



metroplan orlando

A REGIONAL TRANSPORTATION PARTNERSHIP

# **QUALITY ASSURANCE TASK FORCE AGENDA**

**April 23, 2024 @ 10:00 a.m.**

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## QUALITY ASSURANCE TASK FORCE

**DATE & TIME:**

Tuesday, April 23, 2024 | 10:00 a.m.

**LOCATION:**

MetroPlan Orlando  
250 S. Orange Ave., Ste. 200, Orlando, FL 32801  
Parking Garage: 25 W. South St.

[CLICK HERE TO JOIN VIRTUALLY](#)

**MEMBERS OF THE PUBLIC ARE WELCOME!**

Participate at the location above or online from your computer, smartphone or tablet. Zoom meeting ID and dial-in info available here on web calendar.



**WiFi available** | Network: MpoGuest | Password: mpoaccess

|      |                                 |                          |
|------|---------------------------------|--------------------------|
| I.   | CALL TO ORDER                   | Chairperson Neika Berry  |
| II.  | PLEDGE OF ALLEGIANCE            |                          |
| III. | CHAIR'S ANNOUNCEMENTS           | Chairperson Neika Berry  |
| IV.  | AGENDA REVIEW & ANNOUNCEMENTS   | Ms. Virginia Whittington |
| V.   | CONFIRMATION OF QUORUM          | Ms. Rachel Frederick     |
| VI.  | PUBLIC COMMENTS ON ACTION ITEMS |                          |

Comments on *Action Items* can be made in two ways:

1. In person at the meeting location listed at the top of this agenda.
2. Virtually via Zoom. Use the 'raise hand' feature during public comment to indicate you want to speak.

How to comment:

1. Complete an electronic speaker card at [MetroPlanOrlando.gov/SpeakerCard](https://MetroPlanOrlando.gov/SpeakerCard). Hard copies of the speaker card are available in the meeting room and should be given to MetroPlan Orlando staff. The chairperson will call on each speaker.
2. Each speaker has two minutes to address the board and should state his/her name and address for the record.

If your comment does not pertain to action items on the agenda, you may comment at the general public comment period at the end of the meeting.

**VII. ACTION ITEMS**

**A. Review and Recommendation of Draft TDSP Minor Update (Tab 1)**

Ms. Trish Whitton, LYNX

Ms. Trish Whitton will review the proposed minor updates to the 2024 Minor Update to the Transit Development Services Plan (TDSP) and request QATF recommend approval to the full TDLCB.

Due to the size of the document, a link is being provided to view the Draft TDSP Major Update online: [LYNX TDsp - minor update 2024 \(metroplanorlando.gov\)](https://lynx.tdpsp.com/lynx-tdsp-minor-update-2024)

**B. Review and Recommendation of Annual Rate Calculation Worksheet (Tab 2)**

Mr. Norm Hickling, LYNX

Mr. Norm Hickling will review the proposed Rate Calculation worksheet and request QATF recommendation to accept the rate calculations to the full TDLCB. The Rate Calculation Worksheet has been reviewed and approved by the Commission for Transportation Disadvantaged and will be presented for action by the TDLCB at the May 16, 2024 meeting.

| <b>ACCESS LYNX TD RATES</b> |                  |                  |                   |
|-----------------------------|------------------|------------------|-------------------|
| Type of Trip                | FY 2023-24 Rates | FY 2024-25 Rates | Percentage Change |
| Ambulatory                  | \$40.45          | \$41.40          | +.02 ▲            |
| Wheelchair                  | \$69.34          | \$70.96          | +.02 ▲            |

**VIII. PRESENTATIONS & STATUS REPORTS**

**A. LYNX/Community Transportation Coordinator (CTC) Update**

Mr. Norm Hickling

**IX. GENERAL INFORMATION**

**A. CTC Evaluation**

Ms. Virginia Whittington

The link to complete the Community Transportation Coordinator evaluation is now open. The evaluation period covers June 1, 2023-December 31, 2023. All LCB members are asked to keep this timeframe in mind as you complete your evaluation. Evaluation link will be open through May 1<sup>st</sup>.

## X. UPCOMING MEETINGS OF INTEREST

- A. MetroPlan Orlando Board – Wednesday, May 8; 9:00 a.m.
- B. Transportation Disadvantaged Local Coordinating Board – Thursday, May 16; 10:00 a.m.

## XI. MEMBER COMMENTS

## XII. PUBLIC COMMENTS (GENERAL)

Public comments of a general nature can be made in two ways:

1. In person at the meeting location listed on page 1 of this agenda.
2. Virtually via Zoom. Use the ‘raise hand’ feature during public comment to indicate you want to speak.

### How to comment:

1. Complete an electronic speaker card at [MetroPlanOrlando.gov/SpeakerCard](https://MetroPlanOrlando.gov/SpeakerCard). Hard copies of the speaker card are available in the meeting room and should be given to MetroPlan Orlando staff. The chairperson will call on each speaker.
2. Each speaker has two minutes to address the board and should state his/her name and address for the record.

## XIII. ADJOURNMENT

*Public participation is conducted without regard to race, color, national origin, sex, age, disability, religion, or family status. Persons wishing to express concerns, who require special assistance under the Americans with Disabilities Act, or who require language services (free of charge) should contact MetroPlan Orlando by phone at (407) 481-5672 or by email at [info@metroplanorlando.gov](mailto:info@metroplanorlando.gov) at least three business days prior to the event.*

*La participación pública se lleva a cabo sin distinción de raza, color, origen nacional, sexo, edad, discapacidad, religión o estado familiar. Las personas que deseen expresar inquietudes, que requieran asistencia especial bajo la Ley de Americanos con Discapacidad (ADA) o que requieran servicios de traducción (sin cargo) deben ponerse en contacto con MetroPlan Orlando por teléfono (407) 481-5672 (marcar 0) o por correo electrónico [info@metroplanorlando.gov](mailto:info@metroplanorlando.gov) por lo menos tres días antes del evento.*

**TAB 1**

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## 2024 TDSP MINOR UPDATE CHANGES

### Development Plan

- Updated the formatting on the TD Program concept chart (Figure 1).
- Updated organizational charts (Figures 2 and 3), as of April 2024.
- Consistency review of other plans - added the LYNX TDP Minor Update from August 2023.
- Updated LYNX network service area map, as of December 2023 (Figure 4).
- Updated demographic data tables (Tables 1 through 6), using 2022 ACS 5-year data.
  - Added a population change table by county (Table 2), comparing population from the 2023 TDSP Major Update.
  - Added a demographic population summary by county (Table 5), including a demographic population change table by county (Table 6), comparing populations from the 2023 TDSP Major Update.
- Updated service area housing unit characteristics table (Table 7).
- Added burden of housing costs tables by county (Tables 8 through 10), using 2022 estimates from the Shimberg Center for Housing Studies.
- Updated BEBR population projection table 2023 - 2050 (Table 11).
- Updated labor force and unemployment table (Table 12), as of December 2023.
- Added a table showing ACCESS LYNX TD trips by purpose from FY2023 (Table 13).
- Added a table showing the top 20 dialysis locations from FY2023 (Table 14).
- Updated the service analysis section, using the analysis conducted from the 2023 TDSP Major Update (Tables 15 through 21).
- Updated Needs Assessment, Barriers to Coordination, and Goals and Objectives (Table 22) section to reflect the 2023 TDSP Major update.
  - Added a status column and status of the measures for each goal (Table 22).
- Updated the Implementation schedule (Table 23) to reflect the 2023 TDSP Major Update.

### Service Plan

- Updated ACCESS LYNX Operational Policies to reflect 7-day maximum advance reservations (Table 24).
- Updated Coordinated System Service Providers from calendar year 2024 (Table 25).
- Updated Paratransit and NeighborLink vehicle inventories (Tables 26 & 27).
- Updated ACCESS LYNX Service Standards (Table 28) to reflect 7-day maximum advance reservations standard.

- Updated FY 2024 TD trip rates (Table 29).

## Quality Assurance

- No updates to this section.

## Attachments

- Made minor formatting updates to the Glossary of Terms (Attachment 1).
- Updated the TDLCB Grievance Procedures from those approved on February 15, 2024 (Attachment 6).
- Updated the LYNX System Safety Program to reflect the latest update from December 2023 (Attachment 8).
- Updated the Rate Justification worksheets (Attachment 9).
- Added the new ACCESS LYNX “How to Ride” Guide (Attachment 10).

**TAB 2**





**From:** Mills, Kyle  
**To:** Selita Stubbs; Norman Hickling; pwhitton@golynx.com  
**Cc:** Virginia Whittington  
**Subject:** OOS 2024-25 Approved Rate Model  
**Date:** Thursday, April 11, 2024 9:16:06 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[2024-25 OOS County Rate Model Approved.xls](#)

Selita,

I have reviewed the attached 2024-25 Rate Model Calculation Spreadsheet for some of the most common procedural and utilization errors. All questions have been addressed and it is approved for further review at the local level as appropriate.

By copy of this email, I am advising your planning agency on our completion of this effort and the readiness to advance the spreadsheet to the LCB for approval and inclusion in the TDSP update, if not already done.

When the time comes, I will produce your Trip and Equipment grant agreement with the passenger trip rates from this spreadsheet presuming no further changes by you or the LCB.

|   | Ambul   | Wheel Chair | Stretcher     | Group     |
|---|---------|-------------|---------------|-----------|
| Projected Passenger Trips (excluding totally contracted services addressed in Section II) = | 686,215 | 491,419     | 194,796       |           |
|   |         |             |               |           |
| Rate per Passenger Trip =   | \$41.40 | \$70.96     | \$0.00        | \$0.00    |
|   |         |             | per passenger | per group |

Let me know if you have any questions.

Thank You,



Florida Commission for the Transportation Disadvantaged

605 Suwannee Street, MS 49

Tallahassee, Florida 32399-0450

Phone (850) 410-5700 Fax (850) 410-5752

TD Helpline 1-800-983-2435

# Preliminary Information Worksheet

Version 1.4

**CTC Name:** CFRTA | LYNX

**County** (Service Area): Orange, Seminole, and Osceola

**Contact Person:** Norm Hickling

**Phone #** 407-254-6169

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, Seminole, and Osceola

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

| 1 | 2   | 3   | 4   | 5  | 6  | 7   |
|---|---|---|---|--|--|---|
|   | Prior Year's<br><b>ACTUALS</b><br>from<br>July 1st of<br><b>2022</b><br>to<br>June 30th of<br><b>2023</b> | Current Year's<br><b>APPROVED</b><br>Budget, as<br>amended<br>from<br>July 1st of<br><b>2023</b><br>to<br>June 30th of<br><b>2024</b> | Upcoming Year's<br><b>PROPOSED</b><br>Budget<br>from<br>July 1st of<br><b>2024</b><br>to<br>June 30th of<br><b>2025</b> | % Change<br>from Prior<br>Year to<br>Current<br>Year | Proposed<br>% Change<br>from<br>Current<br>Year to<br>Upcoming<br>Year | Confirm whether revenues are collected as a system subsidy VS<br>a purchase of service at a unit price.<br><br>Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000 |

## REVENUES (CTC/Operators ONLY / Do NOT include coordination contractors!)

### Local Non-Govt

|                                 |              |              |              |       |      |  |
|---------------------------------|--------------|--------------|--------------|-------|------|--|
| Farebox                         | \$ 2,487,365 | \$ 2,268,479 | \$ 2,487,370 | -8.8% | 9.6% |  |
| Medicaid Co-Pay Received        |              |              |              |       |      |  |
| Donations/ Contributions        |              |              |              |       |      |  |
| In-Kind, Contributed Services   |              |              |              |       |      |  |
| Other                           |              |              |              |       |      |  |
| <b>Bus Pass Program Revenue</b> |              |              |              |       |      |  |

### Local Government

|                                      |              |              |              |        |       |  |
|--------------------------------------|--------------|--------------|--------------|--------|-------|--|
| District School Board                |              |              |              |        |       | Other Cash: Advertising Revenue earned from Buses and Shelters |
| Compl. ADA Services                  |              |              |              |        |       |  |
| County Cash                          | \$ 9,632,312 | \$ 7,966,844 | \$ 8,631,337 | -17.3% | 8.3%  |  |
| County In-Kind, Contributed Services |              |              |              |        |       |  |
| City Cash                            |              |              |              |        |       |  |
| City In-kind, Contributed Services   |              |              |              |        |       |  |
| Other Cash                           | \$ 109,643   | \$ 50,000    | \$ 90,000    | -54.4% | 80.0% |  |
| <b>Bus Pass Program Revenue</b>      |              |              |              |        |       |  |

### CTD

|                                   |              |              |              |      |        |  |
|-----------------------------------|--------------|--------------|--------------|------|--------|--|
| Non-Spons. Trip Program           | \$ 3,785,259 | \$ 3,912,213 | \$ 3,405,144 | 3.4% | -13.0% |  |
| Non-Spons. Capital Equipment      |              |              |              |      |        |  |
| Rural Capital Equipment           |              |              |              |      |        |  |
| Other TD (specify in explanation) |              |              |              |      |        |  |
| <b>Bus Pass Program Revenue</b>   |              |              |              |      |        |  |

### USDOT & FDOT

|                                    |              |              |              |       |       |  |
|------------------------------------|--------------|--------------|--------------|-------|-------|--|
| 49 USC 5307                        | \$ 545,598   | \$ 600,000   | \$ 600,000   | 10.0% | 0.0%  |  |
| 49 USC 5310                        |              |              |              |       |       |  |
| 49 USC 5311 (Operating)            |              |              |              |       |       |  |
| 49 USC 5311(Capital)               |              |              |              |       |       |  |
| Block Grant                        |              |              |              |       |       |  |
| Service Development                | \$ 2,771,688 | \$ 2,500,000 | \$ 2,797,990 | -9.8% | 11.9% |  |
| Commuter Assistance                |              |              |              |       |       |  |
| Other DOT (specify in explanation) |              |              |              |       |       |  |
| <b>Bus Pass Program Revenue</b>    |              |              |              |       |       |  |

### AHCA

|                                     |           |      |           |         |  |   |
|-------------------------------------|-----------|------|-----------|---------|--|---|
| Medicaid                            |           |      |           |         |  | \$59,300 State Planning & Demo Grant - ADA & TNCs |
| Other AHCA (specify in explanation) | \$ 59,337 | \$ - | \$ 70,000 | -100.0% |  |   |
| <b>Bus Pass Program Revenue</b>     |           |      |           |         |  |   |

### DCF

|                                     |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|
| Alcoh, 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                 |  |  |  |  |  |  |
| 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: CFRTA | LYNX  
County: Orange, Seminole, and Osceola

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

| 1 | 2   | 3   | 4   | 5  | 6  | 7   |
|---|---|---|---|--|--|---|
|   | Prior Year's<br><b>ACTUALS</b><br>from<br>July 1st of<br><b>2022</b><br>to<br>June 30th of<br><b>2023</b> | Current Year's<br><b>APPROVED</b><br>Budget, as<br>amended<br>from<br>July 1st of<br><b>2023</b><br>to<br>June 30th of<br><b>2024</b> | Upcoming Year's<br><b>PROPOSED</b><br>Budget<br>from<br>July 1st of<br><b>2024</b><br>to<br>June 30th of<br><b>2025</b> | % Change<br>from Prior<br>Year to<br>Current<br>Year | Proposed<br>% Change<br>from<br>Current<br>Year to<br>Upcoming<br>Year | Confirm whether revenues are collected as a system subsidy VS<br>a purchase of service at a unit price.<br><br>Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000 |

## APD

|                                    |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|
| Office of Disability Determination |  |  |  |  |  |  |
| 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

|                                 |               |               |               |       |       |  |
|---------------------------------|---------------|---------------|---------------|-------|-------|--|
| Total ADA Compl. Services       | \$ 12,765,148 | \$ 15,365,293 | \$ 20,034,395 | 20.4% | 30.4% | The Local ADA funding derives from LYNX's computed funding allocation model for Orange, Seminole, and Osceola counties for ADA services. |
| xxx                             |               |               |               |       |       |  |
| xxx                             |               |               |               |       |       |  |
| <b>Bus Pass Program Revenue</b> |               |               |               |       |       |  |

## Other Revenues

|                                 |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|
| Interest Earnings               |  |  |  |  |  |  |
| xxxx                            |  |  |  |  |  |  |
| xxxx                            |  |  |  |  |  |  |
| <b>Bus Pass Program Revenue</b> |  |  |  |  |  |  |

## Balancing Revenue to Prevent Deficit

|                                       |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|
| Actual or Planned Use of Cash Reserve |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|

|                                 |              |              |              |      |       |  |
|---------------------------------|--------------|--------------|--------------|------|-------|--|
| Balancing Revenue is Short By = |              | None         | None         |      |       |  |
| Total Revenues =                | \$32,156,350 | \$32,662,829 | \$38,116,236 | 1.6% | 16.7% |  |

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

### Operating Expenditures

|   |               |               |               |         |        |  |
|---|---------------|---------------|---------------|---------|--------|--|
| Labor   | \$ 1,350,527  | \$ 1,761,036  | \$ 1,854,090  | 30.4%   | 5.3%   |  |
| Fringe Benefits                               | \$ 720,918    | \$ 712,522    | \$ 789,365    | -1.2%   | 10.8%  |  |
| Services                                      | \$ 1,017,152  | \$ 824,504    | \$ 700,599    | -18.9%  | -15.0% |  |
| Materials and Supplies                        | \$ 2,663,713  | \$ 2,688,800  | \$ 2,957,413  | 0.9%    | 10.0%  |  |
| Utilities                                     | \$ 37,213     | \$ 170,148    | \$ 156,120    | 357.2%  | -8.2%  |  |
| Casualty and Liability                        |               |               |               |         |        |  |
| Taxes   |               |               |               |         |        |  |
| Purchased Transportation:                     |               |               |               |         |        |  |
| Purchased Bus Pass Expenses                   |               |               |               |         |        |  |
| School Bus Utilization Expenses               |               |               |               |         |        |  |
| Contracted Transportation Services            | \$ 31,392,292 | \$ 30,686,488 | \$ 34,166,500 | -2.2%   | 11.3%  |  |
| Other   | \$ 233,702    | \$ 173,898    | \$ 176,298    | -25.6%  | 1.4%   |  |
| Miscellaneous                                 |               |               |               |         |        |  |
| Operating Debt Service - Principal & Interest |               |               |               |         |        |  |
| Leases and Rentals                            |               |               |               |         |        |  |
| Contrib. to Capital Equip. Replacement Fund   | \$ 29,809     | \$ -          | \$ 297,990    | -100.0% |        |  |
| 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 |              |                      |                |        |        |
|   |              | \$ (4,354,567)       | \$ (2,982,139) |        | -31.5% |
| <b>ACTUAL YEAR LOSS</b>                     |              | <b>(\$5,288,976)</b> |                |        |        |
| Total Expenditures =                        | \$37,445,326 | \$32,662,829         | \$38,116,236   | -12.8% | 16.7%  |

See NOTES Below.

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



# Budgeted Rate Base Worksheet

Version 1.4

CTC: CFRTA | LYNX

County: Orange, Seminole, and Osceola

- 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<br><b>BUDGETED</b><br>Revenues |   |   |   |
|   | from   |   |   |   |
|   | July 1st of                                    |   |   |   |
|   | <b>2024</b>                                    |   |   |   |
|   | to<br>June 30th of                             |   |   |   |
|   | <b>2025</b>                                    |   |   |   |
| 1 | 2  | 3 | 4 | 5 |

|   |                      |                     |                      |             |
|---|----------------------|---------------------|----------------------|-------------|
| <b>APD</b>                                  |                      |                     |                      |             |
| Office of Disability Determination          | \$ -                 | \$ -                | \$ -                 |             |
| Developmental Services                      | \$ -                 | \$ -                | \$ -                 |             |
| Other APD                                   | \$ -                 | \$ -                | \$ -                 |             |
| <b>Bus Pass Program Revenue</b>             | \$ -                 | \$ -                | \$ -                 |             |
| <b>DJJ</b>                                  |                      |                     |                      |             |
| DJJ   | \$ -                 | \$ -                | \$ -                 |             |
| <b>Bus Pass Program Revenue</b>             | \$ -                 | \$ -                | \$ -                 |             |
| <b>Other Fed or State</b>                   |                      |                     |                      |             |
| Total ADA Compl. Services                   | \$ 20,034,395        | \$ 20,034,395       | \$ -                 |             |
| xxx   | \$ -                 | \$ -                | \$ -                 |             |
| xxx   | \$ -                 | \$ -                | \$ -                 |             |
| <b>Bus Pass Program Revenue</b>             | \$ -                 | \$ -                | \$ -                 |             |
| <b>Other Revenues</b>                       |                      |                     |                      |             |
| Interest Earnings                           | \$ -                 | \$ -                | \$ -                 |             |
| xxxx  | \$ -                 | \$ -                | \$ -                 |             |
| xxxx  | \$ -                 | \$ -                | \$ -                 |             |
| <b>Bus Pass Program Revenue</b>             | \$ -                 | \$ -                | \$ -                 |             |
| <b>Balancing Revenue to Prevent Deficit</b> |                      |                     |                      |             |
| Actual or Planned Use of Cash Reserve       | \$ -                 | \$ -                | \$ -                 |             |
| <b>Total Revenues =</b>                     | <b>\$ 38,116,236</b> | <b>\$ 4,648,829</b> | <b>\$ 33,467,407</b> | <b>\$ -</b> |

|  |                      |  |
|--|----------------------|--|
| <b>EXPENDITURES (CTC/Operators ONLY)</b>       |                      | <b>\$ 33,467,407</b>   |
| <b>Operating Expenditures</b>                  |                      | Amount of <u>Budgeted</u><br>Operating Rate<br>Subsidy Revenue |
| Labor  | \$ 1,854,090         |  |
| Fringe Benefits                                | \$ 789,365           |  |
| Services                                       | \$ 700,599           |  |
| Materials and Supplies                         | \$ 2,957,413         |  |
| Utilities                                      | \$ 156,120           |  |
| Casualty and Liability                         | \$ -                 |  |
| Taxes  | \$ -                 |  |
| <b>Purchased Transportation:</b>               |                      |  |
| Purchased Bus Pass Expenses                    | \$ -                 |  |
| School Bus Utilization Expenses                | \$ -                 |  |
| Contracted Transportation Services             | \$ 34,166,500        |  |
| Other  | \$ 176,298           |  |
| Miscellaneous                                  | \$ -                 |  |
| Operating Debt Service - Principal & Interest  | \$ -                 |  |
| Leases and Rentals                             | \$ -                 |  |
| Contrib. to Capital Equip. Replacement Fund    | \$ 297,990           |  |
| In-Kind, Contributed Services                  | \$ -                 |  |
| Allocated Indirect                             | \$ -                 |  |
| <b>Capital Expenditures</b>                    |                      |  |
| Equip. Purchases with Grant Funds              | \$ -                 |  |
| Equip. Purchases with Local Revenue            | \$ -                 |  |
| Equip. Purchases with Rate Generated Rev.      | \$ -                 |  |
| Capital Debt Service - Principal & Interest    | \$ -                 |  |
|  | \$ (2,982,139)       |  |
| <b>Total Expenditures =</b>                    | <b>\$ 38,116,236</b> |  |
| minus EXCLUDED Subsidy Revenue =               | \$ 33,467,407        |  |
| <b>Budgeted Total Expenditures INCLUDED in</b> |                      |  |
| Rate Base =                                    | \$ 4,648,829         |  |
| Rate Base Adjustment <sup>1</sup> =            | \$ 29,517,671        |  |
| <b>Adjusted Expenditures Included in Rate</b>  |                      |  |
| <b>Base =</b>                                  | <b>\$ 34,166,500</b> |  |

<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: **2022 - 2023**

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

# Worksheet for Program-wide Rates

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

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 =   | 9,225,166    |
| <b>Rate Per Passenger Mile = \$</b> | <b>3.70</b>  |
| Total Projected Passenger Trips =   | 686,215      |
| <b>Rate Per Passenger Trip = \$</b> | <b>49.79</b> |

|  |
|--|
| <b>Fiscal Year</b>                             |
| <b>2024 - 2025</b>                             |
| <b>Avg. Passenger Trip Length = 13.4 Miles</b> |

| Rates If No Revenue Funds Were Identified As Subsidy Funds |              |
|--|--------------|
| <b>Rate Per Passenger Mile = \$</b>                        | <b>7.33</b>  |
| <b>Rate Per Passenger Trip = \$</b>                        | <b>98.56</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: **CFRTA | LYNX** Version 1.4  
 County: **Orange, Seminole, and Osceola**

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<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
| Go to Section II for Ambulatory Service                          | Go to Section II for Wheelchair Service                          | STOP! Do NOT Complete Sections II - V 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<br><input type="radio"/> No | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
| Answer # 2 for Ambulatory Service                                | Answer # 2 for Wheelchair Service                                | Do NOT Complete Section II 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<br><input checked="" type="radio"/> No | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|  |  | Do NOT Complete Section II for Stretcher Service                 | Do NOT Complete Section II for Group Service                     |

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 |           |       |
|             |             |           |       |
|             |             |           |       |

Effective Rate for **Contracted Services**:

|                             | Ambulatory                               | Wheelchair                               | Stretcher  | Group  |
|-----------------------------|--|--|--|--|
| per <b>Passenger Mile</b> = |  |  |  |  |
| per <b>Passenger Trip</b> = |  |  |  |  |
|                             | Go to Section III for Ambulatory Service | Go to Section III for Wheelchair Service | Do NOT Complete Section II 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 | Do NOT Complete Section II for Stretcher Service | Do NOT Complete Section II for Group Service |



**Worksheet for Multiple Service Rates**

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

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).....   
 ..... 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                          |
| <b>Projected Passenger Miles (excluding totally contracted services addressed in Section II) =</b> | 9,225,166 = | <input type="text" value="6,606,416"/> | <input type="text" value="2,618,750"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| <b>Rate per Passenger Mile =</b>   |             | <b>\$3.08</b>                          | <b>\$5.28</b>                          | <b>\$0.00</b>                  | <b>\$0.00</b>                  |
|  |             |  |  | per passenger                  | per group                      |
| <b>Projected Passenger Trips (excluding totally contracted services addressed in Section II) =</b> | 686,215 =   | <input type="text" value="491,419"/>   | <input type="text" value="194,796"/>   | <input type="text" value="0"/> | <input type="text" value="0"/> |
| <b>Rate per Passenger Trip =</b>   |             | <b>\$41.40</b>                         | <b>\$70.96</b>                         | <b>\$0.00</b>                  | <b>\$0.00</b>                  |
|  |             |  |  | 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 <u>less</u> than per trip rate above) = |  | <input type="text"/>           | <input type="text"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| <b>Rate per Passenger Mile for Balance =</b>  |  | <b>\$3.08</b>                  | <b>\$5.28</b>        | <b>\$0.00</b>                  | <b>\$0.00</b>                  |
|   |  |                                |                      | per passenger                  | per group                      |

|                                  |  | Rates If No Revenue Funds Were Identified As Subsidy Funds |                 |               |               |
|----------------------------------|--|--|-----------------|---------------|---------------|
|                                  |  | Ambul  | Wheel Chair     | Stretcher     | Group         |
| <b>Rate per Passenger Mile =</b> |  | <b>\$6.10</b>  | <b>\$10.45</b>  | <b>\$0.00</b> | <b>\$0.00</b> |
|                                  |  |  |                 | per passenger | per group     |
| <b>Rate per Passenger Trip =</b> |  | <b>\$81.95</b>   | <b>\$140.48</b> | <b>\$0.00</b> | <b>\$0.00</b> |
|                                  |  |  |                 | per passenger | per group     |

**Program These Rates Into Your Medicaid Encounter Data**