

Preliminary Information Worksheet

Version 1.4

CTC Name:	Lee County Board of County Commissioners
County (Service Area):	LEE
Contact Person:	Virginia Walters
Phone #	239-533-0300

Check Applicable Characteristic:

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

Once completed, proceed to the Worksheet entitled "Comprehensive Budget"

Comprehensive Budget Worksheet

Version 1.4

CTC: Lee County Board of County Commissioners
County: LEE

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

	Prior Year's ACTUALS from July 1st of 2022 to June 30th of 2023	Current Year's APPROVED Budget, as amended from July 1st of 2023 to June 30th of 2024	Upcoming Year's PROPOSED Budget from July 1st of <input type="text" value="2024"/> to June 30th of 2025	% 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	\$ 455,328	\$ 468,988	\$ 483,058	3.0%	3.0%
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	\$ 1,060,297	\$ 1,092,106	\$ 1,124,869	3.0%	3.0%
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

Alcoh, 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					
--------------------	--	--	--	--	--

Comprehensive Budget Worksheet

Version 1.4

CTC: Lee County Board of County Commissioners
 County: LEE

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

	Prior Year's ACTUALS from July 1st of 2022 to June 30th of 2023	Current Year's APPROVED Budget, as amended from July 1st of 2023 to June 30th of 2024	Upcoming Year's PROPOSED Budget from July 1st of <input type="text" value="2024"/> to June 30th of 2025	% 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

ACTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be identified and explained in a following year, or applied as a Rate Base Adjustment to proposed year's rates on the next sheet.

Worksheet for Program-wide Rates

CTC: Lee County Board Version 1.4
 County: LEE

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		Fiscal Year
Total <u>Projected</u> Passenger Miles =	260,129	2024 - 2025
Rate Per Passenger Mile = \$	4.32	
Total <u>Projected</u> Passenger Trips =	20,485	Avg. Passenger Trip Length = 12.7 Miles
Rate Per Passenger Trip = \$	54.91	

Rates If No Revenue Funds Were Identified As Subsidy Funds	
Rate Per Passenger Mile = \$	6.18
Rate Per Passenger Trip = \$	78.49

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: Lee County Boa Version 1.4
 County: LEE

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?.....

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

Leave Blank	Leave Blank	Leave Blank	Do NOT Complete Section II for Group Service

Effective Rate for Contracted Services:

	Ambulatory	Wheelchair	Stretcher	Group
per Passenger Mile =				
per Passenger Trip =				
	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: Lee County Boa Version 1.4
 County: LEE

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
 Pass. Trip **Leave Blank**
 Pass. Mile

per passenger 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: 2024 - 2025			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	260,129	= 204,213	+ 55,916	+ <input type="text"/>	+ Leave Blank
Rate per Passenger Mile =		\$3.75	\$6.43	\$0.00	\$0.00 \$0.00
					per passenger per group

		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	20,485	= 15,233	+ 5,252	+ <input type="text"/>	+ Leave Blank
Rate per Passenger Trip =		\$46.41	\$79.56	\$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			
		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"/>	Leave Blank \$0.00
Rate per Passenger Mile for Balance =		\$3.75	\$6.43	\$0.00	\$0.00 \$0.00
					per passenger per group

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: Lee County Boa Version 1.4
 County: LEE

Rate per Passenger Mile =

Rate per Passenger Trip =

Rates If No Revenue Funds Were Identified As Subsidy Funds

Ambul	Wheel Chair	Stretcher	Group	
\$5.36	\$9.19	\$0.00	\$0.00	\$0.00
			per passenger	per group

Ambul	Wheel Chair	Stretcher	Group	
\$66.34	\$113.73	\$0.00	\$0.00	\$0.00
			per passenger	per group

Program These Rates Into Your Medicaid Encounter Data