

Preliminary Information Worksheet

Version 1.4

CTC Name:
County (Service Area):
Contact Person:
Phone #

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: 0
County: 0

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

	Prior Year's ACTUALS from July 1st of 2023 to June 30th of 2024	Current Year's APPROVED Budget, as amended from July 1st of 2024 to June 30th of 2025	Upcoming Year's PROPOSED Budget from July 1st of 2025 to June 30th of 2026	% 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						
Bus Pass Program Revenue						

Local Government

District School Board						
Compl. ADA Services						
County Cash						
County In-Kind, Contributed Services						
City Cash						
City In-kind, Contributed Services						
Other Cash						
Other In-Kind, Contributed Services						
Bus Pass Program Revenue						

CTD

Non-Spons. Trip Program						
Non-Spons. Capital Equipment						
Rural Capital Equipment						
Other TD (specify in explanation)						
Bus Pass Program Revenue						

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)						
Bus Pass Program Revenue						

AHCA

Medicaid						
Other AHCA (specify in explanation)						
Bus Pass Program Revenue						

DCF

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

DOH

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

DOE (state)

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

AWI

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

DOEA

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

DCA

Community Services						
Other DCA (specify in explanation)						
Bus Pass Admin. Revenue						

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 2023 to June 30th of 2024	Current Year's APPROVED Budget, as amended from July 1st of 2024 to June 30th of 2025	Upcoming Year's PROPOSED Budget from July 1st of 2025 to June 30th of 2026	% 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)						
Bus Pass Program Revenue						

DJJ

(specify in explanation)						
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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Balancing Revenue is Short By =	None	None	
Total Revenues =	\$0	\$0	\$0

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

Operating Expenditures

Labor						
Fringe Benefits						
Services						
Materials and Supplies						
Utilities						
Casualty and Liability						
Taxes						
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services						
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						
Equip. Purchases with Local Revenue						
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						

PROFIT

Total Expenditures =	\$0	\$0	\$0
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Once completed, proceed to the Worksheet entitled "Budgeted Rate Base"

Comprehensive Budget Worksheet

Version 1.4

CTC: 0
County: 0

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

1	2	3	4	5	6	7
	Prior Year's ACTUALS from July 1st of 2023 to June 30th of 2024	Current Year's APPROVED Budget, as amended from July 1st of 2024 to June 30th of 2025	Upcoming Year's PROPOSED Budget from July 1st of <input type="text" value="2025"/> to June 30th of 2026	% 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

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 =	<input type="text"/>
Rate Per Passenger Mile =	<input type="text"/>
Total <u>Projected</u> Passenger Trips =	<input type="text"/>
Rate Per Passenger Trip =	<input type="text"/>
Fiscal Year	2025 - 2026
Avg. Passenger Trip Length =	<input type="text"/> ##### Miles

Rates If No Revenue Funds Were Identified As Subsidy Funds	
Rate Per Passenger Mile = \$	<input type="text"/> -
Rate Per Passenger Trip = \$	<input type="text"/> -

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 type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <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 type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <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?.....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <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: 2025 - 2026				
		Ambul	Wheel Chair	Stretcher	Group	
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Leave Blank 0
Rate per Passenger Mile =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 per passenger per group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Leave Blank
Rate per Passenger Trip =		\$0.00	\$0.00	\$0.00	\$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				
...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"/>	Leave Blank \$0.00
Rate per Passenger Mile for Balance =		\$0.00	\$0.00	\$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 =		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! per passenger per group
Rate per Passenger Trip =		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! per passenger per group

Program These Rates into Your Medicaid Encounter Data

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