rural Capital Equipment						
Other TD (specify in explanation)						
<b>Bus Pass Program Revenue</b>						

### USDOT & FDOT

49 USC 5307	\$ 785,455	\$ 1,072,599	\$ 951,020	36.6%	-11.3%	Block Grant for FY18/19 has not yet been awarded nor has FY1718 Block Grant been exhausted;FY18/19 FDOT 5310 is planned but not yet completed.
49 USC 5310	\$ 710,840	\$ 914,922	\$ 20,988	28.7%	-97.7%	
49 USC 5311 (Operating)	\$ 567,651	\$ 390,307	\$ 661,765	-31.2%	69.5%	
49 USC 5311(Capital)	\$ -	\$ -	\$ -			
Block Grant	\$ 770,261	\$ 591,819	\$ 913,115	-23.2%	54.3%	
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	\$ 122,664	\$ 110,000	\$ 110,000	-10.3%	0.0%	
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: 0  
County: 0

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

	Prior Year's ACTUALS from July 1st of 2017 to June 30th of 2018	Current Year's APPROVED Budget, as amended from July 1st of 2018 to June 30th of 2019	Upcoming Year's PROPOSED Budget from July 1st of 2019 to June 30th of 2020	% 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	\$ 89,777	\$ 90,000	\$ 90,000	0.2%	0.0%	
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						
Motor Fuel Tax Rebate	\$ 52,263	\$ 45,000	\$ -	-13.9%	-100.0%	Not available for Transit; being used in road capital projects.
xxx						
xxx						
<b>Bus Pass Program Revenue</b>						
Other Revenues						
Interest Earnings						
Reimbursement from Contractor	\$ -		\$ 1,000			
<b>Bus Pass Program Revenue</b>						
Balancing Revenue to Prevent Deficit						
Actual or Planned Use of Cash Reserve		\$ 192,006	\$ -			
Balancing Revenue is Short By = <b>None</b>						
<b>Total Revenues =</b>	<b>\$4,884,115</b>	<b>\$5,549,717</b>	<b>\$4,393,177</b>	<b>13.6%</b>	<b>-20.8%</b>	

EXPENDITURES (CTC/Operators ONLY / Do NOT include Coordination Contractors!)						
Operating Expenditures						
Labor	\$ 169,856	\$ 167,122	\$ 174,335	-1.6%	4.3%	
Fringe Benefits	\$ 55,853	\$ 54,542	\$ 58,831	-2.3%	7.9%	
Services	\$ 898,526	\$ 1,208,347	\$ 571,436	34.5%	-52.7%	
Materials and Supplies	\$ 451,037	\$ 448,558	\$ 591,335	-0.5%	31.8%	
Utilities	\$ 19,578	\$ 19,550	\$ 23,810	-0.1%	21.8%	
Casualty and Liability	\$ 12,294	\$ 13,954	\$ 7,943	13.5%	-43.1%	
Taxes		\$ -	\$ -			
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services	\$ 2,483,207	\$ 2,687,696	\$ 2,939,432	8.2%	9.4%	
Other						
Miscellaneous	\$ 3,802	\$ 1,822	\$ 5,068	-52.1%	178.2%	
Operating Debt Service - Principal & Interest						
Leases and Rentals	\$ 629	\$ -	\$ -	-100.0%		
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect						
Capital Expenditures						
Equip. Purchases with Grant Funds	\$ 710,840	\$ 853,312	\$ 18,889	20.0%	-97.8%	
Equip. Purchases with Local Revenue	\$ 78,493	\$ 94,813	\$ 2,099	20.8%	-97.8%	
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						
<b>PROFIT</b>						
<b>Total Expenditures =</b>	<b>\$4,884,115</b>	<b>\$5,549,716</b>	<b>\$4,393,178</b>	<b>13.6%</b>	<b>-20.8%</b>	
See NOTES Below.						

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

Actual year LOSSES are shown as Balancing Revenue or Local Non-Government revenue.



# Budgeted Rate Base Worksheet

Version 1.4

CTC: 0

County: 0

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	
July 1st of	
<b>2019</b>	
to	
June 30th of	
<b>2020</b>	
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

APD	
Office of Disability Determination	\$ 90,000
Developmental Services	\$ -
Other APD	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>
DJJ	
DJJ	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>
Other Fed or State	
Motor Fuel Tax Rebate	\$ -
xxx	\$ -
xxx	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>
Other Revenues	
Interest Earnings	\$ -
Reimbursement from Contractor	\$ 1,000
0	\$ -
<b>Bus Pass Program Revenue</b>	<b>\$ -</b>
Balancing Revenue to Prevent Deficit	
Actual or Planned Use of Cash Reserve	\$ -
<b>Total Revenues =</b>	<b>\$ 4,393,177</b>

\$ 90,000	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ 1,000	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ 2,498,059	\$ 1,895,118	\$ 20,989

<b>EXPENDITURES (CTC/Operators ONLY)</b>	
<b>Operating Expenditures</b>	
Labor	\$ 174,335
Fringe Benefits	\$ 58,831
Services	\$ 571,436
Materials and Supplies	\$ 591,335
Utilities	\$ 23,810
Casualty and Liability	\$ 7,943
Taxes	\$ -
Purchased Transportation:	
Purchased Bus Pass Expenses	\$ -
School Bus Utilization Expenses	\$ -
Contracted Transportation Services	\$ 2,939,432
Other	\$ -
Miscellaneous	\$ 5,068
Operating Debt Service - Principal & Interest	\$ -
Leases and Rentals	\$ -
Contrib. to Capital Equip. Replacement Fund	\$ -
In-Kind, Contributed Services	\$ -
Allocated Indirect	\$ -
<b>Capital Expenditures</b>	
Equip. Purchases with Grant Funds	\$ 18,889
Equip. Purchases with Local Revenue	\$ 2,099
Equip. Purchases with Rate Generated Rev.	\$ -
Capital Debt Service - Principal & Interest	\$ -
<b>PROFIT</b>	<b>\$ -</b>
<b>Total Expenditures =</b>	<b>\$ 4,393,178</b>
<i>minus</i> EXCLUDED Subsidy Revenue =	\$ 1,895,118
Budgeted Total Expenditures INCLUDED in	
Rate Base =	\$ 2,498,060
Rate Base Adjustment <sup>1</sup> =	
<b>Adjusted Expenditures Included in Rate Base =</b>	<b>\$ 2,498,060</b>

\$ 1,874,130

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: 2017 - 2018

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

# Worksheet for Program-wide Rates

CTC: 0  
 County: 0

Version 1.4

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 =	716,412
<b>Rate Per Passenger Mile = \$</b>	<b>3.49</b>
Total <u>Projected</u> Passenger Trips =	76,386
<b>Rate Per Passenger Trip = \$</b>	<b>32.70</b>

Fiscal Year

2019 - 2020

<b>Avg. Passenger Trip Length =</b>	<b>9.4 Miles</b>
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Rates If No Revenue Funds Were Identified As Subsidy Funds	
<b>Rate Per Passenger Mile = \$</b>	<b>6.13</b>
<b>Rate Per Passenger Trip = \$</b>	<b>57.51</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: 0  
County: 0

Version 1.4

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 checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input checked="" type="radio"/> No
Go to Section II for Ambulatory Service	Go to Section II for Wheelchair Service	Go to Section II 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 checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input checked="" type="radio"/> No
Answer # 2 for Ambulatory Service	Answer # 2 for Wheelchair Service	Answer # 2 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?.....

<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

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	Leave Blank	Do NOT Complete Section II for Group Service

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	Go to Section III 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	Leave Blank and Go to Section III for Stretcher Service	Do NOT Complete Section II for Group Service

## Worksheet for Multiple Service Rates

CTC: 0  
County: 0  
Version 1.4

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: 2019 - 2020				
		Ambul	Wheel Chair	Stretcher	Group	
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	716,412	= 589,907	+ 126,505	+ <input type="text"/>	+ <input type="text"/>	0
Rate per Passenger Mile =		\$3.10	\$5.31	\$0.00	\$0.00	\$0.00
					per passenger	per group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	76,386	= 48,902	+ 27,484	+ <input type="text"/>	+ <input type="text"/>	
Rate per Passenger Trip =		\$26.02	\$44.60	\$0.00	\$0.00	\$0.00
					per passenger	per group
2. If you answered # 1 above and want a COMBINED Rate per Trip <u>PLUS</u> a per Mile add-on for 1 or more services,...						
<b>Combination Trip and Mile Rate</b>						
		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"/>	<input type="text"/>	\$0.00
Rate per Passenger Mile for Balance =		\$3.10	\$5.31	\$0.00	\$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 =		\$5.45	\$9.33	\$0.00	\$0.00	\$0.00
					per passenger	per group
Rate per Passenger Trip =		\$45.75	\$78.44	\$0.00	\$0.00	\$0.00
					per passenger	per group
<b>Program These Rates Into Your Medicaid Encounter Data</b>						