

**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES**

**HEALTH & HUMAN
SERVICES**

571 County Road A

PO Box 588

Green Lake WI 54941-0588

VOICE: 920-294-4070

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FOX RIVER INDUSTRIES

222 Leffert St.

PO Box 69

Berlin WI 54923-0069

VOICE: 920-361-3484

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Post Date: 11/15/16

The following documents were distributed at the Aging Advisory Committee meeting held on Tuesday, November 15, 2016

- Agenda for November 15, 2016 meeting
- Draft Aging Advisory Minutes – September, 2016
- Aging/Long Term Care September/October Report
- Older American's Act Handout
- 2017 85.21 Transportation Grant application
- 2017 Aging Budget



**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN
SERVICES**

Office: 920-294-4070 FAX: 920-294-4139 Email: glcdhhs@co.green-lake.wi.us

Health & Human Services Aging Advisory Committee Meeting Notice

Date: November 15, 2016 Time: 10:00 AM

**Green Lake County Government Center
571 County Road A, Room #1135, Green Lake, WI**

AGENDA

**Committee
Members**

*Barbara Behlin
Pat Flanigan
Yolanda Gallegos
Barb Reif
Dick Trochinski*

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Agenda
5. Minutes: (9/21/16)
6. Appearances:
7. Correspondence
8. Greater Wisconsin Agency on Aging Resources Inc.
9. Health & Human Services Board Report
10. Old Business:
 - September and October Program Information
 - ADRC
11. New Business:
 - Older American's Act
 - 85.21 Transportation Grant
 - 2017 Aging Budget
12. Committee Discussion
 - Future Meeting Date/meal sign-up
 - Future Agenda items for action & discussion
13. Adjourn

Kindly arrange to be present, if unable to do so, please notify our office.
Sincerely, Betty Bradley, Aging/Long Term Care Unit Manager

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.

COMMISSION ON AGING ADVISORY MINUTES

September 21, 2016

Present: Dick Trochinski, Pat Flanigan, Harley Reabe, Barb Reif, Barb Behlen

Others Present: Karen Davis; Betty Bradley; Jason Jerome

Requirements of Open Meeting Law have been met.

CALL TO ORDER:

The meeting was called to order at 10:00 a.m. by Trochinski at the Green Lake County Government Center.

PLEDGE OF ALLEGIANCE:

The Pledge of Allegiance was recited.

APPROVAL OF AGENDA:

Motion/second (Behlen/Reabe) made a motion to approve the agenda. All eyes. Motion carried.

ACTION ON MINUTES:

Motion/second (Reabe/Flanigan) to approve the July 20, 2016 minutes. All eyes. Motion carried.

APPEARANCES: Bradley introduced Jason Jerome, Director, to Committee members.

PUBLIC COMMENT: None.

CORRESPONDENCE: None.

GREATER WISCONSIN AGENCY ON AGING RESOURCES, INC (GWAAR): Bradley reported that the next meeting is October 18, 2016.

The Aging Conference will be in September 22-23, 2016.

HEALTH & HUMAN SERVICES BOARD REPORT Trochinski reported regarding the September Health & Human Services Board meeting.

OLD BUSINESS: July & August Program Information: Bradley provided the July and August Program reports for Committee review. Discussion followed.

Senior Picnic: Bradley reported that the Senior Picnic went well with approximately 170 in attendance. Discussion followed.

NEW BUSINESS: ADRC: Bradley distributed the ADRC information and discussed. (See attached.) Bradley explained that the State is wanting our agency to make the ADRC "Warm and Welcoming" by having a separate entrance/waiting area, not going through security, etc. Bradley reported regarding the letter sent to the State and their reply. Bradley anticipates a meeting in the near future with the State to clarify. Discussion followed. Committee members will be updated.

COMMITTEE DISCUSSION None.

Future Meeting Date: The next meeting of the Aging Advisory Committee will be November 15, 2016 at the Berlin Senior Center at 10:00 a.m. Committee members will then eat a meal at the Berlin Senior Center.

Future Agenda Items for Action and Discussion: budget, 85.21 grant, senior picnic, County Administrator

Motion/second (Flanigan/Behlen) to adjourn the meeting. All ayes. Motion carried.

The meeting adjourned at 10:28 a.m.

2017 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2017

County of Green Lake

Primary Contact for this grant program

Name Betty Bradley

Telephone Number 902-294-4070 **Extension**

Email Address bbradley@co.green-lake.wi.us

Application Preparer *(if different than primary contact)*

Name

Organization

Telephone Number **Extension**

Email Address

Applicant Status Place your initials in box to the right to certify your eligibility - You are certifying that the applicant is a county government, or an agency of the county department. Private non-profits or Aging Units organized as a non-profit under Wis. Stat. 46.82(1)(a)3, are not eligible to apply for this grant. BB

Organization Info Place your initials in box certifying all organization information, including, contacts and titles, have been updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the best of your ability. BB

Federal Grant Match Please place an "X" next to any federal grant that will be using §85.21 funds as local match.

5310 <input style="width: 80px; height: 20px;" type="text"/>	5307 <input style="width: 80px; height: 20px;" type="text"/>	5311 <input style="width: 80px; height: 20px;" type="text"/>	
Other <i>(Please explain)</i> <input style="width: 100%; height: 20px;" type="text"/>			

Coordination Please identify the county's coordinated plan name, goal(s) and page number(s) in which your §85.21 project(s) is/are derived from

Title of Coordinated Plan:	2014 - 2018 Green lake County Human Services Public Transportation Coordinated Plan
The goal(s) and/or strategies from which your project is included:	Driver availability; expnad service; and coordinating between projects.
Page number(s) of the Coordinated plan in which the goals may be referenced:	25, 26 and 27

Assessibility Please indicate whether or not §85.21state aid be used for the transportation of persons you cannot walk or who walk with assistance during the calendar year.

YES X

NO (If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between ambulatory and non-ambulatory passengers will be met.)

APPLICANT CHECKLIST

County of **Green Lake**

Required Components	Complete
Update Contact Information in BlackCat Online GMS	11/10/2016
Upload completed application workbook:	
Application Information Form	11/10/2016
Complete Vehicle Inventory <i>(regardless of funding source)</i>	11/10/2016
Trust Fund Plan <i>(for counties with a signed board resolution)</i>	11/10/2016
Third Party Contracts	10-Nov
Project Descriptions & Budgets	11/10/2016
Review Summary tab	11/10/2016
Upload Transmittal Letter	
Upload Public Hearing and Notice	
Upload Local Review Form	
<i>If applicable:</i> Upload Third Party Contracts &/or Leases to the "Resources" tab	

TRUST FUND SPENDING PLAN

County of **Green Lake**

Instructions: Please record your plan on how your county will spend down their trust fund over the next three years.
Be as specific as possible.

Item* <small>(If item is a non-vehicle capital purchase, please scroll to second page to complete the narrative)</small>	Planned year of purchase (YYYY)	Project Cost
Normal Operating Expenses	2017	\$3,989.00
Maintenance/repair of 5310 vans	2017	\$5,000.00
Normal Operating Expense	2018	\$3,989.00
Maintenance/repair of 5310 vans	2018	\$5,000.00
Normal Operating Expenses	2019	\$3,989.00
Maintenance/repair of 5310 vans	2019	\$5,000.00
Total projected cost of 3-year plan		\$ 26,967.00

Amount of state aid held in trust as of 12/31/2016: \$37,262.82

<small>Will auto calculate based on year entered above</small>	<small>Enter amount of funds planning to add for the next 3 years. If none, enter "0".</small>		
Spending plan for 2017 = \$ 8,989.00	Funds added for 2017**=	Estimated balance on 12/31/17 =	\$ 28,273.82
Spending plan for 2018 = \$ 8,989.00	Funds added for 2018 =	Estimated balance on 12/31/18 =	\$ 19,284.82
Spending plan for 2019 = \$ 8,989.00	Funds added for 2019 =	Estimated balance on 12/31/19 =	\$ 10,295.82

Date complete **11-10-2016**

Prepared by *Betty Bradley*

Narrative for non-vehicle equipment purchases. *Please explain why you are requesting WisDOT approval for an exception. If already received WisDOT approval, please list date approval received. (Hint: Use "ALT" and "Enter" to start a new paragraph.)

Green Lake County will use \$3,889.00 a year in 2017, 2018 and 2019, for normal operating costs. We have also set aside \$5,000.00 a year in 2017, 2018, and 2019, for unexpected repairs needed to vans purchased through the 5310 grants.

PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **City of Berlin Senior Transportation**

Third Party Provider **City of Berlin**

Date contract last updated **1-1-2016**

Type of Service *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	Brief description of Study	<input style="width: 100%;" type="text"/>
Other (provide explanation)	Flexible route, door to door, transportation service.		

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

The City of Berlin Project provides service to elderly (over age 60) and handicapped persons living in the City of Berlin and within a five mile radius around the City. Service is provided with an eight(8) passenger, wheelchair lift equiped van. This is a flexible route, door to door service. Individuals wishing to schedule a ride must call the Berlin Senior Center to schedule the ride. Medical trips take priority over all others. All rides are scheduled on a first come first serve basis. This is a fee based transportation service. The fee can be reduced or waived by the project manager in cases where the rider is unable to pay. The primary funding source for this service is 85.21 funding, along with City of Berlin funds, County funds, rider fees and contributions.

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)

The city of Berlin and those living with a five mile radius

Service Hours *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	

Additional description
(if applicable)

Service Requests *(Briefly describe how your service is requested for this project)*

Anyone wanting to use the service must call the Berlin Sr. Center. The project manager will then schedule a ride and arrange for the pickup time with the rider. Service priority areas are medical, nutrition related, employment and recreational reasons.

Passenger Eligibility *(Briefly indicate passenger eligibility requirements for this project)*

Anyone over the age of 60, or handicapped may request the service.

Passenger Revenue *(Briefly describe passenger revenue requirements for this project)*

This is a fee based service. Trips within the City of Berlin are charged \$2.00 per ride, if the wheelchair lift is needed to be used the rider is charged \$10.00. Fees for out of town trips are: Ripon - \$20.00; Oshkosh - \$40.00; Wautoma - \$40.00; Wild Rose - \$50.00; Appleton - \$50.00; Fond du Lac - \$50.00; Montello - \$50.00; Madison - \$100.00. Fees can be waived or reduced by the Project manager if the rider cannot afford to pay. Fees are collected by the driver at the time of the trip.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$37,127

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation **Total from A.** \$22,800

B. \$85.21 funds from trust fund **Total from B.** \$1,656

C. County Match Funds **Total from C.** \$3,444

D. Passenger Revenue **Total from D.** \$4,000

E. Older American Act (OAA) funding **Total from E.**

F. \$5310 Operating or Mobility Management funds **Total from F.**

G. Other funds **Total from G.** \$5,227

(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1. City of Berlin **Total** \$5,227

2. **Total**

3. **Total**

4. **Total**

5. **Total**

6. **Total**

Revenue Total \$37,127

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **Southern Green Lake County Senior Transportation**

Third Party Provider Southern Green Lake County Senior Transportation

Date contract last updated 01/01/2016

Type of Service *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	Flexible route, door to door van service.		

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

Southern Green Lake County Senior Transportation provides a respond to call, door to door transportation service to the elderly and handicapped persons who live in Southern Green Lake County. Two, three passenger minivans are equipped with lifts and are wheelchair accessible. Volunteer drivers also use private vehicles to transport clients when all vans are committed to trips. Service is provided Monday through Friday and occasionally on weekends in an emergency. A two day or more notice is required for local trips and five days notice is required for out of town trips. Any person over the age of 60 or handicapped may request the service. Medical trips take priority over all other trips. This is a fee based transportation service. The fee may be lowered or waived by the project manager for individuals who are unable to pay. The primary funding source for this project is 85.21 funding, along with County funding, rider fees and contributions.

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced though this project. Use "ALT" and "Enter" to start a new line.)

Green Lake County, Markesan, Marquette, Manchester, Kingston, Dalton, Mackford, Princeton, Green Lake, and rural Southern Green Lake County.

Service Hours *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	

Additional description
(if applicable)

Service Requests *(Briefly describe how your service is requested for this project)*

Riders may call the project manager or the van drivers directly to schedule a ride. Two days advance notice is required for local rides, and five days advance notice is required for out of town travel. Service priority areas are medical, nutrition related, employment and recreational reasons.

Passenger Eligibility *(Briefly indicate passenger eligibility requirements for this project)*

Anyone over the age of 60 or handicapped may use the service. Individuals who are not elderly or handicapped may ride on a space available basis only.

Passenger Revenue *(Briefly describe passenger revenue requirements for this project)*

This is a fee based service. Fees are collected at the time of the trip. Fees are; Markesan - \$12.00; Green Lake - \$18.00; Princeton - \$20.00; Ripon - \$20.00; Waupun - \$20.00; Berlin - \$25.00; Beaver Dam - \$25.00; Appleton - \$60.00; Fond du lac - \$35.00; Madison - \$60.00; Milwaukee - \$70.00; Neenah - \$48.00; Oshkosh - \$44.00. There is a \$10.00 per hour fee for trips over 4 hours. Fees can be waived or reduced by the project manager if the rider cannot afford the charge.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$43,127

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation	Total from A.	\$21,736
B. \$85.21 funds from trust fund	Total from B.	\$2,333
C. County Match Funds	Total from C.	\$3,558
D. Passenger Revenue	Total from D.	\$11,000
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds <i>(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)</i>	Total from G.	\$4,500
1. CMO Contract (Care Wisconsin)	Total	\$4,500
2. 	Total	
3. 	Total	
4. 	Total	
5. 	Total	
6. 	Total	

Revenue Total \$43,127

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **Fox River Industries**

Third Party Provider Fox River Industries

Date contract last updated 01/01/2016

Type of Service *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	This is a fixed route, door to door service.		

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

Fox River Industries provides a fixed route door to door bus/van service twice daily. Services are generally provided weekdays only with fixed routes running from 6:30 am to 9:30 am and 3:00 pm to 5:30 pm. On-call rides will be provided between 9:30 am and 2:30 pm each day. Persons requesting pickup on route must call in at least one day in advance. Call-ins are served as time and available drivers permit. Reservations for total use of a vehicle must be called in at least 5 days in advance. Primary transportation target group in the developmentally disabled, although the elderly(over 55) and handicapped of any age are encouraged to ride. Fox River Industries has 7 vans and busses, five of which are equipped with wheelchair lifts. These vehicles, when not in us by Fox River Industries are available for rental to the general public needing a accessible vehicle. The primary source of revenue for this project is 85.21 funds, County funds and passenger co-pays.

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)

Green Lake County, Berlin, Green Lake, Princeton, Markesan, Kingston, Dalton, Marquette, Manchester and all rural areas of the County.

Service Hours *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		6:30 am	6:30 am	6:30 am	6:30 am	6:30 am	
End Time		5:30 pm	5:30 pm	5:30 pm	5:30 pm	5:30 pm	

Additional description
(if applicable)

Service Requests *(Briefly describe how your service is requested for this project)*

Each day the fixed routes run morning and evening to pick up developmentally disabled individuals for work and day programs. The busses/vans are also used through out the day for medical and recreational trips for the developmentally disabled. All rides are coordinated by the project manager at Fox River Industries. Community members wishing to schedule use of a vehicle would call Fox River industries.

Passenger Eligibility *(Briefly indicate passenger eligibility requirements for this project)*

Primary passenger group is the developmentally disable, although elderly and handicapped individuals are also eligible to ride.

Passenger Revenue *(Briefly describe passenger revenue requirements for this project)*

The co-pays for those using the fixed routes are: \$.75 per oneway trip in town; and \$1.25 per oneway trip out of town. For those wishing to rent a vehicle the charge is \$.75 per mile with a \$20.00 minimum.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$16,100

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. §85.21 funds from annual allocation Total from A. \$10,000

B. §85.21 funds from trust fund Total from B.

C. County Match Funds Total from C. \$4,000

D. Passenger Revenue Total from D. \$2,100

E. Older American Act (OAA) funding Total from E.

F. §5310 Operating or Mobility Management funds Total from F.

G. Other funds Total from G. \$0

(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$16,100

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **City of Green Lake**

Third Party Provider City of Green Lake

Date contract last updated 01/01/2016

Type of Service *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)			

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

The City of Green Lake Transportation Program is a respond to call, door to door transportation service for the elderly age 60 or older and handicapped individuals in the area. Volunteer drivers, using privately owned vehicles, are utilized in providing the service. The volunteer drivers are paid on a mileage plus stipend wage. A two day notice for short trips is required and a one week notice for out of town trips is required. Service is available 5 days per week. The service is available to anyone over the age of 55 or handicapped. To arrange a ride the individual must call Green Lake City Hall and speak to the project manager. The project is funded by 85.21 funds, County funds and rider co-payments.

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)

Green Lake County, the City of Green Lake and those living within a 5 mile radius.

Service Hours *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	

Additional description
(if applicable)

Service Requests *(Briefly describe how your service is requested for this project)*

Services are requested by calling the project manager at Green Lake City Hall.

Passenger Eligibility *(Briefly indicate passenger eligibility requirements for this project)*

Anyone over the age of 60 or handicapped is eligible to use the service

Passenger Revenue *(Briefly describe passenger revenue requirements for this project)*

This is a fee based service. Fees are collected by the driver at the time of the ride. Current fees are: GreenLake; \$2.00; Princeton - \$10.00; Berlin - \$15.00; Ripon - \$15.00; Waupun - \$25.00; Oshkosh - \$25.00; Fond du Lac - \$25.00; Appleton - \$35.00; and Madison - \$50.00. The project manager can waive or reduce the fee if the rider cannot afford to pay.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$4,640

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation **Total from A.** \$3,620

B. \$85.21 funds from trust fund **Total from B.**

C. County Match Funds **Total from C.** \$680

D. Passenger Revenue **Total from D.** \$340

E. Older American Act (OAA) funding **Total from E.**

F. \$5310 Operating or Mobility Management funds **Total from F.**

G. Other funds **Total from G.** \$0

(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$4,640

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **The City of Princeton**

Third Party Provider **The City of Princeton**

Date contract last updated **01/01/2016**

Type of Service *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)			

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

The City of Princeton is a respond to call, door to door transportation service for the elderly and handicapped persons in the area. Volunteer drivers, using privately owned vehicles, are utilized in providing the service. The vlounteers are paid mileage and a stipend for each trip. A two day notice is required for short trips and a one week notice is required for long trips out of the area. Anyone over the age of 60 or handicapped is eligible to use the service. To request service the individual must call the project manager in Princeton. The primary source of funding for this project is 85.21 funds with County funds and passenger copayments.

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)

The County of Green Lake and the City of Princeton and those living within a five mile radius.

Service Hours *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	

Additional description
(if applicable)

Service Requests *(Briefly describe how your service is requested for this project)*

Individuals must call the project manager to arrange a ride

Passenger Eligibility *(Briefly indicate passenger eligibility requirements for this project)*

Anyone over the age of 60 or handicapped is eligible to request the service.

Passenger Revenue *(Briefly describe passenger revenue requirements for this project)*

This is a fee based service. Fees are collected by the driver at the time of the service. Fees are: local - \$2.00; Green Lake - \$10.00; Berlin - \$15.00; Ripon - \$15.00; Markesan - \$15.00; Waupun - \$25.00; Oshkosh - \$25.00; Fond du Lac - \$25.00; Appleton - \$35.00; and Madison - \$50.00. Fees can be reduced or waived by the project manager if the rider cannot afford the fee.

PROJECT BUDGET

Section Description	Amount
---------------------	--------

Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$14,275

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation **Total from A.** \$10,688

B. \$85.21 funds from trust fund **Total from B.**

C. County Match Funds **Total from C.** \$2,087

D. Passenger Revenue **Total from D.** \$1,500

E. Older American Act (OAA) funding **Total from E.**

F. \$5310 Operating or Mobility Management funds **Total from F.**

G. Other funds **Total from G.** \$0

(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)

1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$14,275

Expenditures should equal revenue	\$0
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County/Tribal Aging Unit Budget - 2017

CARS No. 560340
CFDA No. 93.044

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-B Budget Amount:

\$ 25,011

Section 6-B Title III-B Supportive Services

Expenditure Category	Title III-B Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration	15,711					15,000			30,711
2. Personal Care									-
3. Homemaker	1,800								1,800
4. Chore									-
5. Home Del Meals									-
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									-
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.	4,100		1,000						5,100
13. Nutrition Education									-
14. Info. & Assistance	850		3,000						3,850
15. Outreach	700		1,000						1,700
16. Public Information	350								350
17. Counsel. & Training									-
18. Temporary Respite									-
20. Advoc./Lead.Devel.									-
21. Other									-
23. Health Promotion	1,500								1,500
Total	25,011	-	5,000	-	-	15,000	-	-	45,011

Check (X) the corresponding box if the following services are being provided by other Title III funding or another agency/organization within the county in which you are not providing any Title III funding towards.

<input type="checkbox"/>	Access to Services	<input type="checkbox"/>	In Home Services
--------------------------	--------------------	--------------------------	------------------

Remaining Budget Balance \$ -

Percent of Access to Services 6% **Ok - You provide at least 6% of your allocation to Services Associated with Access to Services.**

Percent of Legal/Ben. Assist. 16% **Ok - You provide at least 5% of your allocation to Legal/Benefit Assistance Services.**

Percent of In-Home Services 7% **Ok - You provide at least 7% of your allocation to In-Home Services.**

Total Non-Federal Match \$ 5,000 **Ok - Minimum Match Met**

Match Amount Needed \$ 2,779.00

C-1 To III B:
Lines 10, 11, 14, 15, 16 & 21 _____ -

C-2 To III B:
Lines 10, 11, 14, 15, 16 & 21 _____ -

New Bdgt Subject to Approval 25,011

County/Tribal Aging Unit Budget - 2017

CARS No. 560350
CFDA No. 93.045
State ID 435.560350

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-C1 Budget Amount:

\$ 67,260

Section 6-C1

Title III-C1 Congregate Meals

Expenditure Category	Title III-C1 Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									-
6. Adult Day Care									
7. Case Management									
8. Congregate Meals	67,260	1,000	7,500			24,000	15,000		114,760
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
20. Advoc./Lead.Devel.									-
21. Other									-
23. Health Promotion									-
Total	67,260	1,000	7,500	-	-	24,000	15,000	-	114,760

Remaining Budget Balance \$ -

Percentage of HDM 0% **Ok - You provide no more than 40% of your allocation to Home Delivered Meals.**

Total Non-Federal Match \$ 8,500 **Ok - Minimum Match Met**
Match Amount Needed \$ 7,474

C-1 To III B:

Lines 10, 11, 14, 15, 16 & 21 _____ -

Additional Transfer Request Above 20%

FALSE

C-1 to C-2: _____ -

Line 5 _____ -

C-2 to C-1: _____ -

Line 8 _____ -

New Budget Subject to Approval _____ **67,260**

Agencies may request additional transfers above 20% to Home Delivered Meals; all additional requests will be considered within the statewide limits under the Older Americans Act.

County/Tribal Aging Unit Budget - 2017

CARS No. 560510
CFDA No. 93.043

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-D Budget Amount:

\$ 1,955

***NOTE: All spending under IIID MUST be Evidenced Based.**

Section 6-D Title III-D Disease Prevention and Health Promotion Services

Expenditure Category	Title III-D Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
20. Advoc./Lead.Devel.									
21. Other									
23. Health Promotion	1,955	225							2,180
Total	1,955	225	-	-	-	-	-	-	2,180

Remaining Budget Balance \$ -

Total Non-Federal Match \$ 225 **Ok - Minimum Match Met**

Match Amount Needed \$ 218

County/Tribal Aging Unit Budget - 2017

CARS No. 560520
CFDA No. 93.052

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-E Budget Amount:

\$ 8,689

Section 6-E Title III-E Family Caregiver Support Program

Expenditure Category	Title III-E Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									-
3. Homemaker									-
4. Chore	1,200								1,200
5. Home Del Meals									
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									
14. Info. & Assistance	1,000								1,000
15. Outreach	489								489
16. Public Information									-
17. Counsel. & Training	4,000	1,897	1,000						6,897
18. Temporary Respite	2,000								2,000
20. Advoc./Lead.Devel.									
21. Other									-
23. Health Promotion									
Total	8,689	1,897	1,000	-	-	-	-	-	11,586

Check (X) the corresponding box if the following services are being provided by other Title III funding or another agency/organization within the county in which you are not providing any Title III funding towards.

<input checked="" type="checkbox"/>	Information and Assistance	<input type="checkbox"/>	Counseling and Training
<input checked="" type="checkbox"/>	Public Information	<input type="checkbox"/>	Temporary Respite

Remaining Budget Balance \$ -

Percent of Suppl. Services 0% **Ok - You provide no more than 20% of your allocation to Supplemental Services.**

Total Supplemental Services \$ -

Total Non-Federal Match \$ 2,897 **Ok - Minimum Match Met**

Match Amount Needed \$ 2,897

County/Tribal Aging Unit Budget - 2017

Name of County/Tribe:

Green Lake

Report for:

Budget

State Elderly Benefit Services Budget Amount:

\$ 28,215

	CARS No. 560320
	CARS No. 560024
Fed Match	CARS No. 560021
Fed Match	CDFA No. 93.778
	State ID 435.560320
	State ID 435.560024

Section 6-BS State Elderly Benefit Services

Expenditure Category	State Elderly Benefit Services Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.	28,215	3,200				7,000			38,415
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
20. Advoc./Lead.Devel.									
21. Other									
23. Health Promotion									
Total	28,215	3,200	-	-	-	7,000	-	-	38,415

Remaining Budget Balance \$ -

Total Non-Federal Match \$ 3,200 **Ok - Minimum Match Met**

Match Amount Needed \$ 3,135

County/Tribal Aging Unit Budget - 2017

CARS No. 560490
State ID 435.560490

Name of County/Tribe:

Green Lake

Report for:

Budget

State Elder Abuse Services Budget Amount:

\$ 10,856

Section 6-EA State Elder Abuse Direct Services

Expenditure Category	State Elder Abuse Services Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
20. Advoc./Lead.Devel.									
21. Other	10,856								10,856
23. Health Promotion									
Total	10,856	-	-	-	-	-	-	-	10,856

Remaining Budget Balance \$ -



County/Tribal Aging Unit Budget - 2017

CARS No. 560330
State ID 435.560330

Name of County/Tribe:

Green Lake

Report for:

Budget

State Senior Community Services Budget Amount:

\$ 5,736

Section 6-SCS State Senior Community Services

Expenditure Category	State SCS Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									-
3. Homemaker									-
4. Chore									-
5. Home Del Meals									-
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									-
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.	5,736	400	300						6,436
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
20. Advoc./Lead.Devel.									-
21. Other									-
23. Health Promotion									-
Total	5,736	400	300	-	-	-	-	-	6,436

Remaining Budget Balance - 

Total Non-Federal Match \$ 700 **Ok - Minimum Match Met**
Match Amount Needed \$ 638

Name of County/Tribe:

Green Lake

Report for:

Budget

Total Budget Amount:

\$ 162,465

Summary Budget

Expenditure Category	Federal/State Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration	15,711	-	-	-	-	15,000	-	-	30,711
2. Personal Care	-	-	-	-	-	-	-	-	-
3. Homemaker	1,800	-	-	-	-	-	-	-	1,800
4. Chore	1,200	-	-	-	-	-	-	-	1,200
5. Home Del Meals	14,743	-	2,000	-	-	58,290	50,000	-	125,033
6. Adult Day Care	-	-	-	-	-	-	-	-	-
7. Case Management	-	-	-	-	-	-	-	-	-
8. Congregate Meals	67,260	1,000	7,500	-	-	24,000	15,000	-	114,760
9. Nutrition Counsel.	-	-	-	-	-	-	-	-	-
10. Assisted Transpo.	-	-	-	-	68,844	13,769	-	-	82,613
11. Transportation	-	-	-	-	-	-	-	-	-
12. Legal/Ben. Assist.	38,051	3,600	1,300	-	-	7,000	-	-	49,951
13. Nutrition Education	-	-	-	-	-	-	-	-	-
14. Info. & Assistance	1,850	-	3,000	-	-	-	-	-	4,850
15. Outreach	1,189	-	1,000	-	-	-	-	-	2,189
16. Public Information	350	-	-	-	-	-	-	-	350
17. Counsel. & Training	4,000	1,897	1,000	-	-	-	-	-	6,897
18. Temporary Respite	2,000	-	-	-	-	-	-	-	2,000
20. Advoc./Lead.Devel.	-	-	-	-	-	-	-	-	-
21. Other	10,856	-	-	-	-	-	-	-	10,856
23. Health Promotion	3,455	225	-	-	-	-	-	-	3,680
	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-
Total	162,465	6,722	15,800	-	68,844	118,059	65,000	-	436,890

Remaining Budget Balance	0.00
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