

BOARD OF COUNTY COMMISSIONERS
OF LEVY COUNTY, FLORIDA

**RESOLUTION
Number 2022-19**

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LEVY COUNTY, FLORIDA, APPROVING AN APPLICATION FOR A TRANSPORTATION DISADVANTAGED TRIP AND EQUIPMENT GRANT FROM THE FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED; PROVIDING DIRECTION AND AUTHORIZATION TO THE COUNTY COORDINATOR OR DESIGNEE; AND PROVIDING EFFECTIVE DATE

WHEREAS, the Florida Commission for the Transportation Disadvantaged administers the State Transportation Disadvantaged Trust Fund and provides grants to eligible recipients for the specific purposes of funding a portion of trips provided to eligible passengers or for the purchase of equipment to be utilized in a designated service area; and

WHEREAS, the County is eligible to receive a Transportation Disadvantaged Trip and Equipment Grant and to undertake a transportation disadvantaged service project as authorized by Section 427.0159, Florida Statutes and Rule 41-2, Florida Administrative Code; and

NOW, THEREFORE, BE IT RESOLVED BY THE LEVY COUNTY BOARD OF COUNTY COMMISSIONERS (the "Board"), that:

1. The Board has the authority to apply for a Transportation Disadvantaged Trip and Equipment Grant (the "Grant") and, if awarded, to enter into a Grant Agreement on behalf of the County.
2. The Board, through its staff, is aware of the obligations, including the local match requirement, that will result from the award and acceptance of the Grant.
3. The Board authorizes and directs the County Coordinator, or his designee, to apply for the Grant and to execute the Grant Agreement, amendments, warranties, certifications and any other documents which may be required by the Florida Commission for the Transportation Disadvantaged in connection with the Grant.
4. This Resolution shall become effective immediately upon adoption.



Transportation Disadvantaged Trip & Equipment Grant Recipient Information

Legal Name	Levy County Board of County Commissioners		
Federal Employer Identification Number	59-6000717		
Registered Address	P.O. Box 310		
City and State	Bronson, FL	Zip Code	32621
Contact Person for this Grant	Connie Conley	Phone Number Format 111-111-1111	352-486-3485
E-Mail Address [Required]	conley-connie@levycounty.org		
Project Location [County(ies)]	Levy	Proposed Project Start Date	July 1, 2022
Budget Allocation			
	Grant Amount – State Allocation [90%]		\$390,336.00
	Grant Amount – Local Match [10%]		\$43,370.00
	Voluntary Dollar Amount		\$6.00
	Local Match for Voluntary Dollars [In Kind]		\$0.00
	Total Project Amount		\$433,712.00

Capital Equipment Request		
	Description of Capital Equipment	\$ Amount
N/A		
	Total Project Amount	\$ 0.00

Local Coordinating Board Review IS Required if Requesting Capital Equipment

The purchase of capital equipment is included and has been reviewed by the _____ Local Coordinating Board.

Signature of Local Coordinating Board Chairperson

Date

I, the authorized Grantee Representative, hereby certify that the information herein is true and accurate and is submitted in accordance with the 2022-23 Program Manual and Instructions for the Trip & Equipment Grant.

Signature of Grant Recipient Representative

Date

Worksheet for Multiple Service Rates

CTC: Levy County Bo. Version 1.4
 County: Levy

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

SECTION III: Escort Service

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

Yes
 No
Skip #2 - 4 and Section IV and go to Section V

2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR
 per passenger mile?
 Pass. Trip
 Pass. Mile
Leave Blank

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

4. How much will you charge each escort?.....
 Leave Blank

SECTION IV: Group Service Loading

1. If the message "You Must Complete This Section" appears to the right, what is the projected total number of Group Service Passenger Miles? (otherwise leave blank).....
 Do NOT Complete Section IV

..... And what is the projected total number of Group Vehicle Revenue Miles?
 Loading Rate 0.00 to 1.00

SECTION V: Rate Calculations for Multiple Services:

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

RATES FOR FY:		2022 - 2023	
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	441,004		
Rate per Passenger Mile =	\$3.53	Wheel Chair	\$0.00
		Stretcher	\$0.00
		Leave Blank	\$0.00
		Group	\$0.00
		Leave Blank	\$0.00
		per passenger	\$0.00
		per group	\$0.00
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	22,772		
Rate per Passenger Trip =	\$40.31	Wheel Chair	\$0.00
		Stretcher	\$0.00
		Leave Blank	\$0.00
		Group	\$0.00
		Leave Blank	\$0.00
		per passenger	\$0.00
		per group	\$0.00
.....INPUT the Desired Rate per Trip (but must be less than per trip rate above) =		Combination Trip and Mile Rate	
Rate per Passenger Mile for Balance =	\$2.06	Wheel Chair	\$3.53
		Stretcher	\$0.00
		Leave Blank	\$0.00
		Group	\$0.00
		Leave Blank	\$0.00
		per passenger	\$0.00
		per group	\$0.00

Rates if No Revenue Funds Were Identified As Subsidy Funds

Rate per Passenger Mile =	\$2.27	Wheel Chair	\$3.88	Stretcher	\$0.00	Group	\$0.00
						per passenger	per group
Rate per Passenger Trip =	\$44.36	Wheel Chair	\$76.05	Stretcher	\$0.00	Group	\$0.00
						per passenger	per group

Program These Rates into Your Medicaid Encounter Data