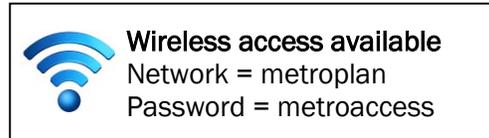




ORANGE/ OSCEOLA/ SEMINOLE COUNTIES JOINT TRANSPORTATION
DISADVANTAGED LOCAL COORDINATING BOARD

DATE: Thursday, May 11, 2017
TIME: 10:00 a.m.
LOCATION: David L. Grovdahl Board Room
250 S. Orange Avenue, Suite 200
Orlando, Florida 32801



Commissioner Pete Clarke, Chairperson, Presiding

AGENDA

- I. **CALL TO ORDER** – Commissioner Clarke

- II. **PLEDGE OF ALLEGIANCE**

- III. **CONFIRMATION OF QUORUM** – Ms. Lisa Smith

- IV. **AGENDA REVIEW & ANNOUNCEMENTS**– Ms. Virginia Whittington

- V. **PUBLIC COMMENTS ON ACTION ITEMS**

Comments from the public will be heard pertaining to Action Items on the agenda for this meeting. People wishing to speak must complete a “Speakers Introduction Card” at the reception desk. Each speaker is limited to two minutes.

VI. **CONSENT AGENDA**

A. **Approval of minutes of previous meeting**

TAB 1

The minutes of the February 9, 2017 Transportation Disadvantaged Local Coordinating Board meeting are included for approval at Tab 1.

VII. ACTION ITEMS

A. Approval of the 2015-2016 CTC Evaluation Report

TAB 2

Pursuant to Florida Statutes 427.15 the performance of the Community Transportation Coordinator (CTC) shall be evaluated based on the Commission for the Transportation Disadvantaged approved evaluation criteria by the coordinating board annually. A copy of the evaluation report is included and, after approval, will be submitted to the MetroPlan Orlando Board and the Commission.

B. Approval of the Transportation Disadvantaged Service Plan (TDSP) Annual Update **TAB 3**

Mr. Tim May will present minor updates to the Transportation Disadvantaged Service Plan. The TDSP is an annually updated tactical plan jointly developed by the Planning Agency and the Community Transportation Coordinator that contains development, service, and quality assurance components. The TDLCB reviews and approves the TDSP and it is submitted to the Commission for the Transportation Disadvantaged for final action.

C. Approval of the FY 2017-2018 Rate Calculation Worksheet

TAB 4

Each year, the Florida Commission for the Transportation Disadvantaged (CTD) reviews and approves prices charged by transportation operators for rides purchased in the Coordinated Transportation System. The rate approval process begins with completion of the rate model spreadsheet. The information put into the spreadsheet considers past, current, and projected costs and revenues associated with the area's transportation services.

The rate model spreadsheet is updated each year to adjust for continuously changing factors related to capital equipment and replacement; local, state and federal subsidies that offset the cost of services; service demand changes; expenses that experience large changes, such as fuel; and anticipated or actual profits or losses.

The following is ACCESS LYNX's TD rates per trip for FY 2017-2018. At the request of the CTD, these rates do not include ADA expenses.

Type of Trip	FY2017 Rates	FY2018 Rates	% Change
Ambulatory	\$25.05	\$25.37	+0.13%
Wheelchair	\$42.95	\$43.49	+0.13%

D. Approval of TDLCB Bylaws Revision

TAB 5

MetroPlan Orlando is required to review and propose revisions to all advisory committee bylaws every other year on odd numbered years. The QATF reviewed the TDLCB bylaws in February and recommended no changes. Subsequent to the February review, MetroPlan Orlando staff has recommended a proposed revision to be incorporated into all advisory committee bylaws, including the TDLCB bylaws. The QATF will meet May 11, 2017 and make its recommendation at the meeting.

E. TDLCB Membership Certification

TAB 6

Pursuant to Rule 41-2.012(3), FAC, the MetroPlan Orlando Board will be asked to certify the membership of the Local Coordinating Board at its May 10, 2017 meeting due to a change in membership. Action is requested to ratify the TDLCB membership, which verifies compliance with

the Commission for the Transportation Disadvantaged Local Coordinating Board and Planning Agency guidelines. Upon ratification by the TDLCB the membership certification will be transmitted to the Commission for Transportation Disadvantaged.

VIII. PRESENTATIONS & STATUS REPORTS

A. 2017 Florida Legislative Session Wrap Up

Ms. Virginia Whittington, MetroPlan Orlando, will provide a brief overview of the 2017 Florida Legislative session.

IX. GENERAL INFORMATION

TAB 7

A. Planning Grant Update Report

Quarterly progress reports of transportation disadvantaged planning accomplishments and planning contract deliverables as outlined in the planning grant agreement.

B. LYNX/Community Transportation Coordinator (CTC) Update

Report on current and ongoing operations.

C. Report of Operator Payments

The Operators Payments Report is a requirement of the Local Coordinating Board and Planning Agency Operating Guidelines to ensure that operator payments are addressed as a standard agenda item. An attachment of the report is included.

D. Monthly Paratransit Statistical Breakdowns

A copy of the Monthly Paratransit Statistical Breakdowns is provided for use and information.

X. UPCOMING MEETINGS AND EVENTS OF INTEREST

- *Quality Assurance Task Force – May 11, 2017 at 9:00 a.m.*
- *Quality Assurance Task Force - July 25, 2017 (if necessary)*
- *MetroPlan Orlando Board meeting*

MEMBER COMMENTS

XI. MEMBER COMMENTS

XII. PUBLIC COMMENTS (GENERAL)

XIII. NEXT MEETING - August 10, 2017

XIV. ADJOURNMENT

If any person with a disability as defined by the Americans with Disabilities Act (ADA) needs special accommodations to participate in this proceeding, he or she should contact Ms. Lisa Smith at METROPLAN ORLANDO, 250 S. Orange Avenue, Suite 200, Orlando, FL 32801, (407) 481-5672, ext. 307, not later than two (2) business days prior to the proceeding.



ADDENDUMS

Transportation Disadvantaged Local Coordinating Board

May 11, 2017

VII. ACTION ITEMS

Change Item VII. C. Approval of the FY 2017-2018 Rate Calculation Worksheet TAB 4

Each year, the Florida Commission for the Transportation Disadvantaged (CTD) reviews and approves prices charged by transportation operators for rides purchased in the Coordinated Transportation System. The rate approval process begins with completion of the rate model spreadsheet. The information put into the spreadsheet considers past, current, and projected costs and revenues associated with the area's transportation services.

The rate model spreadsheet is updated each year to adjust for continuously changing factors related to capital equipment and replacement; local, state and federal subsidies that offset the cost of services; service demand changes; expenses that experience large changes, such as fuel; and anticipated or actual profits or losses.

The following is ACCESS LYNX's TD rates per trip for FY 2017-2018. At the request of the CTD, these rates do not include ADA expenses.

Type of Trip	FY2017 Rates	FY2018 Rates	% Change
Ambulatory	\$25.05	\$26.44	+0.0554%
Wheelchair	\$42.95	\$45.32	+0.0552%

Note: Revised rate sheets are attached.

Add Item VII. F. Endorsement of Mobility Enhancement Grant Submission

LYNX is requesting LCB endorsement of the Mobility Enhancement Grant (MEG) submitted with the Commission for the Transportation Disadvantaged (CTD) to expand the LYNX TD voucher program in FY 2018.

BACKGROUND:

In March 2017, the CTD issued a solicitation for Mobility Enhancement Grant applications that were due on April 21, 2017. The FY 2018 CTD Legislature request includes \$1.75 million of non-recurring funds to be competitively awarded by the CTD to Community Transportation Coordinators (CTC) to support projects that:

- 1) Enhance the access of older adults, persons with disabilities, and low income individuals to healthcare, shopping, education, employment, public services and recreation;
- 2) Assist in the development, improvement, and use of transportation systems in non-urbanized areas;
- 3) Promote the efficient coordination of services
- 4) Support inter-city bus transportation; or
- 5) Encourage private transportation provider participation

The funding program provides focus on improving access to or creating new opportunities for mobility services. Proposed projects must begin providing services on or about July 1, 2017 through June 30, 2018. The grant funds requested are to be used for the specific purpose of passenger trips to eligible non-sponsored transportation disadvantaged individuals, or for equipment to be utilized in the designated service area.

The CTD recently awarded LYNX funding for a pilot TD voucher program for the period April through June, 2017. During this period staff will complete policies and procedures for implementing a voucher program focusing on healthcare and other critical TD trips over the three county area. This expansion in FY 18 supports the next phase of mobility management implemented this spring. Funding request will be for approximately \$315,000.

LYNX staff will be collaborating with MetroPlan Orlando staff and the Local Coordinating Board to discuss opportunities for paratransit enhancements and cost effectiveness.

The MEG grant program provides 90% funding and requires a 10% local cash match generated from local sources.

Attachment

Preliminary Information Worksheet

Version 1.4

CTC Name: CFRTA/LYNX
County (Service Area): Orange, Osceola, and Seminole
Contact Person: Tim May
Phone # 407-254-6055

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: **CFRTA/LYNX**
 County: **Orange, Osceola, and Seminole**

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

	Prior Year's ACTUALS from Oct 1st of 2015 to Sept 30th of 2016	Current Year's APPROVED Budget, as amended from Oct 1st of 2016 to Sept 30th of 2017	Upcoming Year's PROPOSED Budget from Oct 1st of 2017 to Sept 30th of 2018	% 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	\$ 410,307	\$ 421,106	\$ 415,706	2.6%	-1.3%	
Medicaid Co-Pay Received						
Donations/ Contributions						
In-Kind, Contributed Services						
Other	\$ 251,061	\$ 193,764	\$ 222,412	-22.8%	14.8%	
Bus Pass Program Revenue						

Local Government

District School Board						
Compl. ADA Services	\$ -	\$ -	\$ -			
County Cash	\$ 1,648,472	\$ 1,999,965	\$ 1,953,219	21.3%	-2.3%	
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	\$ 3,862,082	\$ 4,264,013	\$ 4,737,639	10.4%	11.1%	
Non-Spons. Capital Equipment						
Rural Capital Equipment						
Other TD (specify in explanation)						
Bus Pass Program Revenue						

USDOT & FDOT

49 USC 5307						Other DOT is Unified Planning Work Program funding provided for TD Planning services.
49 USC 5310						
49 USC 5311 (Operating)						
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)	\$ 10,947	\$ 11,000	\$ 10,989	0.5%	-0.1%	
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: **CFRTA/LYNX**
 County: **Orange, Osceola, and Seminole**

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

	Prior Year's ACTUALS from Oct 1st of 2015 to Sept 30th of 2016	Current Year's APPROVED Budget, as amended from Oct 1st of 2016 to Sept 30th of 2017	Upcoming Year's PROPOSED Budget from Oct 1st of <input type="text" value="2017"/> to Sept 30th of 2018	% 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 **LOSSES** are shown as **Balancing Revenue** or **Local Non-Government revenue**.

Budgeted Rate Base Worksheet

Version 1.4

CTC: CFRTA/LYNX

County: Orange, Osceola, and Seminole

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	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?
	from Oct 1st of 2017 to Sept 30th of 2018			
1	2	3	4	5

REVENUES (CTC/Operators ONLY)

Local Non-Govt

Farebox	\$ 415,706
Medicaid Co-Pay Received	\$ -
Donations/ Contributions	\$ -
In-Kind, Contributed Services	\$ -
Other	\$ 222,412
Bus Pass Program Revenue	\$ -

\$ 1,222,666	\$ (806,960)
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ 654,154	\$ (431,742)
\$ -	\$ -

YELLOW cells
are **NEVER** Generated by Applying Authorized Rates

Local Government

District School Board	\$ -
Compl. ADA Services	\$ -
County Cash	\$ 1,953,219
County In-Kind, Contributed Services	\$ -
City Cash	\$ -
City In-Kind, Contributed Services	\$ -
Other Cash	\$ -
Other In-Kind, Contributed Services	\$ -
Other Cash	\$ -
Bus Pass Program Revenue	\$ -

\$ -	\$ -
\$ -	\$ -
\$ -	\$ 1,953,219
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

BLUE cells
Should be funds generated by rates in this spreadsheet

CTD

Non-Spons. Trip Program	\$ 4,737,639
Non-Spons. Capital Equipment	\$ -
Rural Capital Equipment	\$ -
Other TD	\$ -
Bus Pass Program Revenue	\$ -

\$ 4,737,639	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -

local match req.

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.

USDOT & FDOT

49 USC 5307	\$ -
49 USC 5310	\$ -
49 USC 5311 (Operating)	\$ -
49 USC 5311(Capital)	\$ -
Block Grant	\$ -
Service Development	\$ -
Commuter Assistance	\$ -
Other DOT	\$ 10,989
Bus Pass Program Revenue	\$ -

\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ 10,989	\$ -
\$ -	\$ -	\$ -

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	\$ -

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

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.

Worksheet for Program-wide Rates

CTC: CFRTA/LYNX Version 1.4
County: Orange, Osceola, and Seminole

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 =	3,808,549
Rate Per Passenger Mile = \$	1.74
Total <u>Projected</u> Passenger Trips =	216,641
Rate Per Passenger Trip = \$	30.53

Fiscal Year

2017 - 2018

Avg. Passenger Trip Length =	17.6 Miles
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Rates If No Revenue Funds Were Identified As Subsidy Funds	
Rate Per Passenger Mile = \$	1.85
Rate Per Passenger Trip = \$	32.48

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: **CFRTA/LYNX** Version 1.4
 County: **Orange, Osceola, and Seminole**

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			

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: **CFRTA/LYNX** Version 1.4
 County: **Orange, Osceola, and Seminole**

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: 2017 - 2018			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	3,808,549	2,589,813	1,218,736	<input type="text"/>	<input type="text"/> Leave Blank
Rate per Passenger Mile =		\$1.41	\$2.42	\$0.00	\$0.00 \$0.00
		<small>per passenger per group</small>			

		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	216,641	147,316	69,325	<input type="text"/>	<input type="text"/> Leave Blank
Rate per Passenger Trip =		\$24.85	\$42.60	\$0.00	\$0.00 \$0.00
		<small>per passenger per group</small>			

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"/>	<input type="text"/> Leave Blank
Rate per Passenger Mile for Balance =		\$1.41	\$2.42	\$0.00	\$0.00 \$0.00
		<small>per passenger per group</small>			

		Rates if No Revenue Funds Were Identified As Subsidy Funds			
		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =		\$1.50	\$2.58	\$0.00	\$0.00 \$0.00
		<small>per passenger per group</small>			
Rate per Passenger Trip =		\$26.44	\$45.32	\$0.00	\$0.00 \$0.00
		<small>per passenger per group</small>			

Worksheet for Multiple Service Rates

CTC: **CFRTA/LYNX** Version 1.4
County: **Orange, Osceola, and Seminole**

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

Program These Rates Into Your Medicaid Encounter Data