

Appendix H
Rate Calculation
Model Worksheets

Preliminary Information Worksheet

Version 1.4

CTC Name: Jacksonville Transportation Authority
County (Service Area): Duval
Contact Person: Helen Perez
Phone # (904)265-8939

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: Jacksonville Transportation Authority
County: Duval

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

	Prior Year's ACTUALS from July 1st of 2014 to June 30th of 2015	Current Year's APPROVED Budget, as amended from July 1st of 2015 to June 30th of 2016	Upcoming Year's PROPOSED Budget from July 1st of 2016 to June 30th of 2017	% 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	\$ 234,604	\$ 238,576	\$ 244,540	1.7%	2.5%	FareboxColumn 2- Used actual fares assigned to TD trips.
Medicaid Co-Pay Received						
Donations/ Contributions						
In-Kind, Contributed Services						
Other						
Bus Pass Program Revenue						

Local Government

District School Board						County Cash-90% of the actual subsidy received from the City of Jacksonville. City Cash - 2.5% of FY2015-2016 budget \$170,237. TD's final amount \$177,374.00.
Compl. ADA Services						
County Cash	\$ 1,192,874	\$ 1,196,917	\$ 1,226,840	0.3%	2.5%	
County In-Kind, Contributed Services						
City Cash	\$ 166,165	\$ 166,085	\$ 177,374	0.0%	6.8%	
City In-kind, Contributed Services						
Other Cash						
Other In-Kind, Contributed Services						
Bus Pass Program Revenue						

CTD

Non-Spons. Trip Program	\$ 1,496,364	\$ 1,494,767	\$ 1,596,367	-0.1%	6.8%	2.5% of FY2015-2016 budget \$ 1,532,136. TD's final amount \$1,596,367.
Non-Spons. Capital Equipment						
Rural Capital Equipment						
Other TD (specify in explanation)						
Bus Pass Program Revenue						

USDOT & FDOT

49 USC 5307	\$ 178,251	\$ 184,000	\$ 188,600	3.2%	2.5%	
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: Jacksonville Transportation Authority
County: Duval

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

	Prior Year's ACTUALS from July 1st of 2014 to June 30th of 2015	Current Year's APPROVED Budget, as amended from July 1st of 2015 to June 30th of 2016	Upcoming Year's PROPOSED Budget from July 1st of 2016 to June 30th of 2017	% 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						

D.J.J

(specify in explanation)						
Bus Pass Program Revenue						

Other Fed or State

xxx						
xxx						
xxx						
Bus Pass Program Revenue						

Other Revenues

Interest Earnings		\$ 58	\$ 60		3.1%	
xxxx						
xxxx						
Bus Pass Program Revenue						

Balancing Revenue to Prevent Deficit

Actual or Planned Use of Cash Reserve						
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Balancing Revenue is Short By =		None	None			
Total Revenues =	\$3,268,258	\$3,280,403	\$3,433,781	0.4%	4.7%	

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

Operating Expenditures

Labor	\$ 453,786	\$ 466,074	\$ 487,865	2.7%	4.7%	
Fringe Benefits	\$ 217,705	\$ 234,760	\$ 245,737	7.8%	4.7%	
Services	\$ 118,551	\$ 150,450	\$ 157,484	26.9%	4.7%	
Materials and Supplies	\$ 541,188	\$ 552,422	\$ 578,250	2.1%	4.7%	
Utilities	\$ 8,092	\$ 4,619	\$ 4,835	-42.9%	4.7%	
Casualty and Liability	\$ 7,420	\$ 9,634	\$ 10,084	29.8%	4.7%	
Taxes						
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services	\$ 1,447,080	\$ 1,435,273	\$ 1,502,380	-0.8%	4.7%	
Other						
Miscellaneous	\$ (3,918)	\$ 4,082	\$ 4,273	-204.2%	4.7%	
Operating Debt Service - Principal & Interest						
Leases and Rentals	\$ 22,176	\$ 5,440	\$ 5,694	-75.5%	4.7%	
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect	\$ 456,178	\$ 417,650	\$ 437,179	-8.4%	4.7%	

Capital Expenditures

Equip. Purchases with Grant Funds						
Equip. Purchases with Local Revenue						
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						

Total Expenditures =	\$3,268,258	\$3,280,403	\$3,433,781	0.4%	4.7%	
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See NOTES Below.

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

Comprehensive Budget Worksheet

Version 1.4

CTC: Jacksonville Transportation Authority
 County: Duval

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

	Prior Year's ACTUALS from July 1st of 2014 to June 30th of 2015	Current Year's APPROVED Budget, as amended from July 1st of 2015 to June 30th of 2016	Upcoming Year's PROPOSED Budget from July 1st of 2016 to June 30th of 2017	% 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: Jacksonville Transportation Authority

County: Duval

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 July 1st of 2016 to June 30th of 2017			
1	2	3	4	5

REVENUES (CTC/Operators ONLY)

Local Non-Govt

Farebox	\$	244,540
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	\$	1,226,840
County In-Kind, Contributed Services	\$	-
City Cash	\$	177,374
City In-Kind, Contributed Services	\$	-
Other Cash	\$	-
Other In-Kind, Contributed Services	\$	-
Bus Pass Program Revenue	\$	-

CTD

Non-Spons. Trip Program	\$	1,596,367
Non-Spons. Capital Equipment	\$	-
Rural Capital Equipment	\$	-
Other TD	\$	-
Bus Pass Program Revenue	\$	-

USDOT & FDOT

49 USC 5307	\$	188,600
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	\$	-

	\$	244,540
	\$	-
	\$	-
	\$	-
	\$	-
	\$	-
	\$	-

	\$	-	\$	-
	\$	-	\$	-
	\$	452,895	\$	773,945
	\$	-	\$	-
	\$	177,374	\$	-
	\$	-	\$	-
	\$	-	\$	-
	\$	-	\$	-
	\$	-	\$	-

	\$	1,596,367	\$	-	\$	-
	\$	-	\$	-	\$	-
	\$	-	\$	-	\$	-
	\$	-	\$	-	\$	-
	\$	-	\$	-	\$	-
	\$	-	\$	-	\$	-

	\$	-	\$	188,600	\$	-
	\$	-	\$	-	\$	-
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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.

local match req.
\$ 177,374
\$ -
\$ -

Budgeted Rate Base Worksheet

Version 1.4

CTC: Jacksonville Transportation Authority

County: Duval

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 2016 to June 30th of 2017
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

APD	
Office of Disability Determination	\$ -
Developmental Services	\$ -
Other APD	\$ -
Bus Pass Program Revenue	\$ -
DJJ	
DJJ	\$ -
Bus Pass Program Revenue	\$ -
Other Fed or State	
xxx	\$ -
xxx	\$ -
xxx	\$ -
Bus Pass Program Revenue	\$ -
Other Revenues	
Interest Earnings	\$ 60
xxxx	\$ -
xxxx	\$ -
Bus Pass Program Revenue	\$ -
Balancing Revenue to Prevent Deficit	
Actual or Planned Use of Cash Reserve	\$ -
Total Revenues =	\$ 3,433,781

\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
	\$ -	
\$ -	\$ -	
	\$ -	
\$ -	\$ 60	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ 2,226,636	\$ 1,207,145	\$ -

EXPENDITURES (CTC/Operators ONLY)	
Operating Expenditures	
Labor	\$ 487,865
Fringe Benefits	\$ 245,737
Services	\$ 157,484
Materials and Supplies	\$ 578,250
Utilities	\$ 4,835
Casualty and Liability	\$ 10,084
Taxes	\$ -
Purchased Transportation:	
Purchased Bus Pass Expenses	\$ -
School Bus Utilization Expenses	\$ -
Contracted Transportation Services	\$ 1,502,380
Other	\$ -
Miscellaneous	\$ 4,273
Operating Debt Service - Principal & Interest	\$ -
Leases and Rentals	\$ 5,694
Contrib. to Capital Equip. Replacement Fund	\$ -
In-Kind, Contributed Services	\$ -
Allocated Indirect	\$ 437,179
Capital Expenditures	
Equip. Purchases with Grant Funds	\$ -
Equip. Purchases with Local Revenue	\$ -
Equip. Purchases with Rate Generated Rev.	\$ -
Capital Debt Service - Principal & Interest	\$ -
	\$ -
	\$ -
Total Expenditures =	\$ 3,433,781
<i>minus EXCLUDED Subsidy Revenue =</i>	<i>\$ 1,207,145</i>
Budgeted Total Expenditures INCLUDED in	Rate Base =
	\$ 2,226,636
Rate Base Adjustment ¹ =	[]
Adjusted Expenditures Included in Rate	Base = \$ 2,226,636

\$ 1,207,145

Amount of Budgeted Operating Rate Subsidy Revenue

¹ 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.

¹ The Difference between Expenses and Revenues for Fiscal Year: 2014 - 2015

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

Worksheet for Program-wide Rates

CTC: Jacksonville Trans Version 1.4
 County: Duval

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 =	911,242
Rate Per Passenger Mile = \$	2.44
Total <u>Projected</u> Passenger Trips =	73,467
Rate Per Passenger Trip = \$	30.31

Fiscal Year

2016 - 2017

Avg. Passenger Trip Length =	12.4 Miles
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Rates If No Revenue Funds Were Identified As Subsidy Funds	
Rate Per Passenger Mile = \$	3.77
Rate Per Passenger Trip = \$	46.74

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: Jacksonville Tra Version 1.4
 County: Duval

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 type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input 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 type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input 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	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
Leave Blank	Leave Blank	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

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	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: Jacksonville Tra Version 1.4
 County: Duval

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: 2016 - 2017			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	911,242	637,869	273,372	<input type="text"/>	<input type="text"/>
Rate per Passenger Mile =		\$2.01	\$3.45	\$0.00	\$0.00
				per passenger	per group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	73,467	51,427	22,040	<input type="text"/>	<input type="text"/>
Rate per Passenger Trip =		\$24.96	\$42.79	\$0.00	\$0.00
				per passenger	per group
2 If you answered #1 above and want a COMBINED Rate per Trip <u>PLUS</u> a per Mile add-on for 1 or more services,...		Combination Trip and Mile Rate			
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rate per Passenger Mile for Balance =		\$2.01	\$3.45	\$0.00	\$0.00
				per passenger	per group

		Rates If No Revenue Funds Were Identified As Subsidy Funds			
		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =		\$3.10	\$5.32	\$0.00	\$0.00
				per passenger	per group
Rate per Passenger Trip =		\$38.49	\$65.99	\$0.00	\$0.00
				per passenger	per group
Program These Rates Into Your Medicaid Encounter Data					