



**PALM BEACH COUNTY TRANSPORTATION DISADVANTAGED (TD)
LOCAL COORDINATING BOARD (LCB) AGENDA**

DATE: **Wednesday, June 18, 2025**
TIME: **2:00 p.m.**
PLACE: **301 Datura Street, West Palm Beach, FL 33401**

Members of the public can [join the meeting](https://PalmBeachTPA.org/Meeting) in person or virtually. For information on how to attend a meeting visit: PalmBeachTPA.org/Meeting.

Please call 561-725-0800 or e-mail info@PalmBeachTPA.org for assistance joining the virtual meeting.

1. REGULAR ITEMS

- A. Call to Order and Pledge of Allegiance
- B. Roll Call
- C. Modifications to the Agenda
- D. MOTION TO APPROVE Minutes for February 26, 2025
- E. General Public Comments

Members of the public are invited to offer general comments unrelated to agenda items at this time. Public comments related to agenda items will be heard following staff presentation of the item. Comments may be submitted in the following ways:

- A written comment may be submitted at PalmBeachTPA.org/Comment-Form at any time prior to the commencement of the relevant agenda item.
- A verbal comment may be provided by a virtual attendee using the raise hand feature in the Zoom platform.
- A verbal and/or written comment may be provided by an in-person attendee submitting a comment card available at the welcome table.

Note that the Chair may limit comments to 3 minutes or less depending on meeting attendance.

- F. Comments from the Chair and Member Comments
- G. LCB Liaison Report

2. ACTION ITEMS

A. MOTION TO APPROVE THE CTD TRIP & EQUIPMENT RATE MODEL (2025-2026)

The CTC must submit trip rates each fiscal year to receive the Commission for Transportation Disadvantaged Trip and Equipment Grant. Palm Tran will provide a presentation and an overview of the 2025-2026 Trip Rate worksheet.

B. MOTION TO RECEIVE AND FILE CTC EVALUATION RESULT

The TPA will report on the CTC Evaluation and provide a presentation on evaluation methods, results, and remarks on the service. The CTC evaluation is available online at PalmBeachTPA.Org/LCB. A presentation will be provided.

3. INFORMATION ITEMS

A. Palm Tran Connection Service Planning Discussion

Palm Tran Connection has requested a discussion of paratransit service with the LCB.

B. Partner Agency Updates

Agency staff from SFRTA/Tri-Rail, Florida Department of Transportation, and/or Palm Beach County may provide brief updates on items relevant to the LCB.

4. ADMINISTRATIVE ITEMS

A. Next Meeting – **August 27, 2025**

B. LCB Timeline

C. Adjournment

PURPOSE

The purpose of the LCB is to identify local service needs and to provide information, advice, and direction to the Palm Beach County Community Transportation Coordinator, otherwise known as Palm Tran Connection, on the coordination of service to be provided to the transportation disadvantaged through the Florida Coordinated Transportation System. The LCB is recognized as an advisory body to the Commission for the Transportation Disadvantaged. Palm Tran's provision of TD service is funded with state dollars. This service is not mandated by Federal Law.

TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD MEMBERS

CHAIR

Chelsea Reed, Mayor
City of Palm Beach Gardens

Milory Senat

Agency for Persons with Disabilities
Alternate: Pauline Spence

Niccole J. Smith

Area Agency on Aging
Alternate: Nancy Yarnall

Tekesha Saffold

Citizen Advocate/User

Isis Williams

Department of Children and Family Services
Alternate: Vacant

Jerome Hill

Florida Agency for Health Care Administration
Alternate: Marielisa Amador

Modeline Acreus

Florida Department of Transportation
Alternate: Marie Dorismond

Angela Choice

Florida Department of Veterans Affairs
Alternate: Latasha Brown

James E. Green

Palm Beach County Community Action
Alternate: Adam Reback

Arielle Richardson

Private Transportation Industry
Alternate: Vacant

VICE CHAIR

Uyen Dang
Citizen Advocate

Vacant

Florida Division of Vocational Rehabilitation
Alternate: Vacant

Merlene Ramnon

Local Medical Community
Alternate: Vacant

Laura Schultze

Public Education School District of Palm Beach County
Alternate: Vacant

Vacant

Representative for Children at Risk
Alternate: Vacant

Robert Goodman

Representative for the Disabled

Vacant

Representative for the Elderly

Michael Corbit

Workforce Development Board
Alternate: Vacant

Ron Jones

Palm Tran (Mass/Public Transit Industry)
Community Transportation Coordinator (CTC)
Non-Voting Member
Alternate: Ivan Maldonado

NOTICE

In accordance with Section 286.0105, *F.S.*, if a person decides to appeal any decision made by the board, agency, or commission with respect to any matter considered at such meeting or hearing, they will need a record of the proceedings, and that, for such purposes, they may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status. Persons who require special accommodations under the Americans with Disabilities Act or persons who require translation services for a meeting (free of charge) should contact Melissa Eble at 561-725-0813 or MEble@PalmBeachTPA.org at least five (5) business days in advance. Hearing impaired individuals are requested to telephone the Florida Relay System at #711.

Se solicita La participación del público, sin importar la raza, color, nacionalidad, edad, sexo, religión, incapacidad o estado familiar. Personas que requieran facilidades especiales bajo el Acta de Americanos con Discapacidad (Americans with Disabilities Act) o personas que requieren servicios de traducción (sin cargo alguno) deben contactar a Melissa Eble al teléfono 561-725-0813 o MEble@PalmBeachTPA.org por lo menos cinco días antes de la reunión. Si tiene problemas de audición, llamar al teléfono 711.



PALM BEACH Transportation Planning Agency

OFFICIAL MEETING MINUTES OF THE PALM BEACH COUNTY TRANSPORTATION DISADVANTAGED (TD) LOCAL COORDINATING BOARD (LCB) AGENDA

Wednesday, February 26, 2025

301 Datura Street, West Palm Beach, FL 33401
Meeting was also conducted virtually via Zoom.

These minutes are a summary of the meeting events and may not reflect all discussion that occurred. PDF versions of the agenda, backup material and presentations as well as audio recordings are available for review at www.PalmBeachTPA.org/LCB

1. REGULAR ITEMS

1.A. Call to Order and Pledge of Allegiance

CHAIR REED called the meeting to order at 2:01 p.m., provided an overview of the virtual meeting procedures, and led the Pledge of Allegiance.

1.B. Roll Call

The Recording Secretary called the roll. A quorum was present in-person as depicted in the table below.

| Member | Roll Call | Member | Roll Call | Member | Roll Call |
|------------------------|------------------|-----------------|------------------|----------------------|------------------|
| Milory Senat | A | James Green | A | Michael Corbit | P |
| Nicole Smith | P | Merlene Ramnon | P | Lou Ferri (Alt) | P |
| Uyen Dang (Vice Chair) | A | Laura Schultze | A | Tekesha Saffold | A |
| Marielisa Amador | A | Elizabeth Clark | P | Chelsea Reed (Chair) | P |
| Latasha Brown (Alt) | P | Modeline Acreus | A | | |
| Robert Goodman | A | | | | |

P = Present A = Absent

1.C. Modifications to the Agenda

There were no modifications to the agenda.

1.D. APPROVED: Minutes for November 20, 2024

MOTION TO APPROVE the Minutes made by Niccole Smith, seconded by Michael Corbit, and carried unanimously 7-0 as depicted in the table below.

| Member | Vote | Member | Vote | Member | Vote |
|---------------------------|------|-----------------|------|----------------------|------|
| Milory Senat | A | James Green | A | Michael Corbit | P |
| Niccole Smith | P | Merlene Ramnon | P | Lou Ferri (Alt) | P |
| Uyen Dang (Vice Chair) | A | Laura Schultze | A | Tekesha Saffold | A |
| Marielisa Amador | A | Elizabeth Clark | P | Chelsea Reed (Chair) | P |
| Latasha Brown (Alt) | P | Modeline Acreus | A | | |
| Robert Goodman | A | | | | |

Y = Yes N = No A = Absent ABST = Abstain

1.F. GENERAL PUBLIC COMMENTS

There were no public comments received.

1.G. CHAIR AND MEMBER COMMENTS

There were no member comments.

1.H. LCB Liaison Report

BRIAN RUSCHER reviewed the Liaison's Report, which can be viewed at PalmBeachTPA.org/LCB.

There were no public comments on this item.

Milory Senat joined the meeting at 2:08pm.

2. ACTION ITEMS

There are no action items on the agenda.

3. INFORMATION ITEMS**A. CTC Evaluation Response**

Brian Ruscher, Deputy Director of Multimodal, provided a presentation.

There were no public comments on this item.

Lou Ferri explained the observation ride process.

B. Palm Tran Connection Service Planning Discussion

LOU FERRI provided the latest updates regarding Palm Tran Connections.

JAMES GREEN questioned the Connection Program and asked local policies are federally funded and asked for the status of the Paratransit services with MV Transportation, Inc.

C. Partner Agency Updates

LOU FERR listed some legislative effects that recently occurred.

4. ADMINISTRATIVE ITEMS

4.A. Next Meeting – June 18, 2025

4.B. Adjournment

There being no further business the meeting was adjourned at 3:09 p.m.

This signature is to attest that the undersigned is the Chair, or a designated nominee, of the Transportation Disadvantaged Local Coordinating Board and that information provided herein is the true and correct Minutes for the **February 26, 2025** meeting of the Transportation Disadvantaged Local Coordinating Board, dated this 18th day of June 2025.

Chair Chelsea S. Reed
City of Palm Beach Gardens Mayor

EXHIBIT A - Attendance Record
Palm Beach County Transportation Disadvantaged Local Coordinating Board

| Representative/Alternate Agency | May 25 202 2 | Aug 24 202 2 | Nov 16 202 2 | Feb 22 202 3 | May 24 202 3 | Aug 23 202 3 | Nov 15 202 3 | Feb 28 202 4 | May 29 202 4 | Aug 21 202 4 | Nov 20 202 4 | Feb 26 202 5 |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| Mayor Chelsea Reed <i>Chair – Palm Beach TPA</i> | ***P | P | P | P | p | p | P | P | P | E | P | P |
| Uyen Dang <i>Vice Chair - Citizen Advocate</i> | E | P | P | P | p | p | E | P | P | P | A | A |
| Tekesha Saffold Citizen Advocate/User | P | P | P | E | p | p | E | P | P | A | A | E |
| Milory Senat /Pauline Spence Agency for Persons with Disabilities | P | P | E | P | A | p | E | A | P | A | P | A |
| Niccole Smith / Nancy Yarnall Area Agency on Aging | P | ALT | ALT | E | p | p | P | P | ALT | P | P | P |
| Isis Williams FL Dept. of Children & Families | P | P | P | P | P | -- | -- | -- | P | E | E | A |
| Marielis Amador / Jerome Hill FL Agency for Healthcare Administration/ Medicaid Program | P | E | A | ALT | ALT | P | E | ALT | E | ALT | A | A |
| Angela Choice /Latasha Brown FL Department of Veteran's Affairs | P | E | P | P | p | p | P | P | E | P | P | ALT |
| James Green Department of Community Services | E | P | -- | ***P | ***p | p | P | P | A | P | E | A |
| VACANT Private Transportation | -- | -- | -- | ***P | p | p | P | P | A | A | -- | -- |
| VACANT Department of Education/Division of Vocational Rehabilitation | P | E | P | A | A | A | A | A | A | -- | -- | -- |
| Merlene Ramnon Local Medical Community | A | P | A | P | p | p | A | P | A | A | A | P |
| Laura Schultze School District of Palm Beach County | P | P | P | P | A | A | P | A | E | P | P | E |
| Elizabeth Clark Representative for Children at Risk | P | P | P | P | p | p | P | P | P | P | P | P |
| Robert Goodman Representative for the Disabled | E | P | P | E | p | A | P | A | E | E | A | E |
| VACANT Representative for the Elderly | P | P | P | P | p | p | P | -- | -- | -- | -- | -- |
| Michael Corbit Workforce Development Board | -- | ***P | P | A | A | p | P | P | P | P | P | P |

*** – New Appointment
E – Excused

P – Representative Present ALT– Alternate Present
A – Absent -- – Vacant

EXHIBIT A (cont.)

OTHERS PRESENT

Brian Ruscher
Carly Diglio
Ruth Del Pino

REPRESENTING

Palm Beach TPA
Palm Beach TPA
Palm Beach TPA

Preliminary Information Worksheet

Version 1.4

CTC Name: Palm Beach County Board of County Commissioners
County (Service Area): Palm Beach
Contact Person: Ron Jones, Interim Sr Mgr of Paratransit
Phone # 561-812-5360

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:

- ☒ Governmental
- ☐ Private Non-Profit
- ☐ Private For Profit

NETWORK TYPE:

- ☐ Fully Brokered
- ☒ Partially Brokered
- ☐ Sole Source

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

Comprehensive Budget Worksheet

Version 1.4

CTC: Palm Beach County Board of County Commissioners
County: Palm Beach

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

| | Prior Year's ACTUALS from July 1st of 2023 to June 30th of 2024 | Current Year's APPROVED Budget, as amended from July 1st of 2024 to June 30th of 2025 | Upcoming Year's PROPOSED Budget from July 1st of 2025 to June 30th of 2026 | % Change from Prior Year to Current Year | Proposed % Change from Current Year to Upcoming Year | Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000 |
|---|---|---|---|--|--|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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

Local Non-Govt

| | | | | | | |
|---------------------------------|--------------|--------------|--------------|--------|-------|--|
| Farebox | \$ 2,641,168 | \$ 1,955,000 | \$ 2,872,000 | -26.0% | 46.9% | |
| Medicaid Co-Pay Received | | | | | | |
| Donations/ Contributions | | | | | | |
| In-Kind, Contributed Services | | | | | | |
| Other | | | | | | |
| Bus Pass Program Revenue | | | | | | |

Local Government

| | | | | | | |
|--------------------------------------|---------------|---------------|---------------|-------|--------|--|
| District School Board | | | | | | |
| Compl. ADA Services | | | | | | |
| County Cash | \$ 56,709,660 | \$ 74,761,069 | \$ 60,799,152 | 31.8% | -18.7% | |
| County In-Kind, Contributed Services | \$ - | \$ - | \$ - | | | |
| City Cash | \$ 68,907 | \$ 68,900 | \$ 73,100 | 0.0% | 6.1% | |
| City In-kind, Contributed Services | | | | | | |
| Other Cash | | | | | | |
| Other In-Kind, Contributed Services | | | | | | |
| Bus Pass Program Revenue | | | | | | |

CTD

| | | | | | | |
|-----------------------------------|--------------|--------------|--------------|--------|------|--|
| Non-Spons. Trip Program | \$ 3,412,687 | \$ 3,051,000 | \$ 3,134,140 | -10.6% | 2.7% | |
| Non-Spons. Capital Equipment | | | | | | |
| Rural Capital Equipment | | | | | | |
| Other TD (specify in explanation) | | | | | | |
| Bus Pass Program Revenue | | | | | | |

USDOT & FDOT

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| 49 USC 5307 | | | | | | |
| 49 USC 5310 | | | | | | |
| 49 USC 5311 (Operating) | | | | | | |
| 49 USC 5311(Capital) | | | | | | |
| Block Grant | | | | | | |
| Service Development | | | | | | |
| Commuter Assistance | | | | | | |
| Other DOT (specify in explanation) | | | | | | |
| Bus Pass Program Revenue | | | | | | |

AHCA

| | | | | | | |
|-------------------------------------|--|--|--|--|--|--|
| Medicaid | | | | | | |
| Other AHCA (specify in explanation) | | | | | | |
| Bus Pass Program Revenue | | | | | | |

DCF

| | | | | | | |
|-------------------------------------|--|--|--|--|--|--|
| Alcohol, Drug & Mental Health | | | | | | |
| Family Safety & Preservation | | | | | | |
| Comm. Care Dis./Aging & Adult Serv. | | | | | | |
| Other DCF (specify in explanation) | | | | | | |
| Bus Pass Program Revenue | | | | | | |

DOH

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| Children Medical Services | | | | | | |
| County Public Health | | | | | | |
| Other DOH (specify in explanation) | | | | | | |
| Bus Pass Program Revenue | | | | | | |

DOE (state)

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| Carl Perkins | | | | | | |
| Div of Blind Services | | | | | | |
| Vocational Rehabilitation | | | | | | |
| Day Care Programs | | | | | | |
| Other DOE (specify in explanation) | | | | | | |
| Bus Pass Program Revenue | | | | | | |

AWI

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| WAGES/Workforce Board | | | | | | |
| Other AWI (specify in explanation) | | | | | | |
| Bus Pass Program Revenue | | | | | | |

DOEA

| | | | | | | |
|-------------------------------------|------------|------------|------------|------|------|--|
| Older Americans Act | | | | | | |
| Community Care for Elderly | | | | | | |
| Other DOEA (specify in explanation) | \$ 350,000 | \$ 350,000 | \$ 350,000 | 0.0% | 0.0% | |
| Bus Pass Program Revenue | | | | | | |

DCA

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| Community Services | | | | | | |
| Other DCA (specify in explanation) | | | | | | |
| Bus Pass Admin. Revenue | | | | | | |

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

| | | | | | | |
|-----|--|--|--|--|--|--|
| xxx | | | | | | |
|-----|--|--|--|--|--|--|

Comprehensive Budget Worksheet

Version 1.4

CTC: Palm Beach County Board of County Commissioners
County: Palm Beach

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

| | Prior Year's ACTUALS from July 1st of 2023 to June 30th of 2024 | Current Year's APPROVED Budget, as amended from July 1st of 2024 to June 30th of 2025 | Upcoming Year's PROPOSED Budget from July 1st of 2025 to June 30th of 2026 | % Change from Prior Year to Current Year | Proposed % Change from Current Year to Upcoming Year | Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000 |
|---|---|---|---|--|--|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| XXX | | | | | | |
| XXX | | | | | | |
| Bus Pass Program Revenue | | | | | | |
| Other Revenues | | | | | | |
| Interest Earnings | | | | | | |
| XXXX | | | | | | |
| XXXX | | | | | | |
| Bus Pass Program Revenue | | | | | | |
| Balancing Revenue to Prevent Deficit | | | | | | |
| Actual or Planned Use of Cash Reserve | | | | | | |
| Balancing Revenue is Short By = | | None | None | | | |
| Total Revenues = | \$63,182,422 | \$80,185,969 | \$67,228,392 | 26.9% | -16.2% | |

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

Operating Expenditures

| | | | | | |
|---|---------------|---------------|---------------|---------|--------|
| Labor | \$ 4,523,952 | \$ 4,897,336 | \$ 5,092,717 | 8.3% | 4.0% |
| Fringe Benefits | \$ 1,807,600 | \$ 2,137,455 | \$ 2,182,806 | 18.2% | 2.1% |
| Services | \$ 20,250 | | | -100.0% | |
| Materials and Supplies | \$ 5,110 | \$ 20,800 | \$ 20,800 | 307.0% | 0.0% |
| Utilities | \$ 204,224 | \$ 242,500 | \$ 242,500 | 18.7% | 0.0% |
| Casualty and Liability | | | | | |
| Taxes | | | | | |
| Purchased Transportation: | | | | | |
| Purchased Bus Pass Expenses | | | | | |
| School Bus Utilization Expenses | | | | | |
| Contracted Transportation Services | \$ 53,630,117 | \$ 63,929,994 | \$ 53,630,117 | 19.2% | -16.1% |
| Other | \$ 76,091 | \$ 323,000 | \$ 368,639 | 324.5% | 14.1% |
| Miscellaneous | | | | | |
| Operating Debt Service - Principal & Interest | | | | | |
| Leases and Rentals | | \$ 860,417 | \$ 2,090,813 | | 143.0% |
| Contrib. to Capital Equip. Replacement Fund | \$ 2,915,078 | \$ 7,774,467 | \$ 3,600,000 | 166.7% | -53.7% |
| In-Kind, Contributed Services | \$ - | \$ - | \$ - | | |
| Allocated Indirect | | | | | |

Capital Expenditures

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

Total Expenditures = \$63,182,422 \$80,185,969 \$67,228,392 26.9% -16.2%

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

Budgeted Rate Base Worksheet

Version 1.4

CTC: Palm Beach County Board of County Commissioners

County: Palm Beach

1. Complete applicable **GREEN** cells in column 3; **YELLOW** and **BLUE** cells are automatically completed in column 3
2. Complete applicable **GOLD** cells in column and 5

| | Upcoming Year's BUDGETED Revenues | What amount of the Budgeted Revenue in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues? | Budgeted Rate Subsidy Revenue EXCLUDED from the Rate Base | What amount of the Subsidy Revenue in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment? |
|---|---|---|--|--|
| | from July 1st of 2025 to June 30th of 2026 | | | |
| 1 | 2 | 3 | 4 | 5 |

REVENUES (CTC/Operators ONLY)

Local Non-Govt

| | |
|---------------------------------|--------------|
| Farebox | \$ 2,872,000 |
| Medicaid Co-Pay Received | \$ - |
| Donations/ Contributions | \$ - |
| In-Kind, Contributed Services | \$ - |
| Other | \$ - |
| Bus Pass Program Revenue | \$ - |

Local Government

| | |
|--------------------------------------|---------------|
| District School Board | \$ - |
| Compl. ADA Services | \$ - |
| County Cash | \$ 60,799,152 |
| County In-Kind, Contributed Services | \$ - |
| City Cash | \$ 73,100 |
| City In-Kind, Contributed Services | \$ - |
| Other Cash | \$ - |
| Other In-Kind, Contributed Services | \$ - |
| Bus Pass Program Revenue | \$ - |

CTD

| | |
|---------------------------------|--------------|
| Non-Spons. Trip Program | \$ 3,134,140 |
| Non-Spons. Capital Equipment | \$ - |
| Rural Capital Equipment | \$ - |
| Other TD | \$ - |
| Bus Pass Program Revenue | \$ - |

USDOT & FDOT

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

AHCA

| | |
|---------------------------------|------|
| Medicaid | \$ - |
| Other AHCA | \$ - |
| Bus Pass Program Revenue | \$ - |

DCF

| | |
|-------------------------------------|------|
| Alcohol, Drug & Mental Health | \$ - |
| Family Safety & Preservation | \$ - |
| Comm. Care Dis./Aging & Adult Serv. | \$ - |
| Other DCF | \$ - |
| Bus Pass Program Revenue | \$ - |

DOH

| | |
|---------------------------------|------|
| Children Medical Services | \$ - |
| County Public Health | \$ - |
| Other DOH | \$ - |
| Bus Pass Program Revenue | \$ - |

DOE (state)

| | |
|---------------------------------|------|
| Carl Perkins | \$ - |
| Div of Blind Services | \$ - |
| Vocational Rehabilitation | \$ - |
| Day Care Programs | \$ - |
| Other DOE | \$ - |
| Bus Pass Program Revenue | \$ - |

AWI

| | |
|---------------------------------|------|
| WAGES/Workforce Board | \$ - |
| AWI | \$ - |
| Bus Pass Program Revenue | \$ - |

DOEA

| | |
|---------------------------------|------------|
| Older Americans Act | \$ - |
| Community Care for Elderly | \$ - |
| Other DOEA | \$ 350,000 |
| Bus Pass Program Revenue | \$ - |

DCA

| | |
|---------------------------------|------|
| Community Services | \$ - |
| Other DCA | \$ - |
| Bus Pass Program Revenue | \$ - |

APD

| | |
|------------------------------------|------|
| Office of Disability Determination | \$ - |
| Developmental Services | \$ - |
| Other APD | \$ - |
| Bus Pass Program Revenue | \$ - |

DJJ

| | |
|---------------------------------|------|
| DJJ | \$ - |
| Bus Pass Program Revenue | \$ - |

Other Fed or State

| | |
|-----|------|
| xxx | \$ - |
| xxx | \$ - |

| | |
|--------------|--|
| \$ 2,872,000 | |
| \$ - | |
| \$ - | |
| \$ - | |
| \$ - | |
| \$ - | |

| | | |
|------------|---------------|--|
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ 348,238 | \$ 60,450,914 | |
| \$ - | \$ - | |
| \$ - | \$ 73,100 | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |
| \$ - | \$ - | |

| | | |
|--------------|------|------|
| \$ 3,134,140 | \$ - | \$ - |
| \$ - | \$ - | \$ - |
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| \$ - | \$ - | \$ - |

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

BLUE cells
Should be funds generated by rates in this spreadsheet

GREEN cells
MAY BE Revenue Generated by Applying
Authorized Rate per Mile/Trip Charges

Fill in that portion of budgeted revenue in Column 2 that will be **GENERATED** through the application of authorized per mile, per trip, or combination per trip plus per mile rates. Also, include the amount of funds that are Earmarked as local match for Transportation Services and **NOT** Capital Equipment purchases.

If the Farebox Revenues are used as a source of Local Match Dollars, then identify the appropriate amount of Farebox Revenue that represents the portion of Local Match required on any state or federal grants. This does not mean that Farebox is the only source for Local Match.

Please review all Grant Applications and Agreements containing State and/or Federal funds for the proper Match Requirement levels and allowed sources.

GOLD cells
Fill in that portion of Budgeted Rate Subsidy Revenue in Column 4 that will come from Funds Earmarked by the Funding Source for Purchasing Capital Equipment. Also include the portion of Local Funds earmarked as Match related to the Purchase of Capital Equipment if a match amount is required by the Funding Source.

Worksheet for Program-wide Rates

CTC: Palm Beach Count Version 1.4
County: Palm Beach

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

Do **NOT** include trips or miles related to Coordination Contractors!

Do **NOT** include School Board trips or miles UNLESS.....

INCLUDE all ONE-WAY passenger trips and passenger miles related to services you purchased from your transportation operators!

Do **NOT** include trips or miles for services provided to the general public/private pay UNLESS..

Do **NOT** include escort activity as passenger trips or passenger miles unless charged the full rate for service!

Do **NOT** include fixed route bus program trips or passenger miles!

PROGRAM-WIDE RATES

Total Projected Passenger Miles = 1,377,155

Rate Per Passenger Mile = \$ 2.53

Total Projected Passenger Trips = 92,153

Rate Per Passenger Trip = \$ 37.79

Fiscal Year

2025 - 2026

Avg. Passenger Trip Length = 14.9 Miles

Rates If No Revenue Funds Were Identified As Subsidy Funds

Rate Per Passenger Mile = \$ 48.82

Rate Per Passenger Trip = \$ 729.53

Once Completed, Proceed to the Worksheet entitled "Multiple Service Rates"

Vehicle Miles

The miles that a vehicle is scheduled to or actually travels from the time it pulls out from its garage to go into revenue service to the time it pulls in from revenue service.

Vehicle Revenue Miles (VRM)

The miles that vehicles are scheduled to or actually travel while in revenue service. Vehicle revenue miles exclude:

Deadhead
Operator training, and
Vehicle maintenance testing, as well as
School bus and charter services.

Passenger Miles (PM)

The cumulative sum of the distances ridden by each passenger.

Worksheet for Multiple Service Rates

CTC: Palm Beach County
County: Palm Beach

Version 1.4

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

SECTION I: Services Provided

1. Will the CTC be providing any of these Services to transportation disadvantaged passengers in the upcoming budget year?.....

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

SECTION II: Contracted Services

1. Will the CTC be contracting out any of these Services TOTALLY in the upcoming budget year?....

| Ambulatory | Wheelchair | Stretcher | Group |
|--|--|--|--|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Answer # 2 for Ambulatory Service | Answer # 2 for Wheelchair Service | Do Not Complete Section II for Stretcher Service | Do Not Complete Section II for Group Service |

2. If you answered YES to #1 above, do you want to arrive at the billing rate by simply dividing the proposed contract amount by the projected Passenger Miles / passenger trips?.....

| Ambulatory | Wheelchair | Stretcher | Group |
|--|--|--|--|
| <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| | | Do NOT Complete Section II for Stretcher Service | Do NOT Complete Section II for Group Service |

3. If you answered YES to #1 & #2 above, how much is the proposed contract amount for the service?
How many of the total projected Passenger Miles relate to the contracted service?
How many of the total projected passenger trips relate to the contracted service?

| Ambulatory | Wheelchair | Stretcher | Group |
|-------------|-------------|-----------|-------|
| Leave Blank | Leave Blank | | |
| | | | |
| | | | |

Effective Rate for Contracted Services:
per Passenger Mile =
per Passenger Trip =

| Ambulatory | Wheelchair | Stretcher | Group |
|--|--|--|--|
| | | | |
| Go to Section III for Ambulatory Service | Go to Section III for Wheelchair Service | Do NOT Complete Section II for Stretcher Service | Do NOT Complete Section II for Group Service |

4. If you answered # 3 & want a Combined Rate per Trip PLUS a per Mile add-on for 1 or more services, INPUT the Desired per Trip Rate (but must be less than per trip rate in #3 above) =
Rate per Passenger Mile for Balance =

| Combination Trip and Mile Rate | | | |
|--|--|--|--|
| | | | |
| Leave Blank and Go to Section III for Ambulatory Service | Leave Blank and Go to Section III for Wheelchair Service | Do NOT Complete Section II for Stretcher Service | Do NOT Complete Section II for Group Service |

SECTION III: Escort Service

1. Do you want to charge all escorts a fee?.....

| |
|--|
| <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Skip #2 - 4 and Section IV and Go to Section V |

2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR

| | |
|---|-------------|
| <input checked="" type="radio"/> Pass. Trip <input type="radio"/> Pass. Mile | Leave Blank |
|---|-------------|

per passenger mile?.....

Worksheet for Multiple Service Rates

CTC: **Palm Beach County** Version 1.4
County: **Palm Beach**

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

3. If you answered Yes to # 1 and completed # 2, for how many of the projected Passenger Trips / Passenger Miles will a passenger be accompanied by an escort? Leave Blank
4. How much will you charge each escort?..... Leave Blank

SECTION IV: Group Service Loading

1. If the message "**You Must Complete This Section**" appears to the right, what is the projected total number of Group Service Passenger Miles? (otherwise leave blank).....
..... And what is the projected total number of Group Vehicle Revenue Miles? Loading Rate **0.00** to 1.00

Do NOT
Complete
Section IV

SECTION V: Rate Calculations for Multiple Services:

1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Service will be calculated automatically
* Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, MINUS miles and trips for contracted services IF the rates were calculated in the Section II above
* Be sure to leave the service **BLANK** if you answered NO in Section I or YES to question #2 in Section II

| RATES FOR FY: 2025 - 2026 | | | | | |
|---|-----------|-------------|-----------|---------------|---------------|
| | Ambul | Wheel Chair | Stretcher | Group | |
| Projected Passenger Miles (excluding totally contracted services addressed in Section II) = | 1,377,155 | = 1,194,364 | + 182,791 | + Leave Blank | + Leave Blank |
| Rate per Passenger Mile = | \$2.31 | \$3.96 | \$0.00 | \$0.00 | \$0.00 |
| | | | | per passenger | per group |

| | Ambul | Wheel Chair | Stretcher | Group | |
|---|---------|-------------|-----------|---------------|---------------|
| Projected Passenger Trips (excluding totally contracted services addressed in Section II) = | 92,153 | = 71,879 | + 20,274 | + Leave Blank | + Leave Blank |
| Rate per Passenger Trip = | \$32.66 | \$55.98 | \$0.00 | \$0.00 | \$0.00 |
| | | | | per passenger | per group |

2. If you answered # 1 above and want a COMBINED Rate per Trip **PLUS** a per Mile add-on for 1 or more services,...

| Combination Trip and Mile Rate | | | | |
|---|----------------------|----------------------|---------------|-------------|
| | Ambul | Wheel Chair | Stretcher | Group |
| ...INPUT the Desired Rate per Trip (but must be less than per trip rate above) = | <input type="text"/> | <input type="text"/> | Leave Blank | Leave Blank |
| Rate per Passenger Mile for Balance = | \$2.31 | \$3.96 | \$0.00 | \$0.00 |
| | | | per passenger | per group |

Rate per Passenger Mile =

Rate per Passenger Trip =

Rates if No Revenue Funds Were Identified As Subsidy Funds

| Ambul | Wheel Chair | Stretcher | Group | |
|----------|-------------|-----------|---------------|-----------|
| \$44.59 | \$76.44 | \$0.00 | \$0.00 | \$0.00 |
| | | | per passenger | per group |
| Ambul | Wheel Chair | Stretcher | Group | |
| \$630.46 | \$1,080.78 | \$0.00 | \$0.00 | \$0.00 |
| | | | per passenger | per group |

Program These Rates Into Your Medicaid Encounter Data

FY 26 Timeline

Dates subject to change.

