



# Disadvantaged ST. JOHNS COUNTY Disadvantaged TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD (LCB) QUARTERLY MEETING

MEETING AGENDA St. Johns County Council on Aging Senior Center, 179 Marine Street, St. Augustine, FL Zoom Conference Call Meeting ID: 837 2056 0237 (Audio Only): Call in # +1 786-635-1003 or +1 470-250-9358

> Monday, September 12, 2023, at 1:30 p.m. \*Denotes Required Action Item

- 1. Welcome, Call to Order, Roll Call/Quorum Review Chair Joseph
- 2. Additions, Deletions, and Changes to the Agenda Chair Joseph
- 3. Approval of May 9, 2023, Meeting Minutes Chair Joseph\*
- 4. LCB Membership
  - a. Current Membership Vacancies
- 5. Northeast Florida Regional Council Update Mr. Comeaux
  - a. FL CTD AOR-Data Study (June 30, 2023)
  - a. TD Meetings: addition of virtual options
  - b. NEFRC is seeking a new TD Coordinator.
- 6. Community Transportation Coordinator (CTC) System Update Mr. McCord
  - a. CTC Quarterly Update
  - b. Hurricane Idalia Impacts
  - c. 2023-2024 CTC Rates\*
  - d. Grants Update\* (Approval if required)
- 7. Old Business
  - a. St. Johns School District Life-Work Program Assistance
- 8. New Business
- 9. Public Comment <u>LIMITED TO 3 MINUTES PER SPEAKER</u>
- 10. Member and Department Reports
- 11. Adjournment Chair Joseph

Next LCB Meeting: November 14, 2023, at 1:30 p.m. St. Johns County Council on Aging 179 Marine Street, St. Augustine, FL 32084 Florida Commission for the



# St. Johns County Transportation Disadvantaged Local Coordinating Board Quarterly Meeting

Tuesday, May 9, 2023

| Northeast Florida Regional Council | St. Johns County Commission | Florida Transportation     |
|------------------------------------|-----------------------------|----------------------------|
| Elizabeth Payne, AICP              | Hon. Krista Joseph, Chair   | Disadvantaged Commission   |
| Chief Executive Officer            |                             | Dr. Phillip Stevens, Chair |

# MINUTES \*Denotes Required Action Item

# 1. Welcome, Call to Order, Roll Call/Quorum Review

A quarterly meeting of the St. Johns County Transportation Disadvantaged (TD) Local Coordinating Board (LCB) was held on Tuesday, May 9, 2023, in person and via Conference Call. LCB Chair Krista Joseph called the meeting to order at 1:31 p.m. with the <u>following members present:</u>

| St. Johns County Board of County Commissioners            |
|---|
| Florida Department of Transportation                      |
| Florida Department of Children and Families               |
| Florida Department of Education Vocational Rehabilitation |
| St. Johns County Veterans Services                        |
| Citizen Advocate Non-User                                 |
| Elder Source  |
| Agency for Healthcare Administration                      |
| CareerSource Northeast Florida                            |
|   |

<u>Members Not Present</u> St. Johns County Public Schools Northeast Florida Community Action Agency Agency for Persons with Disabilities Krista Joseph (In-Person) Janell Damato (Conference Call) Christina Gillis (Conference Call) Rochelle Price (Conference Call) Joseph McDermott (Conference Call) Joe Stephenson (In-Person) Janet Dickinson (Conference Call) Pamela Hagley (Conference Call) Marc Albert (In-Person)

Donna Fenech Vicky Elmore Sheryl Stanford

<u>Community Transportation Coordinator Staff Present</u> Becky Yanni, Matt McCord, Steve Staples, and Nelson Wiley (All In-Person)

Planning Agency Staff Present Matamron Bacon (In-Person)

Guests

Adam Ringwood (In-Person), Jennifer Argentina (In-Person), Jorge Bertran (In-Person), Rachel Garvey (Conference Call)

After a roll call took place, a quorum was confirmed.

2. Additions, Deletions, and Changes to the Agenda

There were no changes to the agenda.

3. Approval of February 14, 2023, Meeting and Public Hearing Minutes\*

Mr. Stephenson motioned for approval of the meeting and public hearing minutes. Mr. Albert seconded the motion. The February 14, 2023, meeting and public hearing minutes were approved unanimously.

### 4. LCB Membership

Chair Joseph introduced the new LCB member representing Vocational Rehabilitation, Ms. Price, to the group.

# 5. Annual Review of Bylaws\*

There were no proposed changes to the St. Johns County LCB Bylaws. Mr. Albert made a motion to approve the bylaws. Mr. Stephenson seconded the motion. The bylaws passed unanimously.

# 6. Service Development Solicitation for FY 2024/2025

Mr. Bacon shared notice of the Florida Department of Transportation (FDOT) grant opportunity with present members. The St. Johns County Council on Aging (SJCCOA) currently has no applications for funding submitted for the grant at this time. Members were invited to bring ideas for future applications to future meetings.

7. Northeast Florida Regional Council Update (multiple items included require vote\*)

- a) Transportation Disadvantaged Service Plan (TDSP) Annual Review\*
   Mr. Bacon presented the following NEFRC staff-recommended amendments to the St. Johns County TDSP:
  - 1. 5-Year Transportation Disadvantaged (TD) Transportation Improvement Program and other Funding Requests and Results – Page 24
    - Addition of funded 5310 grant projects from Fiscal Year (FY) 21/22 and 22/23.
    - Addition of funded 5311 grant project from FY 21/22
    - Addition of 5310 grant funding project request for FY 23/24.

# 2. Eligibility Criteria for TD Funded Trips – Page 31

Addition of TD eligibility section that clearly defines standards for rider application to the St. Johns County Council on Aging transportation services.

Mr. Stephenson asked if the non-sponsored trips priority list on page 36 of the TDSP accurately ranks SJCCOA's trip priorities (Medical, Shopping, Recreation, Visitation, and Employment) or if was just a general list. Mr. McCord confirmed that the list reflected general trip prioritizations, although it is the practice of SJCCOA to restrict trips to primarily medical appointments pending funding. Mr. Stephenson requested the prioritization list be revised from a numbered list format to a paragraph format. Ms. Damato clarified that the Commission for the Transportation Disadvantaged provides a list of service standards found in Florida State Statute; additionally, the LCB is to determine local regulation of several other standards. Mr. Albert motioned to approve the TDSP with suggested NEFRC staff recommendations in addition to Mr. Stephenson's formatting request. Mr. Stephenson seconded the motion. After a roll call vote the motion passed unanimously.

- b) Proposed LCB Meeting Schedule 1:30 pm on the 2<sup>nd</sup> Tuesday Quarterly\* Mr. Albert motioned to approve the schedule. Mr. Stephenson seconded the motion. The meeting schedule passed unanimously.
- c) Proposed LCB Public Hearing

Mr. Bacon confirmed with present members that next year's public hearing will take place on February 13, 2023, at 1:30 pm, immediately followed by the regularly scheduled LCB meeting.

- d) Community Transportation Coordinator Evaluation\*
   Mr. Bacon reviewed the results of this year's Community Transportation Coordinator (CTC) Evaluation. The evaluation committee found SJCCOA in compliance but offered a comment and suggested correction:
  - 1. Compliance with Commission Standards (41-2, F.A.C)
    - Language in the TDSP states bills are to be paid to subcontractors within 15 days. FAC 41-2.006(4)i requires "All bills shall be paid within 7 working days to subcontractors, after receipt of said payment by the Community Transportation Coordinator...".

### **Action Recommendation**

SJCCOA amend TDSP language pertaining to subcontractor billing requirements to accurately reflect state requirements set forth by F.A.C 41-2.006(4)i.

Mr. Stephenson made a motion to approve SJCCOA's CTC evaluation with the action recommendation. Mr. Albert seconded the motion. The evaluation passed unanimously.

### 7. Community Transportation Coordinator System Update

Mr. McCord presented the CTC update on behalf of SJCCOA. He stated SJCCOA underwent their annual FDOT vehicle and LCB CTC inspections this quarter. The Council on Aging participated in and/or led several trainings this quarter as well, including the St. Johns County Emergency Operations Center Hurricane Exercise and their own in-house Driver's Safety Meeting. Staff members will also attend the Annual Florida Public Transportation Association/FDOT/Center for Urban Transportation Research Workshop in Tampa June 5-7, 2023. The St. Johns County Council on Aging continues to participate in regional transportation dialogue and collaboration. This includes attending the Northeast Florida Regional Transit Working Group meeting on May  $18^{th}$  with regional public transportation stakeholders and attending the North Florida Clean Fuels Coalition on May 10th for the discussion of gas to propane engine transitioning. The Council on Aging is redesigning its teal bus route to have a stop at the Solomon Calhoun Community Center in West St. Augustine, which houses outreach agencies such as the Northeast Florida Community Action Agency.

### 8. Old Business

 a) St. Johns Public Schools / St. Johns County Council on Aging Service Advertisement Ms. Argentina and Mr. Ringwood representing the St. Johns County Public Schools (SJCPS) explained the organization's post-high school transitional services for Exceptional Education (ESE) Students ages 14-22. They expressed interest in working with SJCCOA to advertise TD services as a resource, as well as help establish transportation opportunities for students currently on job sites within their transitional program. Mr. McCord and Ms. Yanni agreed to meet with Ms. Argentina and Mr. Ringwood to further discuss collaborative efforts.

### 9. New Business

a) Transition from Conference Call to Zoom Video Call

Mr. Bacon briefly discussed the enhanced audio and remote participant benefits of transitioning to Zoom. All members agreed to transition the conference call option to Zoom.

### 10. Public Comment

Mr. Bertran discussed the need for outreach and transportation support for homeless youth in St. Johns County.

# 11. Member and Department Reports

There were no member reports.

### 12. Adjournment

Chair Joseph adjourned the meeting at 2:40 pm. The next meeting will take place September 12, 2023, at 1:30 p.m. in the St. Johns Council on Aging Boardroom.

### ATTENDANCE RECORD

### ST. JOHNS COUNTY

### LOCAL COORDINATING BOARD

| Position                              | Name/Alt.  | 9/13/22 | 11/8/22 | 2/14/23 | 5/9/23 |
|---------------------------------------|--|---------|---------|---------|--------|
| 1. Chairperson                        | Krista Joseph  | Р       | а       | Р       | Р      |
| 2. Dept. of Transportation            | Janell Damato/ Angela Gregory<br>/ Lauren Adams / Chris Nalsen | Р       | Р       | Р       | Р      |
| 3. Dept. Of Children and Families     | Christina Gillis / Todd Banks                                  | Р       | а       | Р       | Р      |
| 4. Public Education                   | Donna Fenech   | Р       | Р       | Р       | а      |
| 5. Vocational Rehab. (Dept. Ed.)      | Kim Houghton / Rochelle Price                                  | Р       | а       | а       | Р      |
| 6. Veteran Services                   | Joseph McDermott / Travis<br>Neidig                            | Р       | Р       | Р       | Р      |
| 7. Community Action                   | Vicki Elmore / Nellie Daniels                                  | а       | а       | а       | а      |
| 8. Elderly                            | Vacant   | -       | -       | -       | -      |
| 9. Disabled                           | Vacant   | -       | -       | -       | -      |
| 10. Citizen Advocate/User             | Vacant   | -       | -       | -       | -      |
| 11. Citizen Advocate Non-User         | Joe Stephenson   | а       | Р       | Р       | Р      |
| 12. Children at Risk                  | Vacant   | -       | -       | -       | -      |
| 13. Dept. Of Elder Affairs            | Janet Dickinson  | а       | Р       | Р       | Р      |
| 14. Private for Profit Transportation | Vacant   | -       | -       | -       | -      |
| 15. Dept. of Health Care Adm.         | Pamela Hagley / Reeda Harris                                   | Р       | Р       | Р       | Р      |
| 16. Agency for Persons w/Disabilities | Sheryl Stanford / Leslie<br>Richards                           | Р       | Р       | а       | а      |
| 17. Regional Workforce Dev. Bd.       | Marc Albert  | Р       | Р       | а       | Р      |
| 18. Local Medical Community           | John Eaton / Vacant  | -       | -       | -       | -      |

# VACANCIES

Elderly Disabled Citizen Advocate User Children at Risk Private for-Profit Transportation Industry Medical Community

#### **PLEASE SIGN IN!** May 9, 2023 Date: COMMISSION FOR THE Time: 1:30 p.m. Transportation Disadvantaged TRANSPORTATION DISADVANTAGED St. Johns County Council on Aging Senior Center, River House, 179 Marine Street, Saint Augustine, FL 32084 **E-Mail** Name Address Phone NW; ley@StJCOA.com MCBAN OLG C. GMA COM #109 525 SR 16 904 819-023 4 FL 904 MOUTRE 209 37 Mac Koall 904 nensor Arre RS 904 32086 MMCCon 2 2087 904 209 3700 32034 50 Dyanni @s St. (SJCSD) 40 Orange 904-547-3433 Jenni fer. Argenninalestjohrs. KIZ.F. bennifer genting Augustine FL 32084

(904) 547-3433

adam.ringwood @ stjohns. KIZ.fl.us

ORANGE ST-

ST. AUGUSTINC, FR 32084

40

1) AM

KINGWOOD

|            |              |            |   |  | Voting /Non-                 | Grievance | Evaluation |  |
|------------|--------------|------------|---|--|------------------------------|-----------|------------|--|
| Salutation | First Name   | Last Name  | Organization  | Representing   | Voting                       | Committee | Committee  | Comments   |
|            | ST. JOHNS CO | DUNTY      |   |  |                              |           |            |  |
| Hon.       | Krista       | Joseph     | St. Johns County BOCC   | Elected Official   | Voting                       |           |            | Chair  |
| Ms.        | Janell       | Damato     | FDOT, District 2  | FDOT   | Voting                       |           |            |  |
| Ms.        | Angela       | Gregory    | FDOT, District 2  | FDOT   | Alternate                    |           |            |  |
| Ms.        | Christina    | Nalsen     | FDOT, District 2  | FDOT   | Alternate                    |           |            |  |
| Ms.        | Lauren       | Adams      | FDOT, District 2  | FDOT   | Alternate                    |           |            |  |
| Ms.        | Christina    | Gillis     | Department of Children and Families   | DCF  | Voting                       |           |            |  |
| Mr.        | Todd         | Banks      | Department of Children and Families   | DCF  | Alternate                    |           |            |  |
| Ms.        | Donna        | Fenech     | St. Johns County Schools  | Public Education   | Voting                       |           | Feb-24     |  |
| Ms.        | Rochelle     | Price      | FL Dept. of Vocational Rehab/Dept of Ed.  | Dept. of Education (Voc. Rehab.)                                     | Voting                       |           |            |  |
| Mr.        | Joseph       | McDermott  | St. Johns County Veterans Services  | Veterans   | Voting                       | Feb-24    |            |  |
| Mr.        | Travis       | Neidig     | St. Johns County Veterans Services  | Veterans   | Alternate                    |           |            |  |
| Ms.        | Vicky        | Elmore     | Northeast Florida Community Action Agency, Inc.   | Community Action (Econ.<br>Disadvantaged)<br>Community Action (Econ. | Voting                       |           |            |  |
| Ms.        | Nellie       | Daniels    | Northeast Florida Community Action Agency, Inc.   | Disadvantaged)   | Alternate                    |           |            |  |
| VACANT     |              |            | ,,, | Elderly  | VACANT                       |           |            |  |
| VACANT     |              |            |   | Disabled   | VACANT                       |           |            |  |
| VACANT     |              |            |   | Citizen Advocate/User  | VACANT                       |           |            |  |
| Mr.        | Joe          | Stephenson | Citizen Non-user  | Citizen Advocate Non-User  | Voting                       | Feb-24    | Feb-24     |  |
| VACANT     |              |            |   | Children at Risk   | VACANT                       |           |            |  |
| Ms.        | Janet        | Dickinson  | NE Florida Area Agency on Aging   | Department of Elder Affairs  | Voting                       |           | Feb-24     |  |
| VACANT     |              |            |   | Private for Profit Transportation                                    | VACANT                       |           |            |  |
| Ms.        | Pamela       | Hagley     | Agency for Health Care Administration   | АНСА   | Voting                       |           |            |  |
| Ms.        | Reeda        | Harris     | Agency for Health Care Administration   | АНСА   | Alternate                    |           |            |  |
| Ms.        | Sheryl       | Stanford   | Agency for Persons with Disabilities  | Agency for Persons w/ Disabilities                                   | Voting                       |           |            |  |
| Ms.        | Leslie       | Richards   | Agency for Persons with Disabilities  | Agency for Persons w/ Disabilities                                   | Alternate                    |           |            |  |
| Mr.        | Marc         | Albert     | CareerSource Northeast Florida  | Workforce Development  | Voting                       |           |            | Vice Chair   |
| VACANT     |              |            | Flagler Hospital  | Medical Community  | VACANT                       |           |            |  |
| Mr.        | Matt         | McCord     | St. Johns County Council on Aging   | СТС  | Non-Voting                   |           |            | Manager  |
| Mr.        | Jack         | Monfore    | St. Johns County Council on Aging   | СТС  | Non-Voting                   |           |            | Operations Manager                                       |
| Ms.        | Patricia     | Solano     | St. Johns Council Council on Aging  | СТС  | Non-Voting                   |           |            | Finance Director   |
| Ms         | Becky        | Yanni      | St. Johns County Council on Aging   | стс  | Non-Voting                   |           |            | SJC COA Director   |
| Ms.        | Renee        | Knight     | Elder Source  |  | Interested Party             |           |            |  |
| Ms.        | Rachel       | Garvey     | St. Johns County Transportation Development   |  | Interested Party             |           |            |  |
| Ms.        | Joanne       | Spencer    | St. Johns County BOCC   |  | Interested Party             |           |            | Notify Melissa of any changes<br>to meeting schedule     |
| Ms.        | Shelby       | Romero     | St. Johns County BOCC   |  | Assistant to Chair<br>Joseph |           |            |  |
| Ms.        | April        | Bacchus    |   |  | Interested Party             |           |            |  |
| Ms.        | Teresa       | Harris     | St. Johns Council on Aging  |  | schedules room<br>at COA     |           |            | only send email if meeting is held at<br>the River House |



# **CTC** Organization

County: Saint Johns Fiscal Year: 7/1/2022 - 6/30/2023 CTC Status: In Progress CTD Status: Pending Submission

Date Initiated: 9/11/2023

| CTC Organization Name:<br>Address:<br>City:<br>State: | St. Johns County Council on Aging, Inc.<br>180 Marine St.<br>Saint Augustine<br>FL |
|---|--|
| Zip Code:   | 32084  |
| Organization Type:                                    | Private Non Profit   |
| Network Type:   | Sole Source  |
| Operating Environment:                                | Rural  |
| Transportation Operators:                             | No   |
| Number of Transportation Operators:                   | 0  |
| Coordination Contractors:                             | No   |
| Number of Coordination Contractors:                   | 0  |
| Provide Out of County Trips:                          | Yes  |
| Local Coordinating Board (LCB) Chairperson:           | Krista Joseph  |
| CTC Contact:  | Becky Yanni  |
| CTC Contact Title:                                    | Executive Director   |
| CTC Contact Email:                                    | byanni@stjohnscoa.com  |
| Phone:  | (904) 209-3700   |

# **CTC Certification**

I, Becky Yanni, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (signature):

# **LCB** Certification

I, Krista Joseph, as the Local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(6), F.A.C. that the Local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Chairperson (signature):



# **CTC** Trips

| County:      | Saint Johns             | CTC Status: | In Progress        | CTC Organization: | St. Johns County<br>Council on Aging, |
|--------------|-------------------------|-------------|--------------------|-------------------|---------------------------------------|
| Fiscal Year: | 07/01/2022 - 06/30/2023 | CTD Status: | Pending Submission |                   | Inc.                                  |

|  | Selected Reporting Period            |                             |         | Previous Reporting Period            |                             |         |
|--|--------------------------------------|-----------------------------|---------|--------------------------------------|-----------------------------|---------|
|  | CTC &<br>Transportation<br>Operators | Coordination<br>Contractors | Total   | CTC &<br>Transportation<br>Operators | Coordination<br>Contractors | Total   |
| Service Type - One Way                                   |                                      |                             |         | -                                    |                             |         |
| Fixed Route/Fixed Schedule                               |                                      |                             |         |                                      |                             |         |
| Daily Pass Trips   | 0                                    | N/A                         | 0       | 0                                    | N/A                         | 0       |
| Weekly Pass Trips  | 0                                    | N/A                         | 0       | 0                                    | N/A                         | 0       |
| Monthly Pass Trips                                       | 0                                    | N/A                         | 0       | 0                                    | N/A                         | 0       |
| Deviated Fixed Route Service                             | 108,553                              | N/A                         | 108,553 | 91,135                               | N/A                         | 91,135  |
| Complementary ADA Service                                | 0                                    | N/A                         | 0       | 0                                    | N/A                         | 0       |
| Paratransit  |                                      |                             |         |                                      |                             |         |
| Ambulatory   | 21,120                               | 0                           | 21,120  | 21,107                               | 0                           | 21,107  |
| Non-Ambulatory   | 20,160                               | 0                           | 20,160  | 15,408                               | 0                           | 15,408  |
| Stretcher  | 452                                  | 0                           | 452     | 592                                  | 0                           | 592     |
| Transportation Network Companies                         | 0                                    | N/A                         | 0       | 0                                    | N/A                         | 0       |
| Taxi   | 0                                    | N/A                         | 0       | 0                                    | N/A                         | 0       |
| School Board (School Bus)                                | 0                                    | N/A                         | 0       | 0                                    | N/A                         | 0       |
| Volunteers   | 0                                    | N/A                         | 0       | 0                                    | N/A                         | 0       |
| Total - Service Type                                     | 150,285                              | 0                           | 150,285 | 128,242                              | 0                           | 128,242 |
| Contracted Transportation Operator                       |                                      |                             |         |                                      |                             |         |
| How many of the total trips were provided by             | 0                                    | N/A                         | 0       | 0                                    | N/A                         | 0       |
| Contracted Transportation Operators? (If the CTC         |                                      |                             |         |                                      |                             |         |
| provides transportation services, do not include the CTC |                                      |                             |         |                                      |                             |         |
| Total - Contracted Transportation Operator Trips         | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |
| Revenue Source - One Way                                 |                                      |                             |         |                                      |                             |         |
| Agency for Health Care Administration (AHCA)             | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |
| Agency for Persons with Disabilities (APD)               | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |
| Comm for the Transportation Disadvantaged (CTD)          | 27,359                               | N/A                         | 27,359  | 26,666                               | N/A                         | 26,666  |
| Dept of Economic Opportunity (DEO)                       | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |
| Dept of Children and Families (DCF)                      | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |
| Dept of Education (DOE)                                  | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |
| Dept of Elder Affairs (DOEA)                             | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |
| Dept of Health (DOH)                                     | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |
| Dept of Juvenile Justice (DJJ)                           | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |
| Dept of Transportation (DOT)                             | 108,553                              | 0                           | 108,553 | 91,135                               | 0                           | 91,135  |
| Local Government   | 0                                    | 0                           | 0       | 2                                    | 0                           | 2       |
| Local Non-Government                                     | 14,373                               | 0                           | 14,373  | 10,439                               | 0                           | 10,439  |
| Other Federal & State Programs                           | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |
| Total - Revenue Source                                   | 150,285                              | 0                           | 150,285 | 128,242                              | 0                           | 128,242 |



# CTC Trips (cont'd)

| County:      | Saint Johns             | CTC Status: | In Progress        | CTC Organization: | St. Johns County<br>Council on Aging, |
|--------------|-------------------------|-------------|--------------------|-------------------|---------------------------------------|
| Fiscal Year: | 07/01/2022 - 06/30/2023 | CTD Status: | Pending Submission |                   | Inc.                                  |

|   | Select                               | ted Reporting Peric         | od      | Previous Reporting Period            |                             |         |  |
|---|--------------------------------------|-----------------------------|---------|--------------------------------------|-----------------------------|---------|--|
|   | CTC &<br>Transportation<br>Operators | Coordination<br>Contractors | Total   | CTC &<br>Transportation<br>Operators | Coordination<br>Contractors | Total   |  |
| Passenger Type - One Way                  |                                      |                             |         |                                      |                             |         |  |
| Older Adults                              | 13,575                               | 0                           | 13,575  | 12,311                               | 0                           | 12,311  |  |
| Children At Risk                          | 2                                    | 0                           | 2       | 2                                    | 0                           | 2       |  |
| Persons With Disabilities                 | 24,819                               | 0                           | 24,819  | 24,794                               | 0                           | 24,794  |  |
| Low Income                                | 0                                    | 0                           | 0       | 0                                    | 0                           | 0       |  |
| Other                                     | 111,889                              | 0                           | 111,889 | 91,135                               | 0                           | 91,135  |  |
| Total - Passenger Type                    | 150,285                              | 0                           | 150,285 | 128,242                              | 0                           | 128,242 |  |
| Trip Purpose - One Way                    |                                      |                             |         |                                      |                             |         |  |
| Medical                                   | 21,349                               | 0                           | 21,349  | 19,573                               | 0                           | 19,573  |  |
| Employment                                | 2,518                                | 0                           | 2,518   | 3,603                                | 0                           | 3,603   |  |
| Education/Training/Daycare                | 2,189                                | 0                           | 2,189   | 2,058                                | 0                           | 2,058   |  |
| Nutritional                               | 11,657                               | 0                           | 11,657  | 7,378                                | 0                           | 7,378   |  |
| Life-Sustaining/Other                     | 112,572                              | 0                           | 112,572 | 95,630                               | 0                           | 95,630  |  |
| Total - Trip Purpose                      | 150,285                              | 0                           | 150,285 | 128,242                              | 0                           | 128,242 |  |
| Unduplicated Passenger Head Count (UDPHC) |                                      |                             |         |                                      |                             |         |  |
| UDPHC                                     | 4,141                                | 0                           | 4,141   | 3,259                                | 0                           | 3,259   |  |
| Total - UDPHC                             | 4,141                                | 0                           | 4,141   | 3,259                                | 0                           | 3,259   |  |
| Unmet & No Shows                          |                                      |                             |         |                                      |                             |         |  |
| Unmet Trip Requests                       | 0                                    | N/A                         | 0       | 0                                    | N/A                         | 0       |  |
| No Shows                                  | 503                                  | N/A                         | 503     | 727                                  | N/A                         | 727     |  |
| Customer Feedback                         |                                      |                             |         |                                      |                             |         |  |
| Complaints                                | 8                                    | N/A                         | 8       | 8                                    | N/A                         | 8       |  |
| Commendations                             | 10                                   | N/A                         | 10      | 10                                   | N/A                         | 10      |  |



# **CTC Vehicles & Drivers**

| County:      | Saint Johns             | CTC Status: | In Progress        | CTC Organization: | St. Johns County<br>Council on Aging, |
|--------------|-------------------------|-------------|--------------------|-------------------|---------------------------------------|
| Fiscal Year: | 07/01/2022 - 06/30/2023 | CTD Status: | Pending Submission |                   | Inc.                                  |

|  | Selec                                | ted Reporting Peri          | od        | Previ                                | ous Reporting Perio         | d       |
|--|--------------------------------------|-----------------------------|-----------|--------------------------------------|-----------------------------|---------|
|  | CTC &<br>Transportation<br>Operators | Coordination<br>Contractors | Total     | CTC &<br>Transportation<br>Operators | Coordination<br>Contractors | Total   |
| Vehicle Miles                                |                                      |                             |           |                                      |                             |         |
| Deviated Fixed Route Miles                   | 695,336                              | N/A                         | 695,336   | 656,948                              | N/A                         | 656,948 |
| Complementary ADA Service Miles              | 0                                    | N/A                         | 0         | 0                                    | N/A                         | 0       |
| Paratransit Miles                            | 414,237                              | 0                           | 414,237   | 317,394                              | 0                           | 317,394 |
| Transportation Network Companies (TNC) Miles | 0                                    | N/A                         | 0         | 0                                    | N/A                         | 0       |
| Taxi Miles                                   | 0                                    | N/A                         | 0         | 0                                    | N/A                         | 0       |
| School Board (School Bus) Miles              | 0                                    | N/A                         | 0         | 0                                    | N/A                         | 0       |
| Volunteers Miles                             | 0                                    | N/A                         | 0         | 0                                    | N/A                         | 0       |
| Total - Vehicle Miles                        | 1,109,573                            | 0                           | 1,109,573 | 974,342                              | 0                           | 974,342 |
| Roadcalls & Accidents                        |                                      |                             |           |                                      |                             |         |
| Roadcalls                                    | 7                                    | 0                           | 7         | 6                                    | 0                           | 6       |
| Chargeable Accidents                         | 7                                    | 0                           | 7         | 3                                    | 0                           | 3       |
| Vehicle Inventory                            |                                      |                             |           |                                      |                             |         |
| Total Number of Vehicles                     | 47                                   | 0                           | 47        | 37                                   | 0                           | 37      |
| Number of Wheelchair Accessible Vehicles     | 47                                   | 0                           | 47        | 36                                   | 0                           | 36      |
| Drivers                                      |                                      |                             |           |                                      |                             |         |
| Number of Full Time & Part Time Drivers      | 74                                   | 0                           | 74        | 56                                   | 0                           | 56      |
| Number of Volunteer Drivers                  | 0                                    | 0                           | 0         | 0                                    | 0                           | 0       |

| County:          | Saint Johns   |           |           | Demograp       | bhics                       | Number      | Florido Commission for the      |           |
|------------------|---|-----------|-----------|----------------|-----------------------------|-------------|---------------------------------|-----------|
| CTC:<br>Contact: | St. Johns County Council on Aging, Inc.<br>Becky Yanni  |           | Total Cou | nty Population | 0                           |             | -                               |           |
|                  | 180 Marine St.<br>Saint Augustine, FL 3<br>904-209-3700 | 32084     |           | Unduplica      | ted Head Count              | 4,141       | Transactation                   |           |
| Email:           | byanni@stjohnscoa.c                                     | om        |           |                |                             |             | Transportation<br>Disadvantaged |           |
| Trips B          | y Type of Service                                       | 2021      | 2022      | 2023           | Vehicle Data                | 2021        | 2022                            | 2023      |
| Fixed Ro         | ute (FR)  | 0         | 0         | 0              | Vehicle Miles               | 896,270     | 974,342                         | 1,109,573 |
| Deviated         | FR  | 84,393    | 91,135    | 108,553        | Roadcalls                   | 7           | 6                               | 7         |
| Complem          | nentary ADA   | 0         | 0         | 0              | Accidents                   | 1           | 3                               | 7         |
| Paratrans        | sit   | 29,271    | 37,107    | 41,732         | Vehicles                    | 39          | 37                              | 47        |
| TNC              |   | 0         | 0         | 0              | Drivers                     | 58          | 56                              | 74        |
| Taxi             |   | 0         | 0         | 0              |                             |             |                                 |           |
| School B         | oard (School Bus)                                       | 0         | 0         | 0              |                             |             |                                 |           |
| Voluntee         | rs  | 0         | 0         | 0              |                             |             |                                 |           |
| TOTAL 1          | TRIPS   | 113,664   | 128,242   | 150,285        |                             |             |                                 |           |
| Passen           | ger Trips By Trip Pu                                    | urpose    |           |                | Financial and General I     | Data        |                                 |           |
| Medical          |   | 19,195    | 19,573    | 21,349         | Expenses                    | \$3,563,735 | \$3,697,010                     | \$0       |
| Employm          | nent  | 3,488     | 3,603     | 2,518          | Revenues                    | \$3,502,309 | \$3,256,243                     | \$0       |
| Ed/Train/        | /DayCare  | 193       | 2,058     | 2,189          | Commendations               | 11          | 10                              | 10        |
| Nutrition        | al  | 703       | 7,378     | 11,657         | Complaints                  | 9           | 8                               | 8         |
| Life-Sust        | aining/Other  | 90,085    | 95,630    | 112,572        | Passenger No-Shows          | 513         | 727                             | 503       |
| TOTAL 1          | TRIPS   | 113,664   | 128,242   | 150,285        | Unmet Trip Requests         | 0           | 0                               | 0         |
| Passen           | ger Trips By Reven                                      | ue Source |           |                | Performance Measures        |             |                                 |           |
| CTD              |   | 24,473    | 26,666    | 27,359         | Accidents per 100,000 Miles | 0.11        | 0.31                            | 0.63      |
| AHCA             |   | 0         | 0         | 0              | Miles between Roadcalls     | 128,039     | 162,390                         | 158,510   |
| APD              |   | 0         | 0         | 0              | Avg. Trips per Passenger    | 14.50       | 39.35                           | 36.29     |
| DOEA             |   | 0         | 0         | 0              | Cost per Trip               | \$31.35     | \$28.83                         | \$0       |
| DOE              |   | 0         | 0         | 0              | Cost per Paratransit Trip   | \$31.35     | \$28.83                         | \$0       |
| Other            |   | 89,191    | 101,576   | 122,926        | Cost per Total Mile         | \$3.98      | \$3.79                          | \$0       |
| TOTAL 1          | <b>TRIPS</b>  | 113,664   | 128,242   | 150,285        | Cost per Paratransit Mile   | \$3.98      | \$3.79                          | \$0       |
| Trips by         | y Provider Type   |           |           |                |                             |             |                                 |           |
| CTC              |   | 113,664   | 128,242   | 150,285        |                             |             |                                 |           |
| Transpor         | tation Operator   | 0         | 0         | 0              |                             |             |                                 |           |
| Coordina         | tion Contractor   | 0         | 0         | 0              |                             |             |                                 |           |
| TOTAL 1          | <b>TRIPS</b>  | 113,664   | 128,242   | 150,285        |                             |             |                                 |           |
|                  |   | •         | •         | •              |                             |             |                                 |           |



From: Zeruto, Dan <Dan.Zeruto@dot.state.fl.us>
Sent: Thursday, June 1, 2023 8:36 AM
To: Matt McCord <mmccord@stjohnscoa.com>; Patty Solano <psolano@stjohnscoa.com>; AWonsey@stjohnscoa.com
Ce: Matamron Bacon <mbacon@nefrc.org>
Subject: 2023-24 St. Johns Rate Model Approved
Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning Matt,

I have reviewed the corrections and adjustments made to the attached 2023-24 Rate Model Calculation Spreadsheet for some of the most common procedural and utilization errors. Items previously noted have been addressed and it is approved for further review at the local level as appropriate. My review and opinion does not confirm the validity or accuracy of any financial or operational data elements that have been entered, nor does it address the reasonableness of the unsubsidized cost of services.

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.

When the time comes, I will produce your T/E grant contract with the passenger trip rates from this spreadsheet presuming no further changes by the LCB.

|  |      | Ambul    | Wheel Chair | Stretcher | Grou<br>Leave Blank | p         |
|--|------|----------|-------------|-----------|---------------------|-----------|
| Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,395 | =    | 21,939 + | 19,042 +    | 414 +     |                     |           |
| Rate per Passenger Tr  | ip = | \$22.28  | \$38.19     | \$79.56   | \$0.00              | \$0.00    |
|  |      |          |             |           | per passenger       | per group |

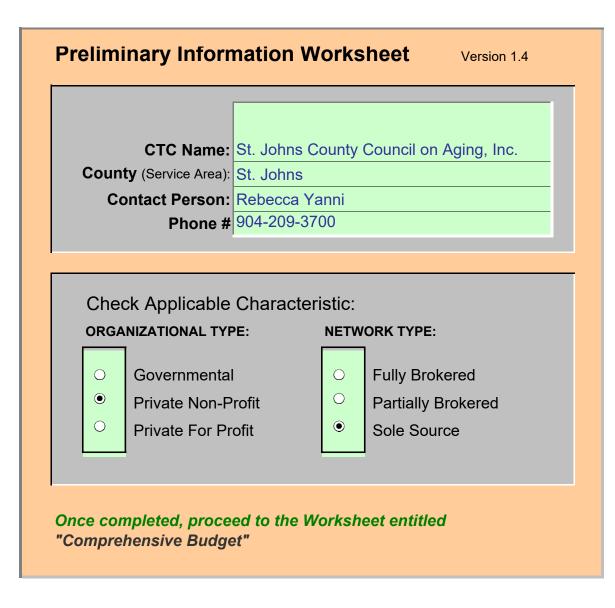
### Thank you,

Daniel Zeruto

Area 3 Project Manager Florida Commission for Transportation Disadvantaged 605 Suwannee St.,MS 49 Tallahassee, FL 32399-0450 Phone 850-410-5704 Fax 850-410-5752 Email: <u>dan.zeruto@dot.state.fl.us</u>



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### **Comprehensive Budget Worksheet**

Version 1.4

#### CTC: St. Johns County Council on Aging, Inc. County: St. Johns

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

| Complete applicable <b>GREEN</b> cells in                    | columns 2, 3, 4   | l, and 7  |   |  |  |  |
|--|---|---|---|--|--|--|
| 1  | Prior Year's<br>ACTUALS<br>from<br>July 1st of<br>2021<br>to<br>June 30th of<br>2022<br>2 | Current Year's<br>APPROVED<br>Budget, as<br>amended<br>from<br>July 1st of<br>2022<br>to<br>June 30th of<br>2023<br>3 | Upcoming Year's<br>PROPOSED<br>Budget<br>from<br>July 1st of<br>2023<br>to<br>June 30th of<br>2024<br>4 | % Change<br>from Prior<br>Year to<br>Current<br>Year<br><b>5</b> | Proposed<br>% Change<br>from<br>Current<br>Year to<br>Upcoming<br>Year<br><b>6</b> | Confirm whether revenues are collected as a system subsidy VS<br>a purchase of service at a unit price.<br>Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000<br>7 |
|  |   |   |   |  |  |  |
| <b>REVENUES</b> (CTC/Operators ONLY                          | / Do NOT inclue   | de coordination o   | contractors!)   |  |  |  |
| Local Non-Govt   |   |   |   |  |  |  |
| Farebox  | \$ 30,933   | \$ 32,170   | \$ 32,492   | 4.0%   | 1.0%   |  |
| Medicaid Co-Pay Received<br>Donations/ Contributions         |   |   |   |  |  |  |
| In-Kind, Contributed Services                                |   |   |   |  |  |  |
| Other  | \$ 73,980   | \$ 76,939   | \$ 77,708   | 4.0%   | 1.0%   |  |
| Bus Pass Program Revenue                                     |   |   |   |  |  |  |
| Local Government   | _   |   |   |  |  |  |
| District School Board<br>Compl. ADA Services                 |   |   |   |  |  |  |
| County Cash  | \$ 116,125  | \$ 120,770  | \$ 121,978  | 4.0%   | 1.0%   |  |
| County In-Kind, Contributed Services                         |   |   |   |  |  |  |
| City Cash<br>City In-kind, Contributed Services              |   |   |   |  |  |  |
| Other Cash   |   |   |   |  |  |  |
| Other In-Kind, Contributed Services                          |   |   |   |  |  |  |
| Bus Pass Program Revenue                                     |   |   |   |  |  |  |
| CTD  |   |   |   |  |  |  |
| Non-Spons. Trip Program                                      | \$ 593,389  | \$ 696,480  | \$ 663,362  | 17.4%  | -4.8%  |  |
| Non-Spons. Capital Equipment<br>Rural Capital Equipment      |   |   |   |  |  |  |
| Other TD (specify in explanation)                            |   |   |   |  |  |  |
| Bus Pass Program Revenue                                     | _   |   |   |  |  |  |
| USDOT & FDOT   |   |   |   |  |  |  |
| 49 USC 5307  | \$ 350,378  | \$ 364,393  | \$ 368,037  | 4.0%   | 1.0%   |  |
| 49 USC 5310<br>49 USC 5311 (Operating)                       | \$ 298,256  | \$ 310,186  | \$ 313,288  | 4.0%   | 1.0%   |  |
| 49 USC 5311(Capital)   | φ 230,230   | \$ 510,100  | φ 313,200   | 4.070  | 1.070  |  |
| Block Grant  | \$ 209,245  | \$ 217,645  | \$ 219,821  | 4.0%   | 1.0%   |  |
| Service Development<br>Commuter Assistance                   |   |   |   |  |  |  |
| Other DOT (specify in explanation)                           |   |   |   |  |  |  |
| Bus Pass Program Revenue                                     |   |   |   |  |  |  |
| AHCA   |   |   |   |  |  |  |
| Medicaid   |   |   |   |  |  |  |
| Other AHCA (specify in explanation) Bus Pass Program Revenue |   |   |   |  |  |  |
| DCF  |   |   | I   |  |  |  |
| Alcoh, Drug & Mental Health                                  | -   | 1   | 1   |  |  |  |
| Family Safety & Preservation                                 |   |   |   |  |  |  |
| Comm. Care Dis./Aging & Adult Serv.                          |   |   |   |  |  |  |
| Other DCF (specify in explanation) Bus Pass Program Revenue  |   |   |   |  |  |  |
| DOH  | _   |   |   |  |  |  |
| Children Medical Services                                    |   |   |   |  |  |  |
| Children Medical Services<br>County Public Health            |   |   |   |  |  |  |
| Other DOH (specify in explanation)                           |   |   |   |  |  |  |
| Bus Pass Program Revenue                                     |   |   |   |  |  |  |
| DOE (state)  |   |   |   |  |  |  |
| Carl Perkins   |   |   |   |  |  |  |
| Div of Blind Services<br>Vocational Rehabilitation           |   |   |   |  |  |  |
| Day Care Programs  |   |   |   |  |  |  |
| Other DOE (specify in explanation)                           |   |   |   |  |  |  |
| Bus Pass Program Revenue                                     |   |   |   |  |  |  |
| AWI  |   |   |   |  |  |  |
| WAGES/Workforce Board<br>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 \   | Vorkshee   | t  | Version 1.4   |   |  | St. Johns County Council on Aging, Inc.<br>St. Johns  |
|--|--|--|---|---|--|---|
| . Complete applicable <b>GREEN</b> cells in  | columns 2, 3, 4  | 4, and 7   |   |   |  |   |
| 1  | Prior Year's<br>ACTUALS<br>from<br>July 1st of<br>2021<br>to<br>June 30th of<br>2022<br>2  | Current Year's<br>APPROVED<br>Budget, as<br>amended<br>from<br>July 1st of<br>2022<br>to<br>June 30th of<br>2023<br>3  | Upcoming Year's<br>PROPOSED<br>Budget<br>from<br>July 1st of<br>2023<br>to<br>June 30th of<br>2024<br>4                                 | % Change<br>from Prior<br>Year to<br>Current<br>Year<br>5 | Proposed<br>% Change<br>from<br>Current<br>Year to<br>Upcoming<br>Year<br><b>6</b> | Confirm whether revenues are collected as a system subsidy VS<br>a purchase of service at a unit price.<br>Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000 |
|  | 2  | 3  | 4   | 5   | 0  |   |
| APD Office of Disability Determination Developmental Services Other APD (specify in explanation) Bus Pass Program Revenue DJJ (specify in explanation) Bus Pass Program Revenue Other Fed or State   |  |  |   |   |  |   |
|  | 1  | 1  | 1   |   |  |   |
| XXX<br>XXX<br>XXX<br>Bus Pass Program Revenue  |  |  |   |   |  |   |
| Other Revenues Interest Earnings XXXX XXXX Bus Pass Program Revenue  |  |  |   |   |  |   |
| Balancing Revenue to Prevent Deficit   | _  | I  | 1   |   |  |   |
| Balancing Revenue is Short By =<br>Total Revenues =  | \$1,691,109  | None<br>\$1,818,583  | None<br>\$1,836,768   | 7.5%  | 1.0%   | -   |
| EXPENDITURES (CTC/Operators Of   | UNCON NOT  |  |   | 0   |  |   |
|  | NLY / Do <b>NOT</b> i  | nclude Coordina  | tion Contractor   | s!)   |  |   |
| Operating Expenditures Labor Fringe Benefits Services Materials and Supplies Utilities Casualty and Liability Taxes  | \$ 774,208<br>\$ 105,231<br>\$ 146,096<br>\$ 292,840<br>\$ 25,551<br>\$ 227,209  | \$ 829,702<br>\$ 113,896<br>\$ 157,622<br>\$ 314,638<br>\$ 28,639  | \$ 837,999<br>\$ 115,035<br>\$ 159,198<br>\$ 317,784<br>\$ 28,925<br>\$ 246,856   | 7.2%<br>8.2%<br>7.9%<br>7.4%<br>12.1%<br>7.6%             | 1.0%<br>1.0%<br>1.0%<br>1.0%<br>1.0%   |   |
| Labor<br>Fringe Benefits<br>Services<br>Materials and Supplies<br>Utilities<br>Casualty and Liability<br>Taxes<br>Purchased Transportation:<br>Purchased Bus Pass Expenses<br>School Bus Utilization Expenses<br>Contracted Transportation Services<br>Other<br>Miscellaneous<br>Operating Debt Service - Principal & Interest<br>Leases and Rentals   | \$ 774,208<br>\$ 105,231<br>\$ 146,096<br>\$ 292,840<br>\$ 25,551<br>\$ 227,209<br>  | \$ 829,702<br>\$ 113,896<br>\$ 157,622<br>\$ 314,638<br>\$ 28,639  | \$ 837,999<br>\$ 115,035<br>\$ 159,198<br>\$ 317,784<br>\$ 28,925   | 7.2%<br>8.2%<br>7.9%<br>7.4%<br>12.1%                     | 1.0%<br>1.0%<br>1.0%<br>1.0%   |   |
| Labor<br>Fringe Benefits<br>Services<br>Materials and Supplies<br>Utilities<br>Casualty and Liability<br>Taxes<br>Purchased Transportation:<br>Purchased Transportation:<br>Purchased Bus Pass Expenses<br>School Bus Utilization Expenses<br>Contracted Transportation Services<br>Other<br>Miscellaneous<br>Operating Debt Service - Principal & Interest  | \$ 774,208<br>\$ 105,231<br>\$ 146,096<br>\$ 292,840<br>\$ 25,551<br>\$ 227,209<br>  | \$ 829,702<br>\$ 113,896<br>\$ 157,622<br>\$ 314,638<br>\$ 28,639<br>\$ 244,412<br>\$  | \$ 837,999<br>\$ 115,035<br>\$ 159,198<br>\$ 317,784<br>\$ 28,925<br>\$ 246,856<br>\$   | 7.2%<br>8.2%<br>7.9%<br>7.4%<br>12.1%                     | 1.0%<br>1.0%<br>1.0%<br>1.0%   |   |
| Labor         Fringe Benefits         Services         Materials and Supplies         Utilities         Casualty and Liability         Taxes         Purchased Transportation:         Purchased Bus Pass Expenses         School Bus Utilization Expenses         Ochracted Transportation Services         Other         Miscellaneous         Operating Debt Service - Principal & Interest         Leases and Rentals         Contrib. to Capital Equip. Replacement Fund         In-Kind, Contributed Services         Allocated Indirect         Capital Expenditures         Equip. Purchases with Grant Funds         Equip. Purchases with Rate Generated Rev.  | \$ 774,208<br>\$ 105,231<br>\$ 146,036<br>\$ 292,840<br>\$ 25,551<br>\$ 227,209<br>  | \$ 829,702<br>\$ 113,896<br>\$ 157,622<br>\$ 314,638<br>\$ 28,639<br>\$ 244,412<br>\$  | \$ 837,999<br>\$ 115,035<br>\$ 159,198<br>\$ 317,784<br>\$ 28,925<br>\$ 246,856<br>\$   | 7.2%<br>8.2%<br>7.9%<br>7.4%<br>12.1%<br>7.6%             | 1.0% 1.0% 1.0% 1.0% 1.0% 1.0%  |   |
| Labor         Fringe Benefits         Services         Materials and Supplies         Utilities         Casualty and Liability         Taxes         Purchased Transportation:         Purchased Bus Pass Expenses         School Bus Utilization Expenses         Contracted Transportation Services         Other         Miscellaneous         Operating Debt Service - Principal & Interest         Leases and Rentals         Contrib. to Capital Equip. Replacement Fund         In-Kind, Contributed Services         Allocated Indirect         Capital Expenditures         Equip. Purchases with Grant Funds         Equip. Purchases with Rate Generated Rev.         Capital Debt Service - Principal & Interest   | \$ 774,208<br>\$ 105,231<br>\$ 146,096<br>\$ 292,840<br>\$ 25,551<br>\$ 227,209<br>\$ 227,209<br>\$ 227,209<br>\$ 227,209<br>\$ 227,209<br>\$ 227,209<br>\$ 227,209<br>\$ 227,209<br>\$ 292,840<br>\$ 392,840<br>\$ 119,975  | \$ 829,702<br>\$ 113,896<br>\$ 157,622<br>\$ 314,638<br>\$ 28,639<br>\$ 244,412<br>\$ 244,412<br>\$ 314,638<br>\$ 28,639<br>\$ 244,412<br>\$ 28,639<br>\$ 244,412<br>\$ 28,639<br>\$ 244,412<br>\$ 28,639<br>\$ 244,412<br>\$ 28,639<br>\$ 244,412 | \$ 837,999<br>\$ 115,035<br>\$ 159,198<br>\$ 317,784<br>\$ 28,925<br>\$ 246,856<br>\$ 246,856<br>\$ 130,971                             | 7.2% 8.2% 7.9% 7.9% 7.4% 12.1% 7.6%                       | 1.0%<br>1.0%<br>1.0%<br>1.0%<br>1.0%   |   |
| Labor<br>Fringe Benefits<br>Services<br>Materials and Supplies<br>Utilities<br>Casualty and Liability<br>Taxes<br>Purchased Transportation:<br>Purchased Bus Pass Expenses<br>School Bus Utilization Expenses<br>Contracted Transportation Services<br>Other<br>Miscellaneous<br>Operating Debt Service - Principal & Interest<br>Leases and Rentals<br>Contrib. to Capital Equip. Replacement Fund<br>In-Kind, Contributed Services<br>Allocated Indirect<br><b>Capital Expenditures</b><br>Equip. Purchases with Grant Funds<br>Equip. Purchases with Rate Generated Rev.<br>Capital Debt Service - Principal & Interest<br><b>Total Expenditures</b> = | \$ 774.208<br>\$ 105,231<br>\$ 146,096<br>\$ 292,840<br>\$ 25,551<br>\$ 227,209<br>\$ 15,551<br>\$ 119,975<br>\$ 110,975<br>\$ 110,975<br>\$ 110,975<br>\$ 110,975<br>\$ 110,975<br>\$ 110,975<br>\$ 110,975<br>\$ 100,975<br>\$ 100,975 | \$ 829,702<br>\$ 113,896<br>\$ 157,622<br>\$ 314,638<br>\$ 28,639<br>\$ 244,412<br>\$ 244,412<br>\$ 129,674<br>\$ 129,674<br>\$ 129,674  | \$ 837,999<br>\$ 115,035<br>\$ 159,198<br>\$ 317,784<br>\$ 28,925<br>\$ 246,856<br>\$ 246,856<br>\$ 130,971<br>\$ 130,971<br>\$ 130,971 | 7.2% 8.2% 7.9% 7.9% 7.4% 12.1% 7.6%                       | 1.0%<br>1.0%<br>1.0%<br>1.0%<br>1.0%   |   |

### Comprehensive Budget Worksheet

Version 1.4 CTC: St. Johns County Council on Aging, Inc. County: St. Johns

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

|  |  | Prior Year's<br>ACTUALS<br>from<br>July 1st of<br>2021<br>to<br>June 30th of<br>2022 | Current Year's<br>APPROVED<br>Budget, as<br>amended<br>from<br>July 1st of<br>2022<br>to<br>June 30th of<br>2023 |  | % Change<br>from Prior<br>Year to | Proposed<br>% Change<br>from<br>Current<br>Year to<br>Upcoming<br>Year | a purchase of service at a unit price. |
|--|--|--|--|--|-----------------------------------|--|--|
|--|--|--|--|--|-----------------------------------|--|--|

Actual year LOSSES are shown as Balancing Revenue or Local Non-Government revenue.

| udgeted Rate Base Wo  | orksheet  | Version 1.4  |   | St. Johns Count<br>St. Johns  | y Council on Ag   | ing, Inc.   |
|---|---|--|---|---|-------------------|---|
| Complete applicable GREEN cells   | in column 3; YELLOW an  | d BLUE cells are aut   | omatically comple   | ted in column 3   |                   |   |
| Complete applicable GOLD cells in   | column and 5  |  |   |   |                   |   |
|   | Upcoming Year's<br>BUDGETED<br>Revenues   | What amount of the   |   |   | ]                 |   |
|   | from<br>July 1st of<br><b>2023</b>  | Budgeted Revenue<br>in col. 2 will be<br>generated at the<br>rate per unit<br>determined by this |   | What amount of the<br>Subsidy Revenue in<br>col. 4 will come<br>from funds to<br>purchase |                   |   |
| 1   | to<br>June 30th of<br>2024<br>2   | spreadsheet, OR<br>used as local match<br>for these type<br>revenues?<br>3                       | Budgeted Rate<br>Subsidy Revenue<br>EXcluded from<br>the Rate Base<br>4 | equipment, OR will<br>be used as match<br>for the purchase of<br>equipment?<br>5          |                   |   |
| REVENUES (CTC/Operators ONLY  |   |  | •   | <u> </u>  |                   |   |
| Local Non-Govt  | \$ 32,492   | \$ 32,492  | \$ -  |   |                   | YELLOW cells  |
| Medicaid Co-Pay Received<br>Donations/ Contributions<br>In-Kind, Contributed Services                 | \$ -<br>\$ -<br>\$ -  | \$ -   | \$ -<br>\$ -<br>\$ -  |   |                   | are <u>NEVER</u> Generated by Applying Authorized Rates   |
| Other Bus Pass Program Revenue ocal Government  | \$ 77,708<br>\$ -   | \$ 77,708<br>\$ -  | \$ -<br>\$ -  |   |                   |   |
| District School Board<br>Compl. ADA Services<br>County Cash   | \$ -<br>\$ -<br>\$ 121,978  | \$ -<br>\$ 121,978   |   |   |                   | BLUE cells<br>Should be funds generated by rates in this spreadsheet  |
| County In-Kind, Contributed Services<br>City Cash<br>City In-kind, Contributed Services<br>Other Cash | \$ -<br>\$ -<br>\$ -<br>\$ -  | \$ -<br>\$ -   | \$ -<br>\$ -<br>\$ -  |   |                   |   |
| Other In-Kind, Contributed Services Bus Pass Program Revenue TD                                       | \$ -<br>\$ -<br>\$ -  | \$ -<br>\$ -   | \$ -<br>\$ -  | LI  | local match req.  | GREEN cells   |
| Non-Spons. Trip Program<br>Non-Spons. Capital Equipment   | \$ 663,362<br>\$ -  | \$ 663,362<br>\$   | \$ -<br>\$ -  | s -<br>s -  | \$ 73,707<br>\$ - | MAY BE Revenue Generated by Applying<br>Authorized Rate per Mile/Trip Charges   |
| Rural Capital Equipment<br>Other TD<br>Bus Pass Program Revenue<br>SDOT & FDOT                        | \$ -<br>\$ -<br>\$ -  | \$   | \$ -<br>\$ -<br>\$ -  | \$  | \$ -              | Fill in that portion of budgeted revenue in Column 2 that will<br><u>GENERATED</u> through the application of authorized per mile,  |
| 49 USC 5307<br>49 USC 5310<br>49 USC 5311 (Operating)   | \$ 368,037<br>\$ -<br>\$ 313,288  | \$ -<br>\$ -<br>\$ 313,288   |   | \$-   | \$-               | per trip, or combination per trip plus per mile rates. Also,<br>include the amount of funds that are Earmarked as local mat<br>for Transportation Services and <u>NOT</u> Capital Equipment   |
| 49 USC 5311(Capital)<br>Block Grant<br>Service Development  | \$ <u>-</u><br>\$ 219,821<br>\$ -   | \$ -<br>\$ -   | \$ -<br>\$ 219,821  | \$-   | \$-               | purchases.<br>If the Farebox Revenues are used as a source of Local Match   |
| Commuter Assistance<br>Other DOT<br>Bus Pass Program Revenue<br>HCA                                   | \$ -<br>\$ -<br>\$ -  |  | \$ -<br>\$ -  |   |                   | Dollars, then identify the appropriate amount of Farebox<br>Revenue that represents the portion of Local Match required<br>on any state or federal grants. This does not mean that<br>Farebox is the only source for Local Match.                       |
| Medicaid<br>Other AHCA<br>Bus Pass Program Revenue<br>CF  | \$ -<br>\$ -<br>\$ -  | \$ -<br>\$ -   | \$ -<br>\$ -<br>\$ -  |   |                   | Please review all Grant Applications and Agreements<br>containing State and/or Federal funds for the proper Match<br>Requirement levels and allowed sources.  |
| Alcoh, Drug & Mental Health<br>Family Safety & Preservation<br>Comm. Care Dis./Aging & Adult Serv.    | \$ -<br>\$ -<br>\$ -  | \$ -<br>\$ -   | \$ -<br>\$ -<br>\$ -  |   |                   |   |
| Other DCF<br>Bus Pass Program Revenue<br>OH   | \$ -<br>\$ -  | \$ -   | \$ -<br>\$ -  |   |                   | GOLD cells Fill in that portion of Budgeted Rate Subsidy Revenue in   |
| Children Medical Services<br>County Public Health<br>Other DOH<br>Bus Pass Program Revenue            | \$ -<br>\$ -<br>\$ -<br>\$ -  | \$ -<br>\$ -<br>\$ -   | \$ -<br>\$ -<br>\$ -<br>\$ -  |   |                   | Column 4 that will come from Funds Earmarked by the Fund<br>Source for Purchasing Capital Equipment. Also include the<br>portion of Local Funds earmarked as Match related to the<br><u>Purchase of Capital Equipment</u> if a match amount is required |
| OE (state)<br>Carl Perkins<br>Div of Blind Services   | \$ -<br>\$ -  |  | \$<br>\$  |   |                   | by the Funding Source.  |
| Vocational Rehabilitation<br>Day Care Programs<br>Other DOE<br>Bus Pass Program Revenue               | \$         -           \$         -           \$         -           \$         - |  | \$ -<br>\$ -<br>\$ -<br>\$ -  |   |                   |   |
| WI<br>WAGES/Workforce Board<br>AWI  | \$ -<br>\$ -  |  | \$ -<br>\$ -  | <b>1</b>  |                   |   |
| Bus Pass Program Revenue OEA Older Americans Act  | \$ -  | \$ -   | \$ -  | ·I  |                   |   |
| Community Care for Elderly<br>Other DOEA<br>Bus Pass Program Revenue                                  | \$ -<br>\$ -<br>\$ -<br>\$ -  | \$ -<br>\$ -<br>\$ -   | \$ -<br>\$ -<br>\$ -  |   |                   |   |
| CCA<br>Community Services<br>Other DCA  | \$ -<br>\$ -  | \$ -   | <u>\$</u> -<br>\$-  | I   |                   |   |

### Budgeted Rate Base Worksheet

Version 1.4

CTC: St. Johns County Council on Aging, Inc.

County: St. Johns

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

### Worksheet for Program-wide Rates

### CTC: St. Johns County CVersion 1.4 County: St. Johns

1. Complete Total Projected Passenger Miles and ONE-WAY Passenger Trips (GREEN cells) below

Do <u>NOT</u> 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 = 353,765                           | Fiscal Year                            |
| Rate Per Passenger Mile = \$ 3.53  | 2023 - 2024                            |
| Total <u>Projected</u> <b>Passenger</b> Trips = 41,395                     |  |
| Rate Per Passenger Trip = \$ 30.17   | Avg. Passenger Trip Length = 8.5 Miles |
|  |  |
| Rates If No Revenue Funds Were Identified As Subsidy<br>Funds              |  |
| Rate Per Passenger Mile = \$ 5.19  |  |
| Rate Per Passenger Trip = \$ 44.37   |  |
|  |  |
| 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

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: St. Johns County Version 1.4

County: St. Johns

| Answer the questions by completing the GREEN cells starting in Section I for all services   | CTC: St. Johns County Version 1.4<br>County: St. Johns  |   |  |
|---|---|---|--|
| <ol> <li>Answer the questions by completing the GREEN cells starting in Section for all services</li> <li>Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answer</li> </ol>   |   |   |  |
|   |   |   |  |
| ECTION III: Escort Service 1. Do you want to charge all escorts a fee?  | Yes   |   |  |
| Do you want to charge an esconts a ree:   | No  |   |  |
|   | #2 - 4 and  |   |  |
|   | on IV and<br>Section V  |   |  |
|   |   |   |  |
| 2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR   | Pass. Trip Leave Blank  |   |  |
| per passenger mile? O Pa  | ass. 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   |   |  |
|   |   |   |  |
|   |   |   |  |
|   | NOT   |   |  |
| 1. If the message "You Must Complete This Section" appears to the right, what is the projected total Sect   | mplete<br>ction IV  |   |  |
| number of Group Service Passenger Miles? (otherwise leave blank)  | Londing Date  |   |  |
| And what is the projected total number of Group Vehicle Revenue Miles?  | Loading Rate<br>0.00 to 1.00  |   |  |
|   |   |   |  |
| SECTION V: Rate Calculations for Mulitple Services:<br>1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Si   | Service will be calculated automatically  |   |  |
| SECTION V: Rate Calculations for Mulitple Services: 1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Set * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, MI and trips for contracted services IF the rates were calculated in the Section II above * Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II   | IINUS miles   |   |  |
| <ol> <li>Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each S         * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mil<br/>and trips for contracted services IF the rates were calculated in the Section II above     </li> </ol>  | IINUS miles   |   |  |
| <ol> <li>Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each St<br/>* Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mil<br/>and trips for contracted services IF the rates were calculated in the Section II above<br/>* Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II</li> </ol>  | INUS miles RATES I Ambul Wheel C  | Chair Stretcher Group   |  |
| Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each St<br>Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mil<br>and trips for contracted services IF the rates were calculated in the Section II above<br>* Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II<br>Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353  | INUS miles<br><b>RATES  </b><br><b>Ambul</b> Wheel C<br>3,765 = 187,495 + 162   | Shair         Stretcher         Group           Leave Blank         4         0   |  |
| <ol> <li>Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each St<br/>* Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mil<br/>and trips for contracted services IF the rates were calculated in the Section II above<br/>* Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II</li> </ol>  | INUS miles<br><b>RATES  </b><br><b>Ambul</b> Wheel C<br>3,765 = 187,495 + 162   | Chair Stretcher Group   |  |
| Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each St<br>Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mil<br>and trips for contracted services IF the rates were calculated in the Section II above<br>* Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II<br>Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353  | INUS miles<br><b>RATES I</b><br>Ambul Wheel C<br>3,765 = 187,495 + 162<br>er Mile = <b>\$2,61 \$</b>  | Stratcher         Group<br>Leave Blank           2,732         +         3,538         +         0           \$4.47         \$9.31         \$0.00         \$0.00           per passenger         per group  |  |
| Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Si     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mil<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353     Rate per Passenger  | INUS miles<br><b>RATES I</b><br>Ambul Wheel C<br>3,765 = 187,495 + 162<br>er Mile = \$2.61<br>Ambul Wheel C   | Shair     Stretcher     Group<br>Leave Blank       2,732     +     3,538     +     0       54.47     \$9.31     \$0.00<br>per passenger     \$0.00<br>per group       Stretcher     Group<br>Leave Blank  |  |
| Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Si     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mil<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353     Rate per Passenger     Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,  | INUS miles<br>RATES I<br>Ambul Wheel C<br>3,765 = 187,495 + 162<br>er Mile = \$2.61<br>Ambul Wheel C<br>,395 = 21,939 + 155   | Shair     Stretcher     Group<br>Leave Blank       2,732     +     3,538     +     0       64.47     \$9.31     \$0.00<br>per passenger     \$0.00<br>per group       Shair     Stretcher     Group       2,042     +     414     +   |  |
| Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Si     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mil<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353     Rate per Passenger  | INUS miles<br>RATES I<br>Ambul Wheel C<br>3,765 = 187,495 + 162<br>er Mile = \$2.61<br>Ambul Wheel C<br>,395 = 21,939 + 155   | Shair         Stretcher         Group<br>Leave Blank           2,732         +         3,538         +         0           34.47         \$9.31         \$0.00         \$0.00           per passenger         per group           shair         Stretcher         Group           0,042         +         414           38.19         \$79.56         \$0.00         \$0.00   |  |
| Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Si     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mil<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353     Rate per Passenger     Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,  | INUS miles<br>RATES I<br>Ambul Wheel C<br>3,765 = 187,495 + 162<br>er Mile = \$2.61<br>Ambul Wheel C<br>,395 = 21,939 + 155   | Shair         Stretcher         Group<br>Leave Blank           2,732         +         3,538         +         0           34.47         \$9.31         \$0.00<br>per passenger         \$0.00<br>per group           Shair         Stretcher         Group<br>Leave Blank         \$0.02           0,042         +         414         +           38.19         \$79.56         \$0.00         \$0.00   |  |
| Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Si     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mil<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353     Rate per Passenger     Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,  | IINUS miles<br>RATES I<br>Ambul Wheel C<br>3,765 = 187,495 + 162<br>er Mile = \$2.61 \$<br>Ambul Wheel C<br>,395 = 21,939 + 15<br>er Trip = \$22,28 \$<br>C   | Stretcher         Group<br>Leave Blank           2,732         +         3,538         +         0           54.47         \$9.31         \$0.00         \$0.00           per passenger         per group           shair         Stretcher         Group           38.19         \$79.56         \$0.00           per passenger         per group           combination Trip and Mile Rate         \$0.00  |  |
| Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Si     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mi<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353     Rate per Passenger     Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,     Rate per Passenger  | INUS miles<br>RATES I<br>Ambul Wheel C<br>3,765 = 187,495 + 162<br>er Mile = \$2.61 \$<br>Ambul Wheel C<br>,395 = 21,939 + 15<br>er Trip = \$22.28 \$2  | Stretcher         Group<br>Leave Blank           2,732         +         3,538         +         0           54.47         \$9.31         \$0.00         \$0.00           per passenger         per group           shair         Stretcher         Group           38.19         \$79.56         \$0.00           per passenger         per group           combination Trip and Mile Rate         \$0.00  |  |
| Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Si     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mi<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353     Rate per Passenger     Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,     Rate per Passenger  | IINUS miles<br>RATES I<br>Ambul Wheel C<br>3,765 = 187,495 + 162<br>er Mile = \$2.61 \$<br>Ambul Wheel C<br>,395 = 21,939 + 115<br>er Trip = \$22.28 \$2<br>Ambul Wheel C   | Stratcher     Group<br>Leave Blank       2,732     +     3,538     +     0       54.47     \$9.31     \$0.00     \$0.00       per passenger     per group       Shair     Stretcher     Group       30,042     +     414     +       38.19     \$79.56     \$0.00     \$0.00       per passenger     per group       combination Trip and Mile Rate       chair     Stretcher   |  |
| Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each St     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mi<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) =         Trojected Passenger Trips (excluding totally contracted services addressed in Section II) =         Trojected Passenger Trips (excluding totally contracted services addressed in Section II) =  | IINUS miles   | Shair     Stretcher     Group<br>Leave Blank       2,732     +     3,538     +     0       24.47     \$9.31     \$0.00     \$0.00       per passenger     per group       shair     Stretcher     Group       38.19     \$79.56     \$0.00     \$0.00       per passenger     per group       combination Trip and Mile Rate       chair     Stretcher     Group       combination Trip and Mile Rate     \$0.00       shair     Stretcher     Group       shair     Stretcher     Group       shair     Stretcher     \$0.00       \$0.00     \$0.00     \$0.00  |  |
| <ol> <li>Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each St         <ul> <li>Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mill and trips for contracted services IF the rates were calculated in the Section II above</li> <li>Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II</li> </ul> </li> <li>Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353         <ul> <li>Rate per Passenger</li> </ul> </li> <li>Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,             <ul> <li>Rate per Passenger</li> </ul> </li> <li>2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services,             <ul> <li>INPUT the Desired Rate per Trip (but must be less than per trip rate addressed in the rest of the rate of the rate of the rate of the per Trip (but must be less than per trip rate of the rate of</li></ul></li></ol>  | IINUS miles   | Shair     Stretcher     Group<br>Leave Blank       2,732     +     3,538     +     0       84.47     \$9.31     \$0.00     \$0.00       per passenger     per group       chair     Stretcher     Group       20,042     +     414     +       38.19     \$79.56     \$0.00     \$0.00       per passenger     per group       combination Trip and Mile Rate       chair     Strotcher     Group       chair     Strotcher     Group       schair     Strotcher     Group       schair     Strotcher     Strotcher   |  |
| <ol> <li>Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each St         <ul> <li>Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mill and trips for contracted services IF the rates were calculated in the Section II above</li> <li>Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II</li> </ul> </li> <li>Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353         <ul> <li>Rate per Passenger</li> </ul> </li> <li>Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,             <ul> <li>Rate per Passenger</li> </ul> </li> <li>2 If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services,             <ul> <li>INPUT the Desired Rate per Trip (but must be less than per trip rate addressed in the rest of the rate of the rate of the rate of the per Trip (but must be less than per trip rate of the rate of</li></ul></li></ol>  | IINUS miles   | Shair     Stretcher     Group<br>Leave Blank       2,732     +     3,538     +     0       24.47     \$9.31     \$0.00     \$0.00       per passenger     per group       shair     Stretcher     Group       38.19     \$79.56     \$0.00     \$0.00       per passenger     per group       combination Trip and Mile Rate       chair     Stretcher     Group       combination Trip and Mile Rate     \$0.00       shair     Stretcher     Group       shair     Stretcher     Group       shair     Stretcher     \$0.00       \$0.00     \$0.00     \$0.00  |  |
| <ol> <li>Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each St         <ul> <li>Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mill and trips for contracted services IF the rates were calculated in the Section II above</li> <li>Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II</li> </ul> </li> <li>Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353         <ul> <li>Rate per Passenger</li> </ul> </li> <li>Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,             <ul> <li>Rate per Passenger</li> </ul> </li> <li>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,             <ul> <li>INPUT the Desired Rate per Trip (but must be less than per trip rate addressed in the rest of the rate and the per Trip (but must be less than per trip rate addressed rest of the rate of the ra</li></ul></li></ol>  | IINUS miles<br>RATES I<br>Ambul Wheel C<br>3,765 = 187,495 + 162<br>er Mile = \$2.61 \$<br>Ambul Wheel C<br>,395 = 21,939 + 115<br>er Trip = \$22.28 \$2<br>Ambul Wheel C<br>Ambul Wheel C<br>above) = \$<br>alance = \$2.61  | Shair     Stretcher     Group<br>Leave Blank       2,732     +     3,538     +     0       2,742     +     3,538     +     0       59.31     \$0.00     \$0.00     per passenger     per group       chair     Stretcher     Group     Group       2,042     +     414     +       38.19     \$79.56     \$0.00     \$0.00       per passenger     per group       Combination Trip and Mile Rate     Group       Shair     Stretcher     Group       Statz     \$0.00     \$0.00       \$4.47     \$9.31     \$0.00       \$9.31     \$0.00     \$0.00       per passenger     per group   |  |
| <ol> <li>Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each St         <ul> <li>Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mill and trips for contracted services IF the rates were calculated in the Section II above</li> <li>Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II</li> </ul> </li> <li>Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353         <ul> <li>Rate per Passenger</li> </ul> </li> <li>Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,             <ul> <li>Rate per Passenger</li> </ul> </li> <li>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,             <ul> <li>INPUT the Desired Rate per Trip (but must be less than per trip rate addressed in the rest of the rate and the per Trip (but must be less than per trip rate addressed rest of the rate of the ra</li></ul></li></ol>  | IINUS miles<br>RATES I<br>Ambul Wheel C<br>3,765 = 187,495 + 162<br>er Mile = \$2.61 \$<br>Ambul Wheel C<br>,395 = 21,939 + 15<br>er Trip = \$22.28 \$2<br>Ambul Wheel C<br>Ambul Wheel C | Stratcher     Group<br>Leave Blank       2,732     +     3,538     +     0       2,732     +     3,538     +     0       2,732     +     3,538     +     0       2,732     +     3,538     +     0       54.47     \$9.31     \$0.00     \$0.00       per passenger     per group       38.19     \$79.56     \$0.00     \$0.00       per passenger     per group       Combination Trip and Mile Rate     S0.00       Stretcher     Group       Stret cher     group |  |
| Input Projected Passenger Miles and Passenger Trips for each Services in the GREEN cells and the Rates for each Si     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mi<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) =     Trojected Passenger Trips (excluding totally contracted services addressed in Section II) =     Trojected Passenger Trips (excluding totally contracted services addressed in Section II) =         Rate per Passenge     Projected Passenger Trips (excluding totally contracted services addressed in Section II) =         (addressed in Section II) =         (addr | IINUS miles   | Stratcher     Group<br>Leave Blank       2,732     +     3,538     +     0       2,732     +     3,538     +     0       54.47     \$9.31     \$0.00     \$0.00       per passenger     per group       chair     Stretcher     Group       2,042     +     414     +       38.19     \$79.56     \$0.00     \$0.00       per passenger     per group       Combination Trip and Mile Rate     S0.00       Stretcher     Group       per passenger     per group  |  |
| <ol> <li>Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each St         <ul> <li>Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mill and trips for contracted services IF the rates were calculated in the Section II above</li> <li>Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II</li> </ul> </li> <li>Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 353         <ul> <li>Rate per Passenger</li> </ul> </li> <li>Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 41,             <ul> <li>Rate per Passenger</li> </ul> </li> <li>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,             <ul> <li>INPUT the Desired Rate per Trip (but must be less than per trip rate addressed in the rest of the rate and the per Trip (but must be less than per trip rate addressed rest of the rate of the ra</li></ul></li></ol>  | IINUS miles   | Stratcher     Group<br>Leave Blank       2,732     +     3,538     +     0       2,732     +     3,538     +     0       2,732     +     3,538     +     0       2,732     +     3,538     +     0       54.47     \$9.31     \$0.00     \$0.00       per passenger     per group       chair     Stretcher     Group       20,042     +     414     +       38.19     \$79.56     \$0.00     \$0.00       per passenger     per group       combination Trip and Mile Rate     Stretcher       Chair     Stretcher     Group       Leave Blank     \$0.00       \$4.47     \$9.31     \$0.00       \$0.40     per passenger     per group  |  |
| Input Projected Passenger Miles and Passenger Trips for each Services in the GREEN cells and the Rates for each Si     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mi<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) =     Trojected Passenger Trips (excluding totally contracted services addressed in Section II) =     Trojected Passenger Trips (excluding totally contracted services addressed in Section II) =         Rate per Passenge     Projected Passenger Trips (excluding totally contracted services addressed in Section II) =         (addressed in Section II) =         (addr | INUS miles  | Stratcher     Group<br>Leave Blank       2,732     +     3,538     +     0       2,732     +     3,538     +     0       2,732     +     3,538     +     0       2,732     +     3,538     +     0       2,732     +     3,538     +     0       2,732     +     3,538     +     0       54.47     \$9.31     \$0.00     \$0.00       2042     +     414     +       2042     +     414     +       38.19     \$79.56     \$0.00     \$0.00       per passenger     per group       Combination Trip and Mile Rate     \$0.00       Stratcher     Group       Leave Blank     \$0.00       \$4.47     \$9.31     \$0.00       \$0.40     \$0.00       per passenger     per group   |  |
| Input Projected Passenger Miles and Passenger Trips for each Services in the GREEN cells and the Rates for each Si     Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, Mi<br>and trips for contracted services IF the rates were calculated in the Section II above     Be sure to leave the service <u>BLANK</u> if you answered NO in Section I or YES to question #2 in Section II     Projected Passenger Miles (excluding totally contracted services addressed in Section II) =     Trojected Passenger Trips (excluding totally contracted services addressed in Section II) =     Trojected Passenger Trips (excluding totally contracted services addressed in Section II) =         Rate per Passenge     Projected Passenger Trips (excluding totally contracted services addressed in Section II) =         (addressed in Section II) =         (addr | IINUS miles   | Stratcher     Group<br>Leave Blank       2,732     +     3,538     +     0       2,732     +     3,538     +     0       2,732     +     3,538     +     0       2,732     +     3,538     +     0       54.47     \$9.31     \$0.00     \$0.00       per passenger     per group       chair     Stretcher     Group       20,042     +     414     +       38.19     \$79.56     \$0.00     \$0.00       per passenger     per group       combination Trip and Mile Rate     \$0.00       Stratcher     Group       stretcher     Group       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

Program These Rates Into Your Medicaid Encounter Data

CTC: St. Johns County Version 1.4

County: St. Johns