First Annual Report on the FAST Act Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility Fiscal Year 2016

DECEMBER 2016

FTA Report No. 100
Federal Transit Administration

PREPARED BY
Office of Rural and Targeted Programs
Office of Program Management
Federal Transit Administration
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Innovative Coordinated Access and
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Washington, DC 20590

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This report provides information on projects selected for the Federal Transit Administration's (FTA) Section 3006(b) pilot program for innovative coordinated access and mobility grants program for fiscal year (FY) 2016. In total, 19 projects were selected totaling $7,211,518. Demand for this program exceeded available funds, as FTA received 78 project proposals requesting $28 million from 34 states. FTA’s selected projects for FY 2016 are diverse and are piloting innovative concepts and collecting data to prove the value of linking transportation options with medical appointments. Projects are assessing new technology innovations and piloting more efficient ways to schedule a ride, leveraging creative community partnerships, testing systems for coordinating trips, and demonstrating and deploying real-world solutions meeting the three goal areas: increased access to care, improved health outcomes and reduced costs.
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EXECUTIVE SUMMARY

This report provides information on projects selected for the Federal Transit Administration’s (FTA) Section 3006(b) pilot program for innovative coordinated access and mobility grants program for fiscal year (FY) 2016. In total, 19 projects were selected totaling $7,211,518. Demand for this program exceeded available funds, as FTA received 78 project proposals requesting $28 million from 34 states. FTA’s selected projects for FY 2016 are diverse and include:

- development of travel navigator and mobility management coordination programs
- embedding transportation networks into hospital discharge planning
- developing software interfaces that connect medical scheduling programs and transit schedules to generate real-time transit travel times and costs for use by healthcare schedulers and patients
- developing rural volunteer-based transit services to improve the coordination of non-emergency medical transportation (NEMT)
- establishing “one-call” centers to expedite access for patients at risk of re-hospitalization, targeting areas affected by disproportionately low numbers of healthcare providers
- implementing new technology solutions that analyze routing and dispatching among providers to integrate rides, enabling both public and private entities to bid on demand response, long-term, and shared ride contracts to maximize efficiencies
- serving the healthcare needs of riders along their route through mobile clinics at transit stations, with transit subsidies provided to access follow up care
- developing training programs for low-income, high-risk pregnant women and infants to use the public transportation system for healthcare appointments
- training of public information and healthcare staff to act as mobility managers to help patients utilize transportation

These projects are piloting innovative concepts and collecting data to prove the value of linking transportation options with medical appointments. Projects are assessing new technology innovations and piloting more efficient ways to schedule a ride, leveraging creative community partnerships, testing systems for coordinating trips, and demonstrating and deploying real-world solutions meeting the three goal areas: increased access to care, improved health outcomes and reduced costs.

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1 In FY 2016, FTA supplemented the $2 million of FAST Act Section 3006(b) funds with approximately $5.3 million of 49 U.S.C. Section 5312 Public Transportation Innovation Funds.
Section 1: Legislative Background

The Fixing America's Surface Transportation (FAST) Act, Pub. L. 114-94, created the new Pilot Program for Innovative Coordinated Access and Mobility within Section 3006(b). Pilot Program funds will improve the coordination of transportation services that link with non-emergency medical care for the transportation disadvantaged. Funding, intended for organizations that focus on coordinated transportation solutions, begins at $2 million in FY 2016 and increases incrementally each year to $3.5 million in FY 2019 and FY 2020. A summary of the program funding is shown in Table 1.

Table 1

<table>
<thead>
<tr>
<th></th>
<th>FY 2016 (millions)</th>
<th>FY 2017 (millions)</th>
<th>FY 2018 (millions)</th>
<th>FY 2019 (millions)</th>
<th>FY 2020 (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5310 Formula Grants</td>
<td>$262.95</td>
<td>$268.21</td>
<td>$273.84</td>
<td>$279.65</td>
<td>$285.58</td>
</tr>
<tr>
<td>Discretionary Pilot Program</td>
<td>$2.00</td>
<td>$3.00</td>
<td>$3.25</td>
<td>$3.50</td>
<td>$3.50</td>
</tr>
<tr>
<td>5310 Total</td>
<td>$264.95</td>
<td>$271.21</td>
<td>$277.09</td>
<td>$283.15</td>
<td>$289.08</td>
</tr>
</tbody>
</table>

Section 3006(b) requires that:

The Secretary shall make publicly available an annual report on the pilot program carried out under this subsection for each fiscal year, not later than December 31 of the calendar year in which that fiscal year ends. The report shall include a detailed description of the activities carried out under the pilot program and an evaluation of the program, including an evaluation of the performance measures described in paragraph (3)(D).
Section 2: Program Background

On March 29, 2016, FTA published a Notice of Funding Opportunity (NOFO) (81 FR 17549) announcing the availability of funding for the FAST Act Section 3006(b) Pilot Program, titled Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants program (R2W Demonstration Grants). In FY 2016, FTA made available $7.3 million of funding from two programs: $2 million from Section 3006(b) of the FAST Act, Pub. L. 114-94, and $5.3 million from 49 U.S.C. 5312 (Section 5312).

These program funds will provide financial assistance to test promising, replicable public transportation healthcare access solutions that support the goals of increased access to care, improved health outcomes, and reduced healthcare costs. To support these goals, the R2W Demonstration Grants will:

1. Develop replicable, innovative, sustainable solutions to healthcare access challenges.
2. Foster local partnerships among health, transportation, home, and community-based services and other sectors to collaboratively develop and support solutions that increase healthcare access.
3. Demonstrate the impacts of transportation solutions on improved access to healthcare and health outcomes and reduced costs to the healthcare and transportation sectors.

Eligible applicants included States, Tribes, and Designated or Direct Recipients for FTA funds under 49 U.S.C. 5307, 5310 or 5311. Applicants were required to serve as the lead agency of a local consortium that included stakeholders from the transportation, healthcare, human services, or other sectors. Members of the consortium were eligible as subrecipients. Applicants were required to demonstrate that the proposed project was planned through an inclusive process with the involvement of the transportation, healthcare, and human services industries.

Eligible projects included innovative projects for the transportation disadvantaged that improve the coordination of transportation services and non-emergency medical transportation (NEMT) services. This includes the deployment of coordination technology, projects that increase access to community one-call/one-click centers, and other projects such as mobility management, health and transportation provider partnerships, and the use of technology and other actions that drive change.
Section 3: Program Evaluation

FTA evaluated the proposals on the basis of the benefits from the proposed project. Benefits were tied to the Rides to Wellness (R2W) Program goals of increased access to care, improved health outcomes, and reduced healthcare costs. The benefits identified in the selected projects will be evaluated at both the individual level and that of the local health and transportation providers. Projects will be evaluated on the ability of the proposed project to yield data demonstrating impacts on the goals of FTA’s R2W Program: to increase access to care, improve health outcomes, and reduce healthcare costs.

The selected projects must show an ability to provide impactful data during and at the conclusion of the pilot project. Applicants were made aware in the Federal Register Notice (FRN) announcing project selection and availability of funding (81 FR 79086) and the NOFO that if selected for award, an independent evaluation of the demonstration grant would occur at various points in the deployment process. An independent evaluation of the R2W Demonstration Grants, including an evaluation of the performance measures, is currently under development and will be discussed in future annual reports.
Section 4: Selected Projects

FY 2016 Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants were announced on September 12, 2016. These projects will demonstrate sustainable and replicable solutions for the transportation disadvantaged that improve the coordination of transportation services and NEMT. A map of the states that received one of the 19 grants is shown in Figure 1. Some states have multiple projects targeting different parts and populations within the state.

Figure 1
States with Active FY 2016 Funded FAST Act Section 3006(b) Pilot Program Projects

The 19 selected projects with a total combined federal funding of $7,211,518 are described in Table 3 and include the State, applicant organization, or project sponsor, project description, and partnering organizations. Each of the 19 projects is experimenting with ways to overcome barriers to essential services and is directly resulting in improving the health outcomes of the transportation disadvantaged. All 19 grant project sponsors are contributing at least the required 20% local share. A final report on each project will be provided to FTA that will present an evaluation of outcomes and impacts of the projects, and results will be summarized in future reports.
Table 2

FAST Act Section 3006(b) Pilot Program Selected Projects:
FY 2016 R2W Demonstration and Innovative Coordinated Access and Mobility Grants

<table>
<thead>
<tr>
<th>State</th>
<th>Project Sponsor</th>
<th>Project Description</th>
<th>Partners</th>
</tr>
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<tbody>
<tr>
<td>CA*</td>
<td>Riverside County Transportation Commission</td>
<td>Riverside County Transportation Commission and its partner organizations will receive $185,753 for the Blythe Wellness Express, a program that provides access to preventive healthcare for South California residents. This travel navigator/mobility management coordination project will address access to services in an underserved area and involve staff from the public transit agency, healthcare providers, and community volunteers. An evaluation piece will document health-related outcomes.</td>
<td>Riverside County Transportation Commission, Palo Verde Valley Transit Agency, Palo Verde Valley healthcare community</td>
</tr>
<tr>
<td>CA</td>
<td>San Diego Association of Governments</td>
<td>SANDAG will receive $160,000 to coordinate rides for patients, both those traveling from emergency rooms to hospitals for admission and discharged patients traveling to pharmacies, treatments, or their homes. The project will apply mobility management as part of hospital discharge planning, helping patients learn about how to attend healthcare appointments as well as wellness activities using public transportation.</td>
<td>Facilitating Access to Coordinated Transportation, San Diego Association of Governments, Tri-City Medical Center</td>
</tr>
<tr>
<td>FL</td>
<td>Jacksonville Transportation Authority</td>
<td>JTA will receive $399,200 to develop a software interface connecting medical scheduling programs and transit schedules to generate transit travel times and costs for healthcare receptionists and patients as they choose appointments. With the potential to link a large number of healthcare providers to mobility management nationally, the project will provide a pilot data set to prove the value of linking transportation options with medical appointments.</td>
<td>University of Florida Health, Cambridge Systematics, Smart Transit, Health Planning Council</td>
</tr>
<tr>
<td>GA</td>
<td>Atlanta Regional Commission</td>
<td>The Atlanta Regional Commission will receive $337,628 to provide travel training, free transit passes over a six-month period, and paratransit or reduced fare enrollment assistance to at least 200 individuals to be selected from four area health centers. The program will address the difficulty in accessing medical services via paratransit by bolstering a travel training and mobility management effort and leveraging creative community partnerships. A regional summit will explore future opportunities for collaboration, identify barriers and propose solutions.</td>
<td>Atlanta Metropolitan Planning Organization, Area Agency on Aging, Grady Memorial Hospital, health centers, Mercy Care</td>
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<tr>
<td>State</td>
<td>Project Sponsor</td>
<td>Project Description</td>
<td>Partners</td>
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<td>IA</td>
<td>Iowa Department of Transportation</td>
<td>The Iowa DOT will receive $130,560 for the Delaware County Connections Program, a rural, volunteer-based transit service that will improve the coordination of non-emergency medical transportation and provide healthcare access for people with low incomes, older adults, and individuals with intellectual challenges. The project focuses on rides to wellness activities at senior centers, farmers markets, and support groups.</td>
<td>Delaware County, IA, City of Manchester, Chamber of Commerce, Economic Development, Veteran's Administration, Police Department, Regional Medical Center</td>
</tr>
<tr>
<td>IL*</td>
<td>Rides Mass Transit District</td>
<td>Rides Mass Transit District of Illinois will receive $518,844 to establish a &quot;one-call&quot; center, expand mobility management services for patients at risk of re-hospitalization, and initiate transportation coordination for patients seeking drug abuse and mental health services in southern Illinois with a high rate of mental health and substance abuse and a disproportionately low number of healthcare providers. The project is intended to close the gap in access to mental health for patients due to transportation challenges in rural areas and builds on a 2015 FTA-funded Rides to Wellness Healthcare Access Challenge Grant.</td>
<td>MedTrans, Memorial Hospital of Carbondale, Marshall Browning Hospital, Franklin Hospital, Herrin Hospital, Rural Medical Transportation Network of SIU School of Medicine-Center for Rural Health &amp; Social Service Development, Rides Mass Transit District with funding from Downstate Operating Assistance Program</td>
</tr>
<tr>
<td>MA</td>
<td>Montachusett Regional Transit Authority</td>
<td>Montachusett RTA will receive $200,000 to implement a technology that analyzes routing and dispatching among several providers to integrate management of rides to healthcare in western Massachusetts and boost underused fixed route and paratransit services. The software will allow paratransit and Council on Aging systems to bid on demand-response, long-term and shared ride contracts so people seeking fixed-route, paratransit, and senior ride services can request additional rides or mix rides to maximize efficiencies. The software also will determine if a provider has the capacity to deliver service.</td>
<td>Software companies, Ashby, Leominster Council on Aging Center</td>
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<tr>
<td>MD*</td>
<td>Maryland Transit Administration</td>
<td>The MTA will receive $103,344 to increase the capacity of a mobility management program that addresses barriers for low-income individuals in Allegany County in western Maryland who lack reliable access to transportation to receive non-emergency medical care. The program, which will be updated with transportation coordination software, coordinates and provides transportation to and from non-emergency medical appointments at no cost to the individuals.</td>
<td>Western Maryland Health System, Tri-State Community Health Center, Allegany County Health Department, Core Service Agency</td>
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<td>State</td>
<td>Project Sponsor</td>
<td>Project Description</td>
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<td>MI</td>
<td>Michigan Department of Transportation</td>
<td>The Michigan DOT will receive $1 million to expand a brokerage-based program currently only available in certain parts of the state to a statewide model. The program manages and delivers non-emergency medical transportation for older adults, people with low incomes, and people with disabilities, ensuring they have access to non-emergency healthcare. The coordination software records trips reserved by county in each region based on trip types, procedures, and clinic visits. Local health centers will integrate the software and refer clients to the service.</td>
<td>Michigan Public Transit Association, MassTrans, Community Transportation Association of America, area health centers</td>
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<td>MI</td>
<td>Detroit Department of Transportation</td>
<td>The Detroit DOT will receive $509,475 to increase mobility for older adults, particularly city residents with lower incomes and/or disabilities, to non-emergency medical care. The project will use scheduling software that improves efficiency and coordination between transportation and healthcare providers, as well as offer transportation to health/wellness/prevention activities such as recreation centers, parks, and farmers markets.</td>
<td>Detroit DOT, Detroit Area Agency on Aging, City of Detroit Health &amp; Wellness Promotion Dept., City of Detroit Recreation Dept., Healthy Detroit, Amor Transportation, Rhema Home Health-care, LLC, Tiger Transit</td>
</tr>
<tr>
<td>MI</td>
<td>Flint Mass Transportation Authority</td>
<td>The Flint MTA will receive $310,040 to develop a mobility management program, including coordinated non-emergency medical transportation, trip planning, and training. The program will provide rides to wellness appointments for behavioral health patients, dialysis patients, and primary/urgent care for families, and elderly and elderly disabled patients in Flint and nearby Genesee County, both of which are impacted by Flint’s municipal water crisis. Building on a 2015 FTA-funded Healthcare Access Mobility Design Challenge Grant, the project will improve local coordination and access in the community.</td>
<td>Flint MTA Mobility Managers, Valley Area Agency on Aging, Program for All-Inclusive Care for the Elderly, Genesee Health System, state &amp; local Depts. of Health &amp; Human Services, Greater Flint Health Coalition, Michigan Children’s Healthcare Access Program, Jewish Community Services</td>
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<tr>
<td>MO</td>
<td>Bi-State Development Agency</td>
<td>The Bi-State Development Agency of St. Louis, MO, will receive $940,251 for its Gateway Program, which features a public health mobile clinic that provides health screenings such as blood pressure and cholesterol tests at MetroLink public transportation stations in north St. Louis County. This public transit and healthcare partnership creates a bridge between silos by serving the healthcare needs of public transit riders along their route. The program includes non-emergency medical transportation to and from appointments using transit subsidies and is designed to provide underserved residents with a bridge in care until they are able to enroll in health insurance coverage options available through the Affordable Care Act.</td>
<td>St. Louis County Dept. of Public Health, Bi-State Development Research Institute, St. Louis County Dept. of Public Health</td>
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<tr>
<td>State</td>
<td>Project Sponsor</td>
<td>Project Description</td>
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<tr>
<td>NC</td>
<td>Research Triangle Regional Public Transportation Authority</td>
<td>The Research Triangle Regional Public Transportation Authority of Durham, NC, will receive $65,600 to expand the GoTriangle Regional Call Center to improve coordinated transit planning and application assistance for paratransit riders who are low-income, uninsured, or have mental health special needs. By co-locating paratransit mobility management services with fixed-route mobility management services, the project will increase access to care. The project builds on a 2015 FTA-funded Healthcare Access Challenge Grant that tested solutions for transportation for low income, uninsured, or Medicaid consumers of behavior healthcare and developed a plan to implement solutions.</td>
<td>GoTriangle, GoDurham ACCESS, Durham County Cooperative Extension (Durham County ACCESS), Dept. of Social Services, Alliance Behavioral Healthcare, Carolina Outreach, Duke University Health System, Lincoln Community Health Center, Project Access of Durham County</td>
</tr>
<tr>
<td>NH</td>
<td>New Hampshire Department of Transportation</td>
<td>The New Hampshire DOT will receive $182,880 to fund the Bridge to Integration Project, a technology that will bridge the gap between Medicaid-funded transportation brokers and NH DOT’s coordination software vendor system, an innovation that will be tested at three pilot sites. The sites will test the new technology with the goal of increasing access to transportation for healthcare appointments for Medicaid recipients, older adults, and people with disabilities. Under NH’s managed care model authorized in 2011, all Medicaid populations are to be enrolled in a managed care program. The result has been an increase in the Medicaid care management population. By partnering with the brokers and implementing a coordinated software system, it will allow more efficient and effective coordination of transportation resources and assets throughout the state.</td>
<td>NH DOT, Dept. of Health &amp; Human Services, Dept. of Education, Governor’s Commission on Disability, NH Transit Association, Endowment For Health, United Way, Granite State Independent Living, AARP, Easter Seals, University of NH Institute on Disability, Aeronautics, NHDOT, Upper Valley Lake Sunapee Regional Planning Commission, Coordinated Transportation Solutions, Tri-County CAP</td>
</tr>
<tr>
<td>NY</td>
<td>Niagara Frontier Transportation Authority</td>
<td>The Niagara Frontier Transportation Authority will receive $468,566 to fund transportation to prenatal healthcare appointments for low-income, high-risk pregnant women in Buffalo, NY. The project provides participants with a transit pass as well as guidance on how to use the public transportation system for healthcare appointments. The project concept was formed through a HUD Sustainable Communities Initiative and a 2015 FTA-funded Healthcare Access Mobility Design Challenge grant.</td>
<td>Catholic Health, Belmont Housing, Kaleida, United Way, Belmont Housing Resources Kaleida Health</td>
</tr>
<tr>
<td>OH</td>
<td>Ohio Department of Transportation</td>
<td>The Ohio DOT will receive $133,000 to fund the Mommy and Me Ride for Free program on behalf of the Hospital Council of Northwest Ohio. The project, which improves coordination and access in Lucas County by leveraging existing transportation options, will provide pregnant women and women with infants access to transportation. Using the TARPS and TARTA transit systems, women will increase their access to healthcare, leading to better health outcomes.</td>
<td>Toledo Area Regional Transit Authority, Toledo Metropolitan Area Council of Governments, Toledo-Lucas County Health Department, Ohio Equity Institutes</td>
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<tr>
<td>State</td>
<td>Project Sponsor</td>
<td>Project Description</td>
<td>Partners</td>
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<tr>
<td><strong>PA</strong>*</td>
<td>Pennsylvania Department of Transportation</td>
<td>The Pennsylvania DOT will receive $1,190,000 to fund FindMyRidePA, a one-call, one-click center and real-time transportation service serving a three-county area in central Pennsylvania. Building off the one-call center concept developed from an FTA-funded Veterans Transportation and Community Living Initiative project, the project will address the challenge of missed health appointments due to a lack of transportation in a targeted community, then scale it for deployment in other areas of the state.</td>
<td>Keystone Health, Family Health, Smart Transit, rabbittransit</td>
</tr>
<tr>
<td><strong>TN</strong></td>
<td>Knoxville Area Transit</td>
<td>Knoxville Area Transit will receive $200,000 to expand its 2-1-1 call center as a single point of entry for older adults and people with disabilities to access transit to healthcare facilities in the region. The project will improve local coordination and access in the community and train public information staff, healthcare providers, and residents on how to use KAT buses.</td>
<td>Cherokee Health Systems, Knox County Health Department, Knoxville Regional Transportation Planning Organization</td>
</tr>
<tr>
<td><strong>VT</strong></td>
<td>Vermont Agency of Transportation</td>
<td>The Vermont Agency of Transportation will receive $170,000 to develop a program to train staff at Community Health Services to act as mobility managers to help individuals in the Ascutney, Windsor, and St. Johnsbury regions of Vermont schedule and attend medical appointments. This will lead to better health outcomes, a reduction in missed appointments, and a reduction in the use of emergency services for routine medical care. Modeled on a program in another region of Vermont, the mobility managers will help patients, medical providers, and social service agencies identify individuals most at risk and provide alternative transportation options via local transit providers.</td>
<td>Vermont Agency of Transportation, local transit providers</td>
</tr>
</tbody>
</table>

*Indicates funding from Section 3006(b) pilot program for innovative coordinated access and mobility grants program funding, which was $2 million for FY 2016. The remaining 15 projects are funded with Section 5312 in the amount of $5,205,141.