

## Section 1: Face Sheet

<b>County:</b>	Miami-Dade County		
<b>Report Date:</b>			
<b>Period Covered:</b>	July 1, 2011	thru	June 30, 2012
<b>Provider Name:</b>	American Coach Lines of Miami, Inc.		
<b>Address:</b>	3595 NW 110 Street		
<b>City:</b>	Miami		
<b>Zip:</b>	33167		
<b>Contact Person</b>	Robert Finke		
<b>Title</b>	Southeast Region RVP		
<b>Phone:</b>	305-688-7700		
<b>Fax:</b>	305-726-0036		
<b>Email:</b>	<a href="mailto:robert.finke@coachamerica.com">robert.finke@coachamerica.com</a>		
<b>Organization Type:</b>	Private for Profit		
	<b>Coordination Contractor</b>		
<b>Provider Certification:</b>			
I, as an authorized Representative of this company, 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.			
<b>Representative's Signature:</b>			



<b>3</b>	<b>One-Way Trips by Passenger Type</b>						
	<b>Elderly</b>						
	Low Income			0			
	Disabled			0			
	Low Income & Disabled			0			
	Other			0			
	<b>Children</b>						
	Low Income			0			
	Disabled			0			
	Low Income & Disabled			0			
	Other						
	<b>Other</b>						
	Low Income			0			
	Disabled			0			
	Low Income & Disabled			0			
	Other			0			
			Total	0			
<b>4</b>	<b>One-Way Passenger Trip by Purpose</b>						
	Medical			0			
	Employment			0			
	Ed./Training/Day Care			0			
	Nutritional			0			
	Life Sustaining/Other			0			
			<b>TOTAL</b>	0			
<b>5</b>	<b>Unduplicated Passenger Head Count</b>						
	a. Paratransit/Deviated FR/School Board			0			
	b. Fixed Route			0			
			Total	0			
<b>6</b>	<b>Number of Unmet Trip Requests</b>						
	Medical			0			
	Employment			0			
	Ed./Training/Day Care			0			
	Nutritional			0			
	Life Sustaining/Other			0			
			Total	0			

<b>7</b>	<b>Passenger No-Shows</b>			(list by funding source optional)			
	Agency for Health Care Administration						0
	Agency for Persons with Disabilities						0
	Agency for Workforce Innovation						0
	Commission for the Transportation Disadv.						0
	Department of Children and Families						0
	Department of Community Affairs						0
	Department of Education						0
	Department of Elder Affairs						0
	Department of Health						0
	Department of Juvenile Justice						0
	Department of Transportation						0
	Local Government						0
	Local Non-Government						0
	Other Federal or State Programs						0
	Total						0
<b>8</b>	<b>Complaints</b>						
	Complaints by Service						0
	Complaints by Policy						0
	Complaints by Vehicle						0
	Complaints by Other						0
	Total						0
<b>9</b>	<b>Commendations</b>						0

### Section III: Vehicle Information

<b>1</b>	<b>Mileage Information</b>					
	Vehicle Miles			843,005		
	Revenue Miles	Passenger Miles		696,315		
<b>2</b>	<b>Roadcalls</b>			40		
<b>3</b>	<b>Accidents</b>					
				<b>Chargeable</b>		<b>Non-Chargeable</b>
	Person Only			0		0
	Vehicle Only			0		0
	Person & Vehicle			0		0
	Total			0		0
	Grand Total			0		
<b>4</b>	<b>Number of Vehicles</b>					7
				<b>Count</b>		<b>% of Total</b>
	Wheelchair Accessible			7		100.00%
	Stretcher Equipped			0		0.00%

### Section IV: Employee Information

<b>1</b>	<b>Operator/Coord. Contractor Employee Information</b>				
			Drivers	Hours	Drivers/Hours
	Full-Time		116	0	0
	Part-Time		22	0	0
	Volunteer		0	0	#DIV/0!
		Total	138	0	0
	Maintenance Employees		28		
	Dispatchers		5		
	Schedulers		0		
	Call Intake/Res./Cust. Ser.		0		
	Other Operations Empl.		0		
					Drivers/Hours
	Other Volunteers		0	0	#DIV/0!
	Administrative Support		7		
	Management Employees		5		
		Total	183	0	

## Section V: Funding/Revenue Sources

Section V: Funding/Revenue Sources						
Funding Source					Amount	
Agency for Health Care Administration						
	<i>List according to instructions</i>				\$0.00	
Agency for Persons with Disabilities						
	<i>List according to instructions</i>				\$0.00	
Agency for Workforce Innovation						
	<i>List according to instructions</i>				\$0.00	
Commission for the Transportation Disadv.						
	<i>List according to instructions</i>				\$0.00	
Department of Children and Families						
	<i>List according to instructions</i>				\$0.00	
Department of Community Affairs						
	<i>List according to instructions</i>				\$0.00	
Department of Education						
	<i>List according to instructions</i>				\$0.00	
Department of Elder Affairs						
	<i>List according to instructions</i>				\$0.00	
Department of Health						
	<i>List according to instructions</i>				\$0.00	
Department of Juvenile Justice						
	<i>List according to instructions</i>				\$0.00	
Department of Transportation						
	<i>List according to instructions</i>				\$0.00	
Local Government						
	<i>List according to instructions</i>				\$1,591,990.89	*Amount minus
Local Non-Government						
	<i>List according to instructions</i>				\$0.00	fare box collections
Other Federal or State Programs						
	<i>List according to instructions</i>				\$0.00	
<b>Total</b>						
					<b>\$1,591,990.89</b>	

## Section VI: Expense Sources

Expense Item	Amount
Labor	\$429,493.44
Fringe Benefits	\$28,223.00
Services	\$25,489.00
Materials and Supplies Cons.	\$590,452.00
Utilities	\$11,500.00
Casualty and Liability	\$109,200.60
Taxes	\$17,145.40
Purchased Services	
Bus Pass Expenses	\$0.00
<i>List according to instructions</i>	
School Bus Expenses	\$0.00
Other	\$0.00
Miscellaneous	\$136,500.00
Interest	\$15,444.00
Leases and Rentals	\$386,652.00
Annual Depreciation	\$17,412.00
Contributed Services	\$0.00
Allocated Indirect Expenses	\$63,450.00
<b>Total</b>	<b>\$1,830,961.44</b>