

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

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

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

	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

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 BUDGETED Revenues
	from
	July 1st of
	2025
	to
	June 30th of
	2026
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

REVENUES (CTC/Operators ONLY)

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	\$ -
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	\$ -
Bus Pass Program Revenue	\$ -

AHCA

Medicaid	\$ -
Other AHCA	\$ -
Bus Pass Program Revenue	\$ -

DCF

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

DOH

Children Medical Services	\$ -
County Public Health	\$ -
Other DOH	\$ -
Bus Pass Program Revenue	\$ -

DOE (state)

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

AWI

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

DOEA

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

DCA

Community Services	\$ -
Other DCA	\$ -
Bus Pass Program Revenue	\$ -

\$ -	\$ -	
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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.

County: 0

- | | | |
|--|---|--|
| <p>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?</p> | <p><u>Budgeted Rate</u>
<u>Subsidy Revenue</u>
<u>Excluded from the Rate Base</u></p> | <p>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?</p> |
| <p>3</p> | <p>4</p> | <p>5</p> |

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

Amount of Budgeted
Operating Rate
Subsidy Revenue

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, entities may also adjust 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.

2023 - 2024

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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 Projected Passenger Miles =

Rate Per Passenger Mile =

Total Projected Passenger Trips =

Rate Per Passenger Trip =

Fiscal Year

2025 - 2026

Avg. Passenger Trip Length = ##### Miles

Rates If No Revenue Funds Were Identified As Subsidy Funds

Rate Per Passenger Mile = \$ -

Rate Per Passenger Trip = \$ -

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
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ 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
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ 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
☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ 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
☐ Pass. Mile

Leave Blank
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

Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 0

Rate per Passenger Mile =

RATES FOR FY: 2025 - 2026				
Ambul	Wheel Chair	Stretcher	Group	
			Leave Blank	0
\$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

Rate per Passenger Trip =

Ambul	Wheel Chair	Stretcher	Group	
			Leave Blank	
\$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,...

...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =

Rate per Passenger Mile for Balance =

Combination Trip and Mile Rate				
Ambul	Wheel Chair	Stretcher	Group	
			Leave Blank	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			per passenger	per group

Rate per Passenger Mile =

Rate per Passenger Trip =

Rates If No Revenue Funds Were Identified As Subsidy Funds				
Ambul	Wheel Chair	Stretcher	Group	
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			per passenger	per group
Ambul	Wheel Chair	Stretcher	Group	
#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

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
- CTC: 0

County: 0
- Version 1.4